

WAC 182-550-1350 Revenue code categories and subcategories—CPT and HCPCS reporting requirements for outpatient hospitals. (1) The medicaid agency requires an outpatient hospital provider to report the appropriate current procedural terminology (CPT) or health care common procedure coding system (HCPCS) codes in addition to the required revenue codes on an outpatient claim line when using any of the following revenue code categories and subcategories:

- (a) "IV therapy," only subcategories "general classification" and "infusion pump";
- (b) "Medical/surgical supplies and devices," only subcategory "other supplies/devices";
- (c) "Oncology";
- (d) "Laboratory";
- (e) "Laboratory pathological";
- (f) "Radiology - Diagnostic";
- (g) "Radiology - Therapeutic and/or chemotherapy administration";
- (h) "Nuclear medicine";
- (i) "CT scan";
- (j) "Operating room services," only subcategories "general classification" and "minor surgery";
- (k) "Blood and blood components";
- (l) "Administration, processing, and storage for blood components";
- (m) "Other imaging services";
- (n) "Respiratory services";
- (o) "Physical therapy";
- (p) "Occupational therapy";
- (q) "Speech therapy - Language pathology";
- (r) "Emergency room," only subcategories "general classification" and "urgent care";
- (s) "Pulmonary function";
- (t) "Audiology";
- (u) "Cardiology";
- (v) "Ambulatory surgical care";
- (w) "Clinic," only subcategories "general classification" and "other clinic";
- (x) "Magnetic resonance technology (MRT)";
- (y) "Medical/surgical supplies - Extension," only subcategory "surgical dressings";
- (z) "Pharmacy - Extension" subcategories "Erythropoietin (EPO) less than ten thousand units," "Erythropoietin (EPO) ten thousand or more units," "drugs requiring detailed coding," and "self-administrable drugs";
- (aa) "Labor room/delivery," only subcategories "general classification," "labor," "delivery," and "birthing center";
- (bb) "EKG/ECG (electrocardiogram)";
- (cc) "EEG (electroencephalogram)";
- (dd) "Gastro-intestinal services";
- (ee) "Specialty room - Treatment/observation room," subcategory "treatment room and observation room";
- (ff) "Telemedicine," only subcategory "other telemedicine";
- (gg) "Extra-corporeal shock wave therapy (formerly lithotripsy)";
- (hh) "Acquisition of body components," only subcategories "general classification" and "cadaver donor";
- (ii) "Hemodialysis - Outpatient or home," only subcategory "general classification";

- (jj) "Peritoneal dialysis - Outpatient or home," only subcategory "general classification";
 - (kk) "Continuous ambulatory peritoneal dialysis (CAPD) - Outpatient or home," only subcategory "general classification";
 - (ll) "Continuous cycling peritoneal dialysis (CCPD) - Outpatient or home," only subcategory "general classification";
 - (mm) "Miscellaneous dialysis," only subcategories "general classification" and "ultrafiltration";
 - (nn) "Behavioral health treatments/services," only subcategory "electroshock therapy";
 - (oo) "Other diagnostic services";
 - (pp) "Other therapeutic services," only subcategories "general classification," "cardiac rehabilitation," and "other therapeutic service"; and
 - (qq) Other revenue code categories and subcategories identified and published by the agency.
- (2) For an outpatient claim line requiring a CPT or HCPCS code, the agency denies payment if the required code is not reported on the line.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-18-065, § 182-550-1350, filed 8/27/15, effective 9/27/15. WSR 11-14-075, recodified as § 182-550-1350, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 07-14-018, § 388-550-1350, filed 6/22/07, effective 8/1/07. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, and Public Law 104-191. WSR 03-19-044, § 388-550-1350, filed 9/10/03, effective 10/11/03.]