



## Provider

### Notice 14-30

**Correction:** This notice supersedes PN 14-27 to correct a typo in a procedure code and to add prior authorization to CPT code 27415.

**Retroactive to dates of service on and after April 1, 2014,** Washington Apple Health (Medicaid), administered by the Health Care Authority (agency), will revise the Ambulatory Surgery Center (ASC) Fee Schedule incorporating the Year 2014 Current Procedural Terminology (CPT®) codes.

### Overview

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

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
- 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. The agency has assigned ASC groups to procedure codes for subsequent years, including the new codes for 2014.

### ASC Fee Schedule Additions

The changes in this section are reflected in the Year 2014 [ASC Fee Schedule](#).

The agency has added the following CPT code to the ASC Fee Schedule as **covered**:

CPT Code	Short Description	Prior Authorization?	Group
0336T	Lap ablat uterine fibroids		9
27415	Osteochondral knee allograft	PA	4

The agency has added the following CPT codes to the ASC Fee Schedule as **noncovered**:

CPT Code	Short Description
0227T	Anoscopy hra w/biopsy
0334T	Perq stablj sacroiliac joint
0335T	Extraosseous joint stblztion
0338T	Trnscth renal symp denrv unl
0339T	Trnscth renal symp denrv bil
0340T	Ablate pulm tumors + extnsn
0342T	Thxp apheresis w/ hdl delip
23334	Shoulder prosthesis removal
27524	Treat kneecap fracture
60500	Explore parathyroid glands
C5271	Low cost skin substitute app
C5273	Low cost skin substitute app
C5275	Low cost skin substitute app
C5277	Low cost skin substitute app
C9737	Lap esoph augmentation

**Note:** Due to its licensing agreement with the American Medical Association (AMA), the agency publishes only the official, short CPT® procedure code descriptions. To view the entire descriptions, please refer to your current CPT book.

### Billing

When billing the agency, ASCs must bill one claim for all services per client, per date of service. ASCs must bill any corrections to a final paid or partially paid bill as an adjustment.

Bill the agency your usual and customary charge.

CPT copyright 2013 American Medical Association. All rights reserved.  
CPT is a registered trademark of the American Medical Association.

Thank you.

WB/AL  
Provider Publications Team  
Washington Apple Health  
Health Care Authority

NOTE: Please do not reply directly to this Listserv message. If you have feedback or questions, please visit the HCA website at <http://www.hca.wa.gov/medicaid/Pages/contact.aspx>. That way, your message can be delivered to the appropriate staff.

NOTICE: This message (including any attachments) may contain information that is privileged, confidential, proprietary and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination, copying, retention or use of this message or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail or telephone and permanently delete all copies of this message and any attachments. Thank you for your cooperation.