



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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Physician Bulletin Transplant Services

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- Fees

Fees

The reimbursement, by the Missouri Division of Medical Services (DMS), for transplantation procedure codes is being changed to match Medicare's fee schedule.

Effective January 1, 2007, the following transplant procedure codes will be covered at the listed rate of reimbursement:

TX TYPE	Proc Code	Description	New Reimbursement
LUNG	32851	LUNG TRANSPLANT; SINGLE, WITHOUT BYPASS	\$2,663.95
LUNG	32852	LUNG TRANSPLANT; SINGLE, WITH BYPASS	\$2,999.56
LUNG	32853	LUNG TRANPLANT; DOUBLE, WITHOUT BYPASS	\$3,213.00
LUNG	32854	LUNG TRANSPLANT, DOUBLE, WITH BYPASS	\$3,446.32
HEART/LUNG	33935	HEART-LUNG TRANSPLANT	\$3,672.99
HEART	33945	HEART TRANSPLANT	\$2,592.06
BONE MARROW	38240	BONE MARROW OR PSC TRANSPLANT; ALLO	\$126.09
BONE MARROW	38241	BONE MARROW TRANSPLANT; AUTO	\$126.45
BONE MARROW	38242	LYMPHOCYTE INFUSION TRANSPLANT	\$95.89
LIVER	47135	LIVER TRANSPLANT; ORTHOTOPIC; ALLO	\$4,582.28
LIVER	47136	LIVER TRANSPLANT; HETERTOPIC; ALLO	\$3,876.34
PANCREAS	48554	PANCREAS TRANSPLANT	\$2,104.44
KIDNEY	50360	RENAL ALLOTRANSPLANTATION; WITHOUT NEPHRECTOMY	\$1,890.22
KIDNEY	50365	RENAL ALLOTRANSPLANTATION; WITH NEPHRECTOMY	\$2,210.50
BONE MARROW	38230	BONE MARROW HARVEST	\$277.44
BONE MARROW	38205	STEM CELL HARVEST (ALLO)	\$72.51
BONE MARROW	38206	STEM CELL HARVEST (AUTO)	\$72.51

The fees listed reflect single surgeon reimbursement only (base rate). Refer to Section 13.40 of the Physician Program Provider Manual for reimbursement guidelines for co-surgeon (Modifier 62) and

assistant surgeon (Modifier 80). Effective January 1, 2007, reimbursement for surgical teams (Modifier 66) will be calculated by dividing the base rate for the procedure by the number of team surgeons indicated on the operative notes.

Pancreas and Liver (heterotopic) have been added as payable procedures, but must meet criteria outlined in the Transplant Program manual for these transplants to be reimbursed.

***Note** Claims for procedures using a team will require operative notes for processing.*

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

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to electronic list 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 1-573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896