

# Provider Update

## Change to inpatient diagnosis-related group claim submission requirements related to itemized billing

**Summary of change:** In an effort to ensure consistency in facility claims review and reimbursement practices, Amerigroup Community Care will collaborate with Equian to review Medicaid facility claims that meet outlier charge thresholds.

✦ **What this means to you:** Effective September 15, 2016, claims with payable charges of \$25,000 or greater with diagnosis-related group (DRG) outlier charges in excess of \$2,500 will require an itemized bill to substantiate the outlier payment. If an itemized bill is not submitted with the claim, Amerigroup will pay the contracted-DRG amount only, deny the outlier charge(s) and request an itemized bill through an explanation code on the explanation of payment (EOP). The explanation code will be “GMU” and the detailed description will read:

“Billed DRG contains outlier charges. For outlier consideration, submit an itemized bill to Equian at 300 Union Blvd., Suite 200, Lakewood, CO 80228.”

In addition, if you receive a denial because you did not submit an itemized bill with a claim containing DRG outlier(s), you may email or fax to [claimsadmin@equian.com](mailto:claimsadmin@equian.com) or 1-800-435-2049, respectively. There is no need to submit a corrected claim with the itemized bill.

### **How will Equian communicate its findings?**

- If an outlier charge is determined to be appropriate, then the outlier will be adjusted, and payment will be issued.
- If an outlier charge is determined inappropriate, then the outlier charge will be denied. Equian will send a detailed, written response with the outcome of the review. The response will include a direct contact with whom you can discuss and resolve any issues you may have with its findings. If you disagree with the outcome of an outlier decision, you may submit a provider payment dispute request through Equian. The provider payment dispute process and instructions will be explained in Equian’s written response. If the claim charges continue to be denied after exhausting the provider payment dispute process, you may submit a request for independent review, as outlined in the Amerigroup provider manual.

**What if I need assistance?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.