



Provider Notice 14-11

This provider notice rescinds and replaces PN 13-72.

This PN changes the effective date to March 1, 2014, from February 1, 2014.

Dear Provider:

Effective for dates of service on and after March 1, 2014, Washington Apple Health (Medicaid), administered by the Health Care Authority (agency) will require authorization for combined doses of alpha-agonists that exceed the agency's dose limit for clients 17 years of age and younger as follows:

| Age | Clonidine Equivalent Dose* |
|---------------------|------------------------------|
| 0 - 3 years of age | Prior authorization required |
| 4 - 5 years of age | 0.2mg |
| 6 - 8 years of age | 0.3mg |
| 9 - 17 years of age | 0.4mg |

*Clonidine equivalent dose is 0.1mg clonidine = 1 mg guanfacine.

As part of the authorization process, prescribers must consult by phone with an agency-designated mental health specialist from the Second Opinion Network (SON). To receive payment for the phone consultation with SON, use CPT® code 99441 on the claim.

Note: A SON representative will contact the prescriber(s) to schedule the required phone consultation.

At the time of the authorization request, continuation of therapy will be approved until the SON consultation process is complete. Agency authorization decisions will be based on recommendations to the agency by the SON mental health specialist.

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Thank you.

BC/AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

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