MISSOURI
DIVISION OF MEDICAL SERVICES

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Ambulatory Surgical Center (ASC) Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

2003 CPT AND HCPCS UPDATE

July 1, 2003, Missouri Medicaid will begin accepting the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS). The 2003 procedure codes have an effective date of July 1, 2003.

Providers may begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after July 1, 2003. A transition period will be given to allow time to make necessary changes. Providers may bill the old code through September 30, 2003. Claims for dates of service on or after October 1, 2003 must be submitted using the new 2003 CPT or HCPCS codes and modifiers. Claims for dates of service prior to July 1, 2003 must be submitted using the old procedure codes and modifier(s).

Claims for both the old and new procedure codes must not be submitted for the same date of service for the same recipient during the transition period.

Copies of the 2003 versions of the *Current Procedural Terminology* (CPT) and *Health Care Procedure Coding System* (HCPCS) may be purchased from your local medical bookstore.

ASC PROCEDURE CODE UPDATES

As a result of the 2003 update, additional procedure codes have been added for billing by Ambulatory Surgical Center (ASC) providers and certain previously covered ASC codes have been discontinued. Attachment A lists the new ASC procedure codes and the Medicaid facility fee. Attachment B lists the discontinued ASC procedure codes.

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PROVIDER COMMUNICATIONS

(800) 392-0938
or
(573) 751-2896

Attachment A

ADDITIONS

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
10121	9	$ 446.00
11010	9	$ 446.00
11011	9	$ 446.00
11012	9	$ 446.00
15351	9	$ 446.00
15401	9	$ 446.00
15820	9	$ 510.00
1582050	9	$ 765.00
15821	9	$ 510.00
1582150	9	$ 765.00
15822	9	$ 510.00
1582250	9	$ 765.00
15823	9	$ 717.00
1582350	9	$ 1,075.50
15831	9	$ 510.00
15832	9	$ 510.00
15833	9	$ 510.00
15834	9	$ 510.00
15835	9	$ 510.00
19316	9	$ 630.00
1931650	9	$ 945.00
19324	9	$ 630.00
1932450	9	$ 945.00
19325	9	$ 1,339.00
1932550	9	$ 2,008.50
19355	9	$ 630.00
1935550	9	$ 945.00
20692	9	$ 510.00
20693	9	$ 510.00
21015	9	$ 510.00
21029	9	$ 446.00

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
21046	9	$ 446.00
21047	9	$ 446.00
21121	9	$ 995.00
21122	9	$ 995.00
21123	9	$ 995.00
21127	9	$ 1,339.00
21295	9	$ 333.00
21296	9	$ 333.00
21336	9	$ 630.00
21345	9	$ 995.00
23031	9	$ 510.00
2303150	9	$ 765.00
24006	9	$ 630.00
2400650	9	$ 945.00
24305	9	$ 630.00
24341	9	$ 510.00
2434150	9	$ 765.00
24345	9	$ 446.00
2434550	9	$ 669.00
2527550	9	$ 918.00
25337	9	$ 717.00
2533750	9	$ 1,075.50
2567150	9	$ 484.50
25830	9	$ 717.00
2583050	9	$ 1,075.50
26185	9	$ 630.00
2618550	9	$ 945.00
26546	9	$ 630.00
2654650	9	$ 945.00
26608	9	$ 630.00
27067	9	$ 717.00
2706750	9	$ 1,075.50

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Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
27257	9	$ 510.00
2725750	9	$ 765.00
27329	9	$ 630.00
2732950	9	$ 945.00
27347	9	$ 630.00
2734750	9	$ 945.00
27357	9	$ 717.00
2735750	9	$ 1,075.50
27358	9	$ 717.00
2735850	9	$ 1,075.50
27496	9	$ 717.00
2749650	9	$ 1,075.50
27497	9	$ 510.00
2749750	9	$ 765.00
27498	9	$ 510.00
2749850	9	$ 765.00
27499	9	$ 510.00
2749950	9	$ 765.00
27594	9	$ 510.00
2759450	9	$ 765.00
27600	9	$ 510.00
2760050	9	$ 765.00
27601	9	$ 510.00
2760150	9	$ 765.00
27602	9	$ 510.00
2760250	9	$ 765.00
27647	9	$ 510.00
2764750	9	$ 765.00
27889	9	$ 510.00
2788950	9	$ 765.00
27892	9	$ 510.00
2789250	9	$ 765.00
27893	9	$ 510.00
2789350	9	$ 765.00
27894	9	$ 510.00
2789450	9	$ 765.00

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
28011	9	$ 510.00
28022	9	$ 446.00
28024	9	$ 446.00
28052	9	$ 446.00
2805250	9	$ 669.00
28126	9	$ 510.00
28153	9	$ 510.00
28160	9	$ 510.00
28234	9	$ 446.00
28270	9	$ 510.00
2827050	9	$ 765.00
28289	9	$ 510.00
2828950	9	$ 765.00
28531	9	$ 510.00
29800	9	$ 510.00
2980050	9	$ 765.00
2982450	9	$ 1,044.00
29827	9	$ 717.00
2982750	9	$ 1,075.50
29848	9	$ 1,339.00
2984850	9	$ 2,008.50
29860	9	$ 630.00
2986050	9	$ 945.00
29861	9	$ 630.00
2986150	9	$ 945.00
29862	9	$ 1,339.00
2986250	9	$ 2,008.50
29863	9	$ 630.00
2986350	9	$ 945.00
29891	9	$ 510.00
2989150	9	$ 765.00
29892	9	$ 510.00
2989250	9	$ 765.00
29893	9	$ 1,339.00
2989350	9	$ 2,008.50
29899	9	$ 510.00

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Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
2989950	9	$ 765.00
30460	9	$ 995.00
30462	9	$ 1,339.00
30465	9	$ 1,339.00
30545	9	$ 717.00
30930	9	$ 630.00
3093050	9	$ 945.00
31081	9	$ 630.00
3108150	9	$ 945.00
31085	9	$ 630.00
3108550	9	$ 945.00
31087	9	$ 630.00
3108750	9	$ 945.00
31400	9	$ 446.00
31420	9	$ 446.00
31623	9	$ 446.00
31624	9	$ 446.00
31643	9	$ 446.00
33222	9	$ 446.00
33223	9	$ 446.00
35188	9	$ 630.00
35207	9	$ 630.00
3520750	9	$ 945.00
35875	9	$ 1,339.00
35876	9	$ 1,339.00
36260	9	$ 510.00
36488	9	$ 333.00
36490	9	$ 333.00
3653350	9	$ 657.00
3653450	9	$ 573.00
3653550	9	$ 427.50
3682050	9	$ 742.50
36831	9	$ 1,339.00
36870	9	$ 1,339.00
3687050	9	$ 2,008.50
37607	9	$ 510.00

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
37650	9	$ 446.00
3765050	9	$ 669.00
37790	9	$ 510.00
38570	9	$ 1,339.00
38571	9	$ 1,339.00
38572	9	$ 1,339.00
40700	9	$ 995.00
40701	9	$ 995.00
40720	9	$ 995.00
4072050	9	$ 1,492.50
40761	9	$ 510.00
42226	9	$ 717.00
42415	9	$ 510.00
42820	9	$ 510.00
42825	9	$ 630.00
42830	9	$ 630.00
42835	9	$ 630.00
42890	9	$ 995.00
42892	9	$ 995.00
42972	9	$ 510.00
43201	9	$ 333.00
43205	9	$ 333.00
43231	9	$ 446.00
43232	9	$ 446.00
43236	9	$ 446.00
43240	9	$ 446.00
43242	9	$ 446.00
43244	9	$ 446.00
43256	9	$ 510.00
43653	9	$ 1,339.00
44370	9	$ 1,339.00
44376	9	$ 446.00
44377	9	$ 446.00
44378	9	$ 446.00
44379	9	$ 1,339.00
44383	9	$ 1,339.00

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Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
45160	9	$ 446.00
45190	9	$ 1,339.00
45335	9	$ 333.00
45340	9	$ 333.00
45381	9	$ 446.00
45386	9	$ 446.00
46288	9	$ 630.00
46615	9	$ 446.00
46761	9	$ 510.00
46762	9	$ 995.00
46917	9	$ 333.00
47511	9	$ 1,339.00
4751150	9	$ 2,008.50
47556	9	$ 1,339.00
49422	9	$ 333.00
49495	9	$ 630.00
4949550	9	$ 945.00
49496	9	$ 630.00
4949650	9	$ 945.00
49500	9	$ 630.00
4950050	9	$ 945.00
49501	9	$ 1,339.00
4950150	9	$ 2,008.50
49507	9	$ 1,339.00
4950750	9	$ 2,008.50
49521	9	$ 1,339.00
4952150	9	$ 2,008.50
49553	9	$ 1,339.00
4955350	9	$ 2,008.50
49557	9	$ 1,339.00
4955750	9	$ 2,008.50
49561	9	$ 1,339.00
4956150	9	$ 2,008.50
49566	9	$ 1,339.00
4956650	9	$ 2,008.50
49568	9	$ 995.00

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
4956850	9	$ 1,492.50
49572	9	$ 1,339.00
4957250	9	$ 2,008.50
49580	9	$ 630.00
49582	9	$ 1,339.00
49587	9	$ 1,339.00
49600	9	$ 630.00
50947	9	$ 1,339.00
5094750	9	$ 2,008.50
50948	9	$ 1,339.00
5094850	9	$ 2,008.50
51050	9	$ 630.00
51065	9	$ 630.00
51080	9	$ 333.00
51520	9	$ 630.00
51715	9	$ 510.00
52282	9	$ 1,339.00
52327	9	$ 446.00
52341	9	$ 510.00
5234150	9	$ 765.00
52342	9	$ 510.00
5234250	9	$ 765.00
52343	9	$ 510.00
5234350	9	$ 765.00
52344	9	$ 510.00
5234450	9	$ 765.00
52345	9	$ 510.00
52346	9	$ 510.00
52355	9	$ 630.00
5235550	9	$ 945.00
52510	9	$ 510.00
52647	9	$ 1,339.00
52648	9	$ 1,339.00
53080	9	$ 510.00
53270	9	$ 446.00
53850	9	$ 1,339.00

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Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
54000	9	$ 446.00
54111	9	$ 446.00
54112	9	$ 446.00
54150	9	$ 333.00
54160	9	$ 446.00
54304	9	$ 510.00
54308	9	$ 510.00
54312	9	$ 510.00
54316	9	$ 510.00
54318	9	$ 510.00
54322	9	$ 510.00
54324	9	$ 510.00
54326	9	$ 510.00
54328	9	$ 510.00
54340	9	$ 510.00
54344	9	$ 510.00
54348	9	$ 510.00
54352	9	$ 510.00
54380	9	$ 510.00
54385	9	$ 510.00
54522	9	$ 510.00
5452250	9	$ 765.00
54690	9	$ 1,339.00
5469050	9	$ 2,008.50
55250	9	$ 446.00
55550	9	$ 1,339.00
5555050	9	$ 2,008.50
55725	9	$ 446.00
55859	9	$ 1,339.00
57023	9	$ 333.00
57289	9	$ 717.00
57291	9	$ 717.00
57415	9	$ 446.00
57556	9	$ 717.00
58545	9	$ 1,339.00
58546	9	$ 1,339.00

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
58550	9	$ 1,339.00
58560	9	$ 510.00
58562	9	$ 510.00
59160	9	$ 510.00
59320	9	$ 333.00
59812	9	$ 717.00
59820	9	$ 717.00
59821	9	$ 717.00
59840	9	$ 717.00
59841	9	$ 717.00
59870	9	$ 717.00
59871	9	$ 717.00
6188550	9	$ 573.00
61886	9	$ 510.00
6188850	9	$ 427.50
62281	9	$ 333.00
62287	9	$ 1,339.00
62355	9	$ 446.00
64553	9	$ 333.00
64573	9	$ 333.00
64577	9	$ 333.00
64580	9	$ 333.00
64585	9	$ 333.00
64821	9	$ 630.00
6482150	9	$ 945.00
64885	9	$ 446.00
64886	9	$ 446.00
65772	9	$ 630.00
6577250	9	$ 945.00
65775	9	$ 630.00
6577550	9	$ 945.00
66825	9	$ 630.00
6682550	9	$ 945.00
67027	9	$ 630.00
6702750	9	$ 945.00
67334	9	$ 630.00

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Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
6733450	9	$ 945.00
67335	9	$ 630.00
6733550	9	$ 945.00
67900	9	$ 630.00
68115	9	$ 446.00
68770	9	$ 630.00

Procedure Code	Type of Service (TOS)	Medicaid Facility Fee
69300	9	$ 510.00
6930050	9	$ 765.00
69714	9	$ 1,339.00
69715	9	$ 1,339.00
69717	9	$ 1,339.00
69718	9	$ 1,339.00
G0260	9	$ 333.00

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Attachment B

DISCONTINUED

Procedure Code	Modifier	Type of Service (TOS)
15756		9
15757		9
15758		9
15842		9
16030		9
16035		9
19260		9
19364		9
19364	50	9
20660		9
20661		9
20662		9
20663		9
20665		9
20955		9
20962		9
20969		9
20970		9
20972		9
20973		9
21041		9
21343		9
21360		9
21385		9
21386		9
21387		9
21390		9
21395		9
21406		9
21407		9
21422		9
21470		9
21495		9
21510		9
21550		9
21620		9
21810		9
21920		9
22100		9
22101		9
22102		9
22103		9
22325		9
22326		9
22327		9
22328		9
23065		9
23065	50	9

Procedure Code	Modifier	Type of Service (TOS)
24065		9
24065	50	9
24150		9
24150	50	9
24151		9
24151	50	9
24152		9
24152	50	9
24153		9
24153	50	9
25065		9
25065	50	9
25170		9
25170	50	9
26035		9
26037		9
26551		9
26553		9
26554		9
26992		9
27030		9
27030	50	9
27303		9
27303	50	9
27440		9
27440	50	9
27507		9
27507	50	9
27511		9
27511	50	9
27513		9
27513	50	9
27524		9
27524	50	9
27535		9
27535	50	9
27613		9
27613	50	9
27715		9
27715	50	9
30124		9
31584		9
31600		9
31710		9
31710	50	9
31715		9
31715	50	9
31785		9

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Procedure Code	Modifier	Type of Service (TOS)
31800		9
32002		9
32005		9
32020		9
34101		9
34101	50	9
38700		9
38700	50	9
38790		9
38790	50	9
40805		9
40806		9
40820		9
41000		9
41105		9
41110		9
41115		9
41805		9
41806		9
42104		9
42106		9
42160		9
42225		9
42335		9
44345		9
44346		9
49000		9
49400		9
49425		9
50020		9
50040		9
50520		9
50570		9
50572		9
5057250		9
50574		9
5057450		9

Procedure Code	Modifier	Type of Service (TOS)
50576		9
5057650		9
50578		9
50578	50	9
50580		9
5058050		9
50684		9
50684	50	9
50690		9
51005		9
51605		9
51610		9
51725		9
51865		9
51900		9
51920		9
54125		9
55600		9
55605		9
55605	50	9
55650		9
55650	50	9
56405		9
56605		9
57310		9
57311		9
57320		9
57800		9
60220		9
60225		9
62256		9
62351		9
*66180		9
69424		9
69424	50	9

* Procedure code 66180, aqueous shunt to extraocular reservoir, will no longer be covered by Medicaid. Although the procedure is appropriate for the ASC setting, coverage for the shunt cannot be added at this time due to budget constraints.

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