

To:  
HealthCheck  
Providers  
HMOs and Other  
Managed Care  
Programs

## Changes to requests for prior authorization for environmental lead inspection as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces changes to requests for prior authorization for environmental lead inspection as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### Changes to requests for prior authorization

This *Wisconsin Medicaid and BadgerCare Update* introduces changes to requests for prior authorization for environmental lead inspection as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Providers should note the way the various changes will be implemented. Changes as a result of HIPAA will be implemented based on:

- **Date of service.** For changes implemented based on the date of service, the important question to ask is: “**When was the service performed?**”
- **Date of receipt by Wisconsin Medicaid.** For changes implemented based on the date of receipt, the important question to ask is: “**When will this request for prior authorization be received by Wisconsin Medicaid?**” Providers should allow enough time for mail delivery when meeting the deadlines identified in this publication.

Effective dates for national codes that will replace Wisconsin Medicaid local codes and revised prior authorization (PA) forms and instructions are addressed separately in this *Update*. Codes and prior authorizations have different implementation procedures.

### Medical and nonmedical codes

Codes fit into two categories, medical codes and nonmedical codes. Medical codes describe specific health care conditions and services while nonmedical codes describe general administrative situations.

Medical and nonmedical codes are implemented based on **dates of service** or **date of receipt**, respectively, as required by federal HIPAA regulations.

### *Medical codes for environmental lead inspection*

Changes to medical codes for environmental lead inspection, as indicated in the July 2003 *Update* (2003-55), titled “Changes to local codes and paper claims for HealthCheck and HealthCheck outreach and case management services as a result of HIPAA,” will be effective for **dates of service** on and after **October 11, 2003**. National medical codes used by Wisconsin Medicaid include national

used by Wisconsin Medicaid include national procedure codes T1002 and T1029 and modifiers “EP” and “TS” (if applicable) that replace Wisconsin Medicaid local procedure codes (refer to Attachments 1 and 3 of *Update 2003-55*).

Pre-HIPAA medical codes include Wisconsin Medicaid local procedure codes.

### *Nonmedical codes*

Changes to nonmedical codes, as indicated in *Update 2003-55*, will be implemented based on the **date of receipt**. For nonmedical codes received on paper requests for prior authorization, the changes will be effective on and after October 1, 2003. For nonmedical codes received on the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system, the changes will be effective on and after October 13, 2003. National nonmedical codes used by Wisconsin Medicaid include:

- Allowable nationally recognized two-digit place of service (POS) codes (refer to Attachment 4 of *Update 2003-55*).
- Type of service (TOS) codes will no longer be required on Medicaid claims because they are not national codes.

Pre-HIPAA nonmedical codes include TOS codes and one-digit Wisconsin Medicaid POS codes.

### **Changes to STAT-PA**

Changes to the STAT-PA system for environmental lead inspection as a result of HIPAA include:

- Revising the Prior Authorization/Environmental Inspection (PA/EI) Worksheet and instructions.
- Eliminating the personal computer software for submitting STAT-PA requests.

### *Revisions made to the Prior Authorization/Environmental Inspection Worksheet*

The PA/EI Worksheet has been renamed and revised. The form will be referred to as the Prior Authorization/Environmental Lead Inspection (PA/ELI) Worksheet. Revisions include the following:

- Type of service codes are no longer required.
- Place of service codes have been revised.
- Local procedure codes have been replaced by nationally recognized procedure codes.

The PA/ELI Worksheet, HCF 11062, dated 09/03, and instructions are included as Attachments 1 and 2 of this *Update*.

### *Personal computer software no longer available*

Since personal computer software is no longer available, the option allowing providers to submit STAT-PA requests via personal computer will no longer be available. Providers may continue to communicate with the STAT-PA system using a touch-tone telephone keypad or by calling a STAT-PA help desk correspondent.

### **Implementation dates for STAT-PA**

The following implementation dates will be used for STAT-PA:

- October 10, 2003 — The last day providers may use personal computer software to submit STAT-PA requests. Providers may use personal care software to submit STAT-PA requests until 11:45 p.m.
- October 11-12, 2003 — The STAT-PA system will be unavailable.
- October 13, 2003 — Providers should begin using the revised PA/ELI Worksheet and instructions.

**P**re-HIPAA nonmedical codes include TOS codes and one-digit Wisconsin Medicaid POS codes.

*Note:* A STAT-PA request may normally be backdated up to four calendar days; however, for STAT-PA requests submitted on October 13 and 14, 2003, the earliest grant date providers can request is October 11, 2003, due to HIPAA implementation. If providers need backdating during this time, they should submit a paper request for prior authorization.

Refer to Attachment 3 of this *Update* for a calendar of HIPAA implementation dates for STAT-PA.

**When possible, providers are encouraged to submit their prior authorizations to Wisconsin Medicaid prior to October 1, 2003, and to avoid submitting them between October 1 and 10, 2003.**

#### **Paper requests for prior authorization**

Refer to Attachment 3 of this *Update* for a calendar of HIPAA implementation dates for paper requests for prior authorization. As indicated on the calendar, the fax deadline for receiving requests for prior authorization using the pre-HIPAA PA forms is 11:59 p.m. on September 30, 2003. The pre-HIPAA PA forms include the Prior Authorization Request Form (PA/RF) and the PA/EI Worksheet.

#### *Revision of Prior Authorization Request Form and instructions for paper prior authorization*

With the implementation of HIPAA, providers will be required to use the revised PA/RF, HCF 11018, dated 06/03, for paper prior authorization. Instructions for completion of the revised form are located in Attachment 4 of this *Update*. A sample PA/RF is in Attachment 5 of this *Update*.

#### *Revisions made to the Prior Authorization Request Form*

The following revisions were made to the PA/RF:

- The requested start date field added (Element 14).
- Space for performing provider number added to each service/procedure (Element 15).
- Space added for additional modifiers (Element 17).
- Place of service codes were revised (Element 18).
- Type of service codes are no longer required.

#### *Prior authorization attachments*

Providers will be required to use the PA/ELI and instructions included as Attachments 1 and 2 of this *Update*.

#### *New requests for prior authorization*

For new requests for prior authorization received by Wisconsin Medicaid on and after October 1, 2003, (with future dates of service) providers must use:

- The revised PA/RF and instructions.
- National nonmedical codes.
- Pre-HIPAA national medical codes for dates of service before October 11, 2003.
- National medical codes for dates of service on and after October 11, 2003.

Refer to Attachment 6 of this *Update* for examples of new requests for prior authorization.

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### *Approved and modified prior authorizations currently in effect*

For approved and modified prior authorizations currently in effect with *grant dates before* October 11, 2003, and *expiration dates on and after* October 11, 2003, Wisconsin Medicaid will identify and convert all local procedure codes and modifiers. The pre-HIPAA procedure codes and modifiers will remain effective for dates of service before October 11, 2003; however, the converted procedure codes and modifiers will be effective for dates of service on and after October 11, 2003. Prior authorized quantities as approved on the original PA/RF are not to be exceeded.

Because the procedure codes and modifiers will be converted on these requests for prior authorization, providers must submit claims using the national codes that replace the Wisconsin Medicaid local codes for dates of service on and after October 11, 2003. For claims related to prior authorization with dates of service before October 11, 2003, providers must use the pre-HIPAA procedure codes and modifiers.

### *Requests for prior authorization with backdating*

For requests for prior authorization with backdating received by Wisconsin Medicaid on and after October 1, 2003, providers must use:

- The revised PA/RF and instructions (refer to Attachments 4 and 5 of this *Update*).
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 11, 2003.
- National medical codes for dates of service on and after October 11, 2003.

*Note:* If the dates of service span a time period before and after October 11, 2003, providers must indicate both pre-HIPAA medical codes and national medical codes on the PA/RF. Wisconsin Medicaid accepts PA/RFs with a maximum of 12 details per PA number. The PA/RF has space for five items. If a provider's request for prior authorization requires more than five items to be listed, the provider may continue the request on a second and third PA/RF. When submitting a request with multiple pages, indicate the page number and total number of pages for the PA/RF in the upper right-hand corner (e.g., "page 1 of 2" and "page 2 of 2"). On the form(s) used for page 2 and, if appropriate, page 3, cross out the seven-digit PA number and write the PA number from the first PA/RF.

Refer to Attachment 7 of this *Update* for examples of requests for prior authorization with backdating.

### *Requests for prior authorization currently in process*

Requests for prior authorization that are received before October 11, 2003, but returned by Wisconsin Medicaid to the provider for more information will not be converted by Wisconsin Medicaid. For returned requests that are received by Wisconsin Medicaid on and after October 11, 2003, providers must use:

- The revised PA/RF and instructions. Providers will not be required to submit new PA attachments; however, the pre-HIPAA PA/RF and the pre-HIPAA PA attachments must accompany the new PA/RF.
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 11, 2003.
- National medical codes for dates of service on and after October 11, 2003.

**R**quests for prior authorization that are received before October 11, 2003, but returned by Wisconsin Medicaid to the provider for more information will not be converted by Wisconsin Medicaid.

*Note:* If the dates of service span a time period before and after October 11, 2003, providers must indicate both pre-HIPAA medical codes and national medical codes on the PA/RF. Wisconsin Medicaid accepts PA/RFs with a maximum of 12 details per PA number. The PA/RF has space for five items. If a provider's request for prior authorization requires more than five items to be listed, the provider may continue the request on a second and third PA/RF. When submitting a request with multiple pages, indicate the page number and total number of pages for the PA/RF in the upper right-hand corner (e.g., "page 1 of 2" and "page 2 of 2"). On the form(s) used for page 2 and, if appropriate, page 3, cross out the seven-digit PA number and write the PA number from the first PA/RF.

## **Information regarding Medicaid HMOs**

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 HIPAA-related changes, 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**  
**Environmental Lead Inspection Worksheet Instructions**  
**for Paper Prior Authorization or STAT-PA**  
**(for photocopying)**

(A copy of the "Environmental Lead Inspection Worksheet Instructions for Paper Prior Authorization or STAT-PA" [for photocopying] is located on the following pages.)

**WISCONSIN MEDICAID**  
**ENVIRONMENTAL LEAD INSPECTION WORKSHEET INSTRUCTIONS**  
**FOR PAPER PRIOR AUTHORIZATION OR STAT-PA**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The Prior Authorization/Environmental Lead Inspection (PA/ELI) Worksheet is required when submitting a paper PA request. This worksheet is voluntary for Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) requests.

Providers may submit PA requests, along with all applicable service-specific attachments, including the PA/ELI Worksheet, by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may submit PA requests with attachments to:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

**REQUIRED INFORMATION**

All providers are required to provide the following information when requesting PA:

- Eight-digit Medicaid provider number.
- Recipient's 10-digit Medicaid identification number.
- Procedure code for service requested.
- Diagnosis code.
- Two-digit place of service (POS) code.
- Requested grant date or date of service.
- Total number of services requested.

**HOW TO REQUEST PRIOR AUTHORIZATION ON PAPER**

1. Complete the Prior Authorization Request Form (PA/RF).
2. Complete the PA/ELI Worksheet.
3. Submit the PA/RF and PA/ELI Worksheet to Wisconsin Medicaid.

**HOW TO REQUEST PRIOR AUTHORIZATION USING WISCONSIN STAT-PA**

1. Complete the PA/ELI Worksheet.
2. Select mode of transmission (touch-tone telephone or help desk).

**WISCONSIN STAT-PA**

The Wisconsin STAT-PA system is an electronic PA system that allows Medicaid-certified providers to receive PA electronically rather than by mail. Providers answer a series of questions and receive an immediate response of an approved or returned PA.

Providers communicate with the Wisconsin STAT-PA system by entering requested information on a touch-tone telephone keypad or by calling a STAT-PA help desk correspondent. Providers must have their eight-digit Medicaid provider number to access the Wisconsin STAT-PA system.

The Wisconsin STAT-PA system is available by calling one of the following telephone numbers:

- **Touch-Tone Telephones**  
(800) 947-1197  
(608) 221-2096  
Available from 8:00 a.m. to 11:45 p.m., seven days a week.
- **Help Desk**  
(800) 947-1197 and press "0"  
(608) 221-2096 and press "0"  
Available from 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding holidays.

**TOUCH-TONE TELEPHONE REQUESTS**

To use a touch-tone telephone to submit a PA request:

Call (800) 947-1197 or (608) 221-2096. This connects the provider directly with the STAT-PA system.

1. When the system answers, it will ask a series of questions that providers answer by entering the information on the telephone keypad.
2. The PA/ELI Worksheet gives the information needed in the order it is requested by the STAT-PA system.

*Note:* When using a touch-tone telephone to enter the Medicaid provider number, recipient identification number, procedure code, diagnosis code, POS code, requested grant date, and quantity, always press the pound (#) key to mark the end of the data just entered. The pound (#) key signals to the system that the provider has finished entering the data requested and ensures the quickest response from the system.

Providers may be asked to enter alphabetic data, which can be entered by using the asterisk (\*) key. For example, a provider is asked to enter a procedure code, such as T1029. The first character is an alpha character; therefore, the provider presses the single asterisk (\*) followed by the two digits that indicate the letter. The first digit is the number on the keypad where the letter is located, and the second digit is the position of the letter on that key.

For example: Procedure code T1029 should be entered as \*81 1 0 2 9.

Alphabet Key:

A = *21	G = *41	M = *61	S = *73	Y = *93
B = *22	H = *42	N = *62	T = *81	Z = *12
C = *23	I = *43	O = *63	U = *82	
D = *31	J = *51	P = *71	V = *83	
E = *32	K = *52	Q = *11	W = *91	
F = *33	L = *53	R = *72	X = *92	

3. Once all data have been entered completely, STAT-PA begins to process the information and, in minutes, indicates the PA number and, if approved, the authorized level of service.

Once familiar with the STAT-PA system, providers may enter the PA information in the designated order immediately — there is no need to wait for the full voice prompt. Providers may key information at any time, even when the system is relaying information. The system automatically proceeds to the next function.

**STAT-PA HELP DESK REQUESTS**

Providers who do not have a touch-tone telephone may call the STAT-PA help desk. The help desk correspondent accesses STAT-PA and enters the required data requested from the provider. For the help desk, call (800) 947-1197 and press "0" or call (608) 221-2096 and press "0."

The STAT-PA help desk is available to all providers using STAT-PA. Providers may use the help desk to report difficulties with the system.

**DOCUMENTATION INFORMATION**

Providers are required to retain the assigned PA number for:

- Use in claims submission, if approved.
- Submission of a paper PA request when more clinical documentation is needed.

Providers must also maintain all documentation that supports medical necessity, claim information, and delivery of equipment in their records for a period not less than five years. Wisconsin Medicaid recommends providers maintain the PA/ELI Worksheet in their files. Regardless of what STAT-PA method is used, providers will receive, by mail, a confirmation notice indicating the assigned PA number and the STAT-PA decision. This confirmation notice should be maintained as a permanent record of the transaction.

*Helpful hints*

- The provider is given three attempts at each field to correctly enter the requested data.
- In touch-tone telephone transactions, the provider is given three attempts at each field to correctly enter the requested data. Failure to enter any data within three minutes ends the telephone connection.
- Providers are allowed five transactions per connection for touch-tone telephone or help desk.
- In the event the STAT-PA system is unavailable before the lead inspection is made, the provider may request backdating of the PA for up to four calendar days.
- The help desk is available to all STAT-PA users. Providers who are experiencing difficulties with the system may call the help desk.

ATTACHMENT 2  
Prior Authorization / Environmental Lead Inspection  
(PA/ELI) Worksheet  
(for photocopying)

(A copy of the "Prior Authorization/Environmental Lead Inspection [PA/ELI] Worksheet"  
[for photocopying] is located on the following page.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / ENVIRONMENTAL LEAD INSPECTION (PA/ELI) WORKSHEET**

Environmental lead inspection information and requirements (technical aspects of inspections):

1. Determine the most likely sources of high-dose exposure to lead.
2. Investigate the child's home, giving special attention to painted surfaces, dust, soil, and water.
3. Advise parents about identified and potential sources of lead and ways to reduce exposure.
4. Notify the property owner immediately that a child residing on the property has lead poisoning.
5. Monitor the effectiveness and timeliness of abatement procedures closely.
6. Coordinate environmental activities with those of other public health and social management agencies.

All information must be provided in order to be processed.

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**GENERAL INFORMATION**

Wisconsin Medicaid Provider Number

Recipient Medicaid Identification Number

Procedure Code: T1029 (Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling.)  
— Enter \*81 1 0 2 9

Diagnosis: Enter "984" (Toxic effect of lead and its compounds [including fumes])

Place of Service (POS) Code: Enter "12" (The only allowable POS is the child's home.)

Anticipated Date of Service: \_\_\_\_\_ (Enter in MM/DD/YYYY format)

Total Number of Services Requested: Enter "1."

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**LEAD INSPECTION SPECIFIC INFORMATION**

A. Indicate recipient's two-digit blood lead level (If the blood level is a one-digit number, please precede the number with a zero when entering) \_\_\_\_\_

Indicate the date(s) of testing (Enter in MM/DD/YYYY format) \_\_\_\_\_

B. Was a previous lead level test taken by the same recipient at least 90 days prior to the most recent test with a blood level greater than 15? If yes, press "1." If no, press "2."

C. Has inspection staff completed the Department of Health and Family Services-approved lead inspection training? If yes, press "1." If no, press "2."

An approved prior authorization (PA) request allows Wisconsin Medicaid reimbursement for two services. This includes initial inspection (T1029, EP — Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling; service provided as part of Medicaid EPSDT\* Program) and one follow-up inspection (T1029, EP and TS — Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling; service provided as part of follow-up to Medicaid EPSDT Program **and** follow-up service). Where necessary, one interperiodic visit for education related to lead poisoning may be provided after lead inspection PA has been approved. The code for this is T1002, EP (Registered nurse services, up to 15 minutes; service provided as part of Medicaid EPSDT Program).

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\*EPSDT = Early and Periodic Screening, Diagnosis and Treatment

## ATTACHMENT 3

# Calendar of HIPAA implementation for prior authorization for environmental lead inspection

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28 (September)	29	30 <b>Paper PA*:</b> Last day Wisconsin Medicaid will accept the pre-HIPAA** PA forms.  Fax deadline — 11:59 p.m.	1 (October) <b>Paper PA:</b> Wisconsin Medicaid will begin accepting revised PA forms.	2	3	4
5	6	7	8	9	10 <b>STAT-PA***:</b> Last day Wisconsin Medicaid will accept pre- HIPAA STAT- PA with local codes.	11 <b>STAT-PA:</b> STAT-PA help desk and touch-tone telephone will be unavailable.
12 <b>STAT-PA:</b> STAT-PA help desk and touch-tone telephone will be unavailable.	13 <b>STAT-PA:</b> Wisconsin Medicaid will begin accepting post-HIPAA STAT-PA with newly adopted national codes.	14	15	16	17	18

\*PA = Prior authorization.

\*\*HIPAA = Health Insurance Portability and Accountability Act of 1996.

\*\*\*STAT-PA = Wisconsin Specialized Transmission Approval Technology-Prior Authorization.

# ATTACHMENT 4

## Prior Authorization Request Form (PA/RF) Completion Instructions for environmental lead inspection

(For prior authorization requests submitted on and after October 1, 2003)

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Prior Authorization Request Form (PA/RF) is used by Wisconsin Medicaid and is mandatory when requesting PA. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Providers may submit PA requests, along with all applicable service-specific attachments, including the Prior Authorization/Environmental Lead Inspection (PA/ELI) Worksheet, by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may submit PA requests with attachments to:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

### **SECTION I — PROVIDER INFORMATION**

#### **Element 1 — Name and Address — Billing Provider**

Enter the name and complete address (street, city, state, and Zip code) of the billing provider. The name listed in this element must correspond with the Medicaid provider number listed in Element 4. *No other information should be entered in this element, since it also serves as a return mailing label.*

#### **Element 2 — Telephone Number — Billing Provider**

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the billing provider.

#### **Element 3 — Processing Type**

Enter processing type “999” (Other). The processing type is a three-digit code used to identify a category of service requested.

#### **Element 4 — Billing Provider’s Medicaid Provider Number**

Enter the eight-digit Medicaid provider number of the billing provider. The provider number in this element must match the provider name listed in Element 1.

## **SECTION II — RECIPIENT INFORMATION**

### **Element 5 — Recipient Medicaid ID Number**

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the recipient's Medicaid identification card or the Eligibility Verification System (EVS) to obtain the correct identification number.

### **Element 6 — Date of Birth — Recipient**

Enter the recipient's date of birth in MM/DD/YY format (e.g., September 8, 1996, would be 09/08/96).

### **Element 7 — Address — Recipient**

Enter the complete address of the recipient's place of residence, including the street, city, state, and Zip code. If the recipient is a resident of a nursing home or other facility, include the name of the nursing home or facility.

### **Element 8 — Name — Recipient**

Enter the recipient's last name, followed by his or her first name and middle initial. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

### **Element 9 — Sex — Recipient**

Enter an "X" in the appropriate box to specify male or female.

## **SECTION III — DIAGNOSIS / TREATMENT INFORMATION**

### **Element 10 — Diagnosis — Primary Code and Description**

Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested.

### **Element 11 — Start Date — SOI (not required)**

### **Element 12 — First Date of Treatment — SOI (not required)**

### **Element 13 — Diagnosis — Secondary Code and Description**

Enter the appropriate secondary ICD-9-CM diagnosis code and description relevant to the service/procedure requested, if applicable.

### **Element 14 — Requested Start Date**

Enter the requested start date for service(s) in MM/DD/YY format, if a specific start date is requested.

### **Element 15 — Performing Provider Number (not required for lead inspections)**

### **Element 16 — Procedure Code**

Enter the appropriate procedure code for each procedure requested.

### **Element 17 — Modifiers**

Enter the modifier(s) corresponding to the procedure code listed if a modifier is required by Wisconsin Medicaid.

### **Element 18 — POS**

Enter place of service (POS) code "12." The only allowable POS is the child's home.

### **Element 19 — Description of Service**

Enter a written description corresponding to the appropriate Healthcare Common Procedure Coding System code for each procedure requested.

**Element 20 — QR**

Enter the appropriate quantity (e.g., number of services, days' supply) requested for the procedure code listed.

**Element 21 — Charge**

Enter the provider's usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1," multiply the quantity by the charge for each service/procedure/item requested. Enter that total amount in this element.

*Note:* The charges indicated on the request form should reflect the provider's usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to *Terms of Provider Reimbursement* issued by the Department of Health and Family Services.

**Element 22 — Total Charges**

Enter the anticipated total charge for this request.

**Element 23 — Signature — Requesting Provider**

The original signature of the provider requesting/performing/dispensing this service/procedure/item must appear in this element.

**Element 24 — Date Signed**

Enter the month, day, and year the PA/RF was signed (in MM/DD/YY format).

*Do not enter any information below the signature of the requesting provider — this space is reserved for Wisconsin Medicaid consultants and analysts.*



# ATTACHMENT 6

## Examples of requests for prior authorization for environmental lead inspection

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:	
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Codes
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> <li>• Pre-HIPAA nonmedical codes.</li> <li>• Pre-HIPAA medical codes.</li> </ul>
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> <li>• Pre-HIPAA nonmedical codes.</li> <li>• Pre-HIPAA medical codes.</li> </ul>
10/14/03	11/1/03	Revised PA forms and instructions	<ul style="list-style-type: none"> <li>• National nonmedical codes.</li> <li>• National medical codes.</li> </ul>

For the following examples, the service to be performed is a comprehensive follow-up lead investigation, not including lab analysis, per dwelling.

For example, if both of the following are true:		Then use the following:				
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Modifier(s)	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W7084	None	4	9
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W7084	None	4	9
10/14/03	11/1/03	Revised PA forms and instructions	T1029	TS	12	None

## ATTACHMENT 7

# Examples of requests for prior authorization with backdating for environmental lead inspection

Examples of requests for prior authorization with backdating before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

<b>For example, if both of the following are true:</b>		<b>Then use the following:</b>	
<b>Date of receipt</b>	<b>Date the service was provided</b>	<b>Prior authorization (PA) forms and instructions</b>	<b>Codes</b>
9/30/03	9/20/03 and 9/25/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> <li>• Pre-HIPAA nonmedical codes.</li> <li>• Pre-HIPAA medical codes.</li> </ul>
10/03/03	9/20/03 and 9/25/03	Revised PA forms and instructions	<ul style="list-style-type: none"> <li>• National nonmedical codes.</li> <li>• Pre-HIPAA medical codes.</li> </ul>
10/21/03	10/9/03 and 10/20/03	Revised PA forms and instructions	<ul style="list-style-type: none"> <li>• National nonmedical codes.</li> <li>• Pre-HIPAA medical codes for the 10/9/03 date of service.</li> <li>• National medical codes for the 10/20/03 date of service.</li> </ul>
10/24/03	10/20/03 and 10/24/03	Revised PA forms and instructions	<ul style="list-style-type: none"> <li>• National nonmedical codes.</li> <li>• National medical codes.</li> </ul>