

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Resource Based Relative Value Scale  
(RBRVS) Users:  
Anesthesiologists  
Advanced Registered Nurse  
Practitioners (ARNPs)  
Blood Banks  
Emergency Physicians  
Family Planning Clinics  
Federally Qualified Health  
Centers  
Health Departments  
Laboratories  
Managed Care Organizations  
Nurse Anesthetists  
Ophthalmologists  
Physicians  
Physician Clinics  
Podiatrists  
Psychiatrists  
Radiologists  
Registered Nurse First Assistants

**Memo #: 10-13**  
**Issued: March 12, 2010**

**For information contact:**  
1-800-562-3022, option 2, or go to:  
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**Subject: Physician-Related Services: Fee Schedule Updates, Policy Changes and  
Corrections to the Billing Instructions**

**Effective for dates of service on and after April 1, 2010**, the Department of Social and Health Services (the Department) notifies providers of:

- Medical policy updates;
- New expedited prior authorization (EPA) criteria;
- Authorization requirements;
- Coverage changes;
- Corrections within the current Department/HRSA *Physician-Related Services Billing Instructions*; and

This memo also reminds providers of the requirement to complete ProviderOne registration.

## Overview

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

## Fee Schedule Update

The Department has made changes to the Department/HRSA *Physician-Related Services* Fee Schedule. To view these changes go to the Department/HRSA website online at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html#P>.

Bill DSHS the usual and customary charge.

## Medical Policy Updates

In accordance with WAC 388-501-0055, the Department has reviewed the recommendations of the Health Technology Assessment Clinical Committee (HTACC) (RCW 70.14.080 through 70.14.140) and has made the decision to adopt recommendations for the following technologies:

Knee Arthroscopy

Transcutaneous Electrical Nerve Stimulation (TENS) device

Drug Eluting Stents

Bone Growth Stimulators

Computed Tomography Angiography (CTA) and

Implantable Infusion Pumps

For additional details and medical necessity criteria, go online at: <http://www.hta.hca.wa.gov/assessments.html>

### Knee Arthroscopy for Osteoarthritis

The Department does not recognize lavage, debridement and/or shaving of the knee (CPT 29877) as medically necessary when these are the only procedure(s) performed during the arthroscopy. Under the above circumstances CPT Code 29877 is not reimbursable. The Department will pay for arthroscopies done for other diagnostic and therapeutic purposes.

## Transcutaneous Electrical Nerve Stimulation (TENS) device

Effective for dates of service on and after April 1, 2010, the Department does not cover TENS devices, related supplies and services for independent home-use.

The Department no longer covers the following procedure code:

Procedure Code	Brief Description
64550	Apply neurostimulator

## Drug Eluting Stents

The Department will pay for drug eluting stents when the medical necessity criteria are met and require expedited prior authorization (EPA).

### Expedited Prior Authorization (EPA) Criteria

#### Placement of Drug Eluting Stent and Device

**CPT codes:** 92980, 92981, C1874, C1875, G0290 and G0291

Bill with EPA #870000422 if criteria are met.

The Department pays for drug eluting stents when:

- Medically necessary; and
- One or more of the following criteria are met:
  - ✓ Stent diameter of 3 mm or less;
  - ✓ Length of stent(s) of longer than 15 mm placed within a single vessel;
  - ✓ Stents are placed to treat in-stent restenosis;
  - ✓ For patients with diabetes mellitus; or
  - ✓ For treatment of left main coronary disease.

See Section I of the Department/HRSA *Physician-Related Services Billing Instructions* for more information on how to use EPA.

## Bone Growth Stimulators

The Department will pay for bone growth stimulators when medical necessity criteria are met and prior authorization (PA) is required. CPT codes 20974, 20975 and 20979.

## Computed Tomography Angiography (CTA)

The Department will pay for CTA when the medical necessity criteria are met and PA is required. CPT code 75574 is restricted to POS 21, 22, 23.

## Implantable Infusion Pumps or Implantable Drug Delivery Systems (IDDS)

The Department will pay for CPT codes 62318, 62319, 62350, 62351, 62360, and 62361 when medically necessary and only for the indications below:

- Cancer pain
- Spasticity

**Note:** Implantable drug delivery systems (Infusion Pump or IDDS) are not considered medically necessary for treatment of chronic pain not related to cancer.

## Authorization Requirements

Effective for dates of service on and after April 1, 2010, the Department will require prior authorization for the following codes:

Procedure Code	Brief Description	Auth
92980	Insert intracoronary stent	EPA
92981	Insert intracoronary stent	EPA
J0718	Certolizumab pegol inj	PA*

\*Please use the Department form, DSHS 13-885 when requesting prior authorization.

You may view/download DSHS forms on the Department/HRSA web site at <http://www.dshs.wa.gov/msa/forms/eforms.html>.

## Coverage Changes

Effective for dates of service on and after April 1, 2010, the Department will cover the following procedure codes with prior authorization:

Procedure Code	Brief Description	Authorization
20979	Us bone stimulation	PA
75572	Ct hrt w/3d image	PA
75573	Ct hrt w/3d image, congen	PA
75574	Ct angio hrt w/3d image	PA
Q0138	Ferumoxytol, non-esrd	PA
Q0139	Ferumoxytol, esrd use	PA

## Billing Instruction Correction

“No Cost Immunizations from Department of Health” table on Page C.12 of the *Physician-Related Services Billing Instructions* is corrected as follows.

Procedure code	Description	Comments	Notes
90660	Flu vaccine, nasal	Free from DOH for children ages <del>3</del> 18 2-18	Do not adjust claims. Claims denied in error will be adjusted by the Department

## Injectable Drug Updates

On a quarterly basis, the Department updates the maximum allowable fees for drugs. These quarterly drug updates are posted online only.

To view updates to the current injectable drug fee schedule, go to the Department/HRSA website online at: <http://hrsa.dshs.wa.gov/rbrvs/#I>.

## Changes to Billing Instructions

Effective for dates of service on or after April 1, 2010, the Department will make changes to Sections C, F and I in the current Department/HRSA *Physician-Related Services Billing Instructions*.

## **ProviderOne Registration**

To continue to receive payment, providers must complete ProviderOne registration to prepare for ProviderOne implementation. Specific instructions and resources are available at <http://hrsa.dshs.wa.gov/providerone/providers.htm>.

## **How Do I Conduct Business Electronically With the Department?**

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## **How Can I Get the Department/HRSA Provider Documents?**

To download and print the Department /HRSA provider numbered memos and billing instructions, go to the Department /HRSA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).