Re-Issued

HEALTH CARE AUTHORITY
Washington Medicaid Program
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: 11-79

Re-Issued: January 10, 2012

From: Doug Porter, Director
Health Care Authority

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

Subject: **Physician-Related Services: Year 2012 Changes and Additions to HCPCS Codes, Policies and Fee Schedules**

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

- Make corrections to Numbered Memo 11-58 regarding denosumab injection and the appropriate billing code;
- Publish policy regarding all new drugs to market;
- Update the Injectable Drugs Fee Schedule to include the new Year 2012 procedure codes and coverage status;
- Update the *Physician-Related Services/Healthcare Professional Services Billing Instructions* with the changes discussed in this memo; and
- Update the *Outpatient Hospital 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, 2011, do not use deleted CPT® and Healthcare Common Procedure Coding System (HCPCS) codes in the "*Year 2012 CPT*" book and the "*Year 2012 HCPCS*" book.

Correction to Numbered Memo 11-58

The Agency published Numbered Memo 11-58 on October 25, 2011, stating that Prolia® (denosumab) Injection would be billable with prior authorization (PA) with HCPCS code J3490 effective January 1, 2012. This information is incorrect and # Memo 11-58 will be reissued with the correct information as follows:

> **Effective for dates of service on and after January 1, 2012**, the Agency covers denosumab injection (Prolia® and Xgeva®) when billed using HCPCS code J0897 with PA. The Agency no longer accepts HCPCS codes J3490, J3590, and C9272 for payment of Prolia® or Xgeva®. When submitting HCA form 13-835 to request PA, field 15 must contain the brand name (Prolia® or Xgeva®) of the requested product. The Agency will reject requests for J0897 without this information. Providers must complete all other required fields.

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Authorization Required for New Drugs to Market

Effective for dates of service on and after January 1, 2012, the Agency will require prior authorization for all new drugs to market until reviewed by the Agency's Drug Evaluation Matrix committee according to WAC 182-530-3100. This policy applies to all products billed under miscellaneous codes or product specific procedure codes.

Authorization Changes

Physician Office Setting

Effective for dates of service on and after January 1, 2012, the Agency will update the *Injectable Drugs Fee Schedule* listing the following new procedure codes as **covered with prior authorization** when performed in a physician's office setting:

Procedure Code	Description	Physician's Office Status
*J3590	Unclassified biologics	PA
J0131	Injection, Acetaminophen, 10mg	PA
J0221	Injection, Alglucosidase Alfa, 10mg	PA
J0490	Injection, Belimumab, 10mg	PA
J0712	Injection, Ceftaroline Fosamil, 10mg	PA
J0897	Injection, Denosumab, 1mg	PA
J2507	Injection, Pegloticase, 1mg	PA
J9228	Injection, Ipilimumab, 1mg	PA
J7665	Mannitol, Administered through an inhaler, 5mg	PA

Procedure code J3590 is a miscellaneous code used for multiple procedures and should only be used when the service does not have a valid HCPC/CPT code.

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Effective for dates of service on and after January 1, 2012, the Agency will update the *Injectable Drugs Fee Schedule* listing the following new procedure codes as **covered without prior authorization** when performed in a physician's office setting:

Procedure Code	Description	Physician's Office Status
J0257	Injection, Alpha 1 Proteinase Inhibitor (Human), 10mg	Covered
J0840	Injection, Crotalidae Polyvalent Immune Fab (Ovine), up to 1 gram	Covered
J1557	Injection, Immune Globulin, Intravenous, Non-Lyophilized (e.g. Liquid), 500mg	Covered
J2265	Injection, Minocycline Hydrochloride, 1mg	Covered
J7131	Hypertonic Saline Soluction, 1mg	Covered
J7180	Injection, Factor XIII (Antihemophilic Factor, Human), 1 I.U.	Covered
J7183	Injection, Von Willebrand Factor Complex (Human), 1 I.U.	Covered
J9043	Injection, Cabazitaxel, 1mg	Covered
J9179	Injection, Eribulin Mesylate, 0.1mg	Covered

Effective for dates of service on and after January 1, 2012, the Agency will update the *Injectable Drugs Fee Schedule* listing the following new procedure codes as **not covered** when performed in a physician's office setting:

Procedure Code	Description	Physician's Office Status
*J1725	Injection, Hydroxyprogesterone Caproate, 1mg	Not Covered
J8561	Everolimus, Oral, 0.25mg	Not Covered

***See *Physician-Related Services/Healthcare Professional Services Billing Instructions*, Section C for related coverage information for hydroxyprogesterone caproate (17P).**

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Outpatient Hospital Setting

Effective for dates of service on and after January 1, 2012, the Agency will update the *Injectable Drugs Fee Schedule* listing the following new procedure codes as **covered with prior authorization** when performed in an outpatient hospital setting:

Procedure Code	Description	Outpatient Hospital Status
*J3590	Unclassified biologics	PA
J0131	Injection, Acetaminophen, 10mg	PA
J0712	Injection, Ceftaroline Fosamil, 10mg	PA
J0897	Injection, Denosumab, 1mg	PA
J1557	Injection, Immune Globulin, Intravenous, Non-Lyophilized (e.g. Liquid), 500mg	PA
J2507	Injection, Pegloticase, 1mg	PA
J9228	Injection, Ipilimumab, 1mg	PA
C9285	Lidocaine 70mg/Tetracaine 70mg, per patch	PA
C9286	Injection, Belatacept, 1mg	PA
C9287	Injection, Brentuximab Vedotin, 1mg	PA

Procedure code J3590 is a miscellaneous code used for multiple procedures and should only be used when the service does not have a valid HCPC/CPT code.

Effective for dates of service on and after January 1, 2012, the Agency will update the *Injectable Drugs Fee Schedule* listing the following new procedure codes as **covered without prior authorization** when performed in an outpatient hospital setting:

Procedure Code	Description	Outpatient Hospital Status
J0221	Injection, Alglucosidase Alfa, 10mg	Covered
J0257	Injection, Alpha 1 Proteinase Inhibitor (Human), 10mg	Covered
J0840	Injection, Crotalidae Polyvalent Immune Fab (Ovine), up to 1 gram	Covered
J2265	Injection, Minocycline Hydrochloride, 1mg	Covered
J7131	Hypertonic Saline Soluction, 1mg	Covered
J7180	Injection, Factor XIII (Antihemophilic Facto, Human), 1 I.U.	Covered
J7183	Injection, Von Willebrand Factor Complex (Human), 1 I.U.	Covered
J9043	Injection, Cabazitaxel, 1mg	Covered
J9179	Injection, Eribulin Mesylate, 0.1mg	Covered

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Effective for dates of service on and after January 1, 2012, the Agency will update the *Injectable Drugs Fee Schedule* listing the following new procedure codes as **not covered** when performed in an outpatient hospital setting:

Procedure Code	Description	Outpatient Hospital Status
J0490	Injection, Belimumab, 10mg	Not Covered
J8561	Everolimus, Oral, 0.25mg	Not Covered
J1725	Injection, Hydroxyprogesterone Caproate, 1mg	Not Covered
J7665	Mannitol, Administered through an inhaler, 5mg	Not Covered

Billing Instruction Updates

Effective for dates of service on and after January 1, 2012, the Agency will change pages C.6, D.51, H.4, and J.11 of the Agency's current *Physician-Related Services/Healthcare Professional Services Billing Instructions* to reflect the information in this memo.

How Can I Get the Agency's Provider Documents?

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

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