



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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AMBULATORY SURGICAL CENTER (ASC) BULLETIN

CONTENTS

- **REQUIRED CLAIM FORM ATTACHMENTS**
 - **Requires Second Surgical Opinion Form**
 - **Requires Acknowledgement of Receipt of Hysterectomy Information Form and Second Surgical Opinion Form**
 - **Requires Certificate of Medical Necessity for Abortion**
 - **Requires Invoice of Cost**
-

REQUIRED CLAIM FORM ATTACHMENTS

Missouri Medicaid requires that special documentation be included with claims submitted for certain surgical procedures. The requirement that a second medical opinion must be obtained before Medicaid will pay for certain non-emergency, elective surgical procedures may be found at 13 Code of State Regulations 70-3.110. The requirement for an Acknowledgement of Receipt of Hysterectomy may be found at 42 Code of Federal Regulations 441.255 and 441.256. The requirement that a physician certifies the medical necessity for an abortion may be found at 13 Code of State Regulation 70-25.100. Based on a review of documentation requirements for Medicaid covered Ambulatory Surgical Center (ASC) codes, the following ASC codes are being updated to include required claim form attachments.

The ASC codes shown with Current Procedural Terminology (CPT) modifier 50 (bilateral) are being updated to be consistent with the claim form attachments that are currently required for the codes when billed without CPT modifier 50.

These changes are effective for dates of service beginning July 1, 2004. Refer to Section 19 of the Manual at <http://www.medicaid.state.mo.us> for a list of all covered ASC services.

Requires Second Surgical Opinion Form

2829050	2829650	6684050	6692050
2829250	28297	6685050	6698350
2829350	2829750	6685250	6698450

Requires Acknowledgement of Receipt of Hysterectomy Information Form and Second Surgical Opinion Form

58550

Requires Certificate of Medical Necessity for Abortion

59840

59841

Requires Invoice of Cost

6571050

6573050

6575050

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Select MC+ Managed Care Service

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896