



### Provider Notice 13-39

Dear Provider,

Effective for dates of service on and after July 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 additional details of the following updates and new information:

- **Reorganization of Physician-Related Services/Health Care Professional Services Medicaid Provider Guide:** The agency used the Current Procedural Terminology (CPT) book where possible for headings and organization to complete Phase II of reorganizing the guide.
- **New rules for provider preventable conditions:** The agency recently filed new rules under WAC 182-502-0022 ([WSR# 13-11-051](#)) establishing its payment policy for services provided to clients by health care professionals and inpatient hospitals that result in provider preventable conditions (PPCs). Providers may refer to the agency's [ProviderOne Billing and Resource Guide](#) for details, including information on the new Other Provider Preventable Conditions (OPPC) Notification Form, [12-200](#). *The new form may not be available on the forms web page until July 1. Please check the website often for the update.*
- **Health Technology Assessment updates** – The agency is implementing medical policy updates for the following services as a result of the [Health Technology Assessment Findings](#). Specific details are provided within the updated [Physician-Related Services/Health Care Professional Services Medicaid Provider Guide](#).
  - ✓ Hyperbaric oxygen therapy
  - ✓ Vitamin D testing
- **Evaluation and Management (E/M) updates:**
  - ✓ **Partnership Access Line (PAL)** – Added information regarding PAL, including the toll free number and hours of operation. PAL is a telephone-based child mental health consultation system for Washington State and a useful resource for providers.
  - ✓ **Telehealth** – CPT code +90863 for pharmacologic management is no longer covered. Providers can use HCPCS code M0064, visit for drug monitoring.
  - ✓ **Face-to-face counseling for tobacco cessation for pregnant clients** - The agency will begin paying for face-to-face counseling for tobacco cessation for pregnant clients. Tobacco cessation counseling complements the use of prescription and nonprescription smoking cessation products which are also covered by Medicaid. Specific details regarding the face-to-face visit requirements, provider eligibility, benefit limitations, and document requirements are provided within the updated [Physician-Related Services/Health Care Professional Services Medicaid Provider Guide](#).
- **Surgery updates:**
  - ✓ **Sacroiliac joint arthrodesis** – Sacroiliac joint fusion (CPT code 27280), including minimally invasive and percutaneous sacroiliac joint fusion, for the treatment of chronic low back pain is considered to be not medically necessary and is not covered. Exception to the rule requests will be considered for cases of severe traumatic injury.
  - ✓ **Injections** - Effective for dates of service on and after **October 1, 2013**, the agency will require a medical necessity review through Qualis Health for the following procedures:
    - **Diagnostic facet injection & medial branch injections:** CPT codes 64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T.
    - **Therapeutic epidural injections:** CPT codes 62310, 62311, 62318, 62319, 64479, 64480, 64483, 64484, 0228T, 0229T, 0230T, 0231T.
    - **Sacroiliac joint injection:** CPT code 27096.
  - ✓ **Fecal microbiota therapy** (HCPCS G0455) – Fecal microbiota therapy requires PA. The agency observes the FDA determination that fecal microbiota is a biologic product not approved by the FDA for any therapeutic use.
- **Radiology updates:**
  - ✓ **Radiologists who perform a professional interpretation** – Added instructions on how to add a radiologist who performed a professional interpretation (referred to as “read-only”) on an outpatient advanced image to the agency’s authorization record.
  - ✓ **Retroactive to April 1, 2013**, the following procedure codes for **proton beam radiation therapy** require prior authorization (PA):

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CPT Code	Short Description	Prior Authorization
77520	Proton trmt simple w/o comp	Yes
77522	Proton trmt simple w/comp	Yes
77523	Proton trmt intermediate	Yes
77525	Proton treatment complex	Yes

- **Pathology and Laboratory update:**

- ✓ **Target TB testing with interferon-gamma release assays.** The agency added recommended screening procedures for TB testing (CPT codes 86480 and 86481). Providers must follow the agency's expedited prior authorization (EPA) process to receive payment (EPA #1325).

- **Medicine updates:**

- ✓ **Clozaril case management** – CPT code +90863 for pharmacologic management is no longer covered. Providers can use HCPCS code M0064, visit for drug monitoring.
- ✓ **Nerve conduction study** – Changed the following codes from noncovered to covered. These codes do not require prior authorization.

CPT Code	Short Description	Limits
95910	Motor&/sens 7-8 nrv cndj tst	7-8 studies
95911	Motor&/sens 9-10 nrv cndj tst	9-10 studies
95912	Motor&/sens 11-12 nrv cndj tst	11-12 studies
95913	Motor&/sens 13 or more nrv cndj tst	13 or more

- **Maternity Care and Delivery update:**

- ✓ **Antepartum care** – The agency updated the OB global package to include CPT code 81001.

- **Drugs professionally administered updates:**

- ✓ **Miscellaneous drugs requiring prior authorization – retroactive to May 1, 2013**, procedure code J1325 (epoprostenol injection) requires prior authorization in both physician and outpatient settings.
- ✓ **Injectable drugs – limitations** – Added Q2051 Zoledronic acid, not otherwise specified, 1 mg, to the list.
- ✓ **Botulinum Toxin Injections (Botox)** – Submission of an authorization request must be in writing on the General Information for Authorization form, [13-835](#) along with a completed Botulinum Toxin Provider Questionnaire form, [13-003](#). *The new form may not be available on the forms web page until July 1. Please check the website often for the update.*

- **Blood, blood products, and related services updates:** Clarified that the agency does not pay for donated blood products.

- **EPA criteria code listing updates** – Updated the criteria for EPA #421 Meningococcal vaccine (CPT code 90734)

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

#### July Fee Schedule Update

The updated [Physician-Related/Professional and Emergency Oral Healthcare Services](#) fee schedule may be viewed online. *The updated fee schedule may not be available until July 1, 2013, so check the agency's website often until the fee schedule appears.*

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

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