

To:

- Ambulatory Surgery Centers
- County/Tribal Social or Human Services Departments
- Family Planning Clinics
- Federally Qualified Health Centers
- HealthCheck Providers
- Independent Labs
- Inpatient Hospital Providers
- Nurse Midwives
- Nurse Practitioners
- Outpatient Hospital Providers
- Pharmacies
- Physician Assistants
- Physician Clinics
- Physicians
- Rural Health Clinics
- Specialized Medical Vehicle Providers
- HMOs and Other Managed Care Programs

Family Planning Waiver Program policy additions and clarifications

Effective January 1, 2003, Wisconsin Medicaid implemented the Medicaid Family Planning Waiver Program (FPWP). The program was described in the December 2002 *Wisconsin Medicaid and BadgerCare Update* (2002-68), titled "Introducing the Medicaid Family Planning Waiver benefit." The purpose of this *Update* is to clarify FPWP policy in response to provider questions and to introduce new FPWP policies.

Effective January 1, 2003, Wisconsin Medicaid implemented the Family Planning Waiver Program (FPWP). The purpose of this *Wisconsin Medicaid and BadgerCare Update* is to clarify FPWP policy in response to provider questions and to introduce new FPWP policies. This *Update* covers the following areas:

- Wisconsin Medicaid coverage of the Ortho Evra Patch®
- Wisconsin Medicaid coverage of tubal ligations.
- Wisconsin Medicaid coverage of colposcopies.
- Claims submission for oral contraceptives and drugs used to treat sexually transmitted diseases.
- Other commercial health insurance.
- Coordination of the FPWP and the Wisconsin Well Woman Program (WWWP).
- Medical status codes for the FPWP.
- New FPWP Presumptive Eligibility (FPWP PE) fax number.

Wisconsin Medicaid coverage of the Ortho Evra Patch®

Effective for dates of service (DOS) on and after April 1, 2003, Wisconsin Medicaid covers the Ortho Evra Patch® for family planning clinics for services provided to Medicaid-eligible recipients. Providers should submit claims for this item on a Wisconsin Medicaid Non-Compound Drug Claim form using a National Drug Code (NDC).

Wisconsin Medicaid coverage of tubal ligations

Effective for DOS on and after May 1, 2003, the following types of tubal ligations are covered by the FPWP, provided the Wisconsin Medicaid Sterilization Informed Consent form is properly completed (for a copy of the form, refer

Procedure code	Description	Type of Service (TOS)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery	2, 7, 8
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	2, 7, 8
58671	with occlusion of oviducts by device (eg, band, clip, Falope ring).	2, 7, 8

to the forms page on the Wisconsin Medicaid Web site at www.dhfs.state.wi.us/medicaid/:

Wisconsin Medicaid coverage of colposcopies

Colposcopies (*Current Procedural Terminology* procedure codes 57452, 57454, 57460, and 57500) are covered services through the FPWP under certain circumstances. A colposcopy is covered by the FPWP when an abnormal pap test is obtained prior to the colposcopy, but while the recipient is in the FPWP. Therefore, if a woman has had an abnormal pap prior to becoming eligible for the FPWP, the provider must perform a follow-up pap under the FPWP in order to have the colposcopy covered.

Recipients receiving colposcopies under the FPWP must also be receiving contraceptive management care, as the primary reason for being in the FPWP should be to receive contraceptive management services.

Contraceptive management services are defined as those services associated with an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code of the V25 series.

Claims submission for oral contraceptives and drugs used to treat sexually transmitted diseases

Family planning clinics must bill for oral contraceptives using the local code W6207 with type of service (TOS) “9” on the CMS 1500 claim form. Family planning clinics may submit claims for drugs related to the treatment of sexually transmitted diseases using an NDC on a Wisconsin Medicaid Non-Compound Drug Claim form. Wisconsin Medicaid will recoup payments from providers made for noncovered drugs. Refer to Attachment 3 of the December

2002 *Update* (2002-68), titled “Introducing the Medicaid Family Planning Waiver benefit” for a list of allowable FPWP services.

Other commercial health insurance

Providers are not required by Wisconsin Medicaid to pursue other health insurance for FPWP recipients. This helps guard the confidentiality of FPWP recipients, thereby increasing access to reproductive health care for low-income women. If providers pursue other health insurance reimbursement for procedures not covered through the FPWP, they must obtain permission from the recipient to do so.

Coordination of the Family Planning Waiver Program and Wisconsin Well Woman Program

Women cannot be enrolled in both the FPWP and the WWWP at the same time. Women *eligible* for both the FPWP and WWWP (ages 35-44 and under 185% of the federal poverty level guidelines) who apply for and receive services through the FPWP rather than the WWWP need to be aware of two potential consequences:

1. A woman diagnosed with cervical cancer outside the WWWP who subsequently enrolls in the WWWP is ineligible for WWWP-covered cervical cancer Medicaid benefits.
2. Mammography screening is available only to women through the WWWP or to those women who have full Medicaid benefits. Therefore, women who are in the FPWP are unable to obtain mammography screening.

Until these eligibility issues are resolved, women who are eligible for either program need to receive accurate information and

Recipients receiving colposcopies under the FPWP must also be receiving contraceptive management care, as the primary reason for being in the FPWP should be to receive contraceptive management services.

guidance from providers in order to make informed decisions. Wisconsin Medicaid FPWP providers and WWWP-Medicaid Coordinators can assist women eligible for both programs by informing them of the following issues:

1. Women eligible for both the FPWP and the WWWP should consider first applying for the WWWP to receive cervical and breast cancer screening. This may be especially important for a woman who has not had a cervical cancer screening in a long period of time.
2. Women seeking contraceptive services who are already in the WWWP will not be excluded from the FPWP. However, women in the FPWP who subsequently apply for the WWWP will be denied eligibility based on their being in the FPWP. These women also need to be aware that if they remain in the FPWP, they will be ineligible for re-entry into the WWWP.
3. Women diagnosed with breast or cervical cancer through the FPWP are not eligible for full Wisconsin Medicaid benefits, including cervical cancer treatment.

These eligibility issues are not likely to affect many women over age 35. Family Planning Waiver Program providers and WWWP Coordinators are encouraged to bring eligibility concerns to the attention of the Division of Health Care Financing and the Division of Public Health staff as soon as possible.

Medical status codes for the Family Planning Waiver Program

Wisconsin Medicaid assigns certain medical status codes to recipients of special benefit categories, including the FPWP, to identify the services for which they are eligible. Recipients assigned one of the following medical status

codes are eligible for all of the FPWP covered services listed in *Update 2002-68* and in this *Update*:

- For non-presumptively eligible recipients of the FPWP:
 - √ FS: FPWP.
 - √ FQ: FPWP and qualified Medicare beneficiary.
 - √ FT: FPWP and tuberculosis.
 - √ FB: FPWP and qualified Medicare beneficiary and tuberculosis.
- For presumptively eligible recipients of the FPWP:
 - √ PF: Presumptively eligible FPWP.
 - √ PQ: Presumptively eligible FPWP and Qualified Medicare Beneficiary.
 - √ PT: Presumptively eligible FPWP and tuberculosis.
 - √ PB: Presumptively eligible FPWP and Qualified Medicare Beneficiary and tuberculosis.

Refer to the Recipient Rights and Responsibilities section of the All-Provider Handbook for further information about special benefit categories and medical status codes.

New Family Planning Waiver Program presumptive eligibility fax number

Wisconsin Medicaid has a new fax number devoted to FPWP PE applications. Providers should fax FPWP PE applications to (608) 250-5202. This number replaces (608) 221-8815. If a provider has faxed an application, it is not necessary to also mail the application.

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/.