

Affected Programs: BadgerCare Plus, Medicaid

To : Ambulatory Surgery Centers, Anesthesiologist Assistants, Certified Registered Nurse Anesthetists, End-Stage Renal Disease Service Providers, Independent Labs, Physical Therapists, Physician Assistants, Physical Clinics, Physicians, Nurse Practitioners, Occupational Therapists, Outpatient Hospital Providers, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

ForwardHealth Claims Submission and Reimbursement Policy for CPT Add-on Codes

This *ForwardHealth Update* gives information about the ForwardHealth claims submission and reimbursement policy for *Current Procedural Terminology* (CPT) add-on codes. Information in this *Update* applies to services billed on the 1500 Health Insurance Claim Form.

Implementation of ForwardHealth interChange

In November 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

Add-on Codes

Current Procedural Terminology (CPT) add-on codes are used for procedures that are commonly performed in addition to the primary procedure performed. These additional or supplemental procedures are listed in Appendix D, "Summary of CPT Add-on codes," of the 2008 CPT codebook.

In the current system, add-on codes are reimbursed independently from the CPT primary codes on the 1500 Health Insurance Claim Form or the 837 Health Care Claim: Professional (837P) transactions.

With implementation of ForwardHealth interChange, providers will no longer be reimbursed for CPT add-on codes on the 1500 Health Insurance Claim Form or the 837P transactions unless their respective CPT primary codes have been submitted for the same date of service. Add-on services are always performed in addition to the primary service or procedure and are not reimbursed as a stand-alone code.

For example, CPT code 11001 (each additional 10% of the body surface) is considered a CPT add-on code and may not be billed without its primary CPT code, 11000

(Debridement of extensive eczematous or infected skin; up to 10% of body surface).

This change is being made to be consistent with the industry standard for billing and reimbursement of CPT add-on codes.

This policy applies for services rendered to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

Information Regarding Managed Care

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 *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

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