

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Family Planning Providers
Managed Care Plans

Memorandum No: 03-98 MAA
Issued: December 29, 2003

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Family Planning Clinics - Year 2004 Changes and Additions to CPT™ and HCPCS codes

Effective for dates of service on and after January 1, 2004, the Medical Assistance Administration (MAA) will begin using the Year 2004 CPT™ and HCPCS* Level II code additions as discussed in this memorandum. Maximum allowable fees for the Year 2004 additions are also included.

Overview

All procedure code maximum allowable fees that are not listed in this memorandum remain at the July 1, 2003 level. **Do not use** CPT and HCPCS codes that are deleted in the “Year 2004 CPT” book and the “Year 2004 HCPCS” book for dates of service after December 31, 2003.



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

Maximum Allowable Fees

MAA used the following resources in determining the maximum allowable fees for the Year 2004 additions:

- Year 2004 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units; and
- Current conversion factors.

* CPT stands for Current Procedural Terminology
HCPCS stands for Health Care Financing Administration’s Common Procedure Coding System

Coding Changes

The following HCPCS code has been established for the contraceptive NuvaRing[®]:

| HCPCS Code | Brief Description | 1/1/04 Maximum Allowable Fee |
|------------|---|------------------------------|
| J7303 | Contraceptive supply, hormone containing vaginal ring, each | \$40.19 |

Injectable Drug Updates



Note: Please do not send an invoice for the cost of acquiring any drug products (including drugs billed using unlisted drug code J3490) unless requested by MAA.

Injectable Drug Maximum Allowable Fee Changes

MAA has updated its injectable drug pricing for several drugs. These updates will be posted quarterly to MAA's website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules). Only those drugs with price changes will be posted quarterly. All other drugs remain at MAA's last published price.

Contraceptive Price Updates

MAA has updated the maximum allowable fee for the following contraceptives:

| Procedure Code | Brief Description | 1/1/04 Maximum Allowable Fee | |
|----------------|--|------------------------------|----------|
| | | NFS | FS |
| A4260 | Levonorgestrel (Norplant) implant system, including implant and supplies. <i>One allowed in a 5-year period.</i> | \$436.45 | \$436.45 |
| J1055 | Medroxyprogesterone acetate inj (Depo-Provera). <i>Allowed one every 67 days.</i> | 49.71 | 49.71 |
| J7300 | Intrauterine copper device (Paragard) | 295.84 | 295.84 |
| J7302 | Levonorgestrel-releasing IUD (Mirena) | 390.23 | 390.23 |
| S4989 | Intrauterine device (non-copper) (Progestasert) | 112.39 | 112.39 |

Documentation Requirements for Unlisted Drug Code

Retroactive to dates of service on and after July 1, 2003, providers who bill MAA using unlisted drug HCPCS code J3490 must list the following on the claim form:

- The 11-digit National Drug Code (NDC) of each drug administered; and
- The dose of the drug administered.



Note: MAA no longer requires the name and strength of the drug be listed on the claim form when billing unlisted drug HCPCS code J3490.

Listing NDC and Dosage Information on Different Claim Formats When Billing Unlisted Drug HCPCS Code J3490



Note: MAA still requires providers to list the NDC for all drugs administered in the provider's office. Drugs include any contraceptive supplies with an 11-digit NDC such as an IUD. Please refer to **Numbered Memorandum 03-59 MAA** for more detailed instructions.

For HIPAA-compliant electronic billing using an 837P claim form:

- List the NDC in DRUG IDENTIFICATION Loop 2410, LIN02 and LIN03.
- List the dosage of the drug given to the client in the “Comments” section.

For electronic billing using a HCFA-1500 claim form:

Put the NDC and the dosage of the drug given to the client in the “Comments” section of the HCFA-1500 claim form **exactly** as shown below:

Comments:

00169706101 Line 2 (150 mg) / 00009737602 Line 3 (1 each)

For paper billing using a HCFA-1500 claim form:

Put the NDC and the dosage of the drug given to the client in field 19 of the HCFA-1500 claim form **exactly** as shown below:

Box 19:

00169706101 Line 2 (150 mg) / 00009737602 Line 3 (1 each)

Attached are replacement pages E.1, E.2, and E.7 for MAA's Family Planning Services and Family Planning Only Program Billing Instructions, dated July 2003.

To obtain this document electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Superseded

Fee Schedule

OFFICE VISITS

| Procedure Code | Brief Description | 1/1/04 Maximum Allowable Fee | |
|----------------|------------------------------|---------------------------------|---------|
| | | NFS | FS |
| 99201 | Office/outpatient visit, new | \$23.75 | \$15.50 |
| 99202 | Office/outpatient visit, new | 42.25 | 30.75 |
| 99203 | Office/outpatient visit, new | 62.50 | 47.00 |
| 99204 | Office/outpatient visit, new | 89.00 | 69.50 |
| 99205 | Office/outpatient visit, new | 113.50 | 92.50 |
| 99211 | Office/outpatient visit, est | 14.00 | 6.00 |
| 99212 | Office/outpatient visit, est | 24.75 | 15.50 |
| 99213 | Office/outpatient visit, est | 34.50 | 23.25 |
| 99214 | Office/outpatient visit, est | 54.00 | 38.00 |
| 99215 | Office/outpatient visit, est | 79.00 | 61.25 |

PRESCRIPTION BIRTH CONTROL METHODS

| Procedure Code | Brief Description | 1/1/04 Maximum Allowable Fee | |
|-------------------------------|---|---------------------------------|------------------|
| | | NFS | FS |
| Oral Contraceptives | | | |
| S4993 | Contraceptive pills for birth control | \$17.00 | \$17.00 |
| J3490* | Unclassified Drugs (Use for: <ul style="list-style-type: none"> • Emergency Contraception Pills including Preven and Plan B; and • Seasonale) | Acquisition Cost | Acquisition Cost |
| Cervical Cap/Diaphragm | | | |
| A4261 | Cervical cap for contraceptive use | 47.00 | 47.00 |
| A4266 | Diaphragm | 45.00 | 45.00 |
| 57170 | Fitting of diaphragm/cap | 53.92 | 29.80 |
| Implant | | | |
| A4260 | Levonorgestrel (Norplant) implant system, including implant and supplies. <i>One allowed in a 5-year period.</i> | 436.45 | 436.45 |
| 11975 | Insert contraceptive capsule | 93.67 | 93.67 |
| 11976 | Removal of contraceptive capsule | 119.95 | 119.95 |
| 11977 | Removal/insert contra capsule | 213.62 | 213.62 |

*Claims billed with unlisted drug code J3490 must include the NDC and dose in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.

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**Family Planning Services and
Family Planning Only Program**

| Procedure Code | Brief Description | 1/1/04 Maximum Allowable Fee | |
|-------------------------------------|---|---------------------------------|------------------|
| | | NFS | FS |
| Injectables | | | |
| J1055 | Medroxyprogesterone acetate inj (Depo-Provera). <i>Allowed one every 67 days.</i> | \$49.71 | \$49.71 |
| 90782 | Injection, subcutaneous/intramuscular <i>May be billed when the contraceptive injection is the only service performed.</i> | 2.73 | 2.73 |
| Intrauterine Devices (IUD) | | | |
| J7300 | Intrauterine copper device (Paragard) | 295.84 | 295.84 |
| J7302 | Levonorgestrel-releasing IUD (Mirena) | 390.23 | 390.23 |
| S4989 | Intrauterine device (non-copper) (Progestasert) | 112.39 | 112.39 |
| 58300 | Insertion of IUD | 57.56 | 33.44 |
| 58301 | Removal of IUD | 66.43 | 42.32 |
| Miscellaneous Contraceptives | | | |
| J3490* | Drugs Unclassified Injection (Use for Ortho-Evra contraceptive patch, each) | Acquisition Cost | Acquisition Cost |
| J3490* | Drugs Unclassified Injection (Use for NuvaRing contraceptive ring, each, for dates of service 12/31/03 and before.) | Acquisition Cost | Acquisition Cost |
| J7303 | NuvaRing contraceptive ring, each (for dates of service on and after 01/01/04) | 40.19 | 40.19 |

*Claims billed with unlisted drug code J3490 must include the NDC and dose in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.

**NON-PRESCRIPTION OVER-THE-COUNTER (OTC)
BIRTH CONTROL METHODS**

| Procedure Code | Brief Description | 1/1/04 Maximum Allowable Fee | |
|---|-----------------------------------|---------------------------------|----|
| | | NFS | FS |
| A4267 | Male Condom, each | Acquisition Cost | |
| A4268 | Female Condom, each | Acquisition Cost | |
| A4269 | Spermicide (e.g. foam, gel), each | Acquisition Cost | |
| <i>OTC products listed may not be available for billing MAA due to federal approval status.</i> | | | |

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Fee Schedule

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**Family Planning Services and
Family Planning Only Program**

INJECTABLE DRUGS AND INJECTION FEE

(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)

| Procedure Code | Brief Description | 1/1/04 Maximum Allowable Fee | |
|----------------|--|---------------------------------|------------------|
| | | NFS | FS |
| 90788 | Injection of antibiotic | \$2.96 | \$2.96 |
| J0456 | Azithromycin inj, 500 mg | 22.98 | 22.98 |
| J0580 | Penicillin g benzathine inj | 35.81 | 35.81 |
| J0690 | Cefazolin sodium inj, 500 mg | 2.04 | 2.04 |
| J0694 | Cefoxitin sodium inj, 1 g | 9.68 | 9.68 |
| J0696 | Ceftriaxone sodium inj, 250 mg | 13.51 | 13.51 |
| J0697 | Sterile cefuroxime inj, 750 mg | 5.81 | 5.81 |
| J0698 | Cefotaxime sodium inj, per gram | 8.61 | 8.61 |
| J0710 | Cephapirin sodium inj, up to 1 g | 1.41 | 1.41 |
| J1200 | Diphenhydramine hcl inj, up to 50 mg | 1.46 | 1.46 |
| J1890 | Cephalothin sodium inj, up to 1 g | 9.29 | 9.29 |
| J2460 | Oxytetracycline inj, up to 50 mg | 0.91 | 0.91 |
| J2510 | Penicillin g procaine inj, to 600,000 u | 8.69 | 8.69 |
| J2540 | Penicillin g potassium inj, to 600,000 u | 0.26 | 0.26 |
| J3320 | Spectinomycin di-hcl inj, up to 2 g | 25.59 | 25.59 |
| Q0144 | Azithromycin dihydrate, oral, 1 g | Acquisition Cost | Acquisition Cost |

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Fee Schedule

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