

# Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Physician Clinics  
Physicians  
HMOs and Other  
Managed Care  
Programs

## Second Surgical Opinion Requirement Lifted

Effective immediately, second surgical opinions are no longer required. Wisconsin Medicaid will continue to reimburse providers for confirmatory consultations when requested by recipients.

Request/Physician Report, HCF 1163 (Rev. 01/03), or the equivalent.

Furthermore, Wisconsin Medicaid will no longer maintain a registry of surgeons willing to perform second surgical opinions. Information related to this registry has been removed from the Physician/Osteopath/Physician Assistant Certification Packet.

### Repeal of Second Surgical Opinion Requirement

As a result of 2005 Wisconsin Act 25, the 2005-07 biennial budget, effective immediately, a second surgical opinion is no longer required by Wisconsin Medicaid. This requirement previously applied to the following surgeries:

- Cataract extraction.
- Cholecystectomy.
- Diagnostic dilation and curettage.
- Hemorrhoidectomy.
- Inguinal hernia repair.
- Hysterectomy.
- Joint replacement, hip or knee.
- Tonsillectomy, adenoidectomy.
- Varicose vein surgery.

Effective immediately, claims received for these surgeries will not be subject to second opinion requirements. Consequently, providers will no longer need to indicate modifier “SM” (Second surgical opinion) on claims, submit documentation regarding urgent/emergent conditions that would have waived the second opinion requirement, or submit completed copies of the Second Opinion Elective Surgery

### Confirmatory Consultations

Wisconsin Medicaid will continue to reimburse providers for *Current Procedural Terminology* confirmatory consultation procedure codes 99271-99275 when requested by recipients.

*Note:* Claims for confirmatory consultations do not require a referring provider.

### Information Regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare 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 [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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