



## Provider Notice 12-117

Dear Provider,

**Effective for dates of service on and after January 1, 2013**, the Medicaid Program of the Health Care Authority (the Agency) is publishing a revised *Outpatient Hospital Services Medicaid Provider Guide*.

Specific changes to the guide include:

- Clarified billing criteria for robotic assisted surgery.
- Added procedure codes 95782 and 95783.
- Added language regarding new limitations in providing therapies for clients who are 19-20 year years of age.

For more details, see the “What Has Changed” table in the [Outpatient Hospital Services Medicaid Provider Guide](#).

**Effective for dates of service on and after January 1, 2013**, the Agency will update the *Outpatient Hospital and Outpatient Prospective Payment System (OPPS) Fee Schedule*

- Add procedure codes and coverage changes;
- Change prior authorization requirements for certain current procedural terminology codes;

**Medical Policy Updates – for additional information, please see the [Physician-Related Services/Healthcare Professional Services](#).**

- Added adoption of Health Technology Assessment (HTA) for the following under Medical Policy Updates:
  - ✓ Bone Morphogenetic Protein 2 and Bone Morphogenetic Protein 7 for lumbar fusion;
  - ✓ Microprocessor-Controlled Lower Limb Protheses (MCP);
  - ✓ Robotic Assisted Surgery;
  - ✓ Ultrasonography during Pregnancy; and
  - ✓ Vagal Nerve Stimulation (VNS) for the treatment of Epilepsy and Depression.

## Overview

All policies previously published remain the same unless specifically identified as changed in this memo.

## Fee Schedule Changes

**Effective for dates of service on and after January 1, 2013**, the Agency will update the *Outpatient Hospital and Outpatient Prospective Payment System (OPPS) Fee Schedule* for procedures performed in an outpatient hospital setting.

The following new procedures are **covered with prior authorization (PA)**

Procedure Code	Brief Description	Prior Authorization
22586	Prescri fuse w/ instr I5/s1	(No PA Rqd Age < 21)/ (CPA Age 21+)
23473	Revis reconst shoulder joint	(No PA Rqd Age < 21)/ (CPA Age 21+)
23474	Revis reconst shoulder joint	(No PA Rqd Age < 21)/ (CPA Age 21+)
52287	Cystoscopy chemodenervation	PA
64615	Chemodenerv musc migraine	PA
78071	Parathyrd planar w/wo subtrj	PA
78072	Parathyrd planar w/spect&ct	PA
81201	Apc gene full sequence	PA
81202	Apc gene known fam variants	PA
81203	Apc gene dup/delet variants	PA
81321	Pten gene full sequence	PA
81322	Pten gene known fam variant	PA
81323	Pten gene dup/delet variant	PA
A9586	Florbetapir F18	PA
G0455	Fecal microbiota prep instil	PA
S1090	Mometasone sinus implant	PA

## Authorization Changes

The following procedure codes are changed from **covered to covered with PA required**.

Procedure Code	Brief Description	Prior Authorization
27442	Revision of knee joint	Must have PA through Qualis effective for DOS 01/01/2013 for clients 21 years and older.
29914	Arthroscopy, hip w/femoroplasty	(No PA Rqd Age < 21)/(CPA Age 21+)
29915	Arthroscopy, hip w/acetabuloplasty	(No PA Rqd Age < 21)/(CPA Age 21+)
29916	Arthroscopy, hip w/labral repair	(No PA Rqd Age < 21)/(CPA Age 21+)
38999	Unlisted procedure hemic or lymphatic system	PA
64553	Implant neuroelectrodes	PA
64555	Implant neuroelectrodes	PA
64561	Implant neuroelectrodes	PA
64565	Implant neuroelectrodes	PA
64568	Inc for vagus n elect impl	PA
64569	Revise/repl vagus n eltrd	PA
64570	Remove vagus n eltrd	PA
64595	Revise/rmv pn/gastr stimul	PA

The following procedure codes are changed from **noncovered to covered with PA**

Procedure Code	Brief Description	Prior Authorization	Covered
81206	Bcr/abl1 gene major bp	PA	Yes
81207	Bcr/abl1 gene minor bp	PA	Yes
81208	Bcr/abl1 gene other bp	PA	Yes
81209	Blm gene	PA	Yes
81210	Braf gene	PA	Yes
81211	Brca1&2 seq & com dup/del	PA	Yes
81212	Brca1&2 185&5385&6174 var	PA	Yes
81213	Brca1&2 uncom dup/del var	PA	Yes
81214	Brca1 full seq & com dup/del	PA	Yes
81215	Brca1 gene known fam variant	PA	Yes
81216	Brca2 gene full sequence	PA	Yes
81217	Brca2 gene known fam variant	PA	Yes
L8680	Implt neurostim elctr each	PA	Yes
L8682	Implt Neurostim radiofq rec	PA	Yes
L8685	Implt nrostm pls gen sng rec	PA	Yes
L8686	Implt nrostm pls gen sng non	PA	Yes
L8687	Implt nrostm pls gen dua gen	PA	Yes
L8688	Implt nrostm pls gen dua non	PA	Yes

### Legend

PA = Prior authorization

CPA = Prior authorization through Qualis

**Note:** [The updated fee schedule may not be available until January 1, 2013, so check the Agency's website often until the fee schedule you are looking for appears.](#)

Thank you.

BC/AL  
Provider Publications Team  
Medicaid Program  
Health Care Authority

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