



January 21, 2016

GUIDANCE/CLARIFICATION

RE: Hospital Clinic Visits

The department has received several inquiries regarding Hospital Clinic Visits and the billing of these visits by the facilities.

In the definition of the Hospital in ARM 24.29.1401A, the following outpatient centers are not included in the term facility and cannot bill facility charges:

- Centers for primary care
- Infirmaries
- Provider-based clinics
- Offices of private physicians
- Dentists
- Physical or mental health care workers
- Licensed addiction counselors

Providers who are in the above categories will bill their services on a CMS1500 using the place of service code (POS) 11 and be reimbursed under the Professional Fee Schedule using the Professional Reimbursement Column. Providers using POS 22 will be paid from the Facility Reimbursement column. This is primarily for E & M clinic visits and doctor office surgeries. Facilities may not bill clinic visits if the provider is in one of the above categories.

For surgeries performed in an ASC or in an Out-Patient Hospital setting, the physicians will bill for their services using POS 22 and be reimbursed under the Professional Fee Schedule under the Facility Reimbursement Column. The facilities will bill on a UB04 for the surgical center using bill type 13X and be reimbursed under the appropriate column in the Facility Fee Schedule.

See the Guidance dated 10/16/2013 for therapies whose therapists are employees of the facility.

If a provider has questions regarding billing, the provider's first contact should be to the insurer. If there are additional questions or issues that need to be addressed, please contact us at the Department of Labor and Industry.

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