

Provider Memorandum

REMINDER: Ambulatory Procedure Listing Procedure Codes Billing Requirements

The Illinois Department of Healthcare and Family Services (HFS) has provided further clarification to its December 17, 2014 memo, “Clarification on MCO Hospital Encounter Claims Submittal” (found at: <http://www.hfs.illinois.gov/assets/121714n1.pdf>). The additional clarification provides explicit billing guidelines for Ambulatory Procedure Listing (APL) procedure codes and providers must follow the directions described below to ensure payment.

- ⇒ All outpatient APL services must be billed on an institutional claim form - **UB04**
- ⇒ Only one date of service per claim, with the exception of series billable (**claims spanning a “series” of dates**) and ER-Observation services.
- ⇒ Any date(s) of service without an APL service, must be billed on a professional claim form (**HCFA1500**) as fee for service.

Any claims received not following these guidelines may be denied.

We understand there has been uncertainty among providers and health plans regarding the billing procedures for APL codes. While this may seem a departure from current practices, after consultation with HFS, it has been concluded that these guidelines reflect the correct billing methodology for hospital outpatient services.

If you have questions or concerns, please feel free to contact Provider Services at **(855) 866-5462**.

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: 1-877-782-5565
TTY: (800) 526-5812

Informational Notice

Date: December 17, 2014

To: Enrolled Hospitals: Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers

Re: Clarification on MCO Hospital Encounter Claim Submittal

This notice is to inform Institutional providers about specific encounter submission formatting for ancillary services.

The Department of Healthcare and Family Services (HFS) mandates Managed Care Organizations (MCOs) to submit outpatient encounters via an [HFS 837I \(pdf\)](#) and shall include one of the following:

- Ambulatory Procedure Listing (APL) procedure code,
- Emergency room revenue code, or
- Observation revenue code

In all cases where one of these three criteria is not met, MCOs must submit the encounters to HFS via an [HFS 837P \(pdf\)](#). The Medicaid Management Information System (MMIS) system will reject these types of encounters if the above protocol is not followed.

Dan Jenkins, Chief
Bureau of Rate Development and Analysis
Division of Medical Programs