

Re-issued 1/4/2011

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

To: Resource Based Relative Value Scale # Memo: 10-87
(RBRVS) Users: **Re-issued: January 4, 2011**

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

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1-800-562-3022 or go to:
<http://hrsa.dshs.wa.gov/contact/default.aspx>

From: Doug Porter, Administrator and
Medicaid Director, Health Care
Authority/Medicaid Purchasing
Administration

**Subject: Physician-Related Services: Year 2011 Changes and Additions to CPT® and
HCPCS Codes, Policies and Fee Schedules**

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

- Update the Physician-Related Services Fee Schedule to include the new Year 2011 codes, fees, and anesthesia base units;
- Update and clarify various policies and payment rates; and
- Update the *Physician-Related Services/Healthcare Professional Services Billing Instructions* with the changes discussed in this memo.

Overview

- All policies previously published remain the same unless specifically identified as changed in this memo.
- For dates of service after December 31, 2010, do not use CPT® and HCPCS codes that are deleted in the “Year 2011 CPT” book and the “Year 2011 HCPCS” book.

Fee Schedule

You may view the updated Department/MPA *Physician-Related Services/Healthcare Professional Services Fee Schedule* on-line at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#P>.

Bill DSHS your usual and customary charge.

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

Injectable Drug Updates

On a quarterly basis, the Department updates the maximum allowable fees for drugs. These quarterly drug updates are posted online only. For current injectable drug updates, visit the Department on the web at: <http://hrsa.dshs.wa.gov/rbrvs/index.html>. Click the file with the most current date under the heading *Injectable Drugs*.

Refer to Section C of the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for policy and guidelines.

Coverage Changes

Effective for dates of service on and after January 1, 2011, the Department will:

- Change the following procedure codes **from covered to noncovered** in this program:

Code	Brief Description
80101	Drug screen single
90396	Varicella Zoster Immune globulin

- Change the following procedure codes from **noncovered to covered without PA**:

Procedure Code	Brief Description
G0431	Drug screen multip class
92314	Prescription of contact lens
92315	Prescription of contact lens
92316	Prescription of contact lens
92317	Prescription of contact lens

- Change the following procedure codes from **noncovered to covered with PA or EPA**:

Procedure Code	Modifier	Brief Description	PA
A4264		Intratubal occlusion device	EPA*
58565		Hysteroscopy, sterilization	EPA*
77338		Design mlc device for imrt	PA
77338	TC	Design mlc device for imrt	PA
77338	26	Design mlc device for imrt	PA

* This procedure is only for approved providers. To view the Department-Approved Centers of Excellence list for Hysteroscopic Sterilization Centers of Excellence, visit the Department online at: <http://hrsa.dshs.wa.gov/HospitalPynt/>

- Change the following procedure codes from **covered without PA to covered with PA**:

Procedure Code	Brief Description	PA
21045	Extensive jaw surgery	PA
21077	Prepare face/oral prosthesis	PA
21198	Reconstr lwr jaw segment	PA
31830	Revise windpipe scar	PA
40720	Repair cleft lip/nasal	PA
40845	Reconstruction of mouth	PA
42180	Repair palate	PA
42182	Repair palate	PA
42235	Repair palate	PA
63655	Implant neuroelectrodes	PA

Policy Updates or Reminders

- The Department **DOES NOT** pay for:

Procedure Code	Brief Description
C9278, J3490, or J3590	Xeomin ® (incobotulinumtoxin A)

- When billing global Obstetrical Services, the place of service needs to be where the child was born. Refer to [Section H](#) of the billing instructions.

Audiology

Effective for dates of service on and after January 1, 2011, the Department has added a new section to the *Physician-Related Services/Healthcare Professional Services Billing Instructions* called “Audiology.” Refer to [Section B](#) of the billing instructions for details.

Cochlear Implant Services for Clients 20 Years of Age and Younger

Effective for dates of service on and after January 1, 2011, the Department has updated Section F of the *Physician-Related Services/Healthcare Professional Services Billing Instructions* with new policy related to cochlear implant services for clients 20 years of age and younger. Refer to [Section F](#) of the billing instructions for details.

Drug Screens

Effective for dates of service on and after January 1, 2011, the Department has updated the “Drug Screens” policy in Section D of the *Physician-Related Services/Healthcare Professional Services Billing Instructions*. Refer to [Section D](#) of the billing instructions for details.

Emergency Oral Healthcare Services

Effective for dates of service on and after January 1, 2011, the Department has added a new section to the *Physician-Related Services/Healthcare Professional Services Billing Instructions* called “Emergency Oral Healthcare Services.” Refer to [Section B](#) of the billing instructions for details.

Foot Care and Podiatric Services

Effective for dates of service on and after January 1, 2011, the Department has added a new section to the *Physician-Related Services/Healthcare Professional Services Billing Instructions* called “Foot Care and Podiatric Services.” Refer to [Section D](#) of the billing instructions for details.

Hysteroscopic Sterilizations

Effective for dates of service on and after January 1, 2011, the Department has added a new section to the *Physician-Related Services/Healthcare Professional Services Billing Instructions* called “Hysteroscopic Sterilizations.” Refer to [Section G](#) of the billing instructions for details.

Medical Policy Updates from the HTACC

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

- **Spinal Cord Stimulation for Chronic Neuropathic Pain**

The Department does not recognize spinal cord stimulation for chronic neuropathic pain as medically necessary. The Department will consider requests for other diagnoses.

- **Hip Resurfacing**

Total hip resurfacing arthroplasty is medically necessary as an alternative to total hip arthroplasty when all of the following conditions are met:

- ✓ Diagnosis of osteoarthritis or inflammatory arthritis;
- ✓ Individual has failed nonsurgical management and is a candidate for total hip arthroplasty; and
- ✓ The device is FDA-approved.

Osseointegrated Implants (BAHA) for Clients 20 Years of Age and Younger

Effective for dates of service on and after January 1, 2011, the Department has updated Section F of the *Physician-Related Services/Healthcare Professional Services Billing Instructions* with new policy related to osseointegrated implants (BAHA) for clients 20 years of age and younger. Refer to [Section F](#) of the billing instructions for details.

TN Modifier for Rural Deliveries

Effective for dates of service on and after January 1, 2011, the Department **will not cover** the TN modifier, which allowed reimbursement of an add-on fee for rural deliveries.

Vision Care Services (Includes Ophthalmological Services)

Effective for dates of service on and after January 1, 2011, the Department has added a new section to the *Physician-Related Services/Healthcare Professional Services Billing Instructions* called “Vision Care Services (Includes Ophthalmological Services).” Refer to [Section B](#) of the billing instructions for details.

Updated Billing Instructions

The Department will update the Department/MPA *Physician-Related Services/Healthcare Professional Services Billing Instructions* to reflect the changes discussed in this # memo. You may download Department/MPA billing instructions at <http://hrsa.dshs.wa.gov/download/BI.html>.

How Can I Get Department/MPA Provider Documents?

To download and print 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).