

**To:** Ambulatory Surgery Centers, Family Planning Clinics, Federally Qualified Health Centers, Independent Labs, Nurse Practitioners, Nurse Midwives, Physician Assistants, Physician/Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## Procedure Code Changes for Physicians and Related Providers

Effective for dates of service on and after January 1, 2008, BadgerCare Plus is updating physician and physician-related provider coverage, policies, and limitations to reflect the 2008 *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) code changes. These changes include the following:

- Adding new CPT and HCPCS procedure codes.
- Implementing restrictions and requirements for newly covered CPT and HCPCS procedure codes.
- Specifying non-reimbursable new CPT and HCPCS procedure codes.
- Enddating discontinued CPT and HCPCS procedure codes.

### Procedure Code Changes

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- Enddating discontinued CPT and HCPCS procedure codes.

Providers can refer to the 2008 CPT or HCPCS books for new procedure codes, deleted procedure codes, and procedure codes with description changes.

Information on coverage, policy, and maximum allowable fee schedules incorporating new CPT and HCPCS procedure codes, including the applicable performing provider types, are available online effective February 2008. Fee schedules are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

This information applies to the BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan. For more information on copayments and restrictions, physician and related providers should refer to the December 2007 *BadgerCare Plus Update* (2007-99), titled “Coverage of Certain Medical Services Under BadgerCare Plus.”

### Restrictions and Requirements

#### **Prior Authorization**

The following new CPT code will require prior authorization.

Procedure Code	Description
21073	Manipulation of temporomandibular joints (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)

## Required Attachments

The following new CPT codes will require an Acknowledgement of Receipt of Hysterectomy Information form, HCF 1160 (09/05). Claims with attachments must be submitted on a paper claim form.

Procedure Code	Description
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

## Non-Reimbursable Procedure Codes

The following new HCPCS and CPT procedure codes will not be reimbursed by the Standard Plan or Benchmark Plan at this time:

- Influenza virus vaccine CPT codes 90661, 90662, and 90663, which are pending Food and Drug Administration approval.
- New evaluation and management (E&M) codes for smoking cessation (99406, 99407), telephone or online communications (99441-99444), alcohol and substance abuse screening and interventions (99408, 99409), and medical team conferences (99366-99368). These services are included in the reimbursement of other BadgerCare Plus-covered E&M codes. Members may not be separately charged for these services.
- Medicine procedure codes for telephone or online communications by non-physician providers (98966-98969) and medication management by pharmacists (99605-99607).

- Category II CPT codes (five-digit codes ending in the letter “F”).
- Category III CPT codes (five-digit codes ending in the letter “T”).
- HCPCS codes ranging from G8000 to G9999.
- HCPCS codes G0377, G0396, and G0397 are reimbursable on Medicare crossover claims only.

## Discontinued Procedure Codes

Effective January 1, 2008, BadgerCare Plus ends coverage of CPT and HCPCS procedure codes that are discontinued for 2008.

## For More Information

Providers with questions regarding procedure code changes may call Provider Services at (800) 947-9627 or (608) 221-9883.

## Information Regarding BadgerCare Plus HMOs

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, 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 [dhsf.wisconsin.gov/medicaid/](http://dhsf.wisconsin.gov/medicaid/).

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