

Affected Programs: BadgerCare Plus, Medicaid

To: Family Planning Clinics, HMOs and Other Managed Care Programs

Procedure Code Change for Therapeutic, Prophylactic, or Diagnostic Injections

Effective for dates of service on and after January 1, 2009, ForwardHealth is updating procedure codes to reflect the 2009 code changes. These changes include the following:

- Adding a new procedure code for injections.
- Enddating a discontinued procedure code for injections.

2009 Procedure Code Change for Therapeutic, Prophylactic, or Diagnostic Injections

Effective for dates of service (DOS) on and after January 1, 2009, revisions have been made for the following therapeutic, prophylactic, and diagnostic injections

Current Procedural Terminology (CPT) procedure codes:

- Code 90772 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) has been deleted.
- Code 96372 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) has been added.

When submitting claims to ForwardHealth with DOS on and after January 1, 2009, providers are required to use the new procedure code for the administration of injections. Providers are reminded to submit the appropriate procedure code for the drug being injected in addition to the administration procedure code.

This particular therapeutic, prophylactic, and diagnostic injection procedure code change affects the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, Family Planning Waiver, and Medicaid.

Additional Information Regarding 2009 Procedure Code Changes

ForwardHealth is updating procedure codes to reflect changes in the 2009 CPT and Healthcare Common Procedure Coding System (HCPCS) codes. Providers can refer to the 2009 CPT or HCPCS books for new procedure codes and deleted procedure codes.

Information on coverage, policy, and maximum allowable fees related to the new CPT and HCPCS procedure codes, including the applicable rendering provider types, is available by accessing the interactive maximum allowable fee schedules on the ForwardHealth Portal at www.forwardhealth.wi.gov/. Click the Fee Schedules link in the Providers panel on the Portal, and then click the Interactive Max Fee Search link in the Quicklinks box. Policy information for CPT and HCPCS procedure codes is subject to change; providers should access the interactive fee schedules and the Online Handbook for the most current policy and coverage information.

Certain procedure codes added for January 1, 2009, were incorrectly listed as noncovered procedures in

January and February 2009. ForwardHealth may have incorrectly denied claims for these procedure codes submitted during this time. ForwardHealth will automatically reprocess claims with inappropriate denials; reprocessed claims will appear on future Remittance Advices.

Information Regarding Managed Care Organizations

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

Providers are reminded that members are allowed to receive family planning services outside an HMO's provider network. In such cases, family planning services are reimbursed on a fee-for-service basis.

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 www.forwardhealth.wi.gov/.

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