



State of New Mexico

## WORKERS' COMPENSATION ADMINISTRATION

MICHELLE LUJAN GRISHAM  
GOVERNOR

VERILY A. JONES  
ACTING DIRECTOR

### NOTIFICATION

The attached *2018 Fee Schedule Hospital Billing Clarification* is effective for the following dates of service: October 18, 2018 through December 31, 2018.

**Inpatient and outpatient hospital surgery** performed in 2018 prior to October 18, 2018 (revenue code 36X) shall be reimbursed using the following (as found on page 10 in the 2018 Health Care Provider Fee Schedule & Billing Instructions):

APC Base Payment Rate x 1.3

The APC can be found under Addendum B at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

The date of service should coincide with the appropriate quarterly Addendum. No adjusted conversion factors or index values are to be applied. If no assigned APC base payment rate is indicated, the services shall be paid per the HCP Fee Schedule times 1.3.

Multiple outpatient surgeries follow cascade of full, half, half (APC) until fourth and subsequent procedure which shall be reimbursed at 50% of the HCP x 1.3.

For **inpatient and outpatient surgeries** that are performed between October 18, 2018 and December 31, 2018, the appropriate hospital ratio shall be applied.

**Materials and Supplies** used during emergency room visits, hospital inpatient and outpatient stays between October 18, 2018 and December 31, 2018, shall be reimbursed at the appropriate hospital ratio.

Any questions can be directed to the WCA's Medical Cost Containment Bureau.

Handwritten signature of Verily A. Jones in cursive.

Verily A. Jones, Acting Director

March 14, 2019



STATE OF NEW MEXICO  
 Workers' Compensation  
 Administration

## 2018 Fee Schedule

### Hospital Billing Clarification

<b>Hospital Billing Scenarios</b>
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Description	Rev Codes	Reimbursement Type	Payment Type
Room and Board	11X - 12X	R	%
Anesthesia	37X	R	%
Blood	38X	R	%
Blood Storage	39X	R	%
CT Scans	35X	TC	0.60
EKG/ECG	73X	R	%
Emergency Room	45X	R	%
Imaging Service (70010-79999, 80047-89398)	30X - 32X	TC	0.60
Implants	278 - 279	IMP	INV
IV Therapy	26X	R	%
Laboratory	30X	TC	0.60
MRI	61X	TC	0.60
Occupational Therapy	43X	R	%
OR Services	36X	R	%
Pharmacy	25X	R	%
Physical Therapy	42X	R	%
Pulmonary Function	46X	R	%
Supplies (except for Implants)	27X - 62X	R	%
Radiology	32X - 33X	TC	0.60
Recovery Room	71X	R	%

<b>Implants, Hardware &amp; Instrumentation</b>	Invoice Cost	x 1.25	Plus Tax, Shipping & Handling	= Total Reimbursement
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Reimbursement Type	Payment Type
R = Subject to Hospital Ratio	% (hospital ratio)
IMP = Implant	INV = Invoice
TC = Technical Component	0.60

**Questions may be directed to:**

Medical Cost Containment Bureau  
 NM Workers' Compensation Administration  
 (505) 841-6000