



Provider Notice 13-100

Dear Provider,

Effective for dates of service on and after January 1, 2014, the Medicaid Program of the Health Care Authority (agency) will:

- Update the [Outpatient Prospective Payment System \(OPPS\) and Outpatient Hospital](#) Fee Schedule by adding prior authorization and payment information for covered procedure codes.
- Publish a revised *Outpatient Hospital Services Medicaid Provider Guide* with:
 - ✓ Payment for Herpes Zoster (Shingles) vaccine provided in outpatient hospitals.
 - ✓ Updates and instructions to bill for drugs contained in single dose and multi-dose vials.

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

Overview

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

Fee Schedule Changes

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	Prior Authorization
19085	PA
19086	PA
19287	PA
19288	PA
27299	PA
27599	PA
29914	CPA
29915	CPA
29916	CPA
64616	PA
64617	PA
64642	PA
64643	PA
64644	PA
64645	PA
64647	PA
66183	PA
77293	PA
C9132	PA
C9441	PA
J0401	PA
J0717	PA
J1446	PA
J1556	PA
J1602	PA
J7316	PA
J9047	PA
J9262	PA
J9306	PA
J9354	PA
J9371	PA
J9400	PA
Q0507	PA
Q0508	PA
Q0509	PA

Legend

PA = Prior authorization
CPA = Prior authorization through Qualis

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Evaluation and management coding and payment for clinic visits

The agency will:

- Follow the Centers for Medicare and Medicaid Services' (CMS's) guidelines for evaluation and management (E&M) codes for clinic visits.
- No longer pay providers for procedures billed using Healthcare Common Procedure Coding System (HCPCS) codes 99201 – 99205 and 99211 – 99215 with associated ambulatory payment classifications (APCs). In their place, providers must bill for these procedures using HCPCS code G0463 for clinic visits.
- Update the OPPS fee schedule for HCPCS G0463 and the associated APC 0634.

Payment for dental procedures in the outpatient hospital setting

The *Outpatient Hospital and Outpatient Prospective Payment System (OPPS) Fee Schedule* will be updated to refer to the [Dental Related Services Medicaid Provider Guide](#) and [Dental Program fee schedule](#) for coverage and limitations for dental procedures.

Thank you.

BC/JC
Provider Publications Team
Medicaid Program
Health Care Authority

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