

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Outpatient Hospitals  
Managed Care Organizations

**Memo #: 09-66**  
**Issued: October 26, 2009**

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (DSHS)

**For information, contact:**  
1-800-562-3022, option 2, or go to:  
<http://hrsa.dshs.wa.gov/contact/default.aspx>

**Subject: Outpatient Hospital Services: Policy, and Procedure Code Updates**

**Retroactive to dates of service on and after October 1 2009**, the Department of Social and Health Services (DSHS) has implemented:

- New procedure codes;
- Procedure codes that have changed to *covered* status;
- Procedure codes that have changed to *non-covered* status;
- Prior authorization requirements; and
- Maximum unit changes.

## Procedure Code Updates

**Retroactive to dates of service on and after October 1, 2009**, DSHS incorporated the Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code updates into the Outpatient Hospital and Outpatient Prospective Payment System (OPPS) Fee Schedules.

**View the new Outpatient Hospital Fee Schedule online at:**

<http://hrsa.dshs.wa.gov/RBRVS/Index.html#O> .

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

Bill DSHS your usual and customary charge.

## New Procedure Codes

**Retroactive to dates of service on and after October 1, 2009, DSHS** added the following new procedure codes supported by Centers for Medicare and Medicaid Studies (CMS) to the DSHS Outpatient Fee Schedule (UB-04 or an equivalent HIPAA 837 EDI Health Care Claim Transaction):

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	G9141	Influenza A H1N1, admin w co	1	1	
	G9142	Influenza A H1N1, vaccine	0		
	Q2024	Bevacizumab injection	1	UR	MAX FEE
	S3713	Kras mutation analysis	0		

**Note:** The preferred payment method of DSHS for covered procedures is always ambulatory payment classification (APC) method. If an APC rate is unavailable, the alternative method listed in the table above will be applied for allowed procedures. Refer to the legend that follows to interpret the table.

Legend		
Column	Value	Description
Authorization Requirements	Blank	Outpatient specific Prior Authorization (PA) is not required. See program billing instructions for program specific PA requirements online at: <a href="http://hrsa.dshs.wa.gov/download/BI.html">http://hrsa.dshs.wa.gov/download/BI.html</a>
	PA	PA is required
	EPA	Expedited Prior Authorization is available
	L	Program Limits apply
Coverage Indicator	1	Means procedure code is covered.
	0	Means procedure code is not covered.
Max Units	Integer	Maximum unit limit applies
	Blank	No limit applies
	UR	Under review (currently no limit applied)
Alternative Payment Method (if APC rate not available)	Max Fee	Maximum Fee payment method
	BR	Payment made based on charges and physician report
	AC	Acquisition cost – Provide an invoice
	Blank	Ratio of Cost to Charges (RCC) Method applies if covered

## Procedure Codes Changing to Covered Status

**Retroactive to dates of service on and after October 1, 2009**, DSHS updated the Outpatient fee schedule to cover the following CPT and HCPCS codes when the associated procedures are performed in an outpatient setting (UB-04 or an equivalent HIPAA 837 EDI Health Care Claim Transaction):

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	99091	Collect/review data from pt	1	1	
	99366	Team conf w/pat by hc pro	1	1	
	99368	Team conf w/o pat by hc pro	1	1	
	99464	Attendance at delivery	1	1	
	99466	Ped crit care transport	1	1	
	99467	Ped crit care transport addl	1	1	
	A4230	Infus insulin pump non needl	1	1	
	A4231	Infusion insulin pump needle	1	1	
	A4270	Disposable endoscope sheath	1	1	
	A4305	Drug delivery system >=50 ML	1	1	
	A4306	Drug delivery system <=50 ml	1	1	
	A4465	Non-elastic extremity binder	1	1	
	A4470	Gravlee jet washer	1	1	
	A4480	Vabra aspirator	1	1	
	A4565	Slings	1		
	A4649	Surgical supplies	1		
	A4657	Syringe w/wo needle	1		
	A4660	Sphyg/bp app w cuff and stet	1		
	A4663	Dialysis blood pressure cuff	1	1	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	A4680	Activated carbon filter, ea	1		
	A4690	Dialyzer, each	1		
	A4706	Bicarbonate conc sol per gal	1		
	A4707	Bicarbonate conc pow per pac	1		
	A4708	Acetate conc sol per gallon	1		
	A4709	Acid conc sol per gallon	1		
	A4714	Treated water per gallon	1		
	A4719	Y set tubing	1		
	A4720	Dialysat sol fld vol > 249cc	1	1	
	A4721	Dialysat sol fld vol > 999cc	1	1	
	A4722	Dialys sol fld vol > 1999cc	1	1	
	A4723	Dialys sol fld vol > 2999cc	1	1	
	A4724	Dialys sol fld vol > 3999cc	1	1	
	A4725	Dialys sol fld vol > 4999cc	1	1	
	A4726	Dialys sol fld vol > 5999cc	1	1	
	A4730	Fistula cannulation set, ea	1	1	
	A4736	Topical anesthetic, per gram	1		
	A4737	Inj anesthetic per 10 ml	1		
	A4740	Shunt accessory	1		
	A4750	Art or venous blood tubing	1		
	A4755	Comb art/venous blood tubing	1		
	A4760	Dialysate sol test kit, each	1		

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	A4765	Dialysate conc pow per pack	1		
	A4766	Dialysate conc sol add 10 ml	1		
	A4770	Blood collection tube/vacuum	1		
	A4771	Serum clotting time tube	1		
	A4772	Blood glucose test strips	1		
	A4773	Occult blood test strips	1		
	A4774	Ammonia test strips	1		
	A4802	Protamine sulfate per 50 mg	1		
	A4860	Disposable catheter tips	1		
	A4870	Plumb/elec wk hm hemo equip	1		
	A4890	Repair/maint cont hemo equip	1		
	A4911	Drain bag/bottle	1		
	A4913	Misc dialysis supplies noc	1		
	A4918	Venous pressure clamp	1		
	A4927	Non-sterile gloves	1		
	A4928	Surgical mask	1		
	A4929	Tourniquet for dialysis, ea	1		
	A4930	Sterile, gloves per pair	1		
	A4931	Reusable oral thermometer	1		
	A7042	Implanted pleural catheter	1		
	A9284	Non-electronic spirometer	1		
	C1713	Anchor/screw bn/bn,tis/bn	1		

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C1714	Cath, trans atherectomy, dir	1		
	C1715	Brachytherapy needle	1		
	C1721	AICD, dual chamber	1		
	C1722	AICD, single chamber	1		
	C1724	Cath, trans atherec,rotation	1		
	C1725	Cath, translumin non-laser	1		
	C1726	Cath, bal dil, non-vascular	1		
	C1727	Cath, bal tis dis, non-vas	1		
	C1728	Cath, brachytx seed adm	1		
	C1729	Cath, drainage	1		
	C1730	Cath, EP, 19 or few elect	1		
	C1731	Cath, EP, 20 or more elec	1		
	C1732	Cath, EP, diag/abl, 3D/vect	1		
	C1733	Cath, EP, othr than cool-tip	1		
	C1750	Cath, hemodialysis,long-term	1		
	C1751	Cath, inf, per/cent/midline	1		
	C1752	Cath,hemodialysis,s hort-term	1		
	C1753	Cath, intravas ultrasound	1		
	C1754	Catheter, intradiscal	1		
	C1755	Catheter, intraspinal	1		
	C1756	Cath, pacing, transesoph	1		

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C1757	Cath, thrombectomy/embol	1		
	C1758	Catheter, ureteral	1		
	C1759	Cath, intra echocardiography	1		
	C1760	Closure dev, vasc	1		
	C1762	Conn tiss, human(inc fascia)	1		
	C1763	Conn tiss, non-human	1		
	C1764	Event recorder, cardiac	1		
	C1765	Adhesion barrier	1		
	C1766	Intro/sheath, strble, non-peel	1		
	C1767	Generator, neuro non-recharg	1		
	C1768	Graft, vascular	1		
	C1769	Guide wire	1		
	C1770	Imaging coil, MR, insertable	1		
	C1771	Rep dev, urinary, w/sling	1		
	C1772	Infusion pump, programmable	1		
	C1773	Ret dev, insertable	1		
	C1776	Joint device (implantable)	1		
	C1777	Lead, AICD, endo single coil	1		
	C1778	Lead, neurostimulator	1		
	C1779	Lead, pmkr, transvenous VDD	1		
	C1780	Lens, intraocular (new tech)	1		
	C1781	Mesh (implantable)	1		
	C1782	Morcellator	1		
	C1783	Ocular imp, aqueous drain de	1		

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C1784	Ocular dev, intraop, det ret	1		
	C1785	Pmkr, dual, rate-resp	1		
	C1786	Pmkr, single, rate-resp	1		
	C1787	Patient progr, neurostim	1		
	C1788	Port, indwelling, imp	1		
	C1789	Prosthesis, breast, imp	1		
	C1814	Retinal tamp, silicone oil	1		
	C1815	Pros, urinary sph, imp	1		
	C1816	Receiver/transmitter, neuro	1		
	C1817	Septal defect imp sys	1		
	C1818	Integrated keratoprosthesis	1		
	C1819	Tissue localization-excision	1		
	C1820	Generator neuro rechg bat sy	1		
	C1874	Stent, coated/cov w/del sys	1		
	C1875	Stent, coated/cov w/o del sy	1		
	C1876	Stent, non-coa/non-cov w/del	1		
	C1877	Stent, non-coat/cov w/o del	1		
	C1878	Matrl for vocal cord	1		
	C1879	Tissue marker, implantable	1		
	C1880	Vena cava filter	1		
	C1881	Dialysis access system	1		

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C1882	AICD, other than sing/dual	1		
	C1883	Adapt/ext, pacing/neuro lead	1		
	C1884	Embolization Protect syst	1		
	C1885	Cath, translumin angio laser	1		
	C1887	Catheter, guiding	1		
	C1888	Endovas non-cardiac abl cath	1		
	C1891	Infusion pump, non-prog, perm	1		
	C1892	Intro/sheath, fixed, peel-away	1		
	C1893	Intro/sheath, fixed, non-peel	1		
	C1894	Intro/sheath, non-laser	1		
	C1895	Lead, AICD, endo dual coil	1		
	C1896	Lead, AICD, non sing/dual	1		
	C1897	Lead, neurostim test kit	1		
	C1898	Lead, pmkr, other than trans	1		
	C1899	Lead, pmkr/AICD combination	1		
	C1900	Lead, coronary venous	1		
	C2614	Probe, perc lumb disc	1		
	C2615	Sealant, pulmonary, liquid	1		
	C2617	Stent, non-cor, tem w/o del	1		
PA	C2618	Probe, cryoablation	1		
	C2619	Pmkr, dual, non rate-resp	1		

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C2620	Pmkr, single, non rate-resp	1		
	C2621	Pmkr, other than sing/dual	1		
	C2622	Prosthesis, penile, non-inf	1		
	C2625	Stent, non-cor, tem w/del sy	1		
	C2626	Infusion pump, non-prog,temp	1		
	C2627	Cath, suprapubic/cystoscopic	1		
	C2628	Catheter, occlusion	1		
	C2629	Intro/sheath, laser	1		
	C2630	Cath, EP, cool-tip	1		
	C2631	Rep dev, urinary, w/o sling	1		
	C8900	MRA w/cont, abd	1	1	
	C8901	MRA w/o cont, abd	1	1	
	C8902	MRA w/o fol w/cont, abd	1	1	
PA	C8903	MRI w/cont, breast, uni	1	2	
PA	C8904	MRI w/o cont, breast, uni	1	2	
PA	C8905	MRI w/o fol w/cont, brst, un	1	2	
PA	C8906	MRI w/cont, breast, bi	1	1	
PA	C8907	MRI w/o cont, breast, bi	1	1	
PA	C8908	MRI w/o fol w/cont, breast,	1	1	
	C8909	MRA w/cont, chest	1	1	
	C8910	MRA w/o cont, chest	1	1	
	C8911	MRA w/o fol w/cont, chest	1	1	
	C8912	MRA w/cont, lwr ext	1	2	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C8913	MRA w/o cont, lwr ext	1	2	
	C8914	MRA w/o fol w/cont, lwr ext	1	2	
	C8918	MRA w/cont, pelvis	1	1	
	C8919	MRA w/o cont, pelvis	1	1	
	C8920	MRA w/o fol w/cont, pelvis	1	1	
	C8921	TTE w or w/o fol w/cont, com	1	1	
	C8922	TTE w or w/o fol w/cont, f/u	1	1	
	C8923	2D TTE w or w/o fol w/con,co	1	1	
	C8924	2D TTE w or w/o fol w/con,fu	1	1	
	C8925	2D TEE w or w/o fol w/con,in	1	1	
	C8926	TEE w or w/o fol w/cont,cong	1	1	
	C8927	TEE w or w/o fol w/cont, mon	1	1	
	C8928	TTE w or w/o fol w/con,stres	1	1	
	C8957	Prolonged IV inf, req pump	1	1	
	C9113	Inj pantoprazole sodium, via	1		
	C9121	Injection, argatroban	1	UR	
	C9352	Neuragen nerve guide, per cm	1		
	C9353	Neurawrap nerve protector,cm	1		
	C9725	Place endorectal app	1	1	
PA	C9726	Rxt breast appl place/remov	1	1	
PA	C9727	Insert palate implants	1	1	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	C9728	Place device/marker, non pro	1	1	
	E0445	Oximeter non-invasive	1		
	E0487	Electronic spirometer	1		
	E0603	Electric breast pump	1		
	E0616	Cardiac event recorder	1		
	E0749	Elec osteogen stim implanted	1		
	E0782	Non-programable infusion pump	1		
	E0783	Programmable infusion pump	1		
	E0785	Replacement impl pump cathet	1		
	E0786	Implantable pump replacement	1		
	E0830	Ambulatory traction device	1		
	G0177	OPPS/PHP; train & educ serv	1		
	G0259	Inject for sacroiliac joint	1		
	G0268	Removal of impacted wax md	1		
	G0275	Renal angio, cardiac cath	1		
	G0278	Iliac art angio,cardiac cath	1		
	G0288	Recon, CTA for surg plan	1		
	G0289	Arthro, loose body + chondro	1		
	G0290	Drug-eluting stents, single	1	1	
	G0291	Drug-eluting stents,each add	1	1	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	J7799	Non-inhalation drug for DME	1		
	L8609	Artificial cornea	1	1	
	L8685	Implt nrostmpls gen sng rec	1		
	L8686	Implt nrostmpls gen sng non	1		
	L8687	Implt nrostmpls gen dua rec	1		
	L8688	Implt nrostmpls gen dua non	1		
PA	L8690	Aud osseo dev, int/ext comp	1		
	Q0092	Set up port xray equipment	1		

**Note:** The preferred payment method of DSHS for covered procedures is always ambulatory payment classification (APC) method. If an APC rate is unavailable, the alternative method listed in the table above will be applied for allowed procedures. Refer to the legend that follows to interpret the table.

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	L	Program Limits apply
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Max Units	Integer	Maximum unit limit applied
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	UR	Under review (currently no limit applied)
Alternative Payment Method (if APC rate not available)	Max Fee	Maximum Fee payment method
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	Blank	Ratio of Cost to Charges (RCC) Method applies if covered

## Procedure Codes Changing to Non-Covered Status

Retroactive to dates of service on and after October 1, 2009, DSHS does not cover the following procedure codes when billed on a hospital claim (UB-04 or an equivalent HIPAA 837 EDI Health Care Claim Transaction):

Procedure Code	Procedure Code	Procedure Code	Procedure Code
61796	61797	61798	61799
61800	63620	63621	71555
72198	73725	74185	77058
77059	77261	77262	77263
77372	77373	77427	77431
77432	77499	85060	90586
90649	90716	92613	93015
93040	93720	96040	99183
99234	99235	99236	A9700
G0010	G0168	J0270	J0275
J1955	J2545	J8498	P3001
Q3001	Q4039	Q4082	

## Prior Authorization Requirements Added

Retroactive to dates of service on and after October 1, 2009, DSHS changed the prior authorization (PA) requirement applied to the following codes (UB-04 or an equivalent HIPAA 837 EDI Health Care Claim Transaction):

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
PA	C2618	Probe, cryoablation	1		
PA	L8690	Aud osseo dev, int/ext comp	1		

**Note:** The preferred payment method of DSHS for covered procedures is always ambulatory payment classification (APC) method. If an APC rate is unavailable, the alternative method listed in the table above will be applied for allowed procedures. Refer to the legend that follows to interpret the table.

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	PA	PA is required
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Coverage Indicator	1	Means procedure code is covered.
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	UR	Under review (currently no limit applied)
Alternative Payment Method (if APC rate not available)	Max Fee	Maximum Fee payment method
	BR	Payment made based on charges and physician report
	AC	Acquisition cost – Provide an invoice
	Blank	Ratio of Cost to Charges (RCC) Method applies if covered

## Maximum Unit Changes

**Retroactive to dates of service on and after October 1, 2009**, DSHS made Maximum Unit changes to the following codes (UB-04 or an equivalent HIPAA 837 EDI Health Care Claim Transaction):

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	00625	Anes spine tranthor w/o vent	1		
	00626	Anes, spine transthor w/vent	1		
	19030	Injection for breast x-ray	1	1	
	19290	Place needle wire, breast	1	1	
	19291	Place needle wire, breast	1	1	
	20501	Inject sinus tract for x-ray	1	1	
	21116	Injection, jaw joint x-ray	1	1	
	23350	Injection for shoulder x-ray	1	1	
	24220	Injection for elbow x-ray	1	1	
	25246	Injection for wrist x-ray	1	1	
	27093	Injection for hip x-ray	1	1	
	27095	Injection for hip x-ray	1	1	
	27370	Injection for knee x-ray	1	1	
	27648	Injection for ankle x-ray	1	1	
	31620	Endobronchial us add-on	1	1	
	31715	Injection for bronchus x-ray	1	1	
	33508	Endoscopic vein harvest	1	1	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	35572	Harvest femoropopliteal vein	1	1	
	36000	Place needle in vein	1	1	
	36005	Injection ext venography	1	1	
	36010	Place catheter in vein	1	1	
	36011	Place catheter in vein	1	1	
	36012	Place catheter in vein	1	1	
	36013	Place catheter in artery	1	1	
	36014	Place catheter in artery	1	1	
	36015	Place catheter in artery	1	1	
	36100	Establish access to artery	1	1	
	36120	Establish access to artery	1	1	
	36140	Establish access to artery	1	1	
	36145	Artery to vein shunt	1	1	
	36160	Establish access to aorta	1	1	
	36200	Place catheter in aorta	1	1	
	36215	Place catheter in artery	1	1	
	36216	Place catheter in artery	1	1	
	36217	Place catheter in artery	1	1	
	36218	Place catheter in artery	1	1	
	36245	Place catheter in artery	1	1	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	36246	Place catheter in artery	1	1	
	36247	Place catheter in artery	1	1	
	36248	Place catheter in artery	1	1	
	36299	Vessel injection procedure	1	1	
	36400	Bl draw < 3 yrs fem/jugular	1	1	
	36405	Bl draw < 3 yrs scalp vein	1	1	
	36406	Bl draw < 3 yrs other vein	1	1	
	36410	Non-routine bl draw > 3 yrs	1	1	
	36481	Insertion of catheter, vein	1	1	
	36500	Insertion of catheter, vein	1	1	
	36510	Insertion of catheter, vein	1	1	
	36620	Insertion catheter, artery	1	1	
	36625	Insertion catheter, artery	1	1	
	38200	Injection for spleen x-ray	1	1	
L	38204	Bl donor search management	1	1	BUNDLED
	38790	Inject for lymphatic x-ray	1	1	
	38794	Access thoracic lymph duct	1	1	
	42550	Injection for salivary x-ray	1	1	
	44701	Intraop colon lavage add-on	1	1	
	47001	Needle biopsy, liver add-on	1	1	

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	47500	Injection for liver x-rays	1	1	
	47505	Injection for liver x-rays	1	1	
	49400	Air injection into abdomen	1	1	
	49424	Assess cyst, contrast inject	1	1	
	49427	Injection, abdominal shunt	1	1	
	50394	Injection for kidney x-ray	1	1	
	50684	Injection for ureter x-ray	1	1	
	50690	Injection for ureter x-ray	1	1	
	51600	Injection for bladder x-ray	1	1	
	51605	Preparation for bladder xray	1	1	
	51610	Injection for bladder x-ray	1	1	
	54230	Prepare penis study	1	1	
	55300	Prepare, sperm duct x-ray	1	1	
	58340	Catheter for hysteroigraphy	1	1	
	62284	Injection for myelogram	1	1	
	62290	Inject for spine disk x-ray	1	1	
	62291	Inject for spine disk x-ray	1	1	
	66990	Ophthalmic endoscope add-on	1	1	
	68850	Injection for tear sac x-ray	1	1	
	69990	Microsurgery add-on	1	1	
	72275	Epidurography	1	1	MAX FEE

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	74328	X-ray bile duct endoscopy	1	1	BR
	74329	X-ray for pancreas endoscopy	1	1	BR
	74330	X-ray bile/panc endoscopy	1	1	BR
	75989	Abscess drainage under x-ray	1	1	MAX FEE
	76001	Fluoroscope exam, extensive	1	1	BR
	76350	Special x-ray contrast study	1	1	BR
	76937	Us guide, vascular access	1	1	MAX FEE
	A4218	Sterile saline or water	1	UR	
	A4248	Chlorhexidine antisept	1	1	
	A4262	Temporary tear duct plug	1	1	
	A4263	Permanent tear duct plug	1	1	
	A4300	Cath impl vasc access portal	1	1	
	A4301	Implantable access syst perc	1	1	
	A4561	Pessary rubber, any type	1	1	
	A4562	Pessary, non rubber,any type	1	1	
	A4641	Radiopharm dx agent noc	1	UR	BR
PA	L9900	Orthotic &Prosthetic supply/accessory/ service component of another HCPCS L code	1		BR

Authorization Requirements	Procedure Code	Short Description	Coverage Indicator	Max Units	Alternative Payment Method
	Q9959	HOCM 150-199mg/ml iodine,1ml	1	UR	AC
	Q9965	LOCM 100-199mg/ml iodine,1ml	1	UR	MAX FEE
	Q9966	LOCM 200-299mg/ml iodine,1ml	1	UR	MAX FEE
	Q9967	LOCM 300-399mg/ml iodine,1ml	1	UR	MAX FEE

**Note:** The preferred payment method of DSHS for covered procedures is always ambulatory payment classification (APC) method. If an APC rate is unavailable, the alternative method listed in the table above will be applied for allowed procedures. Refer to the legend that follows to interpret the table.

Legend		
Column	Value	Description
Authorization Requirements	Blank	Outpatient specific Prior Authorization (PA) is not required. See program billing instructions for program specific PA requirements online at: <a href="http://hrsa.dshs.wa.gov/download/BI.html">http://hrsa.dshs.wa.gov/download/BI.html</a>
	PA	PA is required
	EPA	Expedited Prior Authorization is available
	L	Program Limits apply
Coverage Indicator	1	Means procedure code is covered.
	0	Means procedure code is not covered.
Max Units	Integer	Maximum unit limit applied
	Blank	No limit applies
	UR	Under review (currently no limit applied)
Alternative Payment Method (if APC rate not available)	Max Fee	Maximum Fee payment method
	BR	Payment made based on charges and physician report
	AC	Acquisition cost – Provide an invoice
	Blank	Ratio of Cost to Charges (RCC) Method applies if covered

## Reminder of Diabetes Education Program Policies

### Billing for Diabetes Education Services

- DSHS requires diabetes education services to be billed using revenue code 0942.
- DSHS does not require HCPCS codes to be billed in conjunction with Revenue Code 0942. Use of HCPCS procedure codes may cause claim denials.
- DSHS reimburses a maximum of **6 hours, or 12 one-half hour units, of patient education/diabetes management per client, per calendar year.**
- A minimum of **30 minutes of education/management must be provided** per session.
- Diabetes education may be provided in a group or individual setting, or a combination of both, depending on the client's needs.

**Note:** DSHS does not reimburse for diabetes education if those services are an expected part of another program provided to the client (e.g. school-based health services or adult day health services).

### Provider Qualifications/Requirements

All hospitals are eligible to apply to be a diabetes education provider. The Diabetes Control Program (DCP) at the Department of Health (DOH) develops the application criteria and evaluates all applications for this program.

For more information on becoming a certified diabetes education provider and to obtain an application, write or call:

Manager, Diabetes Prevention and Control Program  
Washington State Department of Health  
111 Israel Rd SE, Box 47855, Olympia, WA 98501  
Telephone: 360-236-3799  
Fax: 360-236-3708

## **ProviderOne Readiness**

To continue to get paid, providers need to complete readiness activities to prepare for ProviderOne implementation on December 6, 2009. Specific instructions and resources are available at <http://hrsa.dshs.wa.gov/providerone/providers.htm>.

## **How Do I Conduct Business Electronically With DSHS?**

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

**Later in 2009**, DSHS will replace its legacy Medicaid Management Information System with a new Medicaid Management Information System named ProviderOne. When fully operational, ProviderOne will pay about 100,000 providers who serve the one million people qualifying for DSHS services each year. Please visit <http://hrsa.dshs.wa.gov/ProviderOne> for more information.

## **How Can I Get DSHS/HRSA Provider Documents?**

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link). These documents may be downloaded and printed.