Washington State Health Care Authority
Medicaid

Provider Notice 13-84

Dear Provider,

Effective for claims with dates of service on and after January 1, 2014, the Medicaid Program of the Health Care Authority (agency) is publishing a revised Physicians-Related Services/Health Care Professional Medical Provider Guide and updated Physician-Related Services Fee Schedule.

> **Note:** The updated fee schedule may not be available until January 1, 2014. Check the agency's Fee Schedules website often until the updated fee schedule is available.

Major updates to the guide include:

- **Alcohol and substance misuse counseling** - Added a new section titled *Alcohol and Substance Misuse Counseling*. The agency covers alcohol and substance misuse counseling through screening, brief intervention, and referral to treatment (SBIRT).
- **Anesthesia** – Added note box regarding how to bill anesthesia units for Medicare crossover claims.
- **Coverage**
  - ✓ **What is covered?** Added habilitative services with a reference to the agency's *Habilitative Services Medicaid Provider Guide* for specific information.
  - ✓ **What services are noncovered?** Added "preventive services except as provided in this guide."
- **Drugs professionally administered**
  - ✓ **Miscellaneous Drugs Requiring Prior Authorization** - Removed list from guide. Added cross reference to the agency's online list of Drugs Billed Under Miscellaneous HCPCS Codes for drugs that require authorization. The agency updates this list frequently.
  - ✓ **Injectable drugs** - updated the following HCPCs:

    Replaced HCPCS code Q2051 with J3489
    Removed HCPCS codes J3487 and J3788
    Replaced HCPCS code Q3025 with Q3027
    Replaced HCPCS code Q3026 with Q3028

  - ✓ **Synagis®** - Added requirement for administration and authorization (CPT code 90378)
- **Evaluation and management – Telemedicine**
  - ✓ Removed store and forward communication based services from list of noncovered services
  - ✓ Added coverage criteria for professional services related to conditions originating in the perinatal period
- **Maternity Care and Delivery** – Added modifier chart as a guide for billing evaluation and management services (E/M) for maternity care.
- **Medicine**
  - ✓ **Catheter ablation** – Added coverage for adults with certain listed conditions (CPT codes 93653, 93655, 93656, and 93657)
  - ✓ **Developmental screenings** – Added coverage guidelines for developmental screenings based on age (CPT codes 96110 and 96111)
  - ✓ **Herpes Zoster (Shingles) vaccine** – Added coverage and criteria for the administration of Zostavax®, the shingles vaccine for clients 60 years of age and older
  - ✓ **Osteopathic manipulative therapy (OMT)** – Added naturopathic physicians as a eligible provider of OMT
- **Nuclear medicine** – Added prior authorization (PA) requirement to CPT code 78459 myocardial PET imaging for metabolic evaluation.
- **Office and other outpatient services** – Clarified record keeping requirements for billing CPT code 99211.
- **Oral Health/Emergency Oral Health Care** – Removed section. The agency restored the adult dental benefit, effective January 1, 2014. See the agency's current Dental-Related Services Medicaid Provider Guide.
- **Pathology and Laboratory – Molecular Pathology Tests**. Added coverage for genetic testing to establish a molecular diagnosis of an inheritable disease when specific criteria are met.
- **Provider eligibility – Naturopathic physicians**. Added naturopathic physicians (taxonomy 175F00000X) to the list of professionals who can provide and bill physician-related services. Removed naturopaths from list of health care professionals which the agency does **not** enroll.
- **Radiology services – Multiple procedure payment reduction (MPPR).** Clarified that the agency follows the Center's for Medicare and Medicaid Services (CMS) multiple payment model for multiple diagnostic radiology procedures.
- **Surgery**
  - ✓ **Bilateral procedures** - Revised bullet regarding billing modifier 50 for bilateral procedures

- ✓ **Facet neurotomy** – Removed reference to online questionnaire
- ✓ **Multiple surgeries** – Added clarifying note for billing second operative session performed on the same date of service

Other major fee schedule updates (in addition to those already described) include:

- The following CPT codes require prior authorization (PA):

19085	Bx breast 1st lesion mr imag	Yes
19086	Bx breast add lesion mr imag	Yes
36475	Endovenous rf 1st vein	Yes
36476	Endovenous rf vein add-on	Yes
36478	Endovenous laser 1st vein	Yes
36479	Endovenous laser vein addon	Yes
64616	Chemodenerv musc neck dyston	Yes
64617	Chemodener muscle larynx emg	Yes
64642	Chemodenerv 1 extremity 1-4	Yes
64643	Chemodenerv 1 extrem 1-4 ea	Yes
64644	Chemodenerv 1 extrem 5/> mus	Yes
64645	Chemodenerv 1 extrem 5/> ea	Yes
64647	Chemodenerv trunk musc 6/>	Yes
66183	Insert ant drainage device	Yes
77293	Respirator motion mgmt simul	Yes
81161-81507	Molecular Pathology	See fee schedule

- The following CPT code is moving from noncovered to requiring prior authorization:

15777	Acellular derm matrix implt	Yes

For additional details, see the *What Has Changed* table in the Physician-Related/Health Care Professional Services Medicaid Provider Guide.

WB/AL
Provider Publications Team
Medicaid Program
Health Care Authority

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