



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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PHYSICIAN BULLETIN

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ADDITIONS TO BILATERAL PROCEDURES (50 MODIFIER)

The following procedure codes are currently covered services that have been identified by Medicare as appropriate bilateral procedures. Coverage will be added for the procedure codes listed below for services performed on or after November 1, 2005. Bilateral procedures must be billed using the 50 modifier and a quantity of 1.

Restrictions are indicated.

Procedure Code	Description	Medicaid Maximum Allowed Amount	Restrictions
1929650	Place po breast cath for rad	\$348.42	None
6578050	Ocular reconst, transplant	\$556.32	P.A.*
6578250	Ocular reconst, transplant	\$734.52	P.A.*
6791250	Correction eyelid w/implant	\$701.10	None

*Prior Authorization Required

MEDICAL NECESSITY RESTRICTION ADDED

Coverage for procedure codes 36478 (endovenous laser, 1st vein) and 3647850 (endovenous laser, 1st vein - bilateral) was added in conjunction with the 2005 HCPCS conversion effective January 1, 2005. The medical necessity requirement for procedure code 36478 was added at that time but was inadvertently omitted for procedure code 3647850. Effective for services performed on or after November 1, 2005, a completed Certificate of Medical Necessity form will be required for procedure code 3647850.

VASCULAR SURGERY

Vascular surgeons may now bill for Current Procedural Terminology (CPT) codes 75671 (Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation) and 75680 (Angiography, carotid, cervical, bilateral, radiological supervision and interpretation).

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

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
- Services not included in MC+ Managed Care

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 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896