



meridianhealth

To: Hospital-based Ambulatory VPs, Directors, Billing Supervisors, and others as appropriate
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: 5/28/2015
Re: APL Billing Requirements

This is a reminder that Ambulatory Procedure Listing (APL) billing changes have occurred and providers must follow the directions described below to ensure payment.

Specifically, all outpatient APL services must be billed on an institutional claim form. These services must contain only one date of service per claim with the exception of series billable and ER/observation services. Any date of service that does not have an APL service must be billed on a professional claim form (HCFA) as fee-for-service (FFS). These guidelines are effective as of 7/1/2014. Any claims received that do not follow these guidelines will be denied.

We understand that there has been significant uncertainty among providers and health plans regarding the billing procedures for APL services. We recognize that this may seem like a departure from current practice, but this process has been expressly identified by Healthcare and Family Services (HFS) as the correct billing methodology for these claims. These are the explicit guidelines for billing hospital outpatient services.

If you have questions or concerns, please feel free to contact Provider Services at 866-606-3700.

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