Washington State Health Care Authority
Medicaid

Provider Notice 13-47

Dear Provider,

Effective for dates of service on and after July 1, 2013, unless otherwise specified, 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 selected procedure codes.

Alert! Second 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 July 1, 2013.

Fee Schedule Changes

Effective for dates of service on and after July 1, 2013, the following Current Procedural Terminology CPT® codes will move from covered to non-covered:

Procedure Code	Coverage
0319T	NC
0320T	NC
0321T	NC
0322T	NC
0323T	NC
0324T	NC
0325T	NC
0326T	NC
0327T	NC
0328T	NC
27280	NC

Effective for dates of service on and after July 1, 2013, the following procedure codes will be added to the outpatient fee schedule:

Procedure Code	Coverage	Authorization
86481	covered	EPA
Q2051	covered	
Q0090	covered	
Q2050	covered	
Q2033	covered	L/PA
Q2051	covered	
Q2050	covered	

Legend	
EPA	Expedited prior authorization required
L	The use of this procedure code may have certain restrictions ie; ages, authorization requirements, diagnosis, facilities. Please see the program specific

	publications for details prior to providing this service.
PA	Prior authorization required

Authorization Changes

The following CPT® codes became effective January 1, 2012 with changes in authorization:

Procedure Code	Authorization
58200	PA/EPA
58572	PA/EPA
58573	PA/EPA

The following HCPCS code became effective for dates of service on and after May 1, 2013, with the following authorization requirement:

Procedure Code	Authorization
J1325	PA

The following Code on Dental Procedures and Nomenclature (CDT®) code became effective for dates of service on and after January 1, 2013, with the following authorization requirement:

CDT Code	Authorization
D2929	PA

The following CDT® code became effective for dates of service on and after June 1, 2012, with the following authorization requirement:

CDT Code	Authorization
D2930	PA

Nerve Conduction Study

Effective for dates of service on and after July 1, 2013, the following CPT® codes will change from noncovered to covered with prior authorization:

Procedure Code	Short Description	Units
95910	Motor&/sens 7-8 nrv cndj tst	1
95911	Motor&/sens 9-10 nrv cndj tst	1
95912	Motor&/sens 11-12 nrv cndj tst	1
95913	Motor&/sens 13 or more nrv cndj tst	1

Spinal Injections

Effective for dates on and after October 1, 2013, the agency will require prior authorization (PA) for spinal injections through Qualis Health. For information on specific procedure codes see Provider Notice 13-39.

For information about PA for spinal injections, visit Qualis Health.

For web-based utilization review, visit Qualis iExchange.

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

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.

BC:AL
Provider Publications Team
The Medicaid Program of the Health Care Authority