



PROVIDER BULLETIN
#10-2016

TO: Participating hospitals and ambulatory surgical centers
FROM: Daniel Brown
Director, Provider Reimbursement
DATE: May 27, 2016
SUBJECT: Changes in reimbursement display

We are sending this bulletin to remind you that during the transition to our new claims processing platform, there was a change in the display of reimbursement for multiple outpatient surgeries for Indemnity/Traditional, Federal Employee Program (FEP), and Host BlueCard® claims. In addition, there was a change in display for inpatient stays for commercial and Medicare Advantage claims (excluding Host BlueCard claims). Please note that regardless of payment methodology (i.e., per diem or diagnosis related group [DRG]), the reimbursement for services is displayed across all claim lines.

Outpatient surgeries

- **Claims processed on the previous platform.** Reimbursement for multiple outpatient surgical procedures were rolled up and displayed on *one payment line*, as shown below.

Claim ID	Claim line	Rev code	Procedure code	Contracted rate	Reimbursement
1234	1	0360	23130	\$100 x 2.5 = \$250	\$375.00
1234	2	0369	23156	\$50 x 2.5 = \$125	\$0.00

- **Claims processed on the new platform.** Reimbursement for multiple outpatient surgical procedures are displayed on *two or more separate payment lines*, as shown below.

Claim ID	Claim line	Rev code	Procedure code	Contracted rate	Reimbursement
1234	1	0360	23130	\$100 x 2.5 = \$250	\$250.00
1234	2	0369	23156	\$50 x 2.5 = \$125	\$125.00

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

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Inpatient stays

- **Claims processed on the previous platform.** Reimbursement for an inpatient stay was rolled up and displayed on *one payment line*, as shown below.

Claim ID	Claim line	Rev code	Units of service	Charges	Contracted rate	Reimbursement
0011	1	171	1	\$3,000	\$47 per diem	\$47.00
0011	2	174	1	\$6,000	\$3,489 per diem	\$3,489.00
0011	3	300	5	\$1,000	–	\$0.00
0011	4	636	10	\$2,000	–	\$0.00
Total:				\$12,000	\$3536.00	\$3536.00

- **Claims processed on the new platform.** Reimbursement for an inpatient stay is displayed on *two or more separate payment lines*, as shown below.

Claim ID	Claim line	Rev code	Units of service	Charges	Contracted rate	Reimbursement
0011	1	171	1	\$3,000	\$47 per diem	\$884.00
0011	2	174	1	\$6,000	\$3,489 per diem	\$1,768.00
0011	3	300	5	\$1,000	–	\$294.67
0011	4	636	10	\$2,000	–	\$589.33
Total:				\$12,000	\$3536.00	\$3536.00

If you have any questions about this bulletin, please contact your Network Coordinator.