

**9505.5041 SURGICAL PROCEDURE ELIGIBLE FOR MEDICARE PAYMENT.**

A provider who performs a surgical service requiring a second medical opinion on a recipient eligible for Medicare must bill Medicare as specified in part 9505.0440. If Medicare denies payment or makes a partial payment for the service, the provider may request the medical review agent to issue an authorization number for medical assistance billing purposes. The provider's claim for medical assistance payment must comply with part 9505.0440 and the time limit specified in part 9505.0450, subpart 4, item A.

**Statutory Authority:** *MS s 256.0625; 256.991; 256D.03*

**History:** *20 SR 2405*

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