



Provider Notice 12-106

Dear Provider,

Retroactive to dates of service on and after October 1, 2011, the Medicaid Program of the Health Care Authority (Agency) will update the *Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide* with ICD-9 codes to bill for treatment of tuberculosis.

Effective for dates of service on and after January 1, 2013, the Medicaid Program of the Health Care Authority (Agency) will revise the *Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide*:

Specific changes to the guide include:

Medical Policy Updates

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

Other Changes

- Added hyperlink for conversion factor table.
- Added codes for providing treatment for a client in a residential chemical dependency treatment center.
- Replaced CPT code 90801 with 90791.
- Replaced CPT code 90792 and 90862 with +90863.
- Removed CDT code D1203 and replaced with code D1208 for application of fluoride.
- Added modifiers TC and 26 for code 92133.
- Added information regarding vaccines for clients 19 years of age and older.
- Added Code Q2034 for clients 19 years of age and older only.
- Clarified the age groups that the Agency will cover for human papillomavirus (HPV) vaccines.
- Added requirement of prior authorization for any off label use of Hyalgan/Synvisc/Euflexxa/Orthovisc/Gel-One.
- Removed CPT code 90862 and replaced with +90863. Refer to the *Prescription Drug Medicaid Provider Guide* for pharmacy billing.
- Added CPT codes 52287 and 64615 with PA required.
- Remove CPT code 82550.
- Added modifier "AS" to bill for assistant at surgery.
- Added modifier "AS" for an assistant at surgery for PA-C's, ARNPs, or Clinical Nurse Specialist.
- Added modifier "AS" for Registered Nurse First Assistants.
- Added technologies to the bulleted list of medical policy updates.
- Added criteria for the use of bone morphogenetic protein -2 (rhBMP-2) for clients 18 years of age and older.
- Added criteria for continuous glucose monitoring for clients 18 years of age and younger.
- Added criteria for bone morphogenetic protein 2 and bone morphogenetic protein 7 for lumbar fusion.
- Added criteria for microprocessor-controlled lower limb prostheses (MCP).
- Added criteria and billing information for robotic assisted surgery.
- Added criteria for routine ultrasounds in pregnancy.
- Added criteria for vagal nerve stimulation.
- Added modifier 78 for pre-/intra-/postoperative payment splits.
- Added codes 81201, 81202, 81203, 81321, 81322, and 81323 for genetic counseling and testing.
- Added codes 95885, 95886, 95887 for needle electromyography.
- Removed codes 95900, 95903 and 95904 for nerve conduction studies.
- Added replacement codes 95907, 95908, 95909 for nerve conduction studies.
- Updated ICD-9 codes 795.51 and 795.52 to bill for tuberculosis treatment.
- Added criteria for providers to bill for CerviLenz and billed as bundled expense.
- Added Mometasone sinus implant (S1090) to bulleted list for services requiring prior authorization (PA).
- Added Transplj hematopoietic boost (38243) to bulleted list for services requiring prior authorization (PA).
- Added criteria for requesting PA for surgical team, or surgical assistant.
- Deleted codes G0290 and G0291 and added codes C9601, C9602, C9603, C9604, C9605, C9606, C9607, and C9608 for EPA 422.
- Added reminder to refer to Mental Health Services for Children, Psychiatric and Psychological Services Medicaid Provider Guide for neuropsychological testing.
- Deleted EPA 1209. Effective 12/21/2012
- Added procedure codes 58572, 58573 to EPA numbers 1302 and 1303, and added ICD-9 code 641.2x. and 641.9x to EPA code 1303.
- Added new EPA number 1312 for continuous glucose monitors.
- Added new criteria for transcatheter aortic valve replacement (TAVR).
- Added CPT 95782, 95783 to the list of sleep center service codes
- Added new procedure code for Injection, Brentuximab Vedotin, 1mg, (J9042) and changed to covered with PA.
- Replaced code (Q2047) with procedure code (J0890) for Peginesatide injection.
- Added procedure code for Icatibant injection, (J1744).
- Updated coverage and prior authorization requirements for selected procedure codes.

For more details, see the "What Has Changed" table in the *Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide* at: http://hrsa.dshs.wa.gov/billing/physician-related_services.html.

Independent Laboratory Billing for Pathology Services

Effective for dates of service on and after January 1, 2013, the Agency will discontinue separate payment to independent laboratories for the technical component of pathology services.

The Agency expects independent laboratories to bill hospitals for the technical component of anatomic pathology services furnished to hospital inpatient and outpatient clients. To prevent duplicate payment, the Agency **will not pay** independent laboratories, if they bill Medicaid for these services.

Coverage Changes

The following codes have been changed from **non-covered to covered with PA**.

Procedure Code	Brief Description	Comment
96150	Assess hlth/behav init ea 15 min w/pt 1st assmt	Covered with PA
96151	Assess hlth/behav subseq ea 15 min w/pt re-assmt	Covered with PA
96152	Intervene hlth/behav indiv ea 15 min indiv	Covered with PA
96153	Intervene hlth/behav group ea 15 min grp 2/> pts	Covered with PA
96154	Interv hlth/behav fam w/pt ea 15 min fam w/pt	Covered with PA

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

Procedure Code	Brief Description	Comment
27442	Revision of knee joint	Must have PA through Qualis effective for DOS 01/01/2013 for clients 21 years of age and older.
29914	Hip arthro w/femoroplasty	Must have PA through Qualis for clients 21 years of age and older.
29915	Hip arthro acetabuloplasty	Must have PA through Qualis for clients 21 years of age and older.
29916	Hip arthro w/labral repair	Must have PA through Qualis for clients 21 years of age and older.
38999	Unlisted procedure Blood/lymph system procedure	Covered with PA

The following procedure are **covered with prior authorization (PA)**

Procedure Code	Brief Description	Comment
22586	Prescrf fuse w/ instr I5/s1	Must have PA through Qualis for clients 21 years of age and older.
23473	Revis reconst shoulder joint	Must have PA through Qualis for clients 21 years of age and older.
23474	Revis reconst shoulder joint	Must have PA through Qualis for clients 21 years of age and older.
32701	Thorax stereo rad targetw/tx	Covered with PA
38243	Transplj hematopoietic boost	Covered with PA
44705	Prepare fecal microbiota	Covered with PA
52287	Cystoscopy chemodeneration	Covered with PA
64615	Chemodenerv musc migraine	Covered with PA
78071	Parathyrd planar w/wo subtrj	Covered with PA
78072	Parathyrd planar w/spect&ct	Covered with PA
81201	Apc gene full sequence	Covered with PA
81202	Apc gene known fam variants	Covered with PA
81203	Apc gene dup/delet variants	Covered with PA
81321	Pten gene full sequence	Covered with PA
81322	Pten gene known fam variant	Covered with PA
81323	Pten gene dup/delet variant	Covered with PA
0309T	Prescrf fuse w/ instr I4/I5	Must have PA through Qualis for clients 21 years of age and older.
A9586	Florbetapir F18	Covered with PA
G0455	Fecal microbiota prep instil	Covered with PA
G0458	LDR prostate brachy comp rat	Covered with PA
S1090	Mometasone sinus implant	Covered with PA

For more information about Qualis prior authorization see section E of the *Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide* at: http://hrsa.dshs.wa.gov/billing/documents/physicianguides/physician_section_e.pdf.

The following procedure codes are **covered with limitations and PA required**:

Procedure Code	Brief Description	Comment
33361	Replace aortic valve perq	PA, POS 21 only
33362	Replace aortic valve open	PA, POS 21 only
33363	Replace aortic valve open	PA, POS 21 only
33364	Replace aortic valve open	PA, POS 21 only
33365	Replace aortic valve open	PA, POS 21 only
33367	Replace aortic valve w/byp	PA, POS 21 only

33368	Replace aortic valve w/byp	PA, POS 21 only
33369	Replace aortic valve w/byp	PA, POS 21 only

For more details regarding rates, see the Physician-Related Services/Healthcare Professional Services *Fee Schedule* at: <http://hrsa.dshs.wa.gov/rbrvs/index.html#P>

Thank you.

BC:AL
Provider Publications Team
Medicaid Program
Health Care Authority

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