

## Attention DME, Outpatient Rehab, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Providers

There have been some changes to Virginia Medicaid Health and Care Professionals Council (HCPC) and Current Procedural Terminology (CPT) codes that are used. Please use the correct code(s) when submitting your requests by referring to the lists below. The process for case submittal has not changed.

**Providers will now submit their requests using the “new” HCPC or CPT codes versus the previous now discontinued code. If a member has retroactive eligibility, use the appropriate code for the date of service requested. The corresponding Provider Manuals are being updated as a continued reference.**



## EPSDT Providers

There are new HCPC codes for Congregate Care Private Duty Nursing (PDN), differentiating Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), effective Jan. 1, 2017. Please use the correct code based on the discipline providing the care.

### Discontinued codes effective December 31, 2016:

**G0163** – Skilled services of a Licensed Nurse (LPN or RN) for the observation and assessment of the patient’s condition, each 15 minutes (the change in the patient’s condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting).

**G0162** – Skilled services by a Registered Nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient’s underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting) (Home Health Certification RN, Evaluation and Management plan service, 15 min).

### New codes added are effective January 1, 2017 and cannot be used prior to January 1, 2017.

**G0493** – Skilled services of a Registered Nurse (RN) for the observation and assessment of the patient’s condition, each 15 minutes (the change in the patient’s condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting).

**G0494** – Skilled services of a Licensed Practical Nurse (LPN) for the observation and assessment of the patient’s condition, each 15 minutes (the change in the patient’s condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting).

# Durable Medical Equipment (DME) Providers

## **Discontinued codes effective December 31, 2016:**

A4466 – Garment, Belt, Sleeve or Other Covering, Elastic or Similar Stretchable

B9000 – Enteral Nutrition Infusion Pump without Alarm

## **New codes added are effective January 1, 2017 and cannot be used prior to January 1, 2017.**

E0482 – Purchase Cough Stimulating Device, Alternating Positive Airway Pressure and Negative

A4225 – Purchase Supplies for external insulin infusion pump, syringe type cartridge, sterile

E0740 – Purchase Incontinence Treatment System, Pelvic Floor Stimulator, Sensor, and Monitor

E0740 – Rental

A4467 – Purchase (replaced deleted code A4466) Belt, Strap, Sleeve, Garment, or Covering, any Type

L1851 – Purchase Knee Orthrosis (ko), Single Upright, Thigh and Calf, with Adjustable Flexion

L1852 – Purchase Knee Orthrosis (ko), Double Upright, Thigh and Calf, with Adjustable Flexion

B9002 – Enteral Nutrition Infusion Pump-with Alarm

## Outpatient Rehabilitation Providers

Specifically, in-state and out-of-state private rehab agencies, CORFs, and physician providers:

The process for Physical Therapy (PT) and Occupational Therapy (OT) CPT code evaluations has not changed; and timely submittal is still required. Providers should submit their requests using a “new” OT and/or PT CPT evaluation code. As always, one evaluation = one unit. The appropriate code is based on the date of service.

## **Discontinued CPT codes effective December 31, 2016:**

97001 – Physical Therapy, Evaluation

97003 – Occupational Therapy, Evaluation

## **New CPT codes added are effective January 1, 2017 and cannot be used prior to January 1, 2017.**

97163 – Physical therapy evaluation: high complexity

97167 – Occupational therapy evaluation: high complexity



## Requirements for Outpatient Imaging Requests

To ensure timely review and less pends for missing clinical information, when submitting clinical information for outpatient imaging requests, please include the following information:

1. Provider contact name and number.
2. Please include the type of scan and the reason the scan is being ordered. (It is helpful to document what is expected to be learned or what is suspected).
3. Please include a brief summary of history related to this request. This should include symptoms, duration of symptoms, and clinical findings; if this relates to cancer, please include whether or not it is for staging.
4. Is there a history of trauma? Yes/No
  - a. If yes, what was the date of injury?
  - b. What was the type of trauma?

5. Previous x-rays, CT, MRI, or PET scans done with the results of studies.
6. Any pertinent lab results.
7. Please indicate the medications that were taken and the length of time the patient has been on the medications.
8. If the diagnosis is seizures, please indicate if it is a new onset or frequency, if the frequency has changed, or if the medications are not controlling seizures.
9. Is the diagnosis of a neo-plastic in nature? Yes/No
  - a. If yes, please indicate the current treatment regimen and/or surgery. If the treatment has been completed, please enter the completion date.
10. If the diagnosis is a headache, please state whether it is new onset or chronic with increasing symptoms. Describe the current symptoms.
11. Is there any other pertinent information regarding this request?
12. Are there any neurological deficits?
13. What is the severity of the illness? This step is for entering specific information as noted in numbers 3-12 of this document.
14. What is the intensity of the service? This step is for entering specific treatment information or the copying and pasting of this form.
15. Is this a retro review? Yes/No

**Note:** An urgent imaging scan must be reported within 24 hours or the next business day.

### **Reminder: Transplants and Out-of-State Imaging Requests must be submitted to the DMAS Medical Services Unit, MSU**

Attention all providers participating in the Virginia Medicaid and FAMIS programs. KEPRO is no longer processing organ and stem cell transplants (in state and out-of-state) and non-emergency, outpatient, out-of-state MRI, PET, and CAT scan requests. All requests received on Nov. 1, 2016 will be processed by the Department of Medical Assistance Services (DMAS) Medical Support Unit (MSU). **For the purposes of this change, out-of-state is defined as any facility or provider not within the state of Virginia.**

As of Nov. 1, 2016 the DMAS MSU began accepting all organ and stem cell transplants (in state and out-of-state) and non-emergency, outpatient, out-of-state MRI, PET, and CAT scan requests.

**All requests for services submitted on or after Nov. 1, 2016 must be faxed to the DMAS MSU at 804-452-5450.** Please refer to the DMAS memo dated (10/19/2016), for information pertaining to this change.

For questions and all other inquiries regarding this change, you may also contact the DMAS MSU at 804-786-8056 or the DMAS Helpline at 1-800-552-8627 or 804-786-6273.



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