

Clinic

Attention: Article 28 Hospital Outpatient Departments (HOPDs) New Billing Requirements for Ordered Ambulatory Services provided to Medicare/Medicaid Dually Eligible Beneficiaries



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New Billing Requirements for Ordered Ambulatory Services provided to
Medicare/Medicaid Dually Eligible Beneficiaries

Beginning September 1, 2014, HOPDs will be able to take advantage of the automatic crossover of claims from Medicare to Medicaid.

Medicare Part B crossover claims on the 837i must contain a valid New York State Medicaid rate code because claims crossed over to Medicaid without a valid rate code are denied with edit 02176 (rate code invalid on direct crossover). However, providers had been instructed not to include an APG rate code on claims for ordered ambulatory services. As a result, Article 28 Hospital Outpatient Departments (HOPDs) were also instructed to submit claims directly to Medicaid for ordered ambulatory services (carved out of APGs). NYS Medicaid has established a new rate code to permit claims for ordered ambulatory services to cross-over directly from Medicare to Medicaid.

The new rate code that HOPDs will have to include on institutional claims (837i) submitted to Medicare for ordered ambulatory services provided to dually eligible beneficiaries is:

1200 (HOPD ORDERED AM (INSTITUTIONAL CLAIM XOVER)

Claims with rate code '1200' will automatically cross over from Medicare to Medicaid. Rate code '1200' will allow eMedNY to identify the claim as an ordered ambulatory professional claim and process it as such.

Claims containing valid Medicaid rate codes submitted to Medicare should appear in the following format:

Medicaid rate code '1200' should appear on the claim to Medicare as '12.00'.

The ordered ambulatory services that can be billed with rate code '1200' can be found in the New York State Medicaid Program Ordered Ambulatory Procedure Codes manual online at: <a href="https://www.emedny.org/ProviderManuals/OrderedAmbulatory/PDFS/Ord

Additional information about ordered ambulatory services provided in hospital outpatient departments can be found online in The Policy and Billing Guidance Ambulatory Patient Groups (APGs) Provider Manual at: http://www.health.ny.gov/health_care/medicaid/rates/manual/

Claim questions? Please call Computer Sciences Corporation (CSC) at (800) 343-9000.

Policy questions? Please call the Bureau of Policy Development and Coverage at (518) 473-2160.

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