

PROVIDER BULLETIN

Volume 41 Number 31

<http://dss.mo.gov/mhd/>

December 26, 2018

Outpatient Surgical Procedure Reimbursement and Billing

CONTENTS

- **Outpatient Surgical Procedure Reimbursement and Billing for Fee-for-Service**

Outpatient Surgical Procedure Code Reimbursement for Fee-for-Service

Effective for dates of services on and after January 1, 2019 certain surgical procedure codes billed by outpatient hospitals, for Fee-for-Service, will be reimbursed according to the outpatient hospital surgical procedure fee schedule rather than a percentage of billed charges. The rates in this fee schedule do not include charges for lab, radiology and drug. These services will be paid separately. All other charges will be included in the reimbursement of the surgical procedure code and will be paid at zero. Providers should continue to bill for all procedures performed for reporting purposes.

Procedure codes that are not included in the outpatient hospital surgical procedure fee schedule will continue to be reimbursed a percentage of billed charges.

Outpatient Surgical Procedure Code Billing for Fee-for-Service

Effective with dates of service on and after January 1, 2019 providers will need to do the following when billing for the surgical procedure codes listed in the [Outpatient Hospital Surgical Procedure Fee Schedule](#):

- Bill the charge amount on the same line as the surgical procedure code.
- Bill one of the surgical revenue codes listed below when billing one of these surgical procedure codes.
 - 360, 361, 362, 367, 369, 370, 371, 372, 374, 379, 490, 499, 720, 721, 722, 723, 724, 729, 750, 759
- Include National Correct Coding Initiative (NCCI) modifiers with these surgical procedure codes when applicable.

These surgical procedure codes are limited to one per provider per date of service.

Providers will need to continue billing all other surgical procedure codes as previously instructed. However, if a provider bills both a surgical procedure code from the fee schedule

and a surgical procedure code that is not listed on the fee schedule reimbursement is limited to the rate for the procedure that is listed on the fee schedule.

Managed Care enrolled providers should contact their Managed Care Organization(s) for questions regarding Outpatient Surgical billing.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the ID card.

**Provider Communications Hotline
573-751-2896**