



Provider Notice 13-16

Dear Provider,

Effective for dates of service on and after April 1, 2013 (unless otherwise specified), the Medicaid Program of the Health Care Authority (the agency) is publishing a revised [Physician-Related Services/Health Care Professional Services Medicaid Provider Guide](#) with updates and new information as follows:

- Began Phase I of reorganizing the provider guide according to the Current Procedural Terminology (CPT) guide. Phase II - work will continue through the July 2013 update.
- **Screening pap smear.** Clarified that a screening pap smear must be “*performed according to nationally recognized clinical guidelines.*”
- **Services by substitute physician.** Clarified the following:
 - ✓ The National Provider Identification (NPI) of the *locum tenens physician* who performed the substitute services must be listed on the HIPAA 837P transaction in the *rendering provider field* or field 24J on the CMS-1500 claim form.
 - ✓ Any provider who performs as a locum tenens physician and treats a Medicaid client must be enrolled with the agency as a Medicaid provider in order for claims to be paid. For enrollment information, see [Medicaid Provider Enrollment](#).
- **Clients residing in a nursing facility or an intermediate care facility.** The two physician visits per month limit for clients residing in a nursing facility or an intermediate care facility *does not apply to pulmonologists or their designee* that are seeing clients who are ventilator and/or tracheostomy dependent and residing in the respiratory care unit of a designated ventilator weaning nursing facility.
- **Change in admission status.** During post-payment retrospective utilization review, the agency may determine the *chronic care management* is not supported by documentation in the medical record. The previous language said “...the *admission status ordered* is not supported.”
- **Audiology Billing.** Added “*physicians*” to providers who must bill using the AF modifier.
- **Services performed by a dentist and/or physician specializing in oral maxillofacial surgery.** Added approximately 84 additional procedure codes to list.
- **Dental services billable by primary care providers.** Added Current Dental Terminology (CDT) code D1206 (topical application of fluoride varnish) to coverage chart (**effective 1/1/2013**).
- **Emergency oral health (EOH).** The following changes were made:
 - ✓ Reorganized and reworded section for clarity.
 - ✓ Added “incision and drainage of abscess” (CDT codes D7510 and D7520), and “hospital call” (CDT code D9420) to list of covered services.
 - ✓ Clarified limits on “house or extended care facility visits” (CDT code D9420) – *up to two calls (visits) per facility, per provider.*
 - ✓ Added “or major joint replacements” as a condition for EOH.
- **Miscellaneous Drugs Requiring Prior Authorization.** Added J2212 Methylalntrexone injection to list.
- **Injectable drugs – limitations.** Replaced CPT code J1055 with J1050 and updated description.
- **Botulinum toxin injections.** Replaced botulism injections with updated policy for botulinum toxin injections and collagenase injections.
- **Allergen immunotherapy.** Added limitation and criteria for medical necessity.

- **Cancer screens.** Clarified limitation for CPT code G0101 to be one every 11 to 12 months, or as indicated by nationally recognized clinical guidelines.
- **Pathology and laboratory–coding and payment policies.** Added instructions for billing for outpatient hospital laboratory services denied by managed care because the service was ordered or referred by a Regional Support Network (RSN) contracted provider.
- **Stat lab charges.** Corrected typo. CPT code 83663 should be 83633.
- **Medical policy updates.** Adopted the recommendations of the Health Technology Assessment Clinical Committee (HTACC) for the following technologies:
 - ✓ Coronary artery calcium scoring
 - ✓ Diagnostic upper endoscopy for gastroesophageal reflux disease
 - ✓ Discography
 - ✓ Intensity modulated radiation therapy (IMRT)
 - ✓ Osteochondral allograft and autograft transplantation
 - ✓ Percutaneous kyphoplasty, vetebroplasty and sacroplasty
 - ✓ Sleep apnea diagnosis (**effective April 14, 2013**)
 - ✓ Virtual colonoscopy and computed tomographic colography
- **Discography.** The following codes are changed from noncovered to covered with prior authorization (PA) through the agency for clients 21 years and older. For clients 20 years of age and younger, the codes are covered without PA.

CPT Code	Short Description
62290	Inject for spine disk x-ray
62291	Inject for spine disk x-ray
72285	Discography cerv/thor spine
72295	X-ray of lower spine disk

- **Osteochondral allograft and autograft transplatation for knee joints.** The following codes are changed from noncovered to covered with PA through Qualis Health for clients 21 years of age and older. For clients 20 years of age and younger, the codes are covered without PA.

CPT Code	Short Description
29866	Autgrft implnt knee w/scope
29867	Allgrft implnt knee w/scope
29868	Meniscal trnspl knee w/scope

- **Continuous glucose monitoring (CGM).** Clarified that CGM is “for clients 18 years of age and younger *only*.” Removed “Client has current agency approved authorization for CGM” from the expedited prior authorization (EPA) criteria.
- **Multiple surgeries.** Clarified that to expedite payment of claims, bill all surgeries performed during the same operative session on the same claim. *This includes secondary claims with payment by a primary commercial insurance and Medicare crossover claims.*
- **Needle electromyography (EMGs).** Removed the “*allowed per line*” criteria for CPT codes 95885, 95886, and 95887.
- **Hyperbaric oxygen therapy.** Added additional instructions for requesting PA, including an example.
- **Reproductive health/family planning only.** Consolidated information about family planning services into the Family Planning Medicaid Program Guide.
- **Labor management.** Clarified that the agency pays for *prolonged services CPT codes* for labor management only when the provider performs the *hospital admission and labor* management services on the same day. The hospital admission code and prolonged services code(s) must be billed on the same claim form *with the same dates of services*. Also added modifier TH to the coverage chart for CPT codes +99356 and +99357.
- **Submitting requests to Qualis Health.** Combined all information throughout guide pertaining to requesting a review from

Qualis Health into one section. Added cross-references to this section from advanced imaging services and select surgical procedures which require a Qualis Health review prior to receiving authorization from the agency.

- **Arthrodesis SI joint.** Changed CPT code 27280 to not covered in the [Physician-Related Services/Professional Health Care Services Fee Schedule](#).
- **Documentation for prior authorization.** Removed Omontys Request Form, 13-906 from list of available forms. Peginesatide, 0.1 mg, injectable (code J0890) is no longer covered and the form is not necessary.
- **Expedited prior authorization (EPA) coding list.** Updated the ICD-9 Dx codes for EPA#s 047, 048, 049, and 050 and added CPT code J0129 (Orencia) to EPA list.
- **Agency-approved sleep study centers.** Updated list of approved diagnoses for sleep studies.

For additional detail, see the “What Has Changed” table in the [Physician-Related Services/Health Care Professionals Medical Provider Guide](#).

WB-AL
Provider Publications Team
The Medicaid Program of the Health Care Authority

NOTE: Please do not reply directly to this Listserv message as it is not monitored. If you have feedback or questions, please select one of the options at <http://hrsa.dshs.wa.gov/contact/default.aspx>. Your message will be delivered to the appropriate staff member.

NOTICE: This message (including any attachments) may contain information that is privileged, confidential, proprietary and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination, copying, retention or use of this message or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail or telephone and permanently delete all copies of this message and any attachments. Thank you for your cooperation.