



Provider

## Notice 13-87

Effective for dates of service on and after January 1, 2014, unless otherwise specified, the Medicaid Program of the Health Care Authority (agency) will revise the *Ambulatory Surgery Center (ASC) Fee Schedule* incorporating the Year 2014 Current Procedural Terminology (CPT®) codes.

## ASC fee schedule updates

Effective for dates of service on and after January 1, 2014, the agency will incorporate the Year 2013 updates for CPT® codes into the ASC Fee Schedule.

## Fee schedule additions

Effective for dates of service on and after January 1, 2014, the agency will add the following CPT codes to the ASC Fee Schedule:

CPT Code	Short Description	Group
19081	Bx breast 1st lesion strtctc	1
19083	Bx breast 1st lesion us imag	1
19085	Bx breast 1st lesion mr imag	1
28124	Partial removal of toe	1
37236	Open/perq place stent 1st	9
37237	Open/perq place stent ea add	4
37238	Open/perq place stent same	9
37239	Open/perq place stent ea add	4
43191	Esophagoscopy rigid trnso dx	1
43192	Esophagoscp rig trnso inject	2
43193	Esophagoscp rig trnso biopsy	2
43194	Esophagoscp rig trnso rem fb	2
43195	Esophagoscopy rigid balloon	2
43196	Esophagoscp guide wire dilat	2
43197	Esophagoscopy flex dx brush	1
43198	Esophagosc flex trnsn biopsy	1
43211	Esophagoscp mucosal resect	1
43212	Esophagoscp stent placement	3
43213	Esophagoscopy retro balloon	2
43214	Esophagosc dilate balloon 30	2
43229	Esophagoscopy lesion ablate	2
43233	Egd balloon dil esoph30 mm/>	2
43253	Egd us transmural injxn/mark	2
43254	Egd endo mucosal resection	1
43266	Egd endoscopic stent place	3
43270	Egd lesion ablation	2
43274	Ercp duct stent placement	2
43275	Ercp remove forgn body duct	2
43276	Ercp stent exchange w/dilate	2
43277	Ercp ea duct/ampulla dilate	2
43278	Ercp lesion ablate w/dilate	2
49407	Image cath fluid trns/vgnl	1
52356	Cysto/uretero w/lithotripsy	4
64616	Chemodenerv musc neck dyston	1
64617	Chemodener muscle larynx emg	1
64642	Chemodenerv 1 extremity 1-4	1
64644	Chemodenerv 1 extrem 5/> mus	1
64646	Chemodenerv trunk musc 1-5	1
64647	Chemodenerv trunk musc 6/>	1
66183	Insert ant drainage device	3

## Prior authorization update

Effective for dates of service on and after January 1, 2014, the agency will require prior authorization for the following codes:

CPT Code	Short Description	PA
19085	Bx breast 1st lesion mr imag	PA
64616	Chemodenerv musc neck dyston	PA
64617	Chemodener muscle larynx emg	PA
64642	Chemodenerv 1 extremity 1-4	PA

64644	Chemodenerv 1 extrem 5/> mus	PA
64646	Chemodenerv trunk musc 1-5	PA
64647	Chemodenerv trunk musc 6/>	PA
66183	Insert ant drainage device	PA

CPT® codes and descriptions only are copyright 2013 American Medical Association.

### Payment for dental procedures in the ambulatory surgery setting

The *Ambulatory Surgery Center (ASC) Fee Schedule* will be updated to refer to the [Dental Related Services Medicaid Provider Guide](#) and [Dental Program fee schedule](#) for coverage and limitations for dental procedures provided in an ASC.

### Reminders

All policies previously published remain the same unless specifically identified as changed in this provider notice.

The agency will continue to cover only the following services in an ASC:

- Services that cannot safely and routinely be performed in a physician's office.
- Services that can safely be performed outside of the hospital setting.

The agency continues to use the Year 2007 Medicare Fee Schedule Database (MFSDB) ASC groups for procedure codes allowed by the agency in 2007, and has assigned ASC groups to procedure codes for subsequent years, including the new codes for 2014.

The Year 2014 [Ambulatory Surgery Centers \(ASC\)](#) fee schedule reflects the changes included in this provider notice.

The agency requires that ASCs bill one claim for all services per client, per date of service.

Any corrections to a final paid or partially paid bill must be billed as an adjustment.

Bill the agency your usual and customary charge.

Thank you.

BC/JC  
 Provider Publications Team  
 Medicaid Program  
 Health Care Authority

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