Posted June 11, 2020

FAQs for Hospital Professional Billing Transition to the Institutional Claim Format Effective July 1, 2020

Applies to claims for participants covered under both
traditional Medicaid coverage and Medicaid managed care plans

1.	**Will items such as therapy and chemo in conjunction with radiation therapy still be carved out as an exception and separately billable?** No. All claims previously billed by hospital providers under the hospital's name and professional services NPI will now be billed under the hospital's name and institutional NPI.
2.	**Just want to verify that effective 07/01/20 all outpatient hospital/institutional services are to be billed on electronic 837I or paper UB04 for special handling. This is a huge system/claim logic that providers need to implement. HFS does not have any plans of postponing this change correct?** That is correct. The effective date of 7/1/2020 will not change. In the case that the system is not ready to accept this change on 7/1/2020, claims may be placed on a hold temporarily until all system requirements have been fully tested and approved.
3.	**Our facility bills outpatient therapy currently on NIPS forms for physical, occupational and speech therapy. Each discipline is billed separately. When we begin billing on UB04 for dates July 1 and thereafter, do we submit our billing with the disciplines on one form, or will they need to be submitted as we currently do with the disciplines on separate forms?** All services performed on a given day should be billed on one institutional claim. Physical, occupational, and speech therapy should be billed with the actual therapy procedure codes. Therapy services will no longer be cross walked to a small subset of covered codes. All therapy codes must still be billed with the appropriate modifier: Physical Therapy – GP; Occupational Therapy – GO; Speech Therapy – GN. Hospitals need to use the appropriate revenue code and complete the associated fields.
4.	**What date will the additional billing instruction be available?** The Department will be releasing provider notices with additional information and this FAQ document will act as a supplement and be updated as needed. Billing manuals will eventually be updated and posted to the Department's website.
5.	**My understanding is that currently, 340B claims on a UB04 that are not for renal dialysis can be submitted without reporting the actual acquisition cost (AAC). With this change, will hospitals continue to be able to submit claims without reporting the AAC?** Yes. The AAC will not be required for any drug items other than the specified renal dialysis injectable drugs. However, all hospitals are required to identify all 340B-purchased drugs so that the Department will not claim the rebates. Modifier "UD" must be the first modifier listed after the HCPCS drug code. Refer to the Handbook for Hospital Services.

6.	**Just to clarify the Provider Notice dated 6/02/2020 regarding Hospital Professional Billing Transition to the Outpatient Institutional Claim Form July 1, 2020, this applies to all charges a hospital previously billed by 837P method, correct? If a hospital bills for actual physician professional fees, we are still able to bill for those in the name of the rendering provider and rendering provider NPI, correct?** All services billed by a hospital provider shall be billed on the institutional 837I or UB04 format effective with claims with Service From dates on or after July 1, 2020. This includes all claims formerly billed using the hospital provider name and NPI on the 837P or HFS 2360 format. Physician professional fees are still to be billed under the current billing requirements, using the name and NPI of the rendering provider. These services are NOT to be billed under the hospital NPI.
7.	**Will Hospital Outpatient Therapy claims transition to the UB-04 as well?** Yes. Hospitals will be required to bill outpatient therapy claims on the 837I or UB-04.
8.	**Will Hospital Owned Ambulance claims continue to be billed as professional services or will these transition to the UB-04 also?** Billing for hospital-owned ambulance claims will not change.
9.	**I would like to confirm that with the transition to the institutional claim these outpatient services, Labs, X-Rays, EKG's & Therapy (services not on APL) should now be submitted using the hospital payer id instead of our professional id correct?** Correct. All outpatient services such as labs, X-rays, EKG's and therapy services should now be submitted using the hospital institutional provider name and NPI instead of the professional.
10.	**Please confirm that this is only changing those facility charges that are currently being billed under the APL, and not ALL professional charges? The way this is worded makes it seem that any outpatient professional charges (even true professional charges) should be billed on an institutional claim and not just those facility charges under current APL guidelines.** Please see the response to #6.
11.	**Does this apply to all charges a hospital previously billed by 837P method? If a hospital bills for actual physician professional fees (Emergency Department, Hospital Inpatient or Observation Evaluation and Management, etc.), are they able to bill for those by 837P method? Or should they use the 1500/2360 form with the name of the rendering provider and rendering provider NPI?** Please see the response to #6.
12.	**Does this apply to therapy and transportation claims as well?** The change does apply to therapy claims. However, it does not apply to transportation claims. There is no change in the billing requirements for transportation claims.

13.	**Is this provider notice implying that all professional/physician charges should now be reported on the facility's UB claim? Or are you referring to the technical component of non-APL CPT/HCPCS codes that were originally billed by the facility on the 1500/2360 form and paid under the physician fee schedule?** Please see the response to #6.
14.	**Can you tell us if this provider notice includes claims for outpatient physical, occupational and speech therapy done in an outpatient hospital setting?** Yes, outpatient therapies will be billed on the 837I or UB-04 institutional format.
15.	**Does the new billing policy apply to E/M services provided by physicians such as ER visits 99281 through 99285 or does it just apply to ancillary outpatient services such as radiology, laboratory, imaging, etc.?** Please see the response to #6.
16.	**Will there be any webinars before July 1 to go over how these should be billed and the EAPG PPS reimbursement?** The Department will take this request into consideration.
17.	**Will the reimbursement methodology for these services be switching to EAPG's?** Yes, all outpatient services billed by a hospital provider will be billed on the 837I and reimbursed through the EAPG reimbursement system, with the exception of renal dialysis services that continues to be paid at a daily rate.
18.	**Could you also confirm if the crosswalk for therapy codes will still be in place for authorizations and billing for when you publish answers?** Please see the response to #3.