

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
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 #: 09-87**  
**Issued: December 31, 2009**

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

**Supersedes: # Memo 08-86**

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

**Subject: Physician-Related Services: Year 2010 Changes and Additions to CPT® and HCPCS Codes, Policies and Fee Schedules**

**Effective for dates of service on and after January 1, 2010, unless otherwise noted, the Department of Social and Health Services (DSHS) will:**

- Update the Physician-Related Services Fee Schedule to include the new Year 2010 codes, fees, and anesthesia base units;
- Update and clarify various policies and payment rates; and
- Update the *Physician-Related Services Billing Instructions* with the changes discussed in this memo.

This memo also serves to remind providers of:

- Previous client eligibility changes effective November 1, 2009;
- Requirements for General Assistance –Unemployable clients effective November 1, 2009; and
- The requirement to complete ProviderOne registration.

## Overview

- **All policies previously published remain the same unless specifically identified as changed in this memo.**
- For dates of service after December 31, 2009, do not use CPT® and HCPCS codes that are deleted in the “Year 2010 CPT” book and the “Year 2010 HCPCS” book.

## Fee Schedule

You may view the updated DSHS/HRSA Physician-Related 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, DSHS 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, DSHS updates the maximum allowable fees for drugs. These quarterly drug updates are posted online only. For current injectable drug updates, visit DSHS 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 Billing Instructions](#) for policy and guidelines.

## No Cost Immunizations from the Department of Health

**Effective for dates of service on and after October 1, 2009**, providers must use Healthcare Common Procedure Coding System (HCPCS) code G9142 for the administration fee of H1N1 (swine flu) vaccine. This vaccine is free from the Department of Health (DOH). For children 0-18 years of age, the SL modifier must be used with the HCPCS code when billing. For clients age 19 and older, the SL modifier is not required when billing.

## Immune Globulins

### Requirements for Administration and Authorization of Synagis® for 2009 - 2010 RSV Season

**Retroactive to dates of service on and after December 1, 2009**, DSHS requires providers to follow the Year 2009 updated guidelines established by the American Academy of Pediatrics (AAP) for the administration of Synagis®.

Please refer to Section C of the DSHS/HRSA [Physician-Related Services Billing Instructions](#) for details.

### Synvisc

**Effective for dates of service on and after January 1, 2010**, use HCPCS code J7325 for billing Synvisc. One injection covers a full course of treatment per knee. Reimbursement is limited to one injection per knee in a six-month period.

### Clarification of Coverage for HCPCS Code J0637 – Caspofungin Acetate

**Effective for dates of service on and after January 1, 2010**, DSHS will cover HCPCS code J0637 only for one of the following ICD-9-CM diagnoses: 112.84 (Candidal esophagitis) or 117.3 (Aspergillosis).

### Clarification of Coverage for HCPCS Code J9041 – Bortezomib Injection

**Effective for dates of service on and after January 1, 2010**, DSHS will cover HCPCS code J9041 only for ICD-9-CM diagnoses 200.40 – 200.48 (mantle cell lymphoma) or 203.00 - 203.01 (multiple myeloma and immunoproliferative neoplasms).

### Drug Screens

**Effective for dates of service on and after January 1, 2010**, DSHS will cover CPT codes 80101, 80102, or 80103 QW only for ICD-9-CM diagnoses 304.01-304.03 (opioid-type dependence). The maximum combined total allowable is two units per day.

## **Tuberculosis Treatment Services Performed by Nonprofessional Providers**

**Effective for dates of service on and after January 1, 2010**, providers may bill HCPCS code (personal care services) T1020 with one of the following ICD-9 -CM diagnoses:

<b>Diagnosis Code</b>	<b>Description</b>
010.00 – 018.96	Tuberculosis infections
795.5	Nonspecific reaction to tuberculin skin test
V01.1	Tuberculosis
V71.2	Observation for suspected tuberculosis
V74.1	Pulmonary tuberculosis

## **Cochlear Implant and BAHA Replacement Parts**

**Effective for dates of services on and after January 1, 2010**, DSHS will cover replacement parts for cochlear devices and bone-anchored hearing aids (BAHA) through the DSHS/HRSA Hearing Aids and Services Program *only*. DSHS payments will be made only to those vendors with a current core provider agreement who supply replacement parts for cochlear implants and BAHA.

## **Maternity Care and Delivery**

**Effective for dates of service on and after January 1, 2010**, use CPT code 0500F to document the first prenatal care visit. DSHS is tracking the date a client begins receiving obstetrical care (i.e., date the OB record is initiated). Please note this date by entering CPT code 0500F with ICD-9-CM diagnosis codes V22.0-V22.2 (normal pregnancy) on the claim. Please note that there is no reimbursement for this code. It is for tracking purposes only.

## **Bariatric Case Management Fee**

**For dates of service on and after January 1, 2010**, DSHS may authorize up to 34 units of a bariatric case management fee as part of the Stage II bariatric surgery approval. One unit of procedure code G9012 is equal to 15 minutes of service. Prior authorization is required. Refer to Section I of the DSHS/HRSA [Physician-Related Services Billing Instructions](#) for details.

## Artificial Disc Replacement

As a result of the Health Technology Assessment Reviews, for dates of service on and after January 1, 2010:

- DSHS will cover **cervical** disc replacement CPT codes 22856 and 22861 with prior authorization.
  - ✓ Clients must meet the following Federal Drug Administration (FDA)-approved indications for use and not have any contra-indications. FDA approval is device-specific but includes:
    - The patient must be skeletally mature;
    - Reconstruction of a disc following single-level discectomy for intractable symptomatic cervical disc disease (radiculopathy or myelopathy) must be confirmed by patient findings and imaging.
  - ✓ Clients cannot have any of the following FDA general contra-indications:
    - Infection - active systemic or at the site of implantation;
    - Any allergy or sensitivity to implant materials;
    - Certain bone and spine diseases (e.g., severe spondylosis or marked cervical instability).
  - ✓ Non FDA-approved uses are noncovered.
- DSHS will cover **lumbar** disc replacement CPT codes 22857, 22862, and 22865 with prior authorization.

## Miscellaneous Drugs

Effective for dates of service on and after January 1, 2010, providers may bill for emergency contraception (e.g., Plan B®) under HCPCS code J3490 with modifier FP. Please refer to the DSHS/HRSA [HRSA-Approved Family Planning Providers Billing Instructions](#) for details.

## Services Performed in DSHS-Approved Centers of Excellence (COE) [Refer to WAC 388-531-0650]

DSHS makes periodic updates to the approved COE sleep centers and transplant centers. Approved COEs are listed online at: <http://hrsa.dshs.wa.gov/HospitalPymt/>

## Coverage Changes

Effective for dates of service on and after January 1, 2010, DSHS will:

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

Procedure Code	Brief Description
62290	Inject for spine disk x-ray
62291	Inject for Spine disk x-ray
72285	X-ray C/T spine disk
72295	X-ray of lower spine disk
L7510*	Repair of prosthetic device
L8615*	Headset or headpiece replacement
L8616*	Microphone replacement
L8617*	Transmitting coil
L8618*	Transmitting cable
L8619*	Replace cochlear processor
L8621*	Zinc air battery, each
L8622*	Alkaline battery, any size, each
L8623*	Lithium ion battery for use with speech processor
L8624*	Lithium ion battery for use with speech processor; ear
L8691*	Aud osseo dev ext snd proces
L9900*	O & P Device Repair Rep

\* **Note:** Replacement parts for cochlear implants have been moved to the Hearing Aids & Services Program. Refer to the DSHS/HRSA [Hearing Aids & Services Billing Instructions](#) for more information.

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

Procedure Code	Brief Description	PA
61640	Dilate IC Vasospasm, Int	N/A
61641	Dilate IC Vasospasm Add-on	N/A
61642	Dilate IC Vasospasm Add-on	N/A
G0251	Linear acc based stero radio	N/A

### Coverage Changes (cont.)

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

Procedure Code	Brief Description	PA
22856	Cerv Artific Discectomy	Yes
22857	Lumbar artif discectomy	Yes
22861	Artificial Disc Replacement	Yes
22862	Revise lumbar artif disc	Yes
22865	Remove lumb artif disc	Yes

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

Procedure Code	Brief Description	PA
20974	Electrical bone stimulation	Yes
20975	Electrical bone stimulation	Yes
64590	Insrt/redo pn/gastr stimul	Yes
95980	IO Anal Gast N-Stim init	Yes
95981	IO Anal Gast N-Stim subsq	Yes
95982	IO GA N-Stim subsq w/reprog	Yes
G9012	Coordinated care fee	Yes

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

Procedure Code	Brief Description	PA
40806	Incision of Lip Fold	N/A
21077	Prepare Face/Oral Prosthesis	N/A

### Updated Billing Instructions

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

## Update to Client Eligibility Programs

Retroactive to dates of service on and after November 1, 2009, DSHS:

- Revised coverage for adult noncitizens under the following three medical programs (WAC 388-438-0115, -0125, and -0120):
  - ✓ Federally funded Alien Emergency Medical (AEM) program;
  - ✓ State-funded Nursing Facility program; and
  - ✓ State-funded Alien Medical program.

Eligibility criteria for coverage and the services available are different for each medical program listed above. For more information, visit:

<http://hrsa.dshs.wa.gov/News/aem.htm>.

- Requires General Assistance-Unemployable (GA-U) clients in Washington State to enroll in managed care for purposes of medical benefits. DSHS published this new mandatory enrollment requirement in memo 09-63. To view memo 09-63, visit DSHS online at: <http://hrsa.dshs.wa.gov/download/Memos/2009Memos/09-63.pdf>. For more information, contact the Community Health Plan of Washington at [customercare@chpw.org](mailto:customercare@chpw.org) or call 1-800-440-1561.

## ProviderOne Registration

To continue to receive payment, providers must complete ProviderOne registration to prepare for ProviderOne implementation. 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>.

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

To download and print 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).