

wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Clinics
Federally
Qualified Health
Centers
Nurse
Practitioners
Physicians
Physician
Assistants
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Prior authorization no longer required for selected injection procedure codes

Effective for dates of service on or after February 1, 2000, certain injection procedure codes no longer require prior authorization (PA), regardless of place of service. Refer to Attachment 1 of this *Update* for a list of injection codes that no longer require PA. These codes are currently listed in Appendix 15 of the Medicine and Surgery section of the Physician Services Handbook as requiring PA.

This change makes Wisconsin Medicaid PA requirements for pharmacies and medical service providers consistent. Diagnosis restrictions may apply for some injections. All of the procedure codes listed in Table 1 of the attachment must be billed with type of service 1 (medicine).

Providers with a PA request pending for any of these procedure codes may provide the injection without awaiting a final decision on the request.

The injection procedure codes listed in Table 2 continue to require PA.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about their procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Injection codes that no longer require prior authorization

Table 1 - Injection codes that no longer require prior authorization

Category	Procedure Code	TOS	Description
Drug Administered Other than Oral Method	J0205	1	Injection, alglucerase, per 10 units
	J1440	1	Injection, filgrastim (G-CSF); 300 mcg
	J1441	1	Injection, filgrastim (G-CSF); 480 mcg
	J2820	1	Injection, sargramostim (GM-CSF), 50 mcg
	J7505	1	Monoclonal antibodies (e.g., Muromonab CD3; Orthoclone), parenteral, 5 mg
Chemotherapy Drugs	J9213	1	Interferon, alfa-2A, recombinant, 3 million units
	J9214	1	Interferon, alfa-2B, recombinant, 1 million units
	J9215	1	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
	J9216	1	Interferon, gamma 1-B, 3 million units

Table 2 - Injection codes that require prior authorization

Category	Procedure Code	TOS	Description
Drug Administered Other than Oral Method	J0256	1	Injection, alpha 1 - proteinase inhibitor - human, 10 mg
	J0725	1	Injection, chorionic gonadotropin, per 1,000 USP units
	J3490	1	Unclassified drugs (only fertility drugs require PA)

TOS = type of service