

## Medicaid Billing Reminders

To ensure proper reimbursement, please follow the guidelines below:

- **Bilateral procedures need to be billed on two lines.** If you bill on one line with the 50 modifier, you will receive ½ payment for one instead of 1 ½.
- **Multiple procedures need the 51 modifier attached.**
- **Time** must be documented in notes or dictation for time based codes (ie: 99239, 99291, 99292 etc.) Documentation will be requested on all these codes. Time will be verified before payment is made.
- **Sequence modifiers** AS, AK, AL, 80, 50 in the first position and 51, RT, or LT in the second position.
- All **unlisted** procedures should be sent in on paper. If not, documentation will be requested for review.
- NDMA follows **CCI edits** and these should be complied with.
- Bill all services on one claim. Billing two surgeries on two separate claims will result in inappropriate payment and may cause unnecessary denials for the provider.
- **All claims with the 59 modifier will be reviewed.**
- **Assign diagnoses per line item.** Do not put 1,2,3,4 in box E of the HCFA-1500 form as our system will only pick up the first diagnosis and may cause denial if not appropriate.

## Telemedicine billing

**CODE:** Q3014

**REIMBURSEMENT:** **\$20.00** which is for the use of the room and the technical set up of the equipment. The reimbursement is the same no matter if the telemedicine room is in the clinic, hospital or ER room. All sites are considered a clinic site of service.

- If a physician is present with the patient he can bill for the service he is providing. Any supplies that are used are to be provided by the physician doing the procedure even if not employed by the telemedicine facility.
- The consulting site must use the GT modifier on their claims to denote telemedicine services.
- If a separate long distance line charge is required for out-of-network sites, NDMA will reimburse the **actual cost** of the line from the phone company.

Ex: A physician from a private clinic doesn't have telemedicine available so he brings the patient to the hospital that offers this service. The private physician debrides a wound per recommendations of the telehealth consulting site. Instead of bringing the patient back to his clinic to debride, he debrides him in the telemedicine room out of convenience. The hospital will not receive extra reimbursement for this service. The physician will be allowed the procedure performed. Any supplies used are included in the professional fee.

The physician should either bring the supplies with him or contract with the hospital to pay for any supplies used. If this isn't possible then the physician should meet the patient at the clinic, after the telemedicine session, to have the debridement done.

**Misc. supplies (99070)**

This code should rarely be used. Most supplies are included in the procedure being performed or included in the E/M service given.