



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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### PHYSICIAN BULLETIN

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#### EMERGENCY ROOM VISIT FEE INCREASE

Effective July 1, 2004, Medicaid/MC+ fee for service program funding for emergency room physician's reimbursement will increase for the following procedure codes:

Procedure Code	Reimbursement Prior to July 1, 2004	Reimbursement July 1, 2004 and after
99281	\$15.00	\$16.00
99282	\$15.00	\$19.00
99283	\$15.00	\$23.00
99284	\$15.00	\$24.00
99285	\$15.00	\$25.00

#### ASSISTANT SURGEON

Missouri Medicaid adheres to guidelines set by Medicare Services for assistants at surgery.

Reference Medicare Services Newsletter, Indicators/Global Surgery Percentages/ Endoscopies at <http://www.medicare.com/provider/provnewslet/newsindex.asp> for assistant surgeon guidelines. This website will bring you to the **LICENSE FOR USE OF "PHYSICIANS' CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT")** agreement which must be accepted before the Indicators/Global Surgery Percentages/ Endoscopies can be viewed. The indicator assigned to each surgical procedure code is found in Column A of the Surgery Indicator Table.

Examples found in Column A include:

- Some procedures do not require an assistant surgeon. (Assistants at surgery are never paid for these procedures.)
- Assistant at surgery are paid. (No payment restriction applies.)
- Payment restriction for assistants at surgery apply; a **Certificate of Medical Necessity Form** is required. (These procedures do not normally require an assistant surgeon but with medical necessity will be considered for payment.)

**(Note:** Not all codes in the listing are covered by Missouri Medicaid, refer to the Missouri Medicaid fee schedule.)

The medical necessity for the assistant at surgery must be fully documented on the Certificate of Medical Necessity Form. The form must include the assistant surgeon's provider number, name and signature. For instructions on completing of the Certificate of Medical Necessity Form, please reference Section 7.2 of the [Provider Manual](#).

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

**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 listserve 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 1-800-392-0938 and using Option One.

**Provider Communications Hotline**  
**800-392-0938 or 573-751-2896**