

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAID PURCHASING ADMINISTRATION
Olympia, Washington**

To: Outpatient Hospitals
Managed Care Organizations

Memo #: 10-63
Issued: October 1, 2010

From: Doug Porter, Administrator and
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1-800-562-3022 or go to:
<http://hrsa.dshs.wa.gov/contact/default.aspx>

Subject: Outpatient Hospital Services: Fee Schedule Updates and Policy Changes

Effective for dates of service on and after October 1, 2010, the Department of Social & Health Services (the Department) will update the:

- *Outpatient Hospitals and Outpatient Prospective Payment System (OPPS) Fee Schedule*; Adding Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes; and Removing procedure codes that have changed to *non-covered* status; and
- List of Department - Approved Sleep Study Centers - Centers of Excellence.

Overview

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

Bill the Department your usual and customary charge.

Note: Due to its licensing agreement with the American Medical Association (AMA) regarding the use of CPT codes and descriptions, the Department publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

Viewing Changes to the Fee Schedule

Effective for dates of service on and after October 1, 2010, the Department will update *Outpatient Hospital and OPPS Fee Schedule*. To review these changes, go to the Department/Medicaid Purchasing Administration (MPA) website at:
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Added Procedure Codes

Effective for dates of service on and after October 1, 2010, the Department will add procedure codes to the *Outpatient Hospital and OPSS Fee Schedule* for procedures performed in an outpatient hospital setting as follows:

- Procedures with a value in the Alternate Payment Method column may be paid using that method if an APC payment is not applicable;

Auth	Procedure Code	Short Description	Coverage Indicator	Maximum Units	Alternate Payment Method
	0223T	Acoustic/electr cardgrphy	0	NC	
	0224T	Acstic/elec cardgrphy av/vv	0	NC	
	0225T	Acstic/elec cardgrphy av+vv	0	NC	
	0226T	Anosc high resol dx +-coll	0	NC	
	0227T	Anosc high resol dx w/bx	0	NC	
	0228T	US tfrml edrl inj crv/t 1lvl	0	NC	
	0229T	US tfrml edrl inj crv/t +lvl	0	NC	
	0230T	US tfrml edrl inj l/s 1lvl	0	NC	
	0231T	US tfrml edrl inj l/s +lvl	0	NC	
	0232T	Inj plsm img guid hrvst&prep	0	NC	
	0233T	Skn age meas spctrscopy	0	NC	
	90664	Flu vacc pandemic live nasal	0	NC	
	90666	Flu vacc pandemic no prsv im	0	NC	
	90667	Flu vacc pandemic adj im	0	NC	
	90668	Flu vacc pandemic splv im	0	NC	
	C1749	Endo, colon, retro imaging	0	NC	
	C8931	MRA, w/dye, spinal canal	1	1	OF
	C8932	MRA, w/o dye, spinal canal	1	1	OF
	C8933	MRA, w/o & w/dye, spinal canal	1	1	OF
	C8934	MRA, w/dye, upper extremity	1	1	OF
	C8935	MRA, w/dye, upper extr	1	1	OF

Auth	Procedure Code	Short Description	Coverage Indicator	Maximum Units	Alternate Payment Method
	C8936	MRA, w/o&w/dye, upper extr	1	1	OF
PA	C9264	Tocilizumab injection	1	UR	OR
	C9265	Romidepsin injection	1	UR	OR
PA	C9266	Collagenase clostridium histo	1	UR	OR
	C9267	Injection, Wilate	1	UR	OR
PA	C9268	Capsaicin patch	1	UR	OR
	C9269	C-1 esterase, berinert	0	NC	
	C9270	Gammaplex IVIG	0	NC	
	C9271	Velaglucerase alfa	0	NC	
	C9272	Inj, denosumab	0	NC	
	C9273	Sipuleucel-T, per infusion	0	NC	
	C9367	Endoform Dermal Template	1	UR	OR
	C9800	Dermal filler inj px/suppl	1	UR	OR
	G0428	Collagen Meniscus Implant	0	NC	
	G0429	Dermal filler inject for LDS	0	NC	
	Q2025	Oral Fludarabine phosphate	1	UR	OF
	Q2026	Radiesse injection	0	NC	
	Q2027	Sculptra injection	0	NC	

Legend	
L =	Use of this procedure code may have certain limitations or restrictions (e.g., ages, authorization requirements, diagnosis, or facilities). Please see program specific publications for details prior to providing this service.
1 =	Covered, all hospitals paid in accordance with each hospital's specific payment methodology
0 =	Not covered, all hospitals
NC =	Not Covered
PA =	Prior Authorization.
UR =	Under Review
OF =	Paid by Maximum Fee method if APC payment does not apply
OR =	Paid by ratio of cost to charges method if APC payment does not apply

Procedure Codes Changing to Non-Covered Status

For dates of service on and after October 1, 2010, the Department will **not cover** the following HCPCS procedure codes when billed on a hospital claim (UB-04 or an equivalent HIPAA 837 EDI Health Care Claim Transaction):

Procedure Code
72159
73225

Sleep Study Centers of Excellence

The Department has updated the list of Department – Approved Sleep Study Centers - Centers of Excellence. To review these changes, go to the Department/MPA website at: <http://hrsa.dshs.wa.gov/HospitalPymt/>.

How Can I Get the Department/MPA Provider Documents?

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