

Washington Apple Health (Medicaid)

Expedited Prior Authorization (EPA) List

January 12, 2021

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

Please see corresponding billing guides for the most current EPA criteria as this list may not be as up to date.

Clinical Quality and Care Transformation, Authorization Services

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WHAT IS EXPEDITED PRIOR AUTHORIZATION (EPA)

Expedited prior authorization (EPA) is designed to eliminate the need for written authorization.

The agency establishes authorization criteria, and identifies the criteria with specific codes, and/or situations, enabling providers to use an EPA number in replace of a formal authorization request submission.

To bill the agency for diagnostic conditions, procedures, treatments, and services that meet the EPA criteria, the provider must first determine that the specific criteria is met, then when submitting your bill for payment, enter the appropriate EPA number in the authorization number field.

The agency denies claims submitted without a required EPA/authorization number.

The agency denies claims submitted without the appropriate diagnosis, procedure code, or service as indicated by the EPA number.

Note: If EPA criteria is not met, the agency requires an official authorization request to be submitted.

EPA Guidelines

The provider must verify medical necessity for the EPA number submitted. The client's medical record documentation must support the medical necessity and be available upon the agency's request. If the agency determines the documentation does not support the EPA criteria requirements, the claim will be denied.

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
ACCESS TO BABY AND CHILD DENTISTRY						
See Access to Baby and Child Dentistry	D2941		interim therapeutic restoration - primary dentition	870001379	<p>Interim therapeutic restoration (ITR) will be allowed in lieu of a definitive restoration as follows:</p> <ul style="list-style-type: none"> • Child must be age 5 or younger • Has current decay • Provider is ABCD certified and has completed ITR training • ITR is expected to last a minimum of 1 year • Allowed for a maximum of 5 teeth per visit • Based on the treating dentist clinical judgement, will be allowed yearly until can be definitively treated or until the client's 6th birthday. <p>Not allowed in conjunction with general anesthesia (D9222, D9223, D9239, or D9243)</p> <p>NOT ALLOWED or on the same day as other definitive restorations.</p>	
See Access to Baby and Child Dentistry	D2941		interim therapeutic restoration - primary dentition	870001380	<p>Interim therapeutic restoration (ITR) will be allowed in lieu of a definitive restoration as follows:</p> <ul style="list-style-type: none"> • Child must be age 5 or younger • Has current decay • Provider is ABCD certified and has completed ITR training • ITR is expected to last a minimum of 1 year • Allowed for a maximum of 5 teeth per visit • Based on the treating dentist clinical judgement, will be allowed yearly until can be definitively treated or until the client's 6th birthday. <p>Not allowed in conjunction with general anesthesia (D9222, D9223, D9239, or D9243).</p> <p>D1354 (silver diamine fluoride) will not pay on the same tooth, same visit as ITR.</p> <p>ALLOWED on same day as definitive treatment if documentation that child was not able to proceed with complete treatment once started.</p>	

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AMBULANCE AND ITA TRANSPORTATION						
See Ambulance and ITA Transportation	A0428		Emergency ground ambulance to a <i>mental health facility</i>	870001398	Use when the client has <ul style="list-style-type: none"> • <i>A mental health complaint</i> and is willing to be transported to an alternative destination. The provider must submit an authorization form (HCA 13-680) completed and signed by: <ul style="list-style-type: none"> ✓ The emergency personnel and the client, OR ✓ The County Medical Program Director 	
	A0428		Emergency ground ambulance to a <i>substance use disorder treatment facility</i>	870001399	Use when the client <ul style="list-style-type: none"> • <i>Is incapacitated or gravely disabled by drugs or alcohol</i> and is willing to be transported to an alternative destination. The provider must submit an authorization form (HCA 13-680) completed and signed by: <ul style="list-style-type: none"> ✓ The emergency personnel and the client, OR ✓ The County Medical Program Director 	

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DENTAL-RELATED SERVICES						
See Dental-Related Services	D0150		Comprehensive oral evaluation - new or established patient	870001327	Allowed for established patients who have a documented significant change in health conditions.	
See Dental-Related Services	D2335		Resin-based composite - four or more surfaces or involving incisal angle (anterior)	870001307	Allowed for primary anterior teeth (CDEFGHMNOPQR) when determined medically necessary by a dental practitioner and a more appropriate alternative to a crown. *The agency does not pay for a crown on the same tooth if a restoration has been done within the past 6 months. Note - In addition to the EPA # on your claim, you must enter a claim note "Pay per authorization - see EPA information"	
See Dental-Related Services	D5110		Maxillary complete denture	870001414	Allowed for initial complete maxillary denture. The provider is responsible for confirming this is the initial denture. If the provider uses the EPA on anything other than the initial denture, the payment is subject to recoupment. Additional denture requests require PA. For clients residing in an alternate living facility (ALF) or in a nursing facility, group home, or other facility, EPA does not apply. See Alternate living facilities or nursing facilities in the billing guide for requesting PA. Limitations apply. EPA does not override limitations requirements for replacement of a partial denture with a complete denture. See Complete Dentures in the billing guide.	
See Dental-Related Services	D5120		Mandibular complete denture	870001415	Allowed for initial complete mandibular denture. The provider is responsible for confirming this is the initial denture. If the provider uses the EPA on anything other than the initial denture, the payment is subject to recoupment. Additional denture requests require PA For clients residing in an alternate living facility (ALF) or in a nursing facility, group home, or other facility, EPA does not apply. See Alternate living facilities or nursing facilities in the billing guide for requesting PA.	

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					Limitations apply. EPA does not override limitations requirements for replacement of a partial denture with a complete denture See Complete Dentures in the billing guide.	
See Dental-Related Services	D7280		Surgical access of an unerupted permanent tooth	870001366	Allowed when client is in active orthodontic treatment. Allowed one time per client, per tooth.	
	D7283		Placement of device to facilitate eruption of impacted permanent tooth			
See Dental-Related Services	D7971		Excision of pericoronal gingiva	870001310	Allowed when determined to be medically necessary by a dental practitioner for treatment of a newly erupting tooth.	
See Dental-Related Services	D9222		Deep sedation/general anesthesia – first 15 minute increments	870001387	Allowed for clients age 9 through 20 receiving oral surgery services listed in WAC 182-535-1094(1)(f-l) and clients with cleft palate diagnoses. Only anesthesiology providers who have a core provider agreement with the agency can bill this code.	
	D9223		Deep sedation/general anesthesia – addl. 15 minute increments			

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ENTERAL NUTRITION						
See Enteral Nutrition	B4157	BO, BA	Formulas for special disorders of metabolism	870001405 For clients age 20 and under	For clients age 20 and younger who have inherited metabolic disorders only, i.e. amino acid, fatty acid, and carbohydrate metabolic disorders, including phenylketonuria (PKU). Medical equipment and pharmacy providers must complete and retain the following forms in the client's file: <ul style="list-style-type: none"> ➤ <i>Enteral Nutrition Products Prescription form</i>, HCA 13-961 ➤ <i>Metabolic Disorder-Oral Enteral Nutrition EPA Worksheet (Children)</i>, HCA 13-101 The agency requires Medical Equipment and pharmacy providers to keep legible, accurate, and complete records to justify the medical necessity of the items provided. See the Record Keeping chart in the Enteral Nutrition billing guide.	
	B4162	BO, BA	Formulas for inherited disorders of metabolism			
See Enteral Nutrition	B4100	BO	Food thickener oral	870001406 For clients age 1-20	Clients age one to 20 For clients with oral, oropharyngeal, and pharyngeal <i>dysphagia</i> . If the client does not meet EPA criteria-the agency requires prior authorization. The prescribing provider must complete the following agency forms: <ul style="list-style-type: none"> ➤ <i>Thickeners for Children from 1 – 20 years old – Expedited Prior Authorization (EPA)</i> (HCA 13-112) ➤ <i>Enteral Nutrition Products Prescription Form</i> (HCA 13-961) ➤ <i>Dietitian Worksheet – Oral Enteral Nutrition Assessment</i> (HCA 13-109) Medical equipment and pharmacy providers supplying thickeners must retain the completed forms and supporting documentation in the client's file.	

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See Enteral Nutrition			For urgent one-time, one-month supply	870001407	<p>For clients age 20 and younger when:</p> <ul style="list-style-type: none"> ➤ The client has an <u>urgent or immediate need</u> for orally administered nutrition products (e.g. to prevent hospitalization). ➤ The client has or is at risk of growth or nutrient deficits due to a condition that prevents the client from meeting their needs using food, over-the-counter nutrition products, standard infant formula, or standard toddler formula. ➤ The prescriber has completed the agency's <i>Enteral Nutrition Products Prescription Form</i> (HCA 13-961). ➤ HCA 13-114 Oral Enteral Nutrition Products for Clients 20 Years of Age and Younger – Expedited Prior Authorization (EPA) Worksheet <p>A dietitian must evaluate the client as soon as possible to confirm the prescribed product meets the current nutritional and caloric needs. The prescribing provider must follow-up to identify any medical or behavioral issues that require referral for management.</p>

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Enteral Nutrition			<p>To treat a growth of nutritional deficiency (when medically necessary)</p> <p>Monthly supply up to 6 months</p>	870001408	<p>For clients age 20 and younger, whose primary care physician has determined medical necessity for an orally administered enteral nutrition product. Before starting the oral enteral nutrition product, the next reasonable step in care is consultation with a dietitian. This EPA covers a monthly supply for up to 6 months after the client has been evaluated by a dietitian when:</p> <ul style="list-style-type: none"> ➤ The client has or is risk of growth or nutrient deficits due to a condition that prevents the client from meeting their needs using food, over-the-counter nutrition product, standard infant formula, or standard toddler formula. Prescribing provider must submit a growth chart with current measurement to the servicing provider (CDC growth charts are available at the HCA website if needed). ➤ The prescriber has completed the agency's <i>Enteral Nutrition Products Prescription Form</i> (HCA 13-961). ➤ The client has a completed <i>Dietitian Worksheet – Oral Enteral Nutrition Assessment</i> (HCA 13-109) form from a registered dietitian (RD) that includes all of the following: <ul style="list-style-type: none"> ✓ Evaluation of the client's nutritional status, including growth and nutrient analysis. ✓ An explanation about why the product is medically necessary as defined in WAC 182-500-0070. ✓ A nutrition care plan that monitors the client's nutrition status, and includes a plan for transitioning the client to food or food products, if possible. ✓ Recommendations, as necessary, for the primary care provider to refer the client to other health care providers (for example, gastrointestinal specialists, allergists, speech therapists, occupational therapists, applied behavioral analysis providers, and mental health providers) who will address the client's growth or nutrient deficits.

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See Enteral Nutrition			To treat a medical condition that needs additional formula than WIC allows for medical reasons	870001425	<p>For clients eligible for the WIC program, but who have a medical condition requiring additional amounts of an oral enteral nutrition product (formula) than what is allowed by WIC rules. Please note that WIC allows variable amounts of formula based on the client’s age. The amount covered by Medicaid must be recalculated as the client grows and will correspond to amounts shown on the WIC table.</p> <ul style="list-style-type: none"> ✓ Use the information on the WIC/Medicaid Nutrition Form (DOH 962-937 March 2014) to calculate the number of additional HCPCS units of the required formula as needed. Bill the additional units ONLY.
See Enteral Nutrition			Therapeutic, non-standard formula not available from WIC	870001426	For clients eligible for the WIC program, who need a therapeutic, non-standard formula that is not available from WIC due to a medical condition.

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HABILITATIVE SERVICES						
For client 21 & older: Additional Benefit Limits with Expedited Prior Authorization						
See Habilitative Services			Botox therapy with Speech therapy	870001328	When the clinical situation is: Part of a botulinum toxin injection protocol when prior authorization for the botulinum toxin treatment has been obtained from the agency. Limitation: Six additional units, per client, per calendar year For requesting units beyond the additional benefit limits, see Requesting a Limitation Extension in Billing Guide .	
See Habilitative Services			Botox therapy with <i>Physical</i> therapy	870001329	When the clinical situation is: Part of a botulinum toxin injection protocol when prior authorization for the botulinum toxin treatment has been obtained from the agency. Limitation: Up to 24 additional units (approximately 6 hours), when medically necessary, per client, per calendar year. For requesting units beyond the additional benefit limits, see Requesting a Limitation Extension in Billing Guide .	
See Habilitative Services			Botox therapy with <i>Occupational</i> therapy			

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HEARING HARDWARE						
See Hearing Hardware	L8615		Coch implant headset replace	870000001	Use EPA 870000001 when billing for cochlear implant device or bone conduction hearing device replacement parts. The following must be met: <ul style="list-style-type: none"> • The cochlear implant device or bone conduction hearing device is unilateral (bilateral requires PA). • The manufacturer’s warranty has expired. • The part is for immediate use (not a back-up part). 	
	L8616		Coch implant microphone repl			
	L8617		Coch implant trans coil repl			
	L8618		Coch implant tran cable repl			
	L8621		Repl zinc air battery			
	L8622		Repl alkaline battery			
	L8623		Lith ion batt CID non-earlyl			
	L8624		Lith ion batt CID, ear level			
See Hearing Hardware	V5256		Hearing aid, digit, mon, ite	870001552	Second Hearing Aid for clients 21 years of age and older, who have tried to adapt with one hearing aid for a period of 90 days, whose auditory screening shows an average hearing of 45 dBHL or greater in both ears and one or more of the following is documented in the client’s record. The client is: <ul style="list-style-type: none"> • Unable to or has difficulty with conducting job duties with only one hearing aid. • Unable to or has difficulty with functioning in the school environment with only one hearing aid. • Unable to live safely in the community with only one hearing aid. Include a brief explanation of why the client’s safety is a concern. • Legally blind. If a client has been using one hearing aid for 90 days, and the agency authorizes a second hearing aid, bill for the second hearing aid using a monaural procedure code. Billing a binaural code in conjunction with a monaural code within 5 years is not allowed without prior authorization.	
	V5257		Hearing aid, digit, mon, bte			
See Hearing Hardware	V5275		Ear impression	870001599	For annual ear impression, per hearing aid if needed.	
See Hearing Hardware	V5011		Hearing aid fitting/checking	870001600	Allowed up to three times per year for additional follow-up visits only after the initial three visits bundled with each new hearing aid are used	

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HOME INFUSION THERAPY/PARENTERAL NUTRITION						
See Home Infusion Therapy and Parenteral Nutrition Program	A9276, A9277, A9278, K0553, K0554		Continuous glucose monitoring (CGM)	870001535	Invoice required. Use for clients: <ul style="list-style-type: none"> • Age 18 and younger, • Adults with Type 1 diabetes, and • Adults with Type 2 diabetes who are: <ul style="list-style-type: none"> ✓ Unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan (after six (6) months) of intensive insulin therapy and testing blood glucose 4 or more times per day), ✓ Suffering from one or more severe (blood glucose < 50 mg/dl or symptomatic) episodes of hypoglycemia despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day), ✓ Unable to recognize, or communicate about, symptoms of hypoglycemia 	
See Home Infusion Therapy and Parenteral Nutrition Program	A9276, A9277, A9278, K0553, K0554		Continuous glucose monitoring (CGM)	870001536	Invoice required. Use for pregnant women of any age with: <ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes and on insulin prior to pregnancy • Gestational diabetes whose blood glucose is not well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) during pregnancy and require insulin 	

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HOSPICE SERVICES						
See Hospice Services				870001409	Children 20 years old or younger - enrolled in hospice with or without concurrent care treatment. Hospice agencies will remain and are responsible for symptom control related to the child's terminal illness. See WAC 182-551-1210 to see what is included in the hospice daily rate.	

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INPATIENT HOSPITAL SERVICES						
See Inpatient Hospital Services Also in <i>Physician-Related/Professional Services</i> And <i>Planned Home Births & Births in Birthing Centers</i>	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622		Obstetrical care; Early elective delivery or natural delivery prior to 39 weeks gestation	870001375	Client is under 39 weeks gestation and the mother or fetus has a diagnosis listed in the mother or fetus has a diagnosis listed in the Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation , or mother delivers naturally. An early elective delivery is considered medically necessary if the mother or fetus has a diagnosis listed in the Joint Commission’s current table of Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation (WAC 182-533-0400). This EPA also needs to be used for clients who deliver naturally prior to 39 weeks.	
			Elective delivery or natural delivery at or over 39 weeks gestation	870001378	Client is 39 weeks or more gestation. This applies to both elective and natural deliveries for clients equal to or over 39 weeks gestation.	
MEDICAL INPATIENT WITHDRAWAL MANAGEMENT						
See Inpatient Hospital Services			For acute alcohol withdrawal management use- Three Days	870000433	All of these criteria must be met: 1. The medical inpatient withdrawal management stay cannot be a scheduled admission due to the acute nature of intoxication and the need for immediate withdrawal management. 2. The stay meets criteria for severity and intensity of illness, and medical necessity standards to qualify as an inpatient admission. 3. The principal diagnosis is related to the use or abuse of alcohol, hypnotic, hallucinogen, stimulant, opioid, or other psychoactive substance. 4. The client is not participating in HCA’s Chemical-Using Pregnant (CUP) Women Program. 5. The care is provided in a medical unit. 6. This is a medical stay and not a psychiatric stay. The client does not meet medically necessary criteria for inpatient psychiatric care. 7. The hospital is not a DOH-approved withdrawal management (ASAM 3.2 or 3.7) facility. 8. Nonhospital-based withdrawal management is not medically appropriate.	

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See Inpatient Hospital Services			For acute drug withdrawal management use- 5 days	870000435	<p>All of these criteria must be met:</p> <ol style="list-style-type: none"> 1. The medical inpatient withdrawal management stay cannot be a scheduled admission due to the acute nature of intoxication and the need for immediate withdrawal management. 2. The stay meets criteria for severity and intensity of illness, and medical necessity standards to qualify as an inpatient admission. 3. The principal diagnosis is related to the use or abuse of alcohol, hypnotic, hallucinogen, stimulant, opioid, or other psychoactive substance. 4. The client is not participating in HCA's Chemical-Using Pregnant (CUP) Women Program. 5. The care is provided in a medical unit. 6. This is a medical stay and not a psychiatric stay. The client does not meet medically necessary criteria for inpatient psychiatric care. 7. The hospital is not a DOH-approved withdrawal management (ASAM 3.2 or 3.7) facility. 8. Nonhospital-based withdrawal management is not medically appropriate.

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KIDNEY CENTER SERVICES					
See Kidney Center Services	0821		Hemodialysis treatments, more than 14 per month	870001376	<p>To be paid for more than 14 in-center hemodialysis treatments per month, the client’s medical records must support the need for additional dialysis treatments as defined by one of the following:</p> <ul style="list-style-type: none"> • Unable to obtain adequate dialysis as defined by Kt/V > 1.4 with 5 hours three times per week • Refractory Fluid Overload – successive post dialysis weight increases over three runs or more (minimum 4 hour treatment) • Uncontrolled Hypertension as defined by needing 3 blood pressure medications or more and still having a pre-dialysis BP > 140/90 • Heart failure: class III C or worse (defined by New York Heart Association (NYHA) Functional Classification) or history of decompensation with HD < 4x per week (decompensation may include increase in edema, dyspnea, increased diuretic therapy, hospitalizations from heart failure) • Unable to complete run - compromised access – termed treatment early (i.e., clotted line), must meet medical necessity. • Pregnancy • Established on >14 runs per month due to one of the above noted reasons (supportive documentation required) <p>In addition, a signed prescription for additional dialysis by a nephrologist must be in the medical record. The agency requires prior authorization (PA) if the EPA criteria above is not met. The agency may approve more than 14 in-center hemodialysis treatments for up to a 6-month period.</p>

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MATERNITY SUPPORT SERVICES AND INFANT CASE MANAGEMENT						
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See Maternity Support Services and Infant Case Management	T1017 with Dx Z76.2	HD		870001418	<p>For dates of service October 1, 2017 and after only when the infant meets all of the following criteria:</p> <ul style="list-style-type: none"> • Infant meets all ICM eligibility as listed in this guide. • An infant’s eligibility for ICM begins during the 2nd month of life (see ICM Newborn Calendar). • ICM services are provided during an infant’s 2nd month of life. • No more than two units may be billed to complete the <i>ICM Screening</i>. See <i>ICM Screening Tool</i> (HCA 13-658) form. <p>For dates of service prior to October 1, 2017, contact the ICM Program Manager.</p>	
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Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
MEDICAL EQUIPMENT AND SUPPLIES (MES)						
Note: The following pertains to expedited prior authorization (EPA) numbers 870000851 & 870000852 ONLY:						
<ol style="list-style-type: none"> 1. If the medical condition does not meet all of the specified criteria, prior authorization must be obtained by submitting a request to the Medical Equipment team (refer to the Resources Available section within the corresponding billing guide). 2. It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days. 3. For extension of authorization beyond the EPA amount allowed, the normal prior authorization process is required. 4. Must have a valid physician prescription as described in WAC 182-543-2000(2)(c) 5. Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including all of the specified criteria) must be documented in the client's file. 6. You may bill for only one procedure code, per client, per month. 						
See Medical Equipment & Supplies	A4335		Incontinence supply, use for diaper doublers, each (age 3 & up)	870000851	Purchase of 90 per month allowed when all of the following criteria are met: <ol style="list-style-type: none"> a) Product is used for extra absorbency at nighttime only b) When prescribed by a physician 	
				870000852	Up to equal amount of diapers/briefs received if one of the following criteria for clients is met: <ol style="list-style-type: none"> a) Tube fed b) On diuretics or other medication that causes frequent/large amounts of output c) Brittle diabetic with blood sugar problems 	
See Medical Equipment & Supplies	A4927		Additional gloves for clients who live in an assisted living facility	870001262	Will be allowed up to the quantity necessary as directed by the client's physician, not to exceed a total of 400 per month. Allowed for Place of Service 13 (assisted living and adult family home) and 14 (group home).	
See Medical Equipment & Supplies	A4253, A4259		Blood glucose test strips and lancets	870001263	For pregnant people with gestational diabetes, HCA pays for the quantity necessary to support testing as directed by the client's physician, up to 60 days postpartum.	
			300 test strips and 300 lancets per month for children through age 20	870001265	100 over limit - for children only	

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RENTALS

What are the expedited prior authorization (EPA) criteria for equipment rental?

Note:

The following pertains to expedited prior authorization (EPA) numbers 700 - 820:

1. If the medical condition does not meet **all** of the specified criteria, prior authorization (PA) must be obtained by submitting a request.
2. It is the vendor’s responsibility to determine whether the client has already used the product allowed with the EPA criteria within the allowed time period, or to determine if, the client has already established EPA through another vendor during the specified time period.
3. For extension of authorization beyond the EPA amount allowed, the normal PA process is required.
4. A valid physician prescription is required as described in WAC 182-543-2000(2)(c)
5. Documentation of the length of need/life expectancy must be kept in the client’s file, as determined by the prescribing physician and medical justification (including **all** of the specified criteria).

RENTAL MANUAL WHEELCHAIRS

Note (For Rental Manual Wheelchairs):

- 1) The EPA rental is allowed only one time, per client, per 12-month period.
- 2) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client’s file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate, and in the hospital they are included in the Diagnoses Related Group (DRG) payment.
- 3) The agency does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 4) You may bill for only one procedure code, per client, per month.
- 5) All accessories are included in the reimbursement of the wheelchair rental code. They may not be billed separately.

See Medical Equipment & Supplies	K0001	RR	Standard manual wheelchair with all styles of arms, footrest, and/or leg-rests	870000700	Up to 2 months continuous rental in a 12-month period if all of the following criteria are met. The client: <ol style="list-style-type: none"> 1) Weighs 250 lbs. or less. 2) Requires a wheelchair to participate in normal daily activities. 3) Has a medical condition that renders him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client’s file). 4) Does not have a rental hospital bed. 5) Has a length of need, as determined by the prescribing physician, less than 6 months.
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Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Medical Equipment & Supplies	K0003	RR	Lightweight manual wheelchair with all styles of arms, footrests, and/or leg-rests	870000705	Up to 2 months continuous rental in a 12-month period if all of the following criteria are met. The client: <ul style="list-style-type: none"> 1) Weighs 250 lbs. or less; 2) Can self-propel the lightweight wheelchair and is unable to propel a standard weight wheelchair; 3) Has a medical condition that renders him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file); 4) Does not have a rental hospital bed; and 5) Has a length of need, as determined by the prescribing physician, less than 6 months. 	
See Medical Equipment & Supplies	K0006	RR	Heavy-duty manual wheelchair with all styles of arms, footrests, and/or leg-rests	870000710	Up to 2 months continuous rental in a 12-month period if all of the following criteria are met. The client: <ul style="list-style-type: none"> 1) Weighs 250 lbs. or less. 2) Requires a wheelchair to participate in normal daily activities. 3) Has a medical condition that renders him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file). 4) Does not have a rental hospital bed; and 5) Has a length of need, as determined by the prescribing physician, less than 6 months. 	
See Medical Equipment & Supplies	E1060	RR	Fully reclining manual wheelchair with detachable arms, desk or full-length and swing-away or elevating leg-rests	870000715	Up to 2 months continuous rental in a 12-month period if all of the following criteria are met. The client: <ul style="list-style-type: none"> 1) Requires a wheelchair to participate in normal daily activities and is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file); 2) Has a medical condition that does not allow them to sit upright in a standard or lightweight wheelchair (must be documented); 3) Does not have a rental hospital bed; and 4) Has a length of need, as determined by the prescribing physician, less than 6 months. 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
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RENTAL/PURCHASE HOSPITAL BEDS

Note:

- 1) The EPA rental is allowed only one time, per client, per 12-month period.
- 2) Authorization must be requested for the 12th month of rental at which time the equipment will be considered purchased. The authorization number will be pended for the serial number of the equipment. In such cases, the equipment the client has been using must have been new on or after the start of the rental contract or is documented to be in good working condition. A 1-year warranty will take effect as of the date the equipment is considered purchased if equipment is not new. Otherwise, normal manufacturer warranty will be applied.
- 3) If length of need is greater than 12 months, as stated by the prescribing physician, a PA for purchase must be requested either in writing or via the toll-free line.
- 4) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate, and in the hospital they are included in the DRG payment.
- 5) The agency does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 6) Hospital beds **will not** be provided:
 - a. As furniture.
 - b. To replace a client-owned waterbed.
 - c. For a client who does not own a standard bed with mattress, box spring, and frame.
 - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.
- 7) Only one type of bed rail is allowed with each rental.
- 8) Mattress may **not** be billed separately.

See Medical Equipment & Supplies	E0292 E0310 E0305	RR	Manual Hospital Bed with mattress with or without bed rails	870000720	Up to 11 months continuous rental in a 12-month period if all of the following criteria are met. The client: <ol style="list-style-type: none"> 1) Has a length of need/life expectancy that is 12 months or less. 2) Has a medical condition that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file). 3) Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file). 	<i>CONTINUED ON NEXT PAGE</i>
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Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
					<ul style="list-style-type: none"> 4) Has a medical condition that necessitates upper body positioning at no less than a 30-degree angle the majority of time he/she is in the bed. 5) Has full-time caregivers. 6) Does not also have a rental wheelchair. 	
See Medical Equipment & Supplies	E0294 E0310 E0305	RR	Semi-electric hospital bed with mattress with or without bed rails	870000725	<p>Up to 11 months continuous rental in a 12-month period if all of the following criteria are met. The client:</p> <ul style="list-style-type: none"> 1) Has a length of need/life expectancy that is 12 months or less. 2) Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to be ineffective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file). 3) Has a chronic or terminal condition such as COPD, CHF, lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation. 4) Must be able to independently and safely operate the bed controls. 5) Does not have a rental wheelchair. 6) Has a completed <i>Hospital Bed Evaluation</i> form, HCA 13-747. See Where can I download agency forms? 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
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Note:

- 1) The EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.
- 2) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 3) Hospital beds **will not** be covered:
 - a. As furniture
 - b. To replace a client-owned waterbed
 - c. For a client who does not own a standard bed with mattress, box spring and frame
 - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom

See Medical Equipment & Supplies	E0294	NU	Semi-electric hospital bed with mattress with or without bed rails	870000726	<p>Initial purchase if all of the following criteria are met. The client:</p> <ol style="list-style-type: none"> 1. Has a length of need/life expectancy that is 12 months or more. 2. Has tried positioning devices such as: pillows, bolsters, foam wedges, and/or rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file). 3. Has one of the following diagnosis: <ol style="list-style-type: none"> a. Quadriplegia b. Tetraplegia c. Duchenne's M.D. d. ALS e. Ventilator dependent f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees 4. Must be able to independently and safely operate the bed controls. <p>Documentation Required:</p> <ol style="list-style-type: none"> 1) Life expectancy, in months and/or years 2) Client diagnosis including ICD code 3) Date of delivery and serial number <p><i>CONTINUED ON NEXT PAGE</i></p>
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Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
					4) Written documentation indicating client has not been previously provided a hospital bed, purchase, or rental (i.e. written statement from client or caregiver) 5) A completed <i>Hospital Bed Evaluation</i> form, HCA 13-747. See Where can I download agency forms?	
LOW AIR LOSS THERAPY SYSTEMS						
Note: The EPA rental is allowed only one time, per client, per 12-month period.						
See Medical Equipment & Supplies	E0371 E0372	RR	Low air loss mattress overlay	870000730	Initial 30-day rental followed by one additional 30-day rental in a 12-month period if all of the following criteria are met. The client: <ol style="list-style-type: none"> 1) Is bed-confined 20 hours per day during rental of therapy system. 2) Has at least one stage 3 decubitus ulcer on trunk of body. 3) Has acceptable turning and repositioning schedule. 4) Has timely labs (every 30 days). 5) Has appropriate nutritional program to heal ulcers. 	
See Medical Equipment & Supplies	E0277 E0373	RR	Low air loss mattress without bed frame	870000735	Initial 30-day rental followed by an additional 30-day rental in a 12-month period if all of the following criteria are met. The client: <ol style="list-style-type: none"> 1) Is bed-confined 20 hours per day during rental of therapy system. 2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body. 3) Has ulcers on more than one turning side. 4) Has acceptable turning and repositioning schedule. 5) Has timely labs (every 30 days). 6) Has appropriate nutritional program to heal ulcers. 	
See Medical Equipment & Supplies	E0277 E0373	RR	Low air loss mattress without bed frame	870000740	Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Medical Equipment & Supplies	E0194	RR	Air fluidized flotation system including bed frame	870000750	Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery. For all Low Air Loss Therapy Systems the following documentation is required:	
					<ol style="list-style-type: none"> 1) A <i>Low Air-Loss Therapy Systems</i> form, HCA 13-728 must be completed for each rental segment and signed and dated by nursing staff in facility or client's home. See Where can I download agency forms? 2) A new form must be completed for each rental segment. 3) A re-dated prior form will not be accepted. 4) A dated picture must accompany each form. 	
NONINVASIVE BONE GROWTH/NERVE STIMULATORS						
Note: The EPA rental is allowed only one time, per client, per 12-month period.						
See Medical Equipment & Supplies	E0747 E0760	NU	Non-spinal bone growth stimulator	870000765	Allowed only for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met. The client:	
					<ol style="list-style-type: none"> 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal and metatarsal) after 6 months has elapsed since the date of injury without healing. 2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery. 	
See Medical Equipment & Supplies	E0748	NU	Spinal bone growth stimulator	870000770	Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met. The client:	
					<ol style="list-style-type: none"> 1) Has a failed spinal fusion where a minimum of 9 months has elapsed since the last surgery. 2) Is post-op from a multilevel spinal fusion surgery. 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion. 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
MISCELLANEOUS DURABLE MEDICAL EQUIPMENT						
See Medical Equipment & Supplies	E0604	RR	Breast pump, electric	870000800	Unit may be rented for the following lengths of time, when one of the following criteria is met. The client: <ol style="list-style-type: none"> 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts, or 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection. 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate. 4) Has a maximum of 2 months during any 12-month period if the client meets all of the following: <ol style="list-style-type: none"> a. Has a hospitalized premature newborn b. Has been discharged from the hospital c. Is taking breast milk to hospital to feed newborn 	
See Medical Equipment & Supplies	E0935	RR	Continuous passive motion system (CPM)	870000810	Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following: <ol style="list-style-type: none"> 1) Frozen joints 2) Intra-articular tibia plateau fracture 3) Anterior cruciate ligament injury 4) Total knee replacement 	
See Medical Equipment & Supplies	E0650	RR	Extremity pump	870000820	Up to 2 months rental during a 12-month period for treatment of severe edema. Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be all of the following: <ol style="list-style-type: none"> 1) Medically effective 2) Medically necessary 3) A long-term, permanent need 	
See Medical Equipment & Supplies	A9286		Hygienic item, bed encasement, mattress (twin)	870001604	See <i>Bed and Pillow Encasements</i> form HCA 13-0052. See Where can I download HCA forms?	
See Medical Equipment & Supplies	A9286		Hygienic item, bed encasement, pillowcases (set of 2)	870001605	See <i>Bed and Pillow Encasements</i> form HCA 13-0052. See Where can I download HCA forms?	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
MENTAL HEALTH SERVICES						
NEUROPSYCHOLOGICAL TESTING of clients age 20 and older , in an outpatient or inpatient setting.						
Note: If the client does not meet the expedited prior authorization (EPA) criteria listed in this guide and this table, the agency requires prior authorization (PA) for the testing. Additionally, the agency no longer requires providers who bill for neuropsychological testing to be board-certified; however, upon request, providers must be able to furnish credentials that demonstrate their expertise. Refer to Neuropsychological Testing within the Mental Health Billing Guide .						
The agency pays only “qualified” providers for administering neuropsychological testing to eligible agency clients. To be “qualified,” providers must be both of the following:						
<ul style="list-style-type: none"> • Currently licensed in Washington State to practice psychology or clinical neuropsychology • One of the following: <ul style="list-style-type: none"> ✓ Board-certified in clinical neuropsychology by the American Board of Clinical Neuropsychology ✓ Have adequate education, training, and experience as defined by having completed all of the following: <ul style="list-style-type: none"> ➢ A doctoral degree in psychology from an accredited university training program ➢ An internship, or its equivalent, in a clinically relevant area of professional psychology ➢ The equivalent of two full-time years of experience and specialized training, at least one of which is at the post-doctoral level, in the study and practice of clinical neuropsychology and related neurosciences (these two years must include supervision by a clinical neuropsychologist) 						
This section describes <i>four groups</i> of criteria that apply to billing in certain circumstances. Up to 15 units for any of these codes combined in a calendar year. For outpatient or non-PM&R inpatient settings, criteria in <i>any one of groups 1-4</i> must be met.						
See Mental Health Services	96132, 96133, 96136, 96137, 96138, 96139, 96146		Neuro- psychological testing	870001207	To assist with rehabilitation efforts and manage outcomes in inpatient physical medicine and rehabilitation (PM&R) patients, criteria in <i>Group 1</i> must be met. Group 1 All of the following must be met: <ul style="list-style-type: none"> • The patient to be evaluated has, or is suspected to have, an acquired injury to the brain as a result of traumatic brain injury, stroke, multiple sclerosis, aneurysm, anoxia, hypoxia, dementia, neoplasm, or chemotherapy. • The patient is age 20 or older. • The patient was functioning normally (was able to attend school, work competitively, or live independently) prior to the brain disorder. 	
<i>CONTINUED ON NEXT PAGE</i>						

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
					<ul style="list-style-type: none"> The patient has potential to return to important areas of role functioning (e.g., work, school, or independent living). Testing will be used only in conjunction with functionally based rehabilitation, not “cognitive” rehabilitation. 	
NEUROPSYCHOLOGICAL TESTING of clients age 20 and older , in an outpatient or inpatient setting.						
See Mental Health Services	96132, 96133, 96136, 96137, 96138, 96139, 96146		Neuro- psychological testing	870001207	Group 2 The client is suspected to have a diagnosis of dementia or multiple sclerosis based on one of the following: <ul style="list-style-type: none"> Client or family complaints A head CT (computed tomography scan) A mental status examination or other medical examination This suspected diagnosis is not confirmed or able to be differentiated from the following: <ul style="list-style-type: none"> Normal aging Mild concussion Depression Focal neurological impairments A firm diagnosis would change the medical treatment plan, clinical management, or aid important client or family decisions.	
				870001207	Group 3 The client is undergoing brain surgery for epilepsy, a tumor, or Parkinson’s disease, and neuropsychological testing may help with either of the following: <ul style="list-style-type: none"> Guide the surgeon in the goal of sparing healthy brain tissue and sites that are critical to some major function such as language Identify poor candidates for neurological surgery due to dementia (e.g., in cases where deep brain stimulation implants are being considered to manage intractable tumors) 	

CONTINUED ON NEXT PAGE

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
NEUROPSYCHOLOGICAL TESTING of clients age 20 and older , in an outpatient or inpatient setting.						
See Mental Health Services	96132, 96133, 96136, 96137, 96138, 96139, 96146		Neuro- psychological testing	870001207	Group 4 The client is being considered for surgery (e.g., a lung transplant), and neuropsychological testing may help identify if the client is a poor candidate for surgery (e.g., in cases where cognitive impairment from chronic hypoxia or other risk factors make it unlikely that the person can accurately follow a rigorous post-transplant protocol to prevent organ rejection).	
PSYCHOLOGICAL TESTING						
Note: The following CPT codes may be used for inpatient professional services provided to an MCO client during a BHO-authorized admission to place of service 21 or 51: +90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, +90838, 90845, 90846, 90847, 90849, 90853, 90865, 90870, 96112, 96113, 96116, 96132, 96133, 99218, 99219, 99220, 99221, 99222, 99223, 99226, 99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255, 99238, 99239, 99356, 99357, 99358, +99359, 99367						
ANXIETY						
See Mental Health Services	Treatment Category		EPA #	Specific Treatment and Approved Trainings		
	Cognitive Behavioral Therapy (CBT) for children with anxiety (group, individual or remote)(151)		870001555	<ul style="list-style-type: none"> • CBT4 CBT training (Coping Cat) (151) • Centre for Emotional Health (Cool Kids) (151) • Effective Child Therapy/ Society of Clinical Child & Adolescent Psychology (151) • Harborview CBT + Learning Collaborative (151) • The Reach Institute (CATIE trainings) (151) • Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type. (151) 		
			870001556	Cool Kids (032)		
			870001557	Coping Cat (035)		
			870001558	Coping Cat/Koala book based model (157)		
			870001559	Coping Koala (158)		
		870001560	Managing and Adapting Practice (MAP) (175)			

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
				870001561	Modularized Approach to therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) (085)	
			Parent cognitive behavioral therapy (CBT) for young children with anxiety (187)	870001562		
ATTENTION DEFICIT HYPERACTIVITY DISORDER						
See Mental Health Services	Treatment Category	EPA #	Specific Treatment and Approved Trainings			
	Behavioral parent training (BPT) for children with ADHS	870001563	Barkley Model (003)			
		870001564	New Forest Parenting Program (181)			
	Multimodal Therapy (MMT) for children with ADHD (091)	870001565				
DEPRESSION						
See Mental Health Services	Treatment Category	EPA #	Specific Treatment and Approved Trainings			
	Cognitive Behavioral Therapy (CBT) for children and adolescents with depression (153)	870001566	<ul style="list-style-type: none"> Acceptance and Commitment Therapy (ACT) for children with depression (153) Effective Child Therapy/Society of Clinical Child & Adolescent Psychology (153) Harborview CBT + Learning Collaborative (153) The Reach Institute (CATIE trainings) (153) Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type (below) (153) 			
		870001567	Coping with Depression – Adolescents (159)			
		870001568	Managing and Adaptive Practice (MAP) (175)			
		870001569	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH – ADTC) (085)			
870001570		Treatment for Adolescents with Depression Study (197)				

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
			Blues Program (group CBT prevention program for high school students at risk for depression) (149)	870001571		
DISRUPTIVE BEHAVIOR (Oppositional Defiant Disorder or Conduct Disorder)						
See Mental Health Services	Treatment Category		EPA #	Specific Treatment and Approved Trainings		
	Behavior parent training (BPT) for children with disruptive behavior disorders (148)		870001572	<ul style="list-style-type: none"> • Coping Power Program (148) • Harborview CBT + Learning Collaborative (148) • Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type. (148) • Stop Now and Plan (SNAP) (148) • The Reach Institute (CATIE trainings) (148) 		
			870001573	Helping the Noncompliant Child (171)		
			870001574	Incredible Years: Parent Training (073)		
			870001575	Incredible Years: Parent Training + child training (076)		
			870001576	Managing and Adapting Practice (MAP) (175)		
			870001577	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) (085)		
			870001578	Parent Child Interaction Therapy (PCIT) for children with disruptive behavior problems (186)		
			870001579	Parent Management Training – Oregon Model (treatment population) (188)		
			870001580	Triple –P Positive Parenting Program: Level 4, Group (139)		
			870001581	Triple – P Positive Parenting Program: Level4, Individual (140)		
			870001582	Brief Strategic Family Therapy (BSFT) (010)		
			870001583	Choice Theory/Reality Therapy (164)		

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
			Families and Schools Together (FAST) (046)	870001584		
SERIOUS EMOTIONAL DISTURBANCE						
See Mental Health Services	Treatment Category		EPA #	Specific Treatment and Approved Trainings		
	Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior (160)		870001585			
	Multisystem Therapy (MST) for youth with serious emotional disturbance (SED) (180)		870001586			
TRAUMA						
See Mental Health Services	Treatment Category		EPA #	Specific Treatment and Approved Trainings		
	Intensive Family Preservation (HOMEBUILDERS) for youth with serious emotional disturbance (SED) (172)		870001587			
	Cognitive Behavioral Therapy (CBT) – based models for child trauma (155)		870001588	<ul style="list-style-type: none"> • Harborview CBT + Learning Collaborative (155) • The Reach Institute (CATIE trainings) (155) • Teaching Recovery Techniques (TRT) (155) • Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type. (155) 		
			870001589	Classroom—based intervention for war-exposed children (013)		

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
				870001590	Cognitive Behavioral Intervention for Trauma in Schools (016)	
				870001591	Enhancing Resiliency Among Students Experiencing Stress (ERASE – Stress) (162)	
				870001592	KID – NET Narrative Exposure Therapy for children (079)	
				870001593	Managing and Adapting Practice (MAP) (175)	
				870001594	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH – ADTC) (085)	
				870001595	Trauma Focused CBT for children (136)	
				870001596	Trauma Grief Component Therapy (137)	
			Child – Parent Psychotherapy (163)	870001597		
			Eye Movement Desensitization and Reprocessing (EMDR) for child trauma (043)	870001598		
INVOLUNTARY TREATMENT ACT (ITA)						
See Mental Health Services			Involuntary Treatment Act Admissions for Fee-for-Service Clients	870001610	Use this EPA when the patient refuses hospital admission for treatment. Inpatient psychiatric care for all fee-for-service Apple Health clients (see Services requiring EPA) must be all of the following:	
EPA for billing inpatient psychiatric services for eligible fee-for-service clients not enrolled in an MCO or a MCO’s Behavioral Health Services Only (BHSO)					<ul style="list-style-type: none"> • Medically necessary (as defined in WAC 182-500-0070) • Admissions where psychiatric needs are the focus of treatment • Less restrictive placements are not available • Approved (ordered) by the professional in charge of the hospital or hospital unit Services provided in a psychiatric hospital shall have psychiatric diagnosis and be in APR DRG 740-760, 770, and 772-776 A new authorization or EPA must be used when there is a change in any of the below: <ul style="list-style-type: none"> • Legal status • Principal covered diagnosis • Hospital of service 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Mental Health Services EPA for billing inpatient psychiatric services for eligible fee-for-service clients not enrolled in an MCO or a MCO's Behavioral Health Services Only (BHSO)			Voluntary Admissions for Fee-for-Service Clients	870001611	Use this EPA when the patient agrees to admission for treatment. Inpatient psychiatric care for all fee-for-service Apple Health clients (see Services requiring EPA) must be all of the following: <ul style="list-style-type: none"> • Medically necessary (as defined in WAC 182-500-0070) • Admissions where psychiatric needs are the focus of treatment • Less restrictive placements are not available • Approved (ordered) by the professional in charge of the hospital or hospital unit Services provided in a psychiatric hospital shall have psychiatric diagnosis and be in APR DRG 740-760, 770, and 772-776 A new authorization or EPA must be used when there is a change in any of the below: <ul style="list-style-type: none"> • Legal status • Principal covered diagnosis • Hospital of service 	

ORTHODONTIC SERVICES						
Note: Providers must correctly indicate the appliance date on all orthodontic treatment claims.						
See Orthodontic Services	D8660		Pre-orthodontic treatment visit	870000970	Use when billing for cleft palate and craniofacial anomaly cases. Treating provider must be an orthodontist and either be a member of a recognized craniofacial team or approved by the agency's Dental Consultant to provide this service. Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client's record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA.	
See Orthodontic Services	D8030		Limited orthodontic treatment of the adolescent dentition for cleft palate	870000970	Use when billing for cleft palate and craniofacial anomaly cases. Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by HCA's Dental Consultant to provide this service.	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
					<p>Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client's record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA.</p> <p>Limitations apply. EPA does not override the limitations/requirements for limited treatment. See limited orthodontic treatment</p>	
See Orthodontic Services	D8670		Limited orthodontic treatment of the adolescent dentition	870000970	<p>Use when billing for cleft palate and craniofacial anomaly cases.</p> <p>Treating provider must be an orthodontist and either be a member of a recognized craniofacial team or approved by HCA's Dental Consultant to provide this service.</p> <p>Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client's record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA.</p> <p>Limitations apply. EPA does not override the limitations/requirements for limited treatment. See limited orthodontic treatment.</p>	
See Orthodontic Services	D8060		Interceptive orthodontic treatment of the transitional dentition	870000980	<p>Use when billing for cleft palate and craniofacial anomaly cases.</p> <p>Treating provide must be an orthodontist and either be a member of a recognized craniofacial team or approved by HCA's Dental Consultant to provide this service.</p> <p>Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client's record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA.</p> <p>Limitations apply. EPA does not override the limitations/requirements for interceptive treatment. See interceptive orthodontics.</p>	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Orthodontic Services	D8080 D8670		Comprehensive orthodontic treatment of the adolescent dentition	870000990	<p>Use when billing for cleft palate and craniofacial anomaly cases.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by HCA’s Dental Consultant to provide this service.</p> <p>Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client’s record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA.</p> <p>Limitations apply. EPA does not override the limitations/requirements for comprehensive treatment. See comprehensive orthodontic treatment.</p>
See Orthodontic Services	D8020		Limited orthodontic treatment of the transitional dentition	870001402	<p>Use when billing for cleft palate and craniofacial anomaly cases.</p> <p>Treating provider must be an orthodontist and either be a member of a recognized craniofacial team or approved by HCA’s Dental Consultant to provide this service.</p> <p>Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client’s record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA.</p> <p>Limitations apply. EPA does not override the limitations/requirements for limited treatment. See limited orthodontic treatment.</p>

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Orthodontic Services	D8670		Limited orthodontic treatment of the transitional dentition	870001403	Use when billing for cleft palate and craniofacial anomaly cases. Treating provider must be an orthodontist and either be a member of a recognized craniofacial team or approved by HCA’s Dental Consultant to provide this service. Medically necessary ICD diagnosis codes associated with cleft palate, cleft uvula or cleft lip must be documented in the client’s record. ICD diagnosis codes associated with craniofacial anomalies per WAC 182-535A-0040 need to be documented to use EPA. Limitations apply. EPA does not override the limitations/requirements for limited treatment. See limited orthodontic treatment	
See Orthodontic Services	D8680		Appliance removal, construction and placement of retainers	870001538	The client’s appliance was placed by a different provider or dental clinic, an out-of-state provider, or a non-medicaid provider. Fee includes debanding, removal of cement, and retainers.	
See Orthodontic Services	D8695		Appliance removal	870001538	The client’s appliance was placed by a different provider or dental clinic, an out-of-state provider, or a non-medicaid provider. Fee includes debanding and removal of cement.	
See Orthodontic Services	21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21089		Prepare face/oral prosthesis	870001539	Use when billing for orthognathic surgery. There must be an approval in the system for full comprehensive orthodontic treatment for the client, plus all of the following in the client’s record: <ul style="list-style-type: none"> • A treatment plan, including expected surgical intervention Current Procedural Terminology (CPT) codes. • Documentation that the commitment letter from the surgeon was included in the request for full comprehensive orthodontic treatment. • Cephalometric radiographs (x-rays). • Color photographs (including five intraoral and three facial views). 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Orthodontic Services	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154. 21155, 21159, 21160		Reconstruct midface, lefort	870001539	<p>Use when billing for orthognathic surgery.</p> <p>There must be an approval in the system for full comprehensive orthodontic treatment for the client, plus all of the following in the client's record:</p> <ul style="list-style-type: none"> • A treatment plan, including expected surgical intervention Current Procedural Terminology (CPT) codes. • Documentation that the commitment letter from the surgeon was included in the request for full comprehensive orthodontic treatment. • Cephalometric radiographs (x-rays). <p>Color photographs (including five intraoral and three facial views).</p>
See Orthodontic Services	21193, 21194, 21195, 21196, 21198, 21199		Reconstruct lower jaw	870001539	<p>Use when billing for orthognathic surgery.</p> <p>There must be an approval in the system for full comprehensive orthodontic treatment for the client, plus all of the following in the client's record:</p> <ul style="list-style-type: none"> • A treatment plan, including expected surgical intervention Current Procedural Terminology (CPT) codes. • Documentation that the commitment letter from the surgeon was included in the request for full comprehensive orthodontic treatment. • Cephalometric radiographs (x-rays). <p>Color photographs (including five intraoral and three facial views).</p>

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
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OUTPATIENT REHABILITATION						
ALL CLIENTS 21 AND OLDER & MCS CLIENTS AGES 19-20 additional benefit limits with expedited prior authorization						
OCCUPATIONAL THERAPY AND PHYSICAL THERAPY				When client's diagnosis is:		
See Outpatient Rehabilitation	Up to 24 additional units (approximately 6 hours), when medically necessary, per client, per calendar year		See Requesting a Limitation Extension in the Outpatient Rehabilitation Billing Guide for requesting units beyond the additional benefit limits -or- if the client's diagnosis is not listed in this table.	870000008	Lymphedema	
				870000009	Cerebral vascular accident, with residual functional deficits within the past 24 months	
				870000010	Swallowing deficits due to injury or surgery to face, head, or neck	
				870000011	As part of a botulinum toxin injection protocol when botulinum toxin is prior authorized by the agency	
				870000012	Spinal cord injury resulting in paraplegia or quadriplegia within the past 24 months	
				870000013	Major joint surgery – partial or total replacement only	
				870000014	New onset muscular-skeletal disorders such as complex fractures which require surgical intervention or surgeries involving spine or extremities (e.g., arm, shoulder, leg, foot, knee, or hip)	
				870000015	Acute, open, or chronic non-healing wounds OR Burns - 2nd or 3rd degree only	
				870000016	New onset neuromuscular disorders which are affecting function (e.g., amyotrophic lateral sclerosis (ALS), active infection polyneuritis (Guillain-Barre) OR Reflex sympathetic dystrophy	
				97165, 97166, 97167	GO	Occupational Therapy evaluation
97161, 97162, 97163	GP	Physical Therapy evaluation	870001417	One additional Physical Therapy evaluation for a new injury or health condition, in addition to the one allowed evaluation, when medically necessary		

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
ALL CLIENTS 21 AND OLDER & MCS CLIENTS AGES 19-20 additional benefit limits with expedited prior authorization						
SPEECH THERAPY					When client's diagnosis is:	
See Outpatient Rehabilitation	Six additional units, per client, per calendar year. See Requesting a Limitation Extension in the Outpatient Rehabilitation Billing Guide for requesting units beyond the additional benefit limits -or- if the client's diagnosis is not listed in this table. NOTE: Speech therapy claims require modifier GN			870000007	Speech deficit which requires a speech generating device	
				870000009	Cerebral vascular accident, with residual functional deficits within the past 24 months	
				870000010	Swallowing deficits due to injury or surgery to face, head, or neck	
				870000011	As part of a botulinum toxin injection protocol when botulinum toxin is prior authorized by the agency	
				870000014	New onset muscular-skeletal disorders such as complex fractures which require surgical intervention or surgeries involving the vault, base of the skull, face, cervical column, larynx, or trachea	
				870000015	Burns of internal organs such as nasal oral mucosa or upper airway OR Burns of the face, head, and neck – 2 nd or 3 rd degree only.	
				870000016	New onset neuromuscular disorders which are affecting function (e.g., amyotrophic lateral sclerosis (ALS), active infection polyneuritis (Guillain-Barre))	
		870000017	Speech deficit due to injury or surgery to face, head, or neck			

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
PHYSICIAN-RELATED SERVICES/HEALTH CARE PROFESSIONAL SERVICES						
See Physician-Related/Professional Services	C1874, C1875, C9601, C9602, C9603, C9604, C9605, C9606, C9607, C9608 ----- 92980, 92981		Placement of Cardiac Drug Eluting or Bare Metal Stent and Device C codes are Institutional only Bare Metal	870000422	Either drug eluting or bare metal cardiac stents are covered when cardiac stents are indicated for treatment when medically necessary. For patients being treated for stable angina, cardiac stents are a covered benefit with the following conditions: 1) Angina refractory to optimal medical therapy, and 2) Objective evidence of myocardial ischemia	
See Physician-Related/Professional Services	J2796		Injection, Romiplostim, 10 Microgram	870001300	All of the following must apply: 1) Documented diagnosis of Idiopathic Thrombocytopenic Purpura (ITP) 2) Patient must be at least 18 years of age 3) Inadequate response (reduction in bleeding) to: a. Immunoglobulin treatment b. Corticosteroid treatment or c. Splenectomy	
See Physician-Related/Professional Services	J0129		Orencia (abatacept)	870001321	Treatment of rheumatoid arthritis when prescribed by a rheumatologist in patients who have tried and failed one or more DMARDs. Dose is subcutaneous injection once weekly. IV dosing is up to 1000mg dose to start, repeated at week 2 and 4, then maintenance up to 1000mg every 4 weeks.	

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See Physician-Related/Professional Services	G0297		Low dose CT for lung cancer screen	870001362	The client must meet all of the following criteria: <ul style="list-style-type: none"> • Is age 55-80, and • Has a history of smoking 30 packs a year and either of the following: <ul style="list-style-type: none"> • still smokes • has quit smoking in the last 15 years 	
See Physician-Related/Professional Services	70540, 70542, 70543		Magnetic Resonance Imaging (MRI) of the sinus for rhinosinusitis	870001422	Criteria for sinus MRI listed below AND less than 18 years of age OR pregnant. <ul style="list-style-type: none"> • *Red Flags, OR • Two of the listed *Persistent Symptoms longer than 12 weeks AND failure of medical therapy, OR • Surgical planning. Repeat scanning is not covered except for <i>Red Flags</i> or <i>surgical planning</i> . <p>*For a listing of Red Flags, see Imaging for Rhinosinusitis found in the Physician-Related/Professional Services Billing Guide.</p>	
	70450, 70460, 70470, 70486, 70487, 70488		Sinus Computed Tomography (CT) for rhinosinusitis	870001423	<ul style="list-style-type: none"> • *Red Flags OR • Two of the listed persistent symptoms longer than 12 weeks AND failure of medical therapy; OR • Surgical planning. Repeat scanning is not covered except for <i>Red Flags</i> or <i>surgical planning</i> . <p>*For a listing of Red Flags, see Imaging for Rhinosinusitis found in the Physician-Related/Professional Services Billing Guide.</p>	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Physician-Related/ Professional Services	77080, 77081		Bone mineral density testing with dual x-ray absorptiometry (DXA) - initial screening	870001363 For repeat testing see EPA 870001364	<p>Initial bone mineral density testing with dual x-ray absorptiometry (DXA) is a covered benefit with the following conditions:</p> <p><i>Asymptomatic women</i></p> <ul style="list-style-type: none"> • Women 65 years of age and older or • Women 64 years of age and younger with equivalent 10-year fracture risk to women age 65 as calculated by FRAX (Fracture Risk Assessment) tool or other validated scoring tool. <p><i>Men or women</i></p> <ul style="list-style-type: none"> • Long term glucocorticoids (i.e. current or past exposure to glucocorticoids for more than 3 months) or • Androgen deprivation or other conditions known to be associated with low bone mass
See Physician-Related/ Professional Services	77080, 77081		Bone mineral density testing with dual x-ray absorptiometry (DXA) - repeat test	870001364 For initial testing see EPA 870001363	<p>Repeat bone mineral density testing with dual x-ray absorptiometry (DXA) is a covered benefit when the client meets one of the following:</p> <ul style="list-style-type: none"> • T-score** > -1.5, 15 years to next screening test • T-score -1.5 to -1.99, 5 years to next screening test • T-score ≤ -2.0, 1 year to next screening test <p>Or</p> <ul style="list-style-type: none"> • Use of medication associated with low bone mass or presence of a condition known to be associated with low bone mass.
See Physician-Related/ Professional Services	90734		Meningococcal Vaccine 90734 (Conjugate Vaccine – Menactra®)	870000421	<p>Client is age 19 through 55 and is in one of the at-risk groups because the client meets one of the following:</p> <ul style="list-style-type: none"> • Not routinely recommended for ages 19-21, but may be administered as catch-up vaccination for those who have not received a dose after their 16th birthday • Has persistent complement deficiencies • Has anatomic or functional asplenia • Are at risk during a community outbreak attributable to a vaccine serogroup • Infected with human immunodeficiency virus (HIV), if another indication for vaccination exists • Is a microbiologist who is routinely exposed to isolates of N. meningitidis • Is a freshman entering college who will live in a dormitory

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Physician-Related/Professional Services	81507, 81420		Noninvasive prenatal diagnosis of fetal aneuploidy (NIPT)	870001344	The agency considers NIPT for serum marker screening for fetal aneuploidy to be medically necessary in women with high-risk singleton pregnancies, who have had genetic counseling, when one or more of the following are met: <ul style="list-style-type: none"> • Pregnant woman is age 35 years or older at the time of delivery • History of a prior pregnancy with a trisomy or aneuploidy • Family history of aneuploidy (first degree relatives or multiple generations affected) • Positive first or second trimester standard biomarker screening test for aneuploidy, including sequential, or integrated screen, or a positive quadruple screen • Parental balanced Robertsonian translocation with increased risk for fetal T13 or T21 • Findings indicating an increased risk of aneuploidy 	
See Physician-Related/Professional Services	81519		Gene expression profile (breast cancer) – <i>Oncotype Dx</i>	870001386	Breast cancer gene expression testing is covered when all of the following conditions are met: <ul style="list-style-type: none"> • Stage 1 or 2 cancer • Estrogen receptor positive and Human Epidermal growth factor Receptor 2 (HER2-NEU) negative • Lymph node negative or 1-3 lymph node(s) positive • The test result will help the patient and provider make decisions about chemotherapy or hormone therapy 	
	81599		Oncology (breast) genomic testing - <i>Endopredict</i>	870001420		
	81520		Gene expression profile (breast cancer) <i>Prosigna</i>	870001545		
	81521		Gene expression profile (breast cancer) <i>MammaPrint</i>	870001546		

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Physician-Related/ Professional Services	81599		Gene expression profile (breast cancer) <i>Mammostrat</i>	870001547	Breast cancer gene expression testing is covered when all of the following conditions are met: <ul style="list-style-type: none"> • Stage 1 or 2 cancer • The test result will help the patient make decisions about hormone therapy 	
	81479		Gene expression profile (breast cancer) <i>Breast Cancer Index</i>	870001548		
See Physician-Related/ Professional Services	0047U		Gene Expression profile (prostate cancer) <i>Oncotype DX prostate cancer assay</i>	870001549	Prostate cancer gene expression is covered when the following conditions are met: <ul style="list-style-type: none"> • low and favorable intermediate risk disease as defined by National Comprehensive Cancer Network (NCCN) and • The test result will help inform treatment decision between definitive therapy (surgery or radiation)and conservative management 	
	81541		Gene Expression profile (prostate cancer) <i>Prolaris</i>	870001550		
See Physician-Related/ Professional Services	81479		Gene Expression profile (prostate cancer) <i>Decipher prostate cancer classifier assay</i>	870001551	Is covered if both of the following are true: <ul style="list-style-type: none"> • is post radical prostatectomy and • the test result will help the client decide between active surveillance and adjuvant radiotherapy 	
See Physician-Related/ Professional Services	84402, 84403, 84410		Testosterone testing	870001368	For males age 19 and older and at least one of the following conditions are met: <ul style="list-style-type: none"> • Suspected or known primary hypogonadism • Suspected or known secondary hypogonadism with organ causes such as: <ul style="list-style-type: none"> ✓ Pituitary disorder ✓ Suprasellar tumor ✓ Medications suspected to cause hypogonadism ✓ HIV with weight loss ✓ Osteoporosis • Monitoring of testosterone therapy <p>As part of the treatment for gender dysphoria when a client has a diagnosis of gender dysphoria and is being treated for one of the</p>	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Physician-Related/ Professional Services	81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217		BRCA Genetic Testing	870001603	<p>following: Hormone replacement therapy or Hormone suppression therapy</p> <p>Client must be one of the following: An individual at any age with a known pathogenic gene variant in a cancer susceptibility gene or with a blood relative with a known gene variant in a cancer susceptibility gene.</p> <p>OR</p> <p>An individual diagnosed at any age with any of the following:</p> <ul style="list-style-type: none"> • Ovarian cancer • Pancreatic cancer • Metastatic prostate cancer • Breast cancer or a high grade (Gleason score >7) prostate cancer and of Ashkenazi Jewish ancestry <p>OR</p> <p>An individual with a breast cancer diagnosis meeting any of the following:</p> <ul style="list-style-type: none"> • An individual with a breast cancer diagnosed < 50 yo • Triple negative breast cancer diagnosed age < 60 yo • Two breast cancer primaries • Breast cancer at any age and both of the following: • One or more close blood relative* with : • Breast cancer under age 50 • Male breast cancer • Pancreatic cancer • High grade or metastatic prostate cancer • > Two or more close blood relatives* with breast cancer at any age <p>*First, second and third degree relatives</p>
See Physician-Related/ Professional Services	86480, 86481		Targeted TB testing with interferon-gamma release assays	870001325	<p>Targeted TB testing with interferon-gamma release assays may be considered medically necessary for clients five years of age and older for any of the following conditions:</p> <ul style="list-style-type: none"> • History of positive tuberculin skin test or previous treatment for TB disease • History of vaccination with BCG (Bacille Calmette-Guerin)

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
					<ul style="list-style-type: none"> Recent immigrants (within 5 years) from countries that have a high prevalence of tuberculosis Residents and employees of high-risk congregate settings (homeless shelters, correctional facilities, substance abuse treatment facilities) Clients with an abnormal CXR consistent with old or active TB Clients undergoing evaluation or receiving TNF alpha antagonist treatment for rheumatoid arthritis, psoriatic arthritis, or inflammatory bowel disease Exposure less than two years before the evaluation <p>AND</p> <ul style="list-style-type: none"> Client in agreement to remain in compliance with treatment for latent tuberculosis infection if found to have a positive test. <p>The tuberculin skin test is the preferred method of testing for children under the age of 5.</p>	
See Physician-Related/Professional Services	87625		HPV genotyping	870001381	For females age 30 and older, when the following conditions are met: <ul style="list-style-type: none"> Pap negative and HPV positive Pap no EC/TZ and HPV positive 	
See Physician-Related/Professional Services Also in <i>Vision Hardware for Clients Age 20 and Younger</i>	92014, 92015		Visual Exam/Refraction (Optometrists/Ophthalmologists only)	870000610	Eye Exam/Refraction - Due to loss or breakage: For adults within 2 years of last exam when no medical indication exists and both of the following are documented in the client's record: <ol style="list-style-type: none"> Glasses are broken or lost or contacts that are lost or damaged Last exam was at least 18 months ago <p>Note: EPA # is not required when billing for children or clients with developmental disabilities.</p>	
See Physician-Related/Professional Services Also in <i>Vision Hardware for Clients Age 20, and Younger</i>	92134	TC 26	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and	870000051	Limit to 12 per calendar year. The client must meet both of the following criteria: <ul style="list-style-type: none"> The client is undergoing active treatment (intraocular injections, laser or incisional surgery) for conditions such as cystoid macular edema (CME); choroidal neovascular membrane (CNVM) from any source (active macular degeneration (AMD) in particular); diabetic retinopathy or 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
			report, unilateral or bilateral, retina.		<p>macular edema; retinal vascular occlusions; epiretinal membrane; vitromacular traction; macular holes; unstable glaucoma; multiple sclerosis with visual symptoms; optic neuritis; optic disc drusen; optic atrophy; eye toxicity or side-effects related to medication use; papilledema or pseudopapilledema</p> <ul style="list-style-type: none"> • There is documentation in the client’s record describing the medical circumstance and explaining the need for more frequent services. 	
See Physician-Related/Professional Services	92025		Corneal topography	870001609	<p>Limited to two tests per calendar year. Client has one of the following diagnoses:</p> <ul style="list-style-type: none"> • Central corneal ulcer • Corneal dystrophy, bullous keratopathy, and complications of transplanted cornea • Diagnosing and monitoring disease progression in keratoconus or Terrien's marginal degeneration • Difficult fitting of contact lens • Post-traumatic corneal scarring • Pre- and post-penetrating keratoplasty and post kerato-refractive surgery for irregular astigmatism • • Pterygium or pseudo pterygium 	
See Physician-Related/Professional Services	77301 77338 77370 G6015 G6016		Intensity modulated radiation therapy (IMRT)	870001374 For sparing adjacent critical structures	<p>To meet EPA criteria, any cancer that would require radiation to focus on the head/neck/chest/abdomen would meet the EPA criteria. It would require clinical documentation that states which critical structure is spared. For example: “Critical structure spared is bladder.”</p>	
See Physician-Related/Professional Services	19318, 19300		Reduction Mammoplasties/ Mastectomy for Gynecomastia Dx codes: N62, N64.9, or L13.9	870000241 Click here for men	<p>A female with a diagnosis for hypertrophy of the breast with:</p> <ol style="list-style-type: none"> 1) Photographs in client's chart 2) Documented medical necessity including: <ol style="list-style-type: none"> a) Back, neck, and/or shoulder pain for a minimum of one year, directly attributable to macromastia b) Conservative treatment not effective 3) Abnormally large breasts in relation to body size with shoulder grooves 4) Within 20% of ideal body weight, and 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
						5) Verification of minimum removal of 500 grams of tissue from each breast
See Physician-Related/Professional Services	19318, 19300		Reduction Mammoplasties/ Mastectomy for Gynecomastia Dx codes: N62, N64.9, or L13.9	870000242 Click here for women		A male with a diagnosis for gynecomastia with: 1) Pictures in clients' chart 2) Persistent tenderness and pain 3) If history of drug or alcohol abuse, must have abstained from drug or alcohol use for no less than one year
See Physician-Related/Professional Services	Q4116		Alloderm	870001342		All of the following must be met: <ul style="list-style-type: none"> • It is medically necessary • The client has a diagnosis of breast cancer • The servicing provider is either a general surgeon or a plastic surgeon
See Physician-Related/Professional Services	15822, 15823, 67901, 67902, 67903, 67904, 67906, 67908		Blepharoplasties	870000630		Blepharoplasty for non-cosmetic reasons when both of the following are true: 1) The excess upper eyelid skin impairs the vision by blocking the superior visual field, and 2) On a central visual field test, the vision is blocked to within 10 degrees of central fixation.

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Physician-Related/Professional Services	58150, 58152, 58180,		Hysterectomies for Cancer	870001302	Client must have a diagnosis of cancer requiring a hysterectomy as part of the treatment plan.
	58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573,		Hysterectomies - Complications and Trauma	870001303	Client must have a complication related to a procedure or trauma (e.g., post procedure complications; postpartum hemorrhaging requiring a hysterectomy; trauma requiring a hysterectomy)

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Physician-Related/ Professional Services	62320, 62327		Interoperative or postoperative pain control using a spinal injection or infusion	870001351	These CPT codes may be billed with this EPA when they are done interoperatively or postoperatively for pain control.
See Physician-Related/ Professional Services	69930		Unilateral cochlear implant for clients age 20 and younger	870000423 Note: For criteria for bilateral cochlear implants, see EPA 870001365	The agency pays for cochlear implantation only when the products come from a vendor with a <i>Core Provider Agreement</i> with the agency, there are <i>no other contraindications to surgery</i> , and one of the following must be true: Unilateral cochlear implantation for clients age 18 through 20 with post-lingual hearing loss and clients (12 months-17 years old) with pre-lingual hearing loss when all of the following are true: a) The client has a diagnosis of profound to severe bilateral, sensorineural hearing loss b) The client has stimulable auditory nerves but has limited benefit from appropriately fitted hearing aids (e.g., fail to meet age-appropriate auditory milestones in the best-aided condition for young children, or score of less than ten or equal to 40% correct in the best-aided condition on recorded open-set sentence recognition tests c) The client has the cognitive ability to use auditory clues d) The client is willing to undergo an extensive rehabilitation program e) There is an accessible cochlear lumen that is structurally suitable for cochlear implantation f) The client does not have lesions in the auditory nerve and/or acoustic areas of the central nervous system Note: See the agency's Hearing Hardware for Clients 20 Years of Age and Younger Billing Guide for replacement parts for cochlear implants.

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Physician-Related/Professional Services	69930	50	Bilateral cochlear implants for clients age 20 and younger	870001365 Note: For unilateral cochlear implants, see EPA 870000423	The client must: <ul style="list-style-type: none"> • Be age 12 months through 20 years old • Have bilateral severe to profound sensorineural hearing loss. • Be limited or no benefit from hearing aids • Have cognitive ability and willingness to participate in an extensive auditory rehabilitation program • Have freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system • Have no other contraindications for surgery • Use device in accordance with the FDA approved labeling 	
See Physician-Related/Professional Services	67311, 67312, 67314, 67316, 67318, 67320, 67331, 67332, 67334, 67335, 67340		Strabismus Surgery Dx Code: H53.2	870000631	Strabismus surgery for clients 18 years of age and older when both of the following are true: <ol style="list-style-type: none"> 1) The client has a strabismus-related double vision (diplopia), Dx H53.2, and 2) It is not done for cosmetic reasons 	
See Physician-Related/Professional Services	91200		Transient elastograph	870001350	All of the following must be met: <ul style="list-style-type: none"> • Baseline detectable HCV RNA viral load • Chronic hepatitis C virus infection and BMI < 30 • Both APRI (AST to platelet ratio index) and FibroSURE™ tests have been completed with the following results: <ul style="list-style-type: none"> ➤ FibroSURE™ < 0.49 and APRI > 1.5 or ➤ FibroSURE™ > 0.49 and APRI < 1.5 	

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See Physician-Related/ Professional Services	69433, 69436		Tympanostomy tubes	870001382	The client is age 16 or younger and is: Diagnosed with acute otitis media (AOM) and the client: <ul style="list-style-type: none"> Has complications or is immunocompromised or is at risk for infection OR Has had 3 episodes of AOM in the last 6 months with one occurring in the last 6 months and Has the presence of effusion at the time of assessment for surgical candidacy OR The client is diagnosed with otitis media with effusion (OME) and the client has: <ul style="list-style-type: none"> An effusion for 3 months or greater and there is documented hearing loss OR <ul style="list-style-type: none"> A disproportionate risk from the effects of hearing loss, such as those with speech delay, underlying sensory-neuro hearing loss or cognitive disorders 	
See Physician-Related/ Professional Services	F64.0, F64.1, F64.2, and F64.9		Surgical consultation related to transgender surgery	870001400	All of the following must be met: <ul style="list-style-type: none"> Client has gender dysphoria diagnosis Appointment is done as a consultation to discuss possible transgender related surgery including hair removal by electrolysis or laser 	
See Physician-Related/ Professional Services	99183, G0277		Hyperbaric Oxygen Therapy 15822(Note: G0277 is for institutional only)	870000425	All of the following must be true: <ul style="list-style-type: none"> Patient has type 1 or type 2 diabetes and has a lower extremity wound that is due to diabetes Patient has a wound classified as Wagner grade 3 or higher Hyperbaric oxygen therapy is being done in combination with conventional diabetic wound care 	
See Physician-Related/ Professional Services	96160 96161		Caregiver/ Maternal depression screening	870001424	<ul style="list-style-type: none"> Caregiver/maternal depression screening is required at well-child checkups for caregivers/mothers of infants up to age 6 months. Use procedure code 96161 with EPA. Caregiver/maternal depression screening completed by the caregiver's provider during the 6 months postpartum and billed under the caregiver's ProviderOne ID number. 	

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See Physician-Related/ Professional Services	95250, 95251		Professional or diagnostic continuous glucose monitoring (CGM)	870001312	<p>Allowed for the in-home use of professional or diagnostic CGM for a 72-hour period.</p> <p>The client must:</p> <ul style="list-style-type: none"> • Have diabetes mellitus (DM). • Be insulin dependent. <p>The CGM must be:</p> <ul style="list-style-type: none"> • Ordered by a provider. • Provided by an FDA-approved CGM device. <p>Limit: 2 monitoring periods of 72 hours each, per client, every 12 months.</p>	
See Physician-Related/ Professional Services	99211, 99212, 99213, 99214, 99231, 99232, 99233, 99241, 99242, 99243, 99251, 99252, 99253	GQ	Teledermatology	870001419	<p>Allowed when:</p> <ul style="list-style-type: none"> • The teledermatology is associated with an office visit between the eligible client and the referring health care provider. • The teledermatology is asynchronous telemedicine and the service results in a documented care plan, which is communicated back to the referring provider. • The transmission of protected health information is HIPPA compliant. • Written informed consent is obtained from the client that store and forward technology will be used and who the consulting provider is. 	
See Physician-Related/ Professional Services	99492, G0512		Initial psychiatric collaborative care management	870001427	<p>To be used to initiate new episode of care when less than a 6 month lapse in services:</p> <ul style="list-style-type: none"> • Provider has identified a need for a new episode of care for an eligible condition • There has been less than 6 months since the client has received any CoCM services 	
See Physician-Related/ Professional Services	99493, G0512		Subsequent psychiatric collaborative care management	870001428	<p>To be used to continue the episode of care after 6th month when:</p> <ul style="list-style-type: none"> • Identified need to continue CoCM episode of care past initial 6 months 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
					<ul style="list-style-type: none"> Client continues to improve as evidenced by improved score from a validated clinical rating scale Targeted goals have not been met Patient continues to actively participate in care 	
See Physician-Related/ Professional Services Also in <i>Inpatient Hospital Services</i> And <i>Planned Home Births & Births in Birthing Centers</i>	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622		Early elective delivery or natural delivery prior to 39 weeks gestation	870001375	Client is under 39 weeks gestation and the mother or fetus has a diagnosis listed in the mother or fetus has a diagnosis listed in the Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation , or mother delivers naturally.	An early elective delivery is considered medically necessary if the mother or fetus has a diagnosis listed in the Joint Commission's current table of Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation (WAC 182-533-0400). This EPA also needs to be used for clients who deliver naturally prior to 39 weeks.
			Elective delivery or natural delivery at or over 39 weeks gestation	870001378	Client is 39 weeks gestation or over 39 weeks gestation	
See Physician-Related/ Professional Services	97110		Orthoptic/pleoptic training	870001371	Documented diagnosis of convergence insufficiency, convergence excess, or binocular dysfunction, with a secondary diagnosis of traumatic brain injury (TBI). (Dx: <i>H50.411</i> or <i>H50.412</i> with secondary dx of TBI)	
	97112			870001372	Documented diagnosis of convergence insufficiency, convergence excess, or binocular dysfunction, with a secondary diagnosis of traumatic brain injury (TBI). (Dx: <i>H51.12</i> with secondary dx of TBI)	
	97530			870001373	Documented diagnosis of convergence insufficiency, convergence excess, or binocular dysfunction, with a secondary diagnosis of traumatic brain injury (TBI). (Dx: <i>H53.30</i> with secondary dx of TBI)	
See Physician-Related/ Professional Services			Professional services provided to an MCO client during the BHO	870001369	All of the following conditions must be met: <ul style="list-style-type: none"> The client's inpatient hospital (POS 21, 51) admission was authorized by the BHO The client's primary diagnosis is in the psychiatric range. 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
			authorized admission		<ul style="list-style-type: none"> The services are provided by a psychiatrist, psychologist, or psychiatric ARNP 	
See Physician-Related/Professional Services	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99251, 99252, 99253, 99254, 99255		Enhanced medication for opioid use disorder provider rate	870001537	<p>All of the following criteria must apply:</p> <p>The client must have an opioid use disorder diagnosis code listed on the claim.</p> <p>The provider meets all of the following criteria:</p> <ul style="list-style-type: none"> Has a DATA 2000 Waiver. Currently uses the waiver to prescribe MAT to clients with opioid use disorder. Bills for treating a client with a qualifying diagnosis for opioid use disorder. Provides opioid-related counseling during the visit. <p>*The agency reimburses the enhancement once per client, per day.</p>	
See Physician-Related/Professional Services	61885, 61886, 64568, C1767* C1778*		Vagus nerve stimulation (VNS)	870001554	<p>Vagus nerve stimulation (VNS):</p> <p>For management of epileptic seizures for clients that meet both of the following criteria:</p> <ul style="list-style-type: none"> Age 12 and older, and With a medically refractory seizure disorder <p>*These Outpatient Prospective Payment System (OPPS) codes are listed here for providers billing for services using institutional claims. These codes pay as they are set up in OPPS only.</p>	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
PLANNED HOME BIRTHS & BIRTHS IN BIRTHING CENTERS						
See Planned Home Births & Births in Birthing Centers	90371, J0290, J1364, J2540, S0077		EPA criteria for drugs not billable by licensed midwives	870000690	To use an EPA to bill procedure codes 90371, J2540, S0077, J0290, J1364, the licensed midwife must meet all of the following: <ul style="list-style-type: none"> • Obtained physician or standing orders for the administration of the drug listed as not billable by a licensed midwife. • Placed the physician or standing orders in the client's file. • Will provide a copy of the physician or standing orders to the agency upon request. 	
See Planned Home Births & Births in Birthing Centers Also in <i>Inpatient Hospital Services</i> And <i>Physician-Related/Professional Services</i>	59400, 59409, 59410		Obstetrical care; Early elective delivery or natural delivery prior to 39 weeks gestation	870001375	Client is under 39 week's gestation and the mother or fetus has a diagnosis listed in the mother or fetus has a diagnosis listed in the Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation , or mother delivers naturally. An early elective delivery is considered medically necessary if the mother or fetus has a diagnosis listed in the Joint Commission's current table of Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation (WAC 182-533-0400). This EPA also needs to be used for clients who deliver naturally prior to 39 weeks.	
			Elective delivery or natural delivery at or over 39 weeks gestation	870001378	Client is 39 week's or more gestation.	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
PROSTHETIC AND ORTHOTIC (P&O) DEVICES						
See Prosthetic and Orthotic (P&O) Devices	L3030		Foot insert, removable, formed to patient foot	870000780	<p>One (1) pair allowed in a 12-month period if one of the following criteria is met:</p> <ol style="list-style-type: none"> 1) Severe arthritis with pain 2) Flat feet or pes planus with pain 3) Valgus or varus deformity with pain 4) Plantar fasciitis with pain 5) Pronation <p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization. 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 	
See Prosthetic and Orthotic (P&O) Devices	L3310, L3320		Lift, elevation, heel & sole, per inch	870000781	For a client with a leg length discrepancy, allowed for as many inches as required (must be at least one inch), on one shoe per 12-month period.	
See Prosthetic and Orthotic (P&O) Devices	L3334		Lift, elevation, heel, per inch	870000782	<p>Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.</p> <p>Note:</p> <ol style="list-style-type: none"> 1) Lift is covered per inch, for no less than one (1) inch, for one shoe. For example: It is medically necessary for a client to have a two (2) inch lift for the left heel. Bill two units of L3334 using this EPA (870000782). 2) If the medical condition does not meet the criteria specified above, you must obtain prior authorization. 3) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Prosthetic and Orthotic (P&O) Devices	L3000		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	870000784	<p>Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met:</p> <ol style="list-style-type: none"> 1) Required to prevent or correct pronation 2) Required to promote proper foot alignment due to pronation 3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc. <p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet the criteria specified above, you must obtain prior authorization. 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 3) If the client only medically requires one orthotic, right or left, prior authorization must be obtained.
See Prosthetic and Orthotic (P&O) Devices	L3215, L3219		Orthopedic footwear, woman's or man's shoes, oxford	870000785	<p>Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:</p> <ol style="list-style-type: none"> 1) When one or both shoes are attached to a brace 2) When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts 3) To accommodate a partial foot prosthesis 4) To accommodate club foot <p>Note:</p> <ol style="list-style-type: none"> 1) The agency does not allow orthopedic footwear for the following reasons: <ol style="list-style-type: none"> a. To accommodate L3030 orthotics b. Bunions c. Hammer toes d. Size difference (mismatched shoes) e. Abnormal sized foot 2) The agency only allows the following manufacturers of orthopedic footwear: <ol style="list-style-type: none"> a. Acor b. Alden Shoe Company <p><i>CONTINUED ON NEXT PAGE</i></p>

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
					<ul style="list-style-type: none"> c. Jerry Miller d. Markell e. P.W. Minor f. Walkin-Comfort g. Hanger h. Answer 2 i. Keeping Pace j. Apis Footware <p>3) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization.</p> <p>4) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.</p>
See Prosthetic and Orthotic (P&O) Devices	L1945		AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	870000786	<p>Purchase of one per limb allowed per 12-month period if all of the following criteria are met:</p> <ul style="list-style-type: none"> 1) Client is 16 years of age and younger 2) Required due to a medical condition causing crouched gait <p>Note:</p> <ul style="list-style-type: none"> 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization. 2) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria <i>Expedited Prior Authorization Inventory</i>
See Prosthetic and Orthotic (P&O) Devices	L5681, L5683		Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism	870000787	<p>Initial purchase of one (1) L5683 and L5681 per initial, lower extremity prosthesis (one to wash, one to wear) allowed per 12-month period if any of the following criteria are met:</p> <ol style="list-style-type: none"> 1) Short residual limb 2) Diabetic 3) History of skin problems/open sores on stump <p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization. 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 3) EPA is for initial purchase only. It is not to be used for replacements of existing products.

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
RESPIRATORY CARE						
See Respiratory Care	E0465, E0466	RR U2	Home Ventilator (invasive and non-invasive)	870000000	Home Ventilator (invasive and non-invasive) – Includes primary and secondary or backup ventilator for chronic respiratory failure. <ul style="list-style-type: none"> If the client has <i>no clinical potential for weaning</i>, the EPA is valid for <i>12 months</i>. If the client has the <i>potential to be weaned</i>, then the EPA is valid for <i>6 months</i>. 	
See Respiratory Care	E0570	NU	Nebulizer with compressor (Do not bill with A4619, A4217, A7007, A7010, A7012, A7014, A7018, E0500)	870000900	Use this EPA for clients who do not meet the clinical criteria (in Does HCA cover nebulizers and related compressors?), but who have a diagnosis of acute bronchiolitis, or acute bronchitis requiring the administration of nebulized medications.	
See Respiratory Care	E0445	SC	Enhanced Oximeter (Do not bill with A0445 NU)	870000006	With all of the following features: <ul style="list-style-type: none"> Alarms for heart rate and oxygen saturation Adjustable alarm volume Memory for download Internal rechargeable battery <p>Client must be age 17 and younger, in the home, and meet the clinical criteria for standard oximeters. See Does HCA cover oximeters?</p> <p>Purchase limit of 1 per client, every 3 years.</p>	
See Respiratory Care		RR		870000052	Restart 36-month oxygen capped rental when meeting one of the following criteria: <ul style="list-style-type: none"> The initial provider is no longer providing oxygen equipment or services. The initial provider’s Core Provider Agreement with the agency is terminated or expires. The client moves to an area that is not part of the provider’s service area. (This applies to Medicaid-only clients.) The client moves into a permanent residential setting. A pediatric client is transferred to an adult provider. 	

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SLEEP CENTERS						
See Respiratory Care	E0445	SC	Enhanced Oximeter (Do not bill with A0445 NU)	870000006	With all of the following features: <ul style="list-style-type: none"> • Alarms for heart rate and oxygen saturation • Adjustable alarm volume • Memory for download • Internal rechargeable battery <p>Client must be age 17 and younger, in the home, and meet the clinical criteria for standard oximeters. See Does HCA cover oximeters?</p> <p>Purchase limit of 1 per client, every 3 years.</p>	
TRIBAL HEALTH PROGRAM						
See Tribal Health Program	T1015		Dental services, Client is AI/AN	870001305	Facilities must follow the agency's Washington Apple Health program-specific billing guide and do all of the following: <ul style="list-style-type: none"> • Bill a dental (837D/ADA) claim; • Bill with the appropriate billing taxonomy - 122300000X; • Add HCPCS code T1015 (the amount billed for HCPCS code T1015 is not relevant as it does not affect payment); and • Bill with an HIS beneficiary American Indian/Alaska Native (AI/AN) or non-HIS beneficiary EPA number at document level (if the dental service requires further authorization, use the dental authorization number on the claim line for the service that requires further authorization). 	
See Tribal Health Program	T1015		Dental services, Client is non-HIS beneficiary AI/AN	870001306		

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VISION HARDWARE FOR CLIENTS AGE 20 AND YOUNGER						
See Vision Hardware for Clients Age 20 and Younger	92340, 92341, 92342		Durable Frames	870000619	When the provider documents one of the following in the client's record: <ul style="list-style-type: none"> The client has a diagnosed medical condition that contributes to broken eyeglass frames. Lost or broken glasses 	
			Flexible Frames	870000620	When the provider documents one of the following in the client's record: <ul style="list-style-type: none"> The client has a diagnosed medical condition that contributes to broken eyeglass frames. Reasons that the standard CI Optical frame is not suitable for the client, (e.g. client age five or younger) Lost or broken glasses 	
			Replacement due to eye surgery/effects of prescribed medication/diseases affecting vision	870000622	Within one year of last dispensing when: <ul style="list-style-type: none"> The client has a stable visual condition (see the billing guide for <i>Definitions</i>). The client's treatment is stabilized. The lens correction has a 1.0 or greater diopter change between the sphere or cylinder correction in at least one eye. The provider documents the previous and new refractions in the client record. Lost or broken glasses 	
			Replacement due to headaches/blurred vision/difficulty with school or work	870000624	Within one year of last dispensing, for refractive changes (provider error is the responsibility of the provider to warranty their work and replace the lens at no charge) when the provider documents all the following in the client's record: <ul style="list-style-type: none"> The client has symptoms e.g., headaches, blurred vision, difficulty with school or work. Copy of current prescription Date of last dispensing, if known Absence of a medical condition that is known to cause temporary visual acuity changes (e.g. diabetes, pregnancy) A refractive change of at least .75 diopter or greater between the sphere or cylinder correction in at least one eye 	

Billing Guide Connection	Codes	Modifier	Description	EPA #	EPA Criteria	<i>Expedited Prior Authorization Inventory</i>
See Vision Hardware for Clients Age 20 and Younger	92340, 92341, 92342		High index eyeglass lenses	870000625	When the provider documents one of the following in the client's record: <ul style="list-style-type: none"> • A spherical refractive correction of +\ - 6.0 diopters or greater • A cylinder correction of +\ - 3.0 diopters or greater 	
See Vision Hardware for Clients Age 20 and Younger Also in <i>Outpatient Hospital, and Physician-Related/Professional Services</i>	92134		Cptr ophth dx img post segment	870000051	Limited to 12 per calendar year. The client must meet both of the following criteria: <ul style="list-style-type: none"> • The client is undergoing active treatment (intraocular injections, laser or incisional surgery) for conditions such as cystoid macular edema (CME); choroidal neovascular membrane (CNVM) from any source (active macular degeneration (AMD) in particular); diabetic retinopathy or macular edema; retinal vascular occlusions; epiretinal membrane; vitromacular traction; macular holes; unstable glaucoma; multiple sclerosis with visual symptoms; optic neuritis; optic disc drusen; optic atrophy; eye toxicity or side-effects related to medication use; papilledema or pseudopapilledema. • There is documentation in the client's record describing the medical circumstance and explaining the need for more frequent services. 	

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