Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-434
Employees' Manual, Title 8
Medicaid Appendix

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AMBULATORY SURGICAL CENTER MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***AMBULATORY SURGICAL CENTER MANUAL***, Chapter III, *Provider-Specific Policies*, pages 2, 3, and 19, revised; and pages 2a, 2b, and 2c, new.

Summary

The ***AMBULATORY SURGICAL CENTER MANUAL*** is revised to:

- Align with current ICD-10 policies, procedures, and terminology.
- Update links due to the Department's new website.

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the ***AMBULATORY SURGICAL CENTER MANUAL***:

Page	Date
Chapter III	
2, 3, 19	April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at: http://dhs.iowa.gov/sites/default/files/Ambusurg.pdf

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.

Pre-procedure review is performed for all heart, lung, liver, stem cell, pancreas, and bone marrow transplants and for all bariatric procedures, as identified on the pre-procedure review list. Reviews are performed for members with traditional Medicaid and MediPASS coverage.

The following sections explain:

- What procedures are reviewed
- How reviews are conducted
- What happens if the review is not obtained until after the member is discharged

a. Procedures Subject to Review

The following is a list of the surgical procedures that are subject to pre-procedure review. Procedures for which approval must be obtained are listed with CPT and both ICD-9 and ICD-10 codes.

	Hospital Use Only: ICD-9 (through 9/30/15)	**Hospital Use Only: ICD-10** (beginning 10/1/15)		**Physician and Ambulatory Surgical Center Use Only: CPT-4**
Bone marrow transplant	41.00 41.01 41.02 41.03	30230G0 30230G1 30233G0 30233G1 30240G0 30240G1 30243G0 30243G1 30250G0 30250G1 30253G0 30253G1	30260G0 30260G1 30263G0 3E03005 3E03305 3E04005 3E04305 3E05005 3E05305 3E06005 3E06305 30263G1	38240 38241

	Hospital Use Only: **ICD-9** (through 9/30/15)	**Hospital Use Only:** **ICD-10** (beginning 10/1/15)	**Physician and Ambulatory Surgical Center Use Only:** **CPT-4**
Stem cell transplant	41.04 41.05 41.06 41.07 41.08 41.09	30230AZ 30230Y0 30233AZ 30233Y0 30240AZ 30240Y0 30243AZ 30243Y0 30250Y0 30253Y0 30260Y0 30263Y0 30230Y1 30233Y1 30240Y1 30243Y1 30250Y1 30253Y1 30260Y1 30263Y1 30230X0 30230X1 30233X0 30233X1 30240X0 30240X1 30243X0 30243X1 30250X0 30250X1 30253X0 30253X1 30260X0 30260X1 30263X0 30263X1 3E03005 3E03305 3E04005 3E04305 3E05005 3E05305 3E06005 3E06305 30230G0 30233G0 30240G0 30243G0 30250G0 30253G0 30260G0 30263G0	38240 38241
Heart transplant	37.51	02YA0Z0 02YA0Z1 02YA0Z2	33945
Liver transplant auxiliary	50.51	0FY00Z0 0FY00Z1 0FY00Z2	47135
Other transplant of liver	50.59	0FY00Z0 0FY00Z1 0FY00Z2	47135 47136

	Hospital Use Only: **ICD-9** (through 9/30/15)	**Hospital Use Only:** **ICD-10** (beginning 10/1/15)	**Physician and Ambulatory Surgical Center Use Only:** **CPT-4**
Lung transplant: • Unilateral transplant • Bilateral transplant	33.50 33.51 33.52	0BYK0Z0 0BYK0Z1 0BYK0Z2 0BYL0Z0 0BYL0Z1 0BYL0Z2 0BYF0Z0 0BYF0Z1 0BYF0Z2 0BYG0Z0 0BYG0Z1 0BYG0Z2 0BYH0Z0 0BYH0Z1 0BYH0Z2 0BYJ0Z0 0BYJ0Z1 0BYJ0Z2 0BYM0Z0 0BYM0Z1 0BYM0Z2	32851 32852 32853 32854
Pancreas	52.80 52.82	0FYG0Z0 0FYG0Z1 0FYG0Z2	48160 48554
Combined heart/lung	33.6	**Requires two ICD-10 procedure codes.** **One from heart codes:** 02YA0Z0 02YA0Z1 02YA0Z2 **And one from respiratory codes:** 0BYM0Z0 0BYM0Z1 0BYM0Z2	33935
Laparoscopic bariatric procedures	43.82 44.38 44.68 44.95	0DB64Z3 0D16479 0D1647A 0D164J9 0D164JA 0D164K9 0D164KA 0D164Z9 0D164ZA 0D1647B 0D1647L 0D164JB 0D164JL 0D164KB 0D164KL 0D164ZB 0D164ZL 0DQ64ZZ 0DV64CZ	43644 43645 43770 43772 43773 43774 43775

	Hospital Use Only: **ICD-9** (through 9/30/15)	**Hospital Use Only:** **ICD-10** (beginning 10/1/15)		**Physician and Ambulatory Surgical Center Use Only:** **CPT-4**
Bariatric procedures, other than laparoscopic	43.89 44.31 44.39 44.69 45.51 45.91	0DB60ZZ 0DB63ZZ 0DB67ZZ 0D1607A 0D160JA 0D160KA 0D160ZA 0D1687A 0D168JA 0D168KA 0D168ZA 0D160K9 0D160Z9 0D16879 0D168J9 0D168K9 0D168Z9 0DV63ZZ 0DV64DZ 0DV64ZZ 0DV67ZZ 0DV68ZZ 0DB90ZZ	0DBB0ZZ 0F190Z3 0TRB07Z 0D190Z9 0D190ZA 0D190ZB 0D194Z9 0D194ZA 0D194ZB 0D198Z9 0D198ZA 0D198ZB 0D1A0ZA 0D1A0ZB 0D1A4ZA 0D1A4ZB 0D1A8ZA 0D1A8ZB 0D1A8ZH 0D1B0ZB 0D1B4ZB 0D1B8ZB 0D1B8ZH	43842 43843 43845 43846 43847

	Hospital Use Only: **ICD-9** (through 9/30/15)	**Hospital Use Only:** **ICD-10** (beginning 10/1/15)	**Physician and Ambulatory Surgical Center Use Only:** **CPT-4**
Bariatric procedures, revisions/ removals	44.5 44.96 44.97 44.98	0DQ60ZZ 0DQ63ZZ 0DQ64ZZ 0DQ67ZZ 0DQ68ZZ 0DW643Z 0DW64CZ 0DP643Z 0DP64CZ 3E0G3GC	43771 43772 43774 43848 43860 43865 43886 43887 43888

b. Review Process

The following review process applies to all pre-procedure review activities. Pre-procedure review is conducted to evaluate the appropriateness of the procedures identified on the pre-procedure review list. Requests for review of these elective procedures must be submitted in writing to:

Iowa Medicaid Enterprise
Attn: Medical Prior Authorization
PO Box 36478
Des Moines, IA 50315

F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Ambulatory Surgical Centers are billed on federal form CMS-1500, *Health Insurance Claim Form*.

To view a sample of the CMS-1500, click here.

To view billing instructions for the CMS-1500, click here.

Refer to Chapter IV. Billing Iowa Medicaid for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at: https://dhs.iowa.gov/sites/default/files/All-IV.pdf.