Gateway Health℠

Hospital Update

February 2014

IN THIS EDITION:

Notice of New Plan Names

On January 1, 2014 our Gateway Health Medicare Assured℠ plan names have changed. Our members have been mailed new Member ID Cards, but their Member ID number has not changed.

Medicare Assured	Medicare Assured Diamond ℠
Medicare Assured 3	Medicare Assured Ruby ℠
Medicare Assured Select Plus	Medicare Assured Platinum ℠
Medicare Assured Select	Medicare Assured Gold ℠

Medicare Assured Hospital Clinic Visits

As of January 1, 2014 per the CMS MedLearn Matters MM8572 released on December 27, 2013 we will recognize the HCPCS code G0463 (Hospital outpatient clinic visit for assessment and management of a patient) for payment under the Outpatient Prospective Payment System (OPPS) for outpatient hospital clinic visits. Effective January 1, 2014, CPT codes 99201-99205 and 99211-99215 are no longer recognized for payment.

For those facilities that had correctly submitted with the G0463 beginning January 1st, and payment was not made due to our system not being updated, you will not have to re-submit claims. We will reprocess those claims incorrectly denied. If a claim was previously paid to a facility using an E&M code, we will not go back and retract these payments.

Medicare Assured Hospital Lab Billing

As of January 1, 2014 Gateway Health's system has been updated to reflect the following changes regarding hospital lab services per the CMS MedLearn Matters MM8572 released on December 27, 2013:

2014 Hospital Outpatient Clinical Diagnostic Laboratory Test Payment and Billing

Since the inception of the Outpatient Prospective Payment System (OPPS), OPPS hospitals were paid separately for clinical diagnostic laboratory tests or services (laboratory tests) provided in the hospital outpatient setting at Clinical Laboratory Fee Schedule (CLFS) rates. Beginning in CY 2014, payment for most laboratory tests (except for molecular pathology tests) will be packaged under the OPPS. The general rule for OPPS hospitals is laboratory tests should be reported on a 13X bill type. There are limited circumstances described below in which hospitals can separately bill for laboratory tests. For these specific situations CMS is expanding the use of the 14x bill type to allow separate billing and payment at CLFS rates for hospital outpatient laboratory tests.

Laboratory tests may be (or must be for a non-patient specimen) billed on a 14X claim in the following circumstances:
(1) Non-patient laboratory specimen tests; non-patient continues to be defined as a beneficiary that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the beneficiary is not physically present at the hospital;
(2) Beginning in 2014, when the hospital only provides laboratory tests to the patient (directly or under arrangement) and the patient does not also receive other hospital outpatient services during that same encounter; and
(3) Beginning in 2014, when the hospital provides a laboratory test (directly or under arrangement) during the same encounter as other hospital outpatient services that is clinically unrelated to the other hospital outpatient services, and the laboratory test is ordered by a different practitioner than the practitioner who ordered the other hospital outpatient services provided in the hospital outpatient setting. In this case the lab test would be billed on a 14X claim and the other hospital outpatient services would be billed on a 13X claim.

It will be the hospital's responsibility to determine when laboratory tests may be separately billed on the 14X claim under these limited exceptions. In addition, laboratory tests for molecular pathology tests described by CPT codes in the ranges of 81200 through 81383, 81400 through 81408, and 81479 are not packaged in the OPPS and should be billed on a 13X type of bill.

Medicare Inpatient Pricer Delay Update

Gateway Health [SM] announced in the December 2013 Hospital Update that we had a delay in implementing the new CMS Inpatient Grouper v31 and associated Pricer for discharges that occurred on or after October 1, 2013. We are currently pricing off of the October 2013 CMS Provider File within the 2012 Grouper/Pricer. We anticipate implementing the October 2013 grouper and pricer the week of March 3, 2014. Once the update is completed we will reprocess all inpatient claims with discharge dates on or after October 1, 2013.

We apologize for this unexpected delay. If you have any questions, please contact our Provider Services Department at 1-800-685-5205.