

MEDICAID CODING GUIDELINE

Effective: 7-1-02

Facility Fees at Same Day Surgery Centers and Outpatient Facilities

ND Medicaid will be reimbursing at Full, ½, ¼, ¼ ...etc. if different body areas, different sites, or done bilaterally.

If procedures are the same site or same body area, NDMA will reimburse only one facility fee.

- **Dental procedures:** The mouth is considered one facility fee no matter how many procedures were done in the mouth. Ex. 21 teeth extracted = one facility fee not 21. If another procedure is done with this in another body area then another facility fee would be allowed at ½ fee. (41899)
- **Nasal endoscopies:** The nose is considered one facility fee per side no matter how many procedures were done in the nose **unless** separate incisions are made. Ex. Bilateral sinus surgeries(31256, 31256-50, 31267, 31267-50) one facility fee at full fee for the right and one facility fee at ½ fee for the left.
- **If two procedures are done in the exact same area** (lesion removal and then closure of the defect or colonoscopy with biopsy and removal of polyp) only one facility fee will be allowed.

45378-45387 colonoscopies (any two in this group)

43235-43259 egd's (any two in this group)

12001 along with 11400 (one code in each of these groups billed together)

Ex. Tonsil with ear tubes

43820 – full fee

69436 – ½ fee

69436 – ¼ fee

41899 6 units

allow only one facility fee (group1)

Nasal sinus surgery

31267– full fee

31267 – ½ fee

31256 – no fee

31256 – no fee

Nasal sinus surgery

with septoplasty

*30520 – full fee

31267 – ½ fee

31267 – ¼ fee

31256 – no fee

31256 – no fee

*This needs to be a separate incision

Lesion removal & closure

11424 – full fee

12031 – no fee

ND Medicaid will be utilizing the CCI bundling edits and CPT guidelines to determine appropriate code pairs. If the codes are bundled and/or not payable to the physician, they will not be payable as a facility fee.