Washington State Health Care Authority
Medicaid

Provider Notice 13-18

Dear Provider,

Effective for dates of service on and after April 1, 2013, the Medicaid Program of the Health Care Authority (agency) will:

- Update the Outpatient Prospective Payment System (OPPS) and Outpatient Hospital Fee Schedule with added codes and coverage changes.
- Update changes in prior authorization requirements for certain Current Procedural Terminology (CPT®) codes.
- Update sleep study centers policies, medical policies related to several technologies, and procedures for the denial of certain RSN laboratory services, as identified in this notice.

Alert! First quarter coverage and fee changes from the Centers for Medicare and Medicaid Services (CMS) will be published in a subsequent notice, and will be effective retroactively to April 1, 2013.

Fee schedule changes

Intensity modulated radiation therapy (IMRT)

The following codes require **PA/EPA**. For criteria, see the Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide.

CPT Code	PA	Short Description
77301	PA/EPA	Radiotherapy dose plan imrt
77338	PA/EPA	Design mlc device for imrt
77370	PA/EPA	Radiation physics consult
77418	PA/EPA	Radiation tx delivery imrt
0073T	PA/EPA	Delivery comp imrt

Coronary artery calcium scoring
Radiology/Diagnostic Radiology (Diagnostic Imaging)

The agency does ***not*** recognize as medically necessary: computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium.

The following CPT® codes are changed from **noncovered to covered with prior authorization**.

CPT Code	PA	Short Description
75571	PA	Ct hrt w/o dye w/ca test

Osteochondral allograft and autograft transplatation for knee joints

The following CPT® codes are changed from **noncovered to covered with prior authorization through Qualis Health** for clients 21 years of age and older. For clients 20 years of age and younger, the codes are covered without prior authorization.

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

Discography

The following codes are changed from **noncovered to covered with prior authorization** through the agency for clients 21 years of age and older. No prior authorization is needed for clients 20 and younger.

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

Allergen immunotherapy

The following changes have been made to allergen immunotherapy:

- Unit limits and criteria for medical necessity have been added.
- CPT 95165 is limited to 50 units per year; over 50 units require prior authorization.

See Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide for details.

Professionally Administered Drugs

The following drugs have had changes in **prior authorization and expedited prior authorization**.

Code	PA	Short Description	Comments
J2212	PA	Methylnaltrexone injection	This is a change from no PA to PA.
J0129	EPA	Orencia (abatacept)	This is a change from PA to EPA. The EPA number is 870001321.

For more information, see the Expedited Prior Authorization Criteria Coding List in Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide.

Note: Due to its licensing agreement with the American Medical Association (AMA) regarding the use of CPT® codes and descriptions, the agency publishes only the official short descriptions for all codes. Please refer to your current CPT book for full descriptions.

Sleep center policy

The sleep center policy has been updated:

- Sleep studies no longer have to be hospital-based.
- ICD-9 diagnosis codes required for a sleep study have been updated.

For more details, see the Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide.

Medical policy updates

Effective for services on and after April 1, 2013 unless otherwise noted, the agency has 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, vertebroplasty and sacroplasty
- Sleep apnea diagnosis **(effective April 14, 2013)**
- Virtual colonoscopy and computed tomographic colography

For authorization requirements, see the Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide and Outpatient Prospective Payment System (OPPS) and Outpatient Hospital Fee Schedule.

RSN laboratory services

When an RSN orders or refers outpatient hospital laboratory services, such as therapeutic blood levels and electrocardiograms and related professional services, and the Medicaid managed care plan denies these services, providers must:

- Put “Referred by the RSN” in the Comments section of the claim form.
- Include the managed care denial with their claim when billing the agency.

See the Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide for policy requirements.

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Provider Publications Team
The Medicaid Program of the Health Care Authority