

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dentists
HMOs and Other
Managed Care
Programs

Procedure Code Changes for Oral Surgery Services

Effective for dates of service on and after January 1, 2006, Wisconsin Medicaid is updating oral surgery services to reflect the 2006 *Current Procedural Terminology (CPT)* code changes. These changes include the following:

- Adding new CPT procedure codes for skin graft procedures.
- Enddating discontinued procedure codes 42325 and 42326.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for details of these changes.

The revised maximum allowable fee schedule is available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/. Fee schedules are updated on a quarterly basis.

For More Information

Providers with questions regarding the procedure codes in this *Update* may call the Provider Services dental correspondent at (800) 947-9627 or (608) 221-9883, option 6.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. 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/.

PHC 1250

ATTACHMENT

Procedure Code Changes for Oral Surgery Services

The following are *Current Procedural Terminology* code changes effective for dates of service on and after January 1, 2006. The added codes do not require prior authorization.

Status	Procedure Code	Description	Allowable Modifier	Max Fee
Added	15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children		\$137.12
Added	15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	80 (Assistant Surgeon)	\$548.47
Added	15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children		\$669.42
Added	15136	each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	80 (Assistant Surgeon)	\$80.58
Added	15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less		\$554.37
Added	15156	additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)		\$145.42
Added	15157	each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		\$160.91
Added	15175	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children		\$411.61
Added	15176	each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	80 (Assistant Surgeon)	\$120.41
Enddated	42325	Fistulization of sublingual salivary cyst (ranula);		
Enddated	42326	with prosthesis		