

<p>Michigan Department of Community Health</p> <p><b>Outpatient Prospective Payment System (OPPS) Project Decisions Documentation</b></p>	<b>TITLE / ISSUE :</b>	
	MDCH Systems 50 Claim Line Limitation - PROPOSED	
	<b>POINT PERSON</b>	<b>DATE INITIATED/REVISED</b>
<b>Issue Description:</b>	Karen Scott	1/26/06
<p>MDCH's invoice processing system currently limits the allowable number of billed service lines on a claim to 50. When a claim is received with greater than 50 service lines - the system breaks the claim into a second CRN and it is adjudicated as a new claim. Under MDCH's current OPH reimbursement methodology, this is rarely a problem as we do not require the level of detail that OPPS billing does, however we recognize that under OPPS, this may not be the case. We believe there may be instances where providers will be billing claims with greater than 50 claim lines under the OPPS billing rules and when following CMS's repetitive billing guidelines for outpatient encounters (also known as series billing).</p>		
<b>Research and Discussions Summary</b>		
<p>MDCH current data for OPH claims reveals that &lt;1% of claims received on a monthly basis exceed the 50 claim line limitation. Responses from APC project workgroup members indicate that this is an insignificant volume of claims billed for them as well. The majority of the claims are for non APC services such as Therapies and Dialysis which would be paid under the proposed OPPS methodology and does not necessarily involve grouping, bundling and pricing according to other service lines on the claim.</p> <p>HSS also obtained and reviewed data regarding the number of claims exceeding the limit and determined that less than a half percent (&lt;.5%) of total claims exceeded 50 claim lines.</p>		
<b>Conclusion</b>		
<p>Non-Issue for implementation of the proposed OPPS. MDCH will monitor OPH claims exceeding 50 claim lines post implementation to determine the volume and impact of these claims being broken into 2 separate invoices. The second claim may have difficulty passing history/duplicate editing once modifications are made to OPH editing to ensure providers are billing only one claim per OPH encounter under the OPPS.</p>		
<b>Action Required (systems, publications, etc.)</b>		
<p>Submit a service request to identify when an incoming claim exceeds 50 lines and is broken into a second invoice. Set an informational edit on the second claim in order to facilitate processing and adjudication. NonAPC claims will bypass history/duplicate edits and all others will pend for review and pricing.</p>		