

# Wisconsin Medicaid and BadgerCare update

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## Wisconsin Medicaid and BadgerCare Information for Providers

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

## Updates to physician services coverage policies and limitations

Effective for dates of service (DOS) on and after January 1, 2001, Wisconsin Medicaid has modified physician services coverage, policies, and limitations to be consistent with new *Current Procedural Terminology* (CPT) and Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) procedure codes.

State and federal laws require providers to submit all claims, including all corrected claims and adjustments to claims, within 365 days from the DOS. For more information, including the exceptions to the 365-day claims submission deadline, refer to the Claims Submission section of the All-Provider Handbook.

### Attachments

The Attachments to this *Update* contain revised lists of Medicaid-allowed procedure codes. The attachments include:

- Attachment 1 — Medicaid-allowable procedure codes for physician evaluation and management (E&M) services. This list replaces the E&M services information contained in Appendix 1 of the Medicine and Surgery section of the Physician Services Handbook.
- Attachment 2 — Medicaid-allowable procedure codes for physician medicine

services. This list replaces the medicine services information contained in Appendix 1 of the Medicine and Surgery section of the Physician Services Handbook.

- Attachment 3 — Medicaid-allowable procedure codes for physician surgical services. This list replaces the surgical services information contained in Appendix 1 of the Medicine and Surgery section of the Physician Services Handbook.
- Attachment 4 — Medicaid-allowable procedure codes for physician laboratory services. This list replaces Appendix 1 of the Laboratory and Radiology section of the Physician Services Handbook.
- Attachment 5 — Medicaid-allowable Clinical Laboratory Improvement Amendment (CLIA) waiver certificate procedure codes. This list replaces Appendix 2 of the Laboratory and Radiology section of the Physician Services Handbook.
- Attachment 6 — Medicaid-allowable CLIA provider-performed microscopy procedure codes. This list replaces Appendix 3 of the Laboratory and Radiology section of the Physician Services Handbook.

- Attachment 7 — Medicaid-allowable procedure codes for physician radiology services. This list replaces Appendix 4 of the Laboratory and Radiology section of the Physician Services Handbook.
- Attachment 8 — Medicaid type of service and place of service codes.
- Attachment 9 — Physician Services Requiring Prior Authorization. This replaces Appendix 15 of the Medicine and Surgery section of the Physician Services Handbook.

### **Injectable drug codes**

Refer to the Physician Services Maximum Allowable Fee Schedule (MAFS) for a complete list of injectable drug procedure codes. The Physician Services MAFS is available on the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). You may also purchase copies of the MAFS from Wisconsin Medicaid. Copies are available on paper, tape cartridge, microfiche, or diskette. Refer to the Claims Submission section of the All-Provider Handbook for ordering instructions.

### **Managed care providers**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. 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/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT 1

## Medicaid-Allowable Procedure Codes for Physician Evaluation and Management Services

Some procedure codes displayed within the ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or call Provider Services regarding coverage of specific procedure and type of service code combinations.

<b>Evaluation and Management Services</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Office or Other Outpatient Services	99201-99205, 99211-99215	1
Hospital Observation Services	99217-99220, 99234-99236	1
Hospital Inpatient Services	99221-99239	1
Consultations	99241-99275	3
Emergency Department Services	99281-99285, 99288	1
Critical Care Services	99291, 99292	1
Neonatal Intensive Care	99295-99298	1
Nursing Facility Services	99301-99316	1
Domiciliary, Rest Home, or Custodial Care Services	99321-99333	1
Home Services	99341-99350	1
Prolonged Services	99354-99357, 99360	1
Preventive Medicine Services	99381-99397, 99429	1
Newborn Care	99431-99440	1
Other Evaluation and Management Services	99499	1

## ATTACHMENT 2

# Medicaid-Allowable Procedure Codes for Physician Medicine Services

Some procedure codes displayed within the ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or call Provider Services regarding coverage of specific procedure and type of service code combinations.

<b>Medicine Services</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Immune Globulins	90281-90399	1
Vaccines, Toxoids	90476-90749	1
Therapeutic or Diagnostic Infusions	90780-90781	1
Therapeutic, Prophylactic, or Diagnostic Injections	90782-90799	1
Psychiatry	Refer to the Mental Health and Other Drug Abuse Services Handbook, and related Medicaid <i>Updates</i> for covered services and related limitations.	
Biofeedback	90901, 90911	1
Dialysis	90918-90925	M
	90935-90999	1
Gastroenterology	91000-91065	B, U, W
	91100, 91105	1
	91122, 91132, 91133, 91299	B, U, W
Ophthalmology	Refer to the Vision Care Services Handbook, and to related Medicaid <i>Updates</i> for more information about covered services and related limitations.	
	92002, 92004, 92012, 92014-92020	1
	92060	B, U, W
	92065, 92070	1
	92081-92083	B, U, W
	92100, 92120, 92130	1
	92135	B, U, W
	92140, 92225-92226, 92230	1
	92235, 92240, 92250	B, U, W

<b>Medicine Services (continued)</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Ophthalmology (continued)	92260	1
	92265, 92270, 92275, 92283-92287	B, U, W
	92499	1, B, U, W
Special Otorhinolaryngologic Services	92502-92534	1
	92541-92548	B, U, W
	92551-92584	1
	92585-92588	B, U, W
	92589-92599	1
Cardiovascular	92950-92977	1
	92978-92979	B, U, W
	92980-92998	2, 8
	93000	B
	93005	U
	93010	W
	93012	U
	93014	W
	93015	B
	93016	1
	93017	U
	93018	W
	93024	B, U, W
	93040	B
	93041	U
	93042	W
	93224	B
	93225-93226	U
	93227	W

<b>Medicine Services (continued)</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Cardiovascular (continued)	93230	B
	93231-93232	U
	93233	W
	93235	B
	93236	U
	93237	W
	93268	B
	93270-93271	U
	93272	W
	93278-93312	B, U, W
	93313-93314	W
	93315	B, U, W
	93316-93317	W
	93318-93350	B, U, W
	93501-93503	W
	93505-93533	B, U, W
	93536-93545	2
	93555-93662	B, U, W
	93720	B
	93721	U
	93722	W
	93724-93770	B, U, W
	93784	B
93786, 93788	U	

<b>Medicine Services (continued)</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Cardiovascular (continued)	93790	W
	93797-93798	1
	93799	1, B, U, W
Non-Invasive Vascular Diagnostic Studies	93875-93990	B, U, W
Pulmonary	94010	B, U, W
	94014	B
	94015	U
	94016	W
	94060-94621	B, U, W
	94640-94668	1
	94680-94750	B, U, W
	94760-94762	B
	94770-94772	B, U, W
	94799	1, B, U, W
Allergy and Clinical Immunology	95004-95199	1
Neurology and Neuromuscular Procedures	95805-95829	B, U, W
	95830-95857	1
	95858-95975	B, U, W
	95999	1, B, U, W
Central Nervous System Assessments/Tests	96100-96117	1
Chemotherapy Administration	96400-96542, 96549	1
Photodynamic Therapy	96570, 96571	1
Special Dermatological Procedures	96900, 96910-96999	1
Physical Medicine and Rehabilitation	97001-97542, 97601-97799	1

<b>Medicine Services (continued)</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Osteopathic Manipulative Treatment	98925-98929	1
Special Services and Reports	99000, 99001	5
	99070	1
Other Services	99170, 99173-99199	1
HCFA Common Procedure Coding System Codes	Q0081-Q0085	1
	S0820	B, U, W
	S0190, S0191, S2120, S9055	1
	S8950	1, 9



# ATTACHMENT 3

## Medicaid-Allowable Procedure Codes for Physician Surgery Services

Some procedure codes displayed within the ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or call Provider Services regarding coverage of specific procedure and type of service (TOS) code combinations.

<b>Surgery Services</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Surgical Services	10040-69999	2, 8
HCFA Common Procedure Coding System Codes	S2052-S2055, S2210, S2300, S2350, S2351, S8001	2, 8
	S2140	2
	Note: Assistance at surgery (TOS "8") is allowed for those procedures recognized as accepted medical practice. Refer to the Physicians' Maximum Allowable Fee Schedule.	

# ATTACHMENT 4

## Medicaid-Allowable Procedure Codes for Physician Pathology and Laboratory Services

Some procedure codes displayed within the ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or call Provider Services regarding coverage of specific procedure and type of service code combinations.

<b>Pathology and Laboratory Services</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Organ or Disease Oriented Panels	80048-80090	5
Drug Testing	80100-80103	5
Therapeutic Drug Assays	80150-80299	5
Evocative/Suppression Testing	80400-80440	5
Consultations	80500-80502	3
Urinalysis	81000-81099	5
Chemistry	82000-83018	5
	83020, 83021	5, U, X
	83026-83690	5
	83715, 83716	5, U, X
	83718-83785	5
	83788-83789	5, U, X
	83805-83906	5
	83912	5, X
	83915-84160	5
	84165, 84181, 84182	5, U, X
	84202-84999	5
Hematology and Coagulation	85002-85385	5
	85390	5, U, X
	85400-85557	5
	85576	5, U, X
	85585-85999	5

<b>Pathology and Laboratory Services (continued)</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Immunology	86000-86243	5
	86255, 86256	5, U, X
	86277-86318	5
	86320, 86325, 86327-86334	5, U, X
	86337-86849	5
Transfusion Medicine	86850-86985	5
Microbiology	87001-87158	5
	87164, 87166	5, U, X
	87168-87206	5
	87207	5, U, X
	87210-87904	5
	87999	5, U, X
Cytopathology	88104-88108, 88125	5, U, X
	88130, 88140	5
	88141	5, U, X
	88142-88155	5
	88160-88162	5, U, X
	88164-88167	5
	88170-88172	5, U, X
	88173	X
	88180-88182, 88199	5, U, X
Cytogenetic Studies	88230-88275	5
	88291, 88299	5, U, X
Surgical Pathology	88300-88319	5, U, X
	88321, 88323, 88325, 88329	3
	88331, 88332, 88342-88365, 88371, 88372, 88399	5, U, X
Transcutaneous Procedures	88400	5

<b>Pathology and Laboratory Services (continued)</b>		
<b>Service</b>	<b>Procedure Codes</b>	<b>Type of Service</b>
Other Procedures	89050-89261, 89321	5
	89264, 89399	5, U, X
Special Services, Procedures and Reports	99000, 99001	5
HCFA Common Procedure Coding System Codes	G0026-G0027	5
	P2028-P3001, P9010-P9044, P9615	5
	Q0111-Q0114	5
	S3645, S3650	5
	S3700, S3708	5, U, X

# ATTACHMENT 5

## Medicaid-Allowable CLIA Waiver Certificate Procedure Codes

The Medicaid-allowable Clinical Laboratory Improvement Amendment (CLIA) waiver certificate procedure codes may change due to CLIA or *Current Procedural Terminology* (CPT) changes. When such changes occur, Wisconsin Medicaid will adopt the new procedure codes. Refer to the Web site: [www.hcfa.gov/medicaid/clia/waivetbl.pdf](http://www.hcfa.gov/medicaid/clia/waivetbl.pdf) or [www.hcfa.gov/medicaid/clia/waivetbl.rtf](http://www.hcfa.gov/medicaid/clia/waivetbl.rtf) for more information.

Procedure Code	Modifier	Procedure Description	CLIA-Allowable Manufacturer of Tests for Waived Procedures
80061	QW	Lipid panel	Cholestech
80101	QW	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class	Dynagen, Inc.; Pharmatech
81002		Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	various
81003	QW	automated, without microscopy	Bayer; Boehringer Mannheim Corp.; Roche Diagnostics/Boehringer Mannheim Corp.; Teco Diagnostics
81007	QW	Urinalysis; bacteriuria screen, except by culture or dipstick	Savyon/USA
81025		Urine pregnancy test, by visual color comparison methods	various
82010	QW	Acetone or other ketone bodies, serum; quantitative	Abbott Laboratories, Inc.; Polymer Technology Systems, Inc.
82044	QW	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)	Bayer Corp.; Boehringer Mannheim Corp.; Roche Diagnostics Corp.
82055	QW	Alcohol (ethanol); any specimen except breath	STC Technologies, Inc.
82120	QW	Amines, vaginal fluid, qualitative	Litmus Concepts, Inc.
82270		Blood, occult, by peroxidase activity (eg, guaiac); feces, 1-3 simultaneous determinations	various
82273	QW	other sources, qualitative	SmithKline Diagnostics, Inc.
82465	QW	Cholesterol, serum or whole blood, total	ActiMed Laboratories, Inc.; Boehringer Mannheim Corp.; Chemtrak; Cholestech; Johnson & Johnson; Lifestream Technologies; Polymer Technology Systems, Inc.
82679	QW	Estrone	Unipath Limited

<b>Procedure Code</b>	<b>Modifier</b>	<b>Procedure Description</b>	<b>CLIA-Allowable Manufacturer of Tests for Waived Procedures</b>
82947	QW	Glucose; quantitative, blood (except reagent strip)	Cholestech; HemoCue
82950	QW	post glucose dose (includes glucose)	Cholestech; HemoCue
82951	QW	tolerance test (GTT), three specimens (includes glucose)	Cholestech; HemoCue
82952	QW	tolerance test, each additional beyond three specimens	Cholestech; HemoCue
82962		Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	Abbott Laboratories, Inc.; LXN Corporation; various
82985	QW	Glycated protein	LXN Corporation
83002	QW	Gonadotropin; luteinizing hormone (LH)	Unipath Limited
83026		Hemoglobin; by copper sulfate method, non-automated	various
83036	QW	glycated	Bayer Corp.; Metrika, Inc.
83518	QW	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)	Bion Diagnostic Sciences, Inc.
83718	QW	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	Cholestech; Polymer Technology Systems, Inc.
83986	QW	pH, body fluid, except blood	various
84478	QW	Triglycerides	Cholestech; Polymer Technology Systems, Inc.
84703	QW	Gonadotropin, chorionic (hCG); qualitative	Bayer Corp.
84830		Ovulation tests, by visual color comparison methods for human luteinizing hormone	various
85013		Blood count; spun microhematocrit	various
85014	QW	other than spun hematocrit	Wampole Laboratories
85018	QW	hemoglobin	GDS Technology, Inc.; HemoCue
85610	QW	Prothrombin time	Avocet Medical, Inc.; Boehringer Mannheim Corp.; International Technidyne Corp.; Roche Diagnostics/Boehringer Mannheim Corp.
85651		Sedimentation rate, erythrocyte; non-automated	various

<b>Procedure Code</b>	<b>Modifier</b>	<b>Procedure Description</b>	<b>CLIA-Allowable Manufacturer of Tests for Waived Procedures</b>
86308	QW	Heterophile antibodies; screening	Applied Biotech, Inc.; Genzyme Diagnostics; Princeton BioMeditech Corp.; Quidel Corporation; Wampole Laboratories; Wyntek Diagnostics, Inc.
86318	QW	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	Abbott Laboratories; Applied Biotech, Inc.; Cortecs Diagnostics Limited; Princeton BioMeditech; Quidel Corp.; Remel; SmithKline Diagnostics, Inc.; Trinity BioTech
87077	QW	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	Ballard Medical Products; Delta West Tri-Med Specialties; Mycoscience Labs, Inc.; Serim
87449	QW	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism	Zymetx, Inc.
87880	QW	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A	Applied Biotech, Inc.; Binax; Genzyme Diagnostics; Princeton BioMeditech; Quidel Corp.; Wyntek Diagnostics, Inc.
87899	QW	not otherwise specified	Quidel Corp.

# ATTACHMENT 6

## Medicaid-Allowable CLIA Provider-Performed Microscopy Procedures

The Medicaid-allowable Clinical Laboratory Improvement Amendment (CLIA) provider-performed microscopy procedure codes may change due to CLIA or *Current Procedural Terminology* (CPT) changes. When such changes occur, Wisconsin Medicaid will adopt the new procedure codes. Refer to the Web site: [www.hcfa.gov/medicaid/clia/ppmplst.htm](http://www.hcfa.gov/medicaid/clia/ppmplst.htm) for more information.

<b><i>Current Procedural Terminology Codes</i></b>	
<b>Procedure Code</b>	<b>Procedure Description</b>
81000	Urinalysis; by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; nonautomated, with microscopy
81001	automated, with microscopy
81015	Urinalysis; microscopic only
81020	two or three glass test
89190	Nasal smear for eosinophils

<b>HCFA Common Procedure Coding System Codes</b>	
<b>Procedure Code</b>	<b>Procedure Description</b>
G0026	Fecal leukocyte examination
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
Q0112	All potassium hydroxide (koh) preparations
Q0113	Pinworm examinations
Q0114	Fern test
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous



# ATTACHMENT 7

## Medicaid-Allowable Procedure Codes for Physician Radiology Services

Some procedure codes displayed within the ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or call Provider Services regarding coverage of specific procedure and type of service code combinations.

<b>Radiology Services</b>		
<b>Service</b>	<b>Procedure Code</b>	<b>Type of Service</b>
Diagnostic Radiology (Diagnostic Imaging)	70010-75946	4, Q, U
	75952, 75953	Q
	75960-76010	4, Q, U
	76012, 76013	Q
	76020-76125	4, Q, U
	76140	3
	76150-76400	4, Q, U
Diagnostic Ultrasound	76506-76999	4, Q, U
Radiation Oncology	77261-77263	6
	77280-77334	6, S, U
	77336, 77370	3
	77399	6, S, U
	77401-77432	6
	77470-77799	6, S, U
Nuclear Medicine	78000-78891	K, T, U
	78990	U
	78999-79999	K, T, U

<b>Radiology Services (continued)</b>		
<b>Service</b>	<b>Procedure Code</b>	<b>Type of Service</b>
HCFA Common Procedure Coding System Codes	A4641, A4644-A4647, A9500, A9502-A9505, A9508, A9510, A9600, A9700	9
	Q3001-Q3012	9
	S0830	4
	S8049	6, S, U
	S8060	9
	S8080	K, T, U
	S8035, S8040, S8085, S8092, S9022-S9024	4, Q, U

# ATTACHMENT 8

## Medicaid Type of Service and Place of Service Codes

Type of Service	Description
1	Medical care, injections, HealthCheck (EPSDT)
2	Surgery
3	Consultations
5	Diagnostic Lab (complete procedure) HealthCheck Lab
6	Therapeutic radiology (radiation therapy) — total or complete procedure, including professional and technical components
8	Assistant surgery
9	Other
B	Diagnostic testing, diagnostic medical services — total or complete procedure including professional and technical components
H	Hospice
K	Nuclear medicine — total or complete procedure, including professional and technical components
M	Dialysis
Q	Diagnostic radiology — professional component (interpretation) only
S	Therapeutic radiology (radiation therapy) — professional component (interpretation) only
T	Nuclear medicine — professional component (interpretation) only
U	Diagnostic testing — technical component only
W	Diagnostic testing — professional component (interpretation) only
X	Diagnostic laboratory — professional component (interpretation), generally used by pathologists

<b>Place of Service</b>	<b>Description</b>
0	Other
1	Inpatient Hospital
2	Outpatient Hospital
3	Office
4	Home
7	Nursing Home
8	Skilled Nursing Facility
9	Ambulance
B	Ambulatory Surgical Center

# ATTACHMENT 9

## Physician Services Requiring Prior Authorization

### General Instructions

The list of procedures requiring prior authorization (PA) is subject to change and is periodically updated by Wisconsin Medicaid. Providers will be informed about the changes in a timely manner. General services requiring PA include the following:

- All covered physician services if provided out-of-state under non-emergency circumstances by a provider who does not have border-status certification with Wisconsin Medicaid.
- Surgical or other medical procedures of questionable medical necessity but deemed advisable in order to correct conditions that may reasonably be assumed to significantly interfere with a recipient's personal or social adjustment or employability.

Specific physician services that require PA are listed in this attachment. Contact a Medicaid-certified pharmacist for information regarding possible PA or diagnosis restrictions for a particular drug.

### Special Circumstances

#### Audiological Testing for Hearing Instruments

A Prior Authorization Request Form Physician Otological Report (PA/POR) is required for audiological testing for specifications of a hearing instrument. A photocopy of the approved hearing instrument PA request form is sent to the recipient who presents it to the Medicaid-certified audiologist or hearing instrument specialist of his or her choice.

#### Dermabrasion

Dermabrasion (procedure codes 15780 through 15783) will not be approved if the purpose is tattoo removal.

#### Plagiocephaly — Occipital Plagiocephaly Cranial Banding (Infant Head Molding Bands)

Prior authorization requests for infant head molding bands (procedure code W6020) to correct congenital skull deformities in infants require photographic and medical record documentation. The procedure may be performed only on infants under 18 months of age. Wisconsin Medicaid approves PA for only neurosurgeons and plastic surgeons.

#### Infertility and Impotence Services

Treatment of infertility and impotence are noncovered services under Wisconsin Medicaid. Drugs whose primary use is treatment of infertility or impotence may be approved through PA only when used for treatment of conditions other than infertility or impotence.

#### Gastric Bypass/Gastric Stapling

Gastric bypass or gastric stapling is approved only under very limited circumstances, as determined by the Department of Health and Family Services (DHFS). All of the following must be true of the recipient:

- Acceptable operative risks and be able to participate in treatment and long-term follow-up.
- Body mass index (BMI) of 40 or greater *or* between 35 and 39 *with* high risk co-morbid medical conditions clinically judged to be life-threatening, such as documented sleep apnea, Pickwickian syndrome, obesity-related cardiomyopathy, or severe diabetes mellitus.

The provider is required to supply evidence of the recipient's repeated failures to lose weight using physical, medical, and psychological means. Evidence that a psychological evaluation has been performed prior to the gastric surgery is good medical practice.

## Organ Transplants

The hospital, rather than the physician, is responsible for obtaining PA for these services. Physicians should make sure all necessary approvals have been obtained by the hospital before proceeding with a transplant operation. Wisconsin Medicaid does not require PA for collection of the donor organ.

## Penile Prosthesis

Insertion or replacement of semirigid penile prosthesis (procedure codes 54400 and 54402) may be approved through PA only when the prosthesis is employed for purposes other than the treatment of impotence (e.g., to support a penile catheter). Replacement of an inflatable penile prosthesis is not a covered service under Wisconsin Medicaid.

## Vaginal Construction

Vaginal construction (procedure codes 57291 and 57292) may be approved through PA only when performed on a female (e.g., correction of a congenital defect). It will not be approved as part of a transsexual surgery.

## Weight Alteration Services

All medical services (beyond five evaluation and management office visits per calendar year) aimed specifically at weight alteration and procedures to reverse such services require PA.

## Procedure Codes Requiring Prior Authorization

The following procedure codes, when provided with the indicated type of service (TOS) require PA from Wisconsin Medicaid. The list of procedures requiring PA is subject to change and is periodically updated by Wisconsin Medicaid. Physicians will be informed about the changes in a timely manner.

Category	Proc. Code	TOS	Description
<b>Drugs Administered Other Than Oral Method</b>	J0256	1	Injection, alpha 1 — proteinase inhibitor — human, 10 mg
	J0270	1	Injection, alprostadil, per 1.25 mcg
	J0725	1	Injection, chorionic gonadotropin, per 1,000 USP units
	J2760	1	Injection, phentolamine mesylate (Regitine), up to 5 mg
	J3490	1	Unclassified drugs (only fertility drugs require PA)
<b>Injections</b>	Q2014	1	Injection, sermorelin actate, 0.5 mg
	Q2015	1	Injection, somatrem, 5 mg
	Q2016	1	Injection, somatropin, 1 mg
<b>Private Payer Codes</b>	S2052	2	Transplantation of small intestine allograft
	S2053	2	Transplantation of small intestine and liver allografts
	S2054	2	Transplantation of multivisceral organs
	S2055	2	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
<b>Integumentary System</b>	11950	2	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
	11951	2	1.1 to 5.0 cc
	11952	2	5.1 to 10.0 cc
	11954	2	over 10.0 cc
	11960	2	Insertion of tissue expander(s) for other than breast, including subsequent expansion
	11970	2	Replacement of tissue expander with permanent prosthesis

<b>Category</b>	<b>Proc. Code</b>	<b>TOS</b>	<b>Description</b>
<b>Integumentary System (continued)</b>	15780	2	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
	15781	2	segmental, face
	15782	2	regional, other than face
	15783	2	superficial, any site, (eg tattoo removal)
	15820	2	Blepharoplasty, lower eyelid;
	15821	2	with extensive herniated fat pad
	15822	2	Blepharoplasty, upper eyelid;
	15823	2	with excessive skin weighting down lid
	15824	2	Rhytidectomy, forehead
	15825	2	neck with platysmal tightening (platysmal flap, P-flap)
	15826	2	glabellar frown lines
	15828	2	cheek, chin, and neck
	15829	2	superficial musculoaponeurotic system (SMAS) flap
	15831	2	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
	15832	2	thigh
	15833	2	leg
	15834	2	hip
	15835	2	buttock
	15836	2	arm
	15837	2	forearm or hand
	15838	2	submental fat pad
	15839	2	other area
	19140	2	Mastectomy for gynecomastia
	19316	2	Mastopexy
	19318	2	Reduction mammoplasty
	19324	2	Mammoplasty, augmentation; without prosthetic implant
	19325	2	with prosthetic implant
	19340	2	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19342	2	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19350	2	Nipple/areola reconstruction
	19357	2	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
	19361	2	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
	19364	2	Breast reconstruction with free flap
	19366	2	Breast reconstruction with other technique
	19367	2	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
	19368	2	with microvascular anastomosis (supercharging)
	19369	2	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
	19380	2	Revision of reconstructed breast
	19396	2	Preparation of moulage for custom breast implant

<b>Category</b>	<b>Proc. Code</b>	<b>TOS</b>	<b>Description</b>
<b>Musculoskeletal System</b>	21010	2	Arthrotomy, temporomandibular joint
	21050	2	Condylectomy, temporomandibular joint (separate procedure)
	21060	2	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
	21070	2	Coronoidectomy (separate procedure)
	21079	2	Impression and custom preparation; interim obturator prosthesis
	21080	2	definitive obturator prosthesis
	21081	2	mandibular resection prosthesis
	21082	2	palatal augmentation prosthesis
	21083	2	palatal lift prosthesis
	21084	2	speech aid prosthesis
	21085	2	oral surgical splint
	21086	2	auricular prosthesis
	21087	2	nasal prosthesis
	21088	2	facial prosthesis
	21089	2	Unlisted maxillofacial prosthetic procedure
	21120	2	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	2	sliding osteotomy, single piece
	21122	2	sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
	21123	2	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	2	Augmentation, mandibular body or angle; prosthetic material
	21127	2	with bone graft, onlay or interpositional (includes obtaining autograft)
	21137	2	Reduction forehead; contouring only
	21138	2	contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21139	2	contouring and setback of anterior frontal sinus wall
	21141	2	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
	21142	2	two pieces, segment movement in any direction, without bone graft
	21143	2	three or more pieces, segment movement in any direction without bone graft
	21145	2	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
	21146	2	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
	21147	2	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
	21150	2	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	2	any direction, requiring bone grafts (includes obtaining autografts)	
21154	2	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	2	with LeFort I	
21159	2	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	



<b>Category</b>	<b>Proc. Code</b>	<b>TOS</b>	<b>Description</b>
<b>Musculoskeletal System (continued)</b>	21160	2	with LeFort I
	21172	2	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
	21175	2	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
	21179	2	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
	21180	2	with autograft (includes obtaining grafts)
	21181	2	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
	21182	2	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining autografts); total area of bone grafting less than 40 cm <sup>2</sup>
	21183	2	total area of bone grafting greater than 40 cm <sup>2</sup> but less than 80 cm <sup>2</sup>
	21184	2	total area of bone grafting greater than 80 cm <sup>2</sup>
	21188	2	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
	21193	2	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
	21194	2	with bone graft (includes obtaining graft)
	21195	2	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
	21196	2	with internal rigid fixation
	21198	2	Osteotomy, mandible, segmental
	21206	2	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
	21208	2	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21209	2	reduction
	21210	2	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	21215	2	mandible (includes obtaining graft)
	21230	2	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
	21235	2	ear cartilage, autogenous, to nose or ear (includes obtaining graft)
	21240	2	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
	21242	2	Arthroplasty, temporomandibular joint, with allograft
	21243	2	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
	21244	2	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
	21245	2	Reconstruction of mandible or maxilla, subperiosteal implant; partial
	21246	2	complete
	21247	2	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
	21248	2	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	2	complete	

<b>Category</b>	<b>Proc. Code</b>	<b>TOS</b>	<b>Description</b>	
<b>Musculoskeletal System (continued)</b>	21255	2	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	
	21256	2	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	
	21260	2	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	
	21261	2	combined intra- and extracranial approach	
	21263	2	with forehead advancement	
	21267	2	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	
	21268	2	combined intra- and extracranial approach	
	21270	2	Malar augmentation, prosthetic material	
	21275	2	Secondary revision of orbitocraniofacial reconstruction	
	21280	2	Medial canthopexy (separate procedure)	
	21282	2	Lateral canthopexy	
	21295	2	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
	21296	2	intraoral approach	
	21299	2	Unlisted craniofacial and maxillofacial procedure	
	21740	2	Reconstructive repair of pectus excavatum or carinatum	
	W6020	2	Plagiocephaly - Occipital Plagiocephaly Cranial Banding (Infant Head Molding Bands)	
	<b>Respiratory System</b>	30120	2	Excision or surgical planing of skin of nose for rhinophyma
		30400	2	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
		30410	2	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
		30420	2	including major septal repair
30430		2	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435		2	intermediate revision (bony work with osteotomies)	
30450		2	major revision (nasal tip work and osteotomies)	
32851		2	Lung transplant, single; without cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician)	
32852		2	with cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician)	
32853		2	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician)	
32854		2	with cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician)	
<b>Cardiovascular System</b>		33935	2	Heart-lung transplant with recipient cardiectomy-pneumonectomy (hospital obtains PA, <i>not</i> physician)
		33945	2	Heart transplant, with or without recipient cardiectomy (hospital obtains PA, <i>not</i> physician)
	36520	2	Therapeutic apheresis, plasma and/or cell exchange	
	37650	2	Ligation of femoral vein	
<b>Hemic and Lymphatic System</b>	38240	2	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic (hospital obtains PA, <i>not</i> physician)	
	38241	2	autologous (hospital obtains PA, <i>not</i> physician)	

<b>Category</b>	<b>Proc. Code</b>	<b>TOS</b>	<b>Description</b>
<b>Digestive System</b>	42145	2	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
	42950	2	Pharyngoplasty (plastic or reconstructive operation on pharynx)
	43842	2	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
	43843	2	other than vertical-banded gastroplasty
	43846	2	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
	43847	2	with small bowel reconstruction to limit absorption
	43848	2	Revision of gastric restrictive procedure for morbid obesity (separate procedure)
	44135	2	Intestinal allotransplantation; from cadaver donor
	44136	2	from living donor
	47135	2	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age (hospital obtains PA, <i>not</i> physician)
	47136	2	heterotopic, partial or whole, from cadaver or living donor, any age (hospital obtains PA, <i>not</i> physician)
	47399	2	Unlisted procedure, liver (PA required only for liver-small intestine transplant)
	48160	2	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets (hospital obtains PA, <i>not</i> physician)
	48554	2	Transplantation of pancreatic allograft (hospital obtains PA, <i>not</i> physician)
	<b>Male Genital System</b>	54400	2
54402		2	Removal or replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis
54407		2	Removal, repair, or replacement of inflatable (multi-component) penile prosthesis, including pump and/or reservoir and/or cylinders
<b>Female Genital System</b>	57291	2	Construction of artificial vagina; without graft
	57292	2	with graft
	58400	2	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
	58410	2	with presacral sympathectomy
<b>Nervous System</b>	61490	2	Craniotomy for lobotomy, including cingulotomy
	61885	2	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
	64573	2	Incision for implantation of neurostimulator electrodes; cranial nerve
<b>Eye and Ocular Adnexa</b>	67900	2	Repair of brow ptosis (supraciliary, mid-forehead of coronal approach)
	67901	2	Repair of blepharoptosis; frontalis muscle technique with suture or other material
	67902	2	frontalis muscle technique with fascial sling (includes obtaining fascia)
	67903	2	(tarso)levator resection or advancement, internal approach
	67904	2	(tarso)levator resection or advancement, external approach
	67906	2	superior rectus technique with fascial sling (includes obtaining fascia)
	67908	2	conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
	67909	2	Reduction of overcorrection of ptosis

<b>Category</b>	<b>Proc. Code</b>	<b>TOS</b>	<b>Description</b>
<b>Auditory System</b>	69714	2	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
	69715	2	with mastoidectomy
	69717	2	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
	69718	2	with mastoidectomy
	69930	2	Cochlear device implantation, with or without mastoidectomy
<b>Special Otorhinolaryngologic Services</b>	92510	2	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming
	92599	2	Unlisted otorhinolaryngological service or procedure