

HEALTH CARE AUTHORITY
Washington Medicaid Program
Olympia, Washington

To: Ambulatory Surgery Centers
Managed Care Organizations

Memo #: 11-72
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Health Care Authority

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

Subject: Ambulatory Surgery Centers (ASC): 2012 Fee Schedule and Policy Updates

Effective for dates of service on and after January 1, 2012, unless otherwise specified, the Medicaid Program of the Health Care Authority (the Agency) will:

- Add Year 2012 Current Procedural Terminology (CPT®) codes to the *ASC Fee Schedule*;
- Delete Year 2012 CPT codes;
- Remove coverage for existing CPT codes;
- Update the *ASC Fee Schedule* with a new authorization update; and
- Launch a pilot project for payment of 91 selected CPT® codes.

Overview

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

The Agency will continue to cover only the following services in an ASC:

- Services that cannot safely and routinely be performed in a physician's office; and
- Services that can safely be performed outside of the hospital setting.

The Agency continues to use the Year 2007 Medicare Fee Schedule Database (MFSDB) ASC groups for procedure codes allowed by the Agency in 2007, and has assigned ASC groups to procedure codes for subsequent years, including the new codes for 2012.

The Year 2012 *ASC Fee Schedule* reflects the changes included in this memo.

The Agency requires that ASCs must bill one claim for all services per client, per date of service.

Any corrections to a final paid or partially paid bill must be billed as an adjustment.

Bill the Agency your usual and customary charge.

ASC Fee Schedule Updates

Effective for dates of service on and after January 1, 2012, the Agency will incorporate the Year 2012 CPT and HCPCS procedure code updates into the ASC Fee Schedule.

Note: Do not use deleted CDT, CPT and HCPCS codes in the “Year 2012 CPT” book, “Year 2012 CDT” book, or the “Year 2012 HCPCS” book for dates of service after December 31, 2011.

You may view the Agency ASC Fee Schedules online at:
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Fee Schedule Additions

Effective for dates of service on and after January 1, 2012, the Agency will update the ASC Fee Schedule with the following CPT code additions that now meet the Agency’s ASC criteria:

Procedure Code	Brief Description	Group	Authorization
15271	Skin sub graft trnk/arm/leg	2	
15272	Skin sub graft t/a/l add-on	2	
15273	Skin sub graft t/arm/lg child	1	
15274	Skn sub grft t/a/l child add	2	
15275	Skin sub graft face/nk/hf/g	2	
15276	Skin sub graft f/n/hf/g addl	2	
15277	Skn sub grft f/n/hf/g child	1	
15278	Skn sub grft f/n/hf/g ch add	2	
26341	Manipulat palm cord post inj	1	PA
49082	Abd paracentesis	1	
49083	Abd paracentesis w/imaging	1	
49084	Peritoneal lavage	1	

Deleted Procedure Codes

Effective for dates of service on and after January 1, 2012, the Agency will remove the following CPT deleted procedure codes from the ASC Fee Schedule:

Procedure Code	Brief Description	Procedure Code	Brief Description
15170	Acell graft trunk/arms/legs	15366	Apply cult derm f/hf/g add
15171	Acell graft t/arm/leg add-on	15400	Apply skin xenograft t/a/l
15175	Acellular graft f/n/hf/g	15401	Apply skn xenogrft t/a/l add
15176	Acell graft f/n/hf/g add-on	15420	Apply skin xgraft f/n/hf/g
15300	Apply skinalogrft t/arm/lg	15421	Apply skn xgrft f/n/hf/g add
15301	Apply sknalogrft t/a/l addl	15430	Apply acellular xenograft
15320	Apply skin allogrft f/n/hf/g	15431	Apply acellular xgraft add
15321	Aply sknalogrft f/n/hfg add	49080	Puncture peritoneal cavity
15330	Aply acell alogrft t/arm/leg	49081	Removal of abdominal fluid
15331	Aply acell grft t/a/l add-on	64560	Implant neuroelectrodes
15335	Apply acell graft f/n/hf/g	64577	Implant neuroelectrodes
15336	Aply acell grft f/n/hf/g add	64622	Destr paravertebrl nerve l/s
15340	Apply cult skin substitute	64623	Destr paravertebral n add-on
15341	Apply cult skin sub add-on	64626	Destr parvertebrl nerve c/t
15360	Apply cult derm sub t/a/l	64627	Destr paravertebral n add-on
15361	Apply cult derm sub t/a/l add	69802	Incise inner ear
15365	Apply cult derm sub f/n/hf/g		

Non Covered Procedure Codes

Effective for dates of service on and after January 1, 2012, the Agency will no longer cover the following procedure codes:

Procedure Code	Brief Description	Group	Authorization
63663	Revise spine eltrd perq aray	2	PA
63664	Revise spine eltrd plate	2	PA
65778	Cover eye w/membrane	1	

Prior Authorization Changes

Effective for dates of service on and after January 1, 2012, the Agency will require PA for the following procedure code:

Procedure Code	Brief Description	Group	Authorization
26341	Manipulat palm cord post inj	1	PA

Fee Change Update

Retroactive to dates of service on and after February 1, 2011, the Agency will pay the following code with an updated fee.

Procedure Code	Brief Description	Fee	Authorization
V2785	Corneal Tissue Processing	2,750	

ASC Pilot Project

Effective January 1, 2012 the Agency will conduct a pilot project for ASC payment. The pilot project will be reviewed after the 12 month trial period.

For more information about the pilot project go online at:

<http://hrsa.dshs.wa.gov/download/Memos/2011Memos/11-59.pdf>.

The Agency has identified ninety-one (91) procedure codes to move toward CMS 2012 amounts. Payment will be made with a maximum allowable amount.

L8699 payments are not covered for the 91 pilot codes unless identified in the table below:

Procedure Code	Brief Description	Group	Code Status Indicator
26607	Treat metacarpal fracture	N/A	PL
26608	Treat metacarpal fracture	N/A	PL
26615	Treat metacarpal fracture	N/A	PL
26650	Treat thumb fracture	N/A	PL
26676	Pin hand dislocation	N/A	PL
26685	Treat hand dislocation	N/A	PL
26727	Treat finger fracture each	N/A	PL
26756	Pin finger fracture each	N/A	PL
26765	Treat finger fracture each	N/A	PL
49507	Prp i/hern init block >5 yr	N/A	PL
49520	Rerepair ing hernia reduce	N/A	PL
49521	Rerepair ing hernia blocked	N/A	PL
49553	Rpr fem hernia init blocked	N/A	PL
49561	Rpr ventral hern init block	N/A	PL
49572	Rpr epigastric hern blocked	N/A	PL

Legend: PL = Pilot procedure also eligible for L8699 billing.

How Can I Get Documents?

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