MISSOURI
DIVISION OF MEDICAL SERVICES

Volume 25 Number 1 www.dss.state.mo.us/dms June 12, 2003

Hospital 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.

Changes that occurred as a result of the update include additions, deletions and replacement of procedure codes. See Attachment A. Please refer to Physician's Bulletin Volume 25, Number 2 for additional codes.

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

HEALTH CARE EXCEL (HCE) AND CLAIM ISSUES

When an inpatient claim is denied for reasons not associated with the actual certification from HCE, please contact DMS Provider Communications at 1-800-392-0938. HCE does not have claim specific information. When a denial is associated with an invalid Medicaid I.D. Number, please verify you have the correct DCN through the Interactive Voice Response (IVR) prior to contacting HCE.

OUTPATIENT LAB SERVICES

Outpatient laboratory services furnished by a provider outside of the hospital must be billed by the outside provider performing the services. Under the Clinical Laboratory Improvement Amendments Act of 1988 (CLIA), all laboratory testing sites, as defined in 42 CFR 493.2, must have either a CLIA certificate of waiver or certificate of registration to legally perform clinical laboratory testing anywhere in the United States. Claims from laboratories without CLIA numbers are subject to denial.

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

Attachment A

2003 HCPCS CODE UPDATES

PROCEDURE CODE	TOS	MODIFIER 1	MODIFIER 2	STATUS
C1015	9			Non-Covered
C1020	9			Non-Covered
C1021	9			Non-Covered
C1022	9			Non-Covered
C9116	9			Non-Covered
C9119	9			Non-Covered
C9120	9			Non-Covered
C9121	9			Non-Covered
J0286	9			Deleted
J0287	9			Covered
J0288	9			Covered
J0289	9			Covered
J0592	9			Covered
J0636	9			Covered
J0637	9			Covered
J0880	9			Covered
J1050	9			Deleted
J1050	9	YA		Deleted
J1051	9			Covered
J1094	9			Covered
J1095	9			Deleted
J1564	9			Covered
J1652	9			Covered
J1755	9			Deleted
J1756	9			Covered
J1815	9			Covered
J1820	9			Deleted
J1820	9	YA		Deleted
J1820	9	YB		Deleted
J2324	9			Covered
J2500	9			Deleted
J2501	9			Covered
J2788	9			Covered
J2915	9			Deleted

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PROCEDURE CODE	TOS	MODIFIER 1	MODIFIER 2	STATUS
J2916	9			Covered
J3315	9			Covered
J3487	9			Covered
J3590	9			Non-Covered
J7316	9			Deleted
J7317	9			Covered
J7342	9			Covered
J7350	9			Covered
J9010	9			Covered
Q3021	9			Non-Covered
Q3022	9			Non-Covered
Q3023	9			Non-Covered
Q3025	9			Covered
Q3026	9			Covered
S0124	9			Non-Covered

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