Drugs and Biologicals Fee Schedule

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The procedure codes and fee schedule amounts in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to Offender Health Plan Coverage, exclusions, limitations, and pre-authorization requirements. For detailed coverage information, refer to the Department of Corrections (DOC) *Offender Health Plan, Billing Instructions and Payment Policies.* For directions on submitting claims to ProviderOne, see the ProviderOne Billing and Resource Guide.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

Visit the DOC web site at www.doc.wa.gov/business/healthcareproviders to download the latest versions of this fee schedule, and all other DOC publications mentioned in this document.

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I. Pricing Methods

The DOC fee schedule amounts for drugs and biologicals are based on the pricing methods outlined below:

- Fee schedule amounts for most drug codes are based on 100 percent of Medicare's fees (updated quarterly).
- Fee schedule amounts for most separately payable radiopharmaceutical codes are equated to Medicare's (carrier) fees.
- Fee schedule amounts for other drugs and biologicals are 84 percent of Average Wholesale Price.

The Department updates the rates each time Medicare's rates are updated, up to once per quarter. Unlike Medicare, the Department effective dates are based on dates of service, not the date the claim is received.

II. Invoice Pricing

It is never DOC's intent to reimburse less than the cost of a drug. If DOC's allowed amount is less than a provider's cost, the provider may submit a request for reconsideration along with an invoice showing the drug purchase price and DOC may reprocess the claim at invoice cost.

III. Billing Guidelines

The DOC fee schedule uses Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes.

When billing for drugs and biologicals, providers must:

- Follow Medicare's current coding guidelines and policies.
- Bill according to the complete code descriptions from a current CPT® or HCPCS reference.
- Include the correct number of units on the claim form.

IV. Unspecified Drug Codes

Unclassified or unspecified drug codes should be billed only when there is not a specific code for the drug being administered.

For payment consideration include the following information with any unspecified drug code:

- Drug name
- Manufacturer
- Strength
- Dosage
- Quantity

V. Drug Administration Payment Policies

DOC fee schedule amounts for drug administration services are found in the Professional Provider Fee Schedule and are based on the RBRVS payment method.

VI. "Initial" Service Codes

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The “initial” service CPT code is the code that best describes the key or primary reason for the encounter. The “initial” service code does not necessarily represent the first service provided.

Only one “initial” drug administration code is payable per encounter unless protocol requires that two separate IV sites must be used or the patient comes back for a separately identifiable service on the same day, in which case the second “initial” service code should be reported with modifier -59.

VII. Concurrent Infusion

Concurrent infusion is payable only once per day.

VIII. Services Not Separately Payable with Drug Administration

The following services are included in the payment for the drug administration service and are not separately payable:

- Use of local anesthesia.
- IV start or access to indwelling IV (a subcutaneous catheter or port).
- Flush at conclusion of an infusion.
- Standard tubing, syringes and supplies

IX. Coding and Reimbursement for Chemotherapy Administration

For payment of chemotherapy administration, DOC generally follows Medicare’s coding guidelines.

A. Coding and Reimbursement for Chemotherapy Agents

You must use the specific HCPCS level II “J” or “Q” code to report the drug administered. Document the name, manufacturer, strength, dosage, and quantity of the drug in the offender’s medical record. These records must be available for review on request by DOC. The DOC Professional Provider Fee Schedule for Drugs and Biologicals includes the allowed amounts for the chemotherapy agents, and is available on the DOC website at http://www.doc.wa.gov/business/healthcareproviders/default.asp

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