

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

To: Blood Banks
Managed Care Plans

Memo#: 10-76
Issued: December 30, 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: Blood Bank Services: Fee Schedule and Coverage Table Updates

Effective for dates of service on and after January 1, 2011, the Department of Social and Health Services (the Department) will:

- Begin using the Year 2011 Current Procedural Terminology (CPT®) and Healthcare Common Procedural Coding System (HCPCS) Level II and modifiers; and
- Update the Blood Bank Services Fee Schedule and Coverage Table to reflect changes discussed within this memo.

Overview

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

Effective for dates of service on and after January 1, 2011, do not use CPT® and HCPCS codes and modifiers that are deleted in the “*Year 2011 CPT*” book and the “*Year 2011 HCPCS*” book.

You may view the Department/MPA Blood Bank Services Fee Schedule online at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Maximum Allowable Fees

The Department used the following resources in determining the maximum allowable fees for the year 2011 additions:

- Year 2011 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units and clinical laboratory fees; and
- Current conversion factors.

CPT® codes and descriptions only are copyright 2010 American Medical Association.

Coverage Table Updates

The Department will **add** the following procedure codes to the Coverage Table in the current *Blood Bank Services Billing Instructions*:

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
86902	N		Blood typing antigen testing of donor blood using reagent serum, each antigen test		
J1559	N		Injection , Immune Globulin (Hizentra), 100mg		
J1599	N		Injection, immune globulin, intravenous non-lyophilized (e.g. liquid), not otherwise specified, 500mg		
J7184	N		Wilate Injection		
J7196	N		Antithrombin Recombinant		

The Department will **remove** the following procedure codes from the Coverage Table in the current *Blood Bank Services Billing Instructions*:

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
86903	D		Blood typing, antigen screen		
J1470	D		Injection, gamma globulin, intramuscular, 2 cc		
J1480	D		Injection, gamma globulin, intramuscular, 3 cc		
J1490	D		Injection, gamma globulin, intramuscular, 4 cc		
J1500	D		Injection, gamma globulin, intramuscular, 5 cc		
J1510	D		Injection, gamma globulin, intramuscular, 6 cc		
J1520	D		Injection, gamma globulin, intramuscular, 7 cc		
J1530	D		Injection, gamma globulin, intramuscular, 8 cc		
J1540	D		Injection, gamma globulin, intramuscular, 9 cc		
J1550	D		Injection, gamma globulin, intramuscular, 10 cc		

Injectable Drug Updates

The Department updates the maximum allowable fees for injectable drugs on a quarterly basis. Current and past fee schedules are posted on the Department/MPA website at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

All fees have been updated at 106% of the Average Sales Price (ASP) as defined by Medicare. If a Medicare fee is unavailable for a particular drug, the Department prices the drug at 84% of the Average Wholesale Price (AWP).

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).