



State of New Mexico
Medical Assistance Program Manual
Supplement



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To: Medicaid Hospital Providers and Centennial Care Managed Care Organizations

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Subject: Reimbursement for Neurological and Neurosurgical Consultations Provided Through the ACCESS Program

This Supplement explains the reimbursement structure and rates for neurological and neurosurgical consultations provided through telemedicine via the Access Remote Neuro Consult Experts (ACCESS) Program at the University of New Mexico (UNM). The rates are based on the cost to hospitals for consultations provided by the ACCESS Program through contract with UNM.

Neurological and neurosurgical consultations provided by the ACCESS Program are new covered services that are part of the Medicaid benefit package effective January 1, 2019. Consultations provided by the ACCESS Program are covered under both Medicaid fee-for-service (FFS) and the Centennial Care managed care program.

Background

Through the ACCESS Program, New Mexico hospitals can connect to on-call expertise in neurology and neurosurgery for telemedical consultation on conditions such as stroke, brain injury and altered mental status through real-time virtual visits with patients and doctors. The ACCESS Program empowers local hospitals to take a greater role in caring for their patients and helps them avoid unnecessary transport to other hospitals for treatment.

Payment Rates & Instructions

To ensure consistency and adequacy of payment, the Human Services Department Medical Assistance Division (HSD/MAD) has established the following billing methodology and payment rates:

- Billing for the cost of the consultation must be done by the hospital on the CMS1500/837P format through their professional component Medicaid ID number.
- Code 95999 (Unlisted Neurological or Neuromuscular Diagnostic Procedure) with modifier U1 is to be used for neurology consultations. The rate is \$850, which is the cost to the hospital to pay UNM for the consultation service.

- Code 95999 with modifier U2 is to be used for neurosurgery consultations. The rate is \$1,200. As above, this rate is the cost to the hospital to pay UNM for the consultation service.

This billing process and the established rates are the same for members being treated in the outpatient, emergency or inpatient setting. Note that payment under the 95999 code is only intended to cover the “per episode” payment that the hospital makes to the ACCESS Program for the remote consultation. The hospital will still bill for the Emergency Department or other outpatient/inpatient codes and services, including the telemedicine charge, and be reimbursed at their usual rates for such services. The payment for 95999 is in addition to and separate from any payment made for emergency, inpatient or outpatient services.

If the hospital does not have the ability to electronically submit the CMS 1500/837P format, FFS claims may be entered on the Medicaid Portal by setting up this capability with Conduent, the Medicaid fiscal agent. Please see: <https://nmmedicaid.portal.conduent.com/static/index.htm>.

If the patient has Medicare rather than Medicaid as their primary payor, then Medicare rules for billing and coverage will apply.

Provider Enrollment Information

The billing hospital must have a professional component Medicaid ID number obtained by enrolling with the Medicaid program through HSD/MAD. Payment will be made to the professional component provider of the hospital on the CMS 1500/837P billing format, as described above, and not on the UB form.

Many hospitals already have a professional component number as provider type 303. If the payment made to that existing professional component number is satisfactory for the hospital’s reimbursement under the ACCESS Program, then the hospital does not need to do anything further to enroll.

If the hospital does not have a professional component number or if its professional component is an entity that is not financially connected to the hospital, then the hospital must complete a provider application for provider type 303, even if the neurological consultation episode provided by the ACCESS Program is the only service that will be billed under that number. A hospital may have more than one professional component Medicaid ID number; however, an application for a new professional component number must have a different NPI than any existing professional component or the hospital facility’s NPI. When applying for a new NPI number for a professional component, one of the most likely taxonomies for the professional component number will be Non-Individual Multi-Specialty: 261QM1300X.

A provider enrollment application may be found on the New Mexico Medicaid Portal website at: <https://nmmedicaid.portal.conduent.com/webportal/enrollOnline>. Additional information, including contact information, may be found at <https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm>.

Note that individual consultants associated with the ACCESS Program will be listed as members of that practice. ACCESS Program consultants should not enroll as providers under the hospital’s professional component number.