

Highlights of Changes

This Medical Aid Rules and Fee Schedules (fee schedule) is effective for services provided on or after July 1, 2011. These highlights are intended for general reference; they are not a comprehensive list of all the changes in the fee schedule. Refer to the 2011 CPT[®] and HCPCS coding books for complete code descriptions and lists of new, deleted or revised codes.

WASHINGTON ADMINISTRATIVE CODE (WAC) AND PAYMENT CHANGES

- Cost of living adjustments were not applied to RBRVS and anesthesia services or to most local codes.
- WAC 296-20-135 reduces the RBRVS conversion factor to \$55.34 while the anesthesia conversion factor remains at \$3.19 per minute (\$47.85 per 15 minutes).
- WAC 296-23-220 and WAC 296-23-230 maintain the maximum daily cap for physical and occupational therapy services at \$118.07.
- WAC 296 -23 –250 set a daily cap for massage therapy of 75% of the daily cap for PT/OT services. The rate for July will remain \$88.55.

POLICY & FEE SCHEDULE ADDITIONS, CHANGES AND CLARIFICATIONS

Introduction

- Added a new section addressing self-insurers.

Professional Services

- Updated the telephone call policy to cover detailed messages.
- Revised the list of injection codes that now include diagnostic imaging in the description.
- Revised the examples for billing physical therapy services.
- Expanded the work conditioning policy.
- Added a new policy on drug screens.
- Outlined coverage for buprenorphine and buprenorphine/naloxone.
- Independent Medical Exam section includes new codes for no shows for neuropsychological testing and PCEs scheduled by the department.
- Interpretive services section reflects new telephone interpreter services.

Facility Services

- Fees including Hospital AP-DRG and Per Diem rates have been updated.

Appendices

- Preferred Drug List has been updated.
- Other appendices have been updated with new codes.

Fee Schedules

- With the exception of the comma delimited files, the Field Keys are integrated into the fee schedules.
- A new fee schedule for medical and surgical supplies has been established for suppliers who routinely bill for these items. Items listed in the Professional Fee Schedule as bundled will remain bundled for other providers.
- The following fee schedules have been updated:
 - Professional fees.
 - Durable medical equipment fees.
 - Prosthetics and Orthotics fees.
 - Laboratory fees.
 - Pharmacy fees.
 - Dental fees.
 - Interpreter fees.
 - Hospital AP-DRG outlier thresholds.
 - Hospital percent of allowed charge (POAC) factors.
 - Hospital rates.
 - Hospital ambulatory payment classification (APC) rates.
 - Residential fees.
 - Ambulatory surgery center (ASC) fees.