



**PROVIDER BULLETIN**  
#21-2013

**TO:** Participating hospitals and ambulatory surgical centers  
**FROM:** Contracting and Provider Networks  
**DATE:** November 13, 2013  
**SUBJECT:** Operating Physician Requirement for Facility Claims

Starting January 1, 2014, we will begin transitioning our AmeriHealth Pennsylvania membership to a new operating platform. As a result of this transition, we will be enforcing industry standards for claims processed on the new platform for AmeriHealth Pennsylvania members.

One of these standards is the requirement of an operating physician on any claim with a surgical revenue code. If you submit a claim that does not follow this requirement, it will be rejected. Please review the following information specific to outpatient and inpatient claims.

**Outpatient claims**

An operating physician must be reported on outpatient claims when the following is reported:

- Revenue code = 360-369, 490-499, or 750-759
- HCPCS code = 10000-69999

*Note:* The name and primary ID should be included in the NM1 segment of loop 2310B. The REF segment is no longer required.

**Inpatient claims**

An operating physician must be reported on inpatient claims when the revenue code is 360-369, 490-499, or 750-759 and a Principal Procedure Code is reported.

*Note:* The name and primary ID should be included in the NM1 segment of loop 2310B. The REF segment is no longer required.

**For more information**

For more information about our Upcoming System and Process Changes, please visit our dedicated site at [www.amerhealth.com/pnc/upcomingchanges](http://www.amerhealth.com/pnc/upcomingchanges). On this site, you will find a communication archive and Frequently Asked Questions (FAQ) document. If you still have questions after reviewing the FAQ, email us at [providercommunications@amerihealth.com](mailto:providercommunications@amerihealth.com).

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**We encourage you to share this information with appropriate members of your staff.**

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