



**MISSOURI
DIVISION OF MEDICAL SERVICES**

**AMBULATORY SURGICAL CENTER (ASC) AND BIRTHING CENTER
BULLETIN**

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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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.

HIPAA

To prepare for the October 16, 2003 mandatory implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) national standards, Missouri Medicaid has analyzed how providers must bill for services in order to be in compliance with the implementation of national transaction and code sets.

HIPAA mandates the use of standard Health Care Procedure Coding System (HCPCS) code sets; however, it does *not* require states to add coverage for services that it does *not* currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web page at <http://www.medicaid.state.mo.us/>. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010A1 Companion Guide. For information on Missouri Medicaid's Trading Partner Agreement, select Section 1 - Getting Started; select Trading Partner Registration. All questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

With the implementation of HIPAA national standards by Missouri Medicaid, the following non-HIPAA compliant methods of electronic claims submission will be phased out and will no longer be available for use by providers:

- Accelerated Submission and Processing (ASAP) System
- Bulletin Board System (BBS)
- Direct Electronic File Transfer (DEFT)
- Direct Electronic Medicaid Information (DEMI)
- Magnetic Tape Billing (MTB)

The existing formats and media will be available during a short grace period for providers unable to produce a HIPAA-compliant 837 professional transaction starting October 16, 2003. Providers may continue to bill current Missouri Medicaid formats and media during this grace period.

All providers wishing to bill Missouri Medicaid in paper format should refer to Section 15 – Billing Instructions Physicians for paper claim filing instructions.

TYPE OF SERVICE

With the implementation of HIPAA national standards on October 16, 2003, type of service will no longer be a valid code set. Type of service *must not* be included on any type of claim submission (other than the non-HIPAA compliant formats and media as defined above) on or after October 16, 2003, regardless of the date of service being billed. In order to make up for the loss of type of service, claims submitted to Missouri Medicaid by **Ambulatory Surgical Centers (ASCs)** and **Birthing Centers** must reflect the **HCPCS modifier SG** (Ambulatory surgical center [ASC] facility service) with the appropriate procedure code.

Providers who continue to bill claims to Missouri Medicaid using one of the non-HIPAA compliant electronic formats or media during the grace period, as stated under the HIPAA section of this bulletin, should continue to bill using the appropriate type of service with the new procedure codes identified in this bulletin.

BIRTHING CENTER

In order to comply with the HIPAA national standards for transactions and code sets, all Missouri Medicaid-specific procedure codes/modifiers must be replaced. Effective for date of service on and after October 16, 2003, procedure codes X4033 and X4034 will no longer be valid codes for billing Birthing Center facility charges. Please refer to the table below for replacement codes. The replacement codes will be reimbursed at the same rate as the obsolete codes.

Deleted Code	Description	Replacement Code	Description	Maximum Allowable Amount
X4033	Birth center facility charges, labor/ delivery	59409	Vaginal delivery only (with or without episiotomy and/or forceps)	\$750.00
X4034	Birth Center Labor Management with patient transfer prior to delivery	5940956	Vaginal delivery only (with or without episiotomy and/or forceps) - (preoperative management only)	\$750.00

Provider Communications

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

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