



PHYSICIAN SERVICES

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This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by physicians enrolled with North Dakota (ND) Medicaid. Physicians must receive an individual provider number even if the physician is a member of a group, clinic or is employed by an outpatient hospital or other organized health care delivery system that employs physicians.

SERVICES

Services that may be provided by a physician are not restricted to a specific place of service unless specified by a CPT code description. Physicians may provide services in the member's home, a nursing home, the outpatient hospital, inpatient hospital, etc. Physicians may not bill separately for performing administrative or medical functions that are reimbursed through an institution's per diem rate.

In order to be a covered service, the health service must be medically necessary. A service that is medically necessary is a service that:

- Is recognized as the prevailing standard or current practice by the provider's peer group; and
- Is provided in response to a life threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in physical or mental disability; or to care for the mother and child through the maternity period; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
- Is a preventative health service.

PREVENTATIVE HEALTH SERVICES

Preventive health services are services provided to a member to avoid or minimize the occurrence of illness, infection, disability, or other health conditions. Preventive health services are covered when the following conditions are met:

- The service is provided to the member in person;
- The service affects the member's health condition rather than the member's physical environment;
- The service is not otherwise available to the member without cost as part of another preventive health program funded by a government or private agency;
- The service is not part of another covered service;
- The service minimizes an illness, infection, or disability that will respond to treatment;
- The service is generally accepted by the provider's professional peer group as a safe and effective means to avoid or minimize the illness;
- The service is ordered in writing by a physician and included in the plan of care approved by the physician. Examples of covered services are sports physicals and well-baby examinations.

Services that are not covered as preventive health services:

- Services that are only for a vocational purpose or an educational purpose that is not health related;
- Services dealing with external, social, or environmental factors that do not directly address the member's physical or mental health;
- Annual exam ordered by a group home with a routine diagnosis;
- Preventive health counseling that is provided to a member to promote health and prevent illness or injury.

TELEPHONE CALLS

Telephone calls **are not a covered service**. North Dakota Medicaid does not pay for any type of telephone consultation.

INCIDENTAL SURGICAL PROCEDURES

Incidental surgical procedures performed at the same time as other major surgery is not a billable item and ND Medicaid will not pay separately for these procedures. The

removal of healthy tissue organs is not a covered service. Organ removal from a living donor to a member is considered part of the transplant procedure.

ADDITIONAL SURGICAL PROCEDURES

Additional medically necessary surgical procedures performed at the time of a major medical procedure are covered at a reduced rate.

The medical reason for the surgery must be substantiated with an ICD-9-CM/ICD-10-CM code supported with documentation in the member's medical record.

CONCURRENT CARE

Concurrent care services are those provided by more than one physician when the member's condition requires the service of another physician. If a consulting physician subsequently assumes responsibility for a portion of patient management, they provide concurrent care.

ND Medicaid reimburses concurrent care when the medical condition of the member requires the services of more than one physician. Generally, a member's condition that requires physician input in more than one specialty area establishes medical necessity for concurrent care.

ND Medicaid will not pay for concurrent care when:

- The physician makes routine calls at the request of the member and family or as a matter of personal interest; or
- Available information does not support the medical necessity or concurrent care.

When the member's condition requires concurrent care, each physician providing services identifies their services by entering the CPT code and his/her NPI and taxonomy code on the claim form.

CRITICAL CARE

Critical care includes the care of a critically ill or injured patient in a variety of medical emergencies that requires the constant attendance of the physician (e.g. cardiac arrest, shock, bleeding, respiratory failure, postoperative complications). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility.

CPT codes 99291 and 99292 are used to report critical care. These codes are designed to include all the diagnostic and therapeutic services listed and direction of care

provided by the physician during the period for which this code is billed. Physician must not bill listed procedures performed during the critical care hour but may bill services performed that are not listed.

Initial hospital care services (99221-99223) for a member who is not critically ill but happens to be in a critical care unit are reported using subsequent hospital care codes.

ND Medicaid follows CPT guidelines identifying the services that are included in reporting critical care when performed during the critical period by the physician providing critical care. Any services performed that are not listed as critical care should be reported separately.

The critical care codes are used to report the total duration of time spent by a physician providing constant attention to a critically ill or injured patient, even if the time spent by the physician providing critical care services on that date is not continuous. Code 99291 is used to report the first 30-74 minutes of critical care on a given date. It must be used only once per date even if the time spent by the physician is not continuous on that date. Critical care of less than 30 minutes total duration on a given date should be reported with the appropriate E/M code. Code 99292 is used to report each additional block of time, up to 30 minutes beyond the first 74 minutes.

PROLONGED CARE

Codes 99354-99357 are used for prolonged services involving direct (face-to-face) patient contact. Codes 99354-99357 are used to report the total duration of face-to-face time spent on a given date. Codes 99358 and 99359 are used when prolonged services not involving direct (face-to-face) care is provided. These services are not covered by ND Medicaid. Code 99360 is used to report standby services that are requested by another physician and involves prolonged attendance without direct (face-to-face) patient contact. The only time that operative standby services would be covered is in the case of a documented existing risk or distress, such as documented fetal distress.

CARE PLAN OVERSIGHT SERVICES

ND Medicaid does not cover codes 99374-99380 are not covered by ND Medicaid.

TELEMEDICINE SERVICE

See Medicaid Medical Policy – Telemedicine, NDMP-2012-0007 at www.nd.gov/dhs/services/medicalserv/medicaid/docs/telemedicine-policy.pdf.

MEDICAL SUPPLIES PROVIDED BY A PHYSICIAN'S OFFICE

Medical supplies provided by a physician's office are those supplies applied or used in direct relationship to a specific injury or illness.

Durable Medical Equipment (DME) applied or used in direct relationship to a specific injury or illness and supplied by a physician's office are a covered service, separate from the physician's services. Physician and physician clinics enrolled as a ND Medicaid provider may bill for these services.

Supplies or dressings sent home with the member are not a covered service.

When billing for surgical supplies, HCPC code A4550 must be reported on the same claim as the surgical procedure. When billed alone, HCPC code A4550 will be denied as included in the surgical fee.

Surgical trays are a Medicaid covered service when billed with the procedures identified in the guideline. The coding guideline is available at www.nd.gov/dhs/services/medicalserv/medicaid/cpt.html.

ONCOLOGY DRUG TRIALS

ND Medicaid will pay for chemotherapy when administered via a protocol that is registered with one of the main regional oncology research organizations provided the FDA has approved each medication in the regimen. FDA approval can be for any indication. If any chemotherapeutic agent in the regimen is not FDA approved, the entire treatment will not be paid.

If the member has a primary payer, the primary payer must be billed before requesting payment from ND Medicaid. If the primary payer denies coverage of the product because they consider the use "experimental", ND Medicaid will also deny the claim.

OTHER COVERED PHYSICIAN SERVICES

Laboratory Services: Refer to the Laboratory, Radiological and Diagnostic Services manual for specific information regarding laboratory, radiologic, diagnostic services, laboratory handling fees, and specimen collection fees.

When a physician or physician clinic is billing for services performed and the equipment used is owned by the physician or clinic, the service should not be separated into a

technical and professional component. Bill the appropriate CPT code but do not modify the code.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.