26-005.03 Payment for Services Not Included in the ASC Facility Services Fee: The fee for facility services does not include payment for physicians' services or other services not directly related to the performance of the surgical procedure. (See 471 NAC 26-004.) The ASC may bill for these services in addition to the fee for ASC facility services and will be paid according to the appropriate ~~NMAP~~ Medicaid payment plan.

26-005.04 Payment for State-Defined Services: ~~NMAP~~ Medicaid may cover payment for facility services provided in connection with certain state-defined services provided in an ASC. See 471 NAC 18-004.17E.

26-005.05 Non-Payment of Other Provider Preventable Conditions (OPPCs): Effective on or after the effective date of this regulation for facility services rendered by an ambulatory surgical center, payment will be denied for the following Other Provider Preventable Conditions:

1. Wrong surgical or other invasive procedure performed on a patient;
2. Wrong surgical or other invasive procedure performed on the wrong body part;
3. Wrong surgical or other invasive procedure performed on the wrong patient.

26-006 Billing Requirements

26-006.01 Required Forms: When billing ~~NMAP~~ Medicaid, the ASC must submit on the appropriate form or electronic format (see Claim Submission Table at 471-000-49).

All claims for ASC services must include the date of surgery and the physician's name and license number.

26-006.02 Procedure Codes: To claim the ASC facility fee, the ASC must use the appropriate HCPCS/CPT procedure codes as outlined in claim completion instructions (see 471-000-52) and see 471-000-409, state defined ASC Services code(s).

The ASC must use HCPCS/CPT procedure codes when billing for practitioner services and laboratory services. Regulations listed in 471 NAC 4-000 must be used for ambulance services. Regulations listed in 471 NAC 7-000 must be used for durable medical equipment and medical supplies.