

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

New Prior Authorization Criteria for Restorative Plastic Surgery and Procedures

This *ForwardHealth Update* introduces new prior authorization (PA) approval criteria for restorative plastic surgery and procedures effective for PA requests received on and after August 1, 2012.

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Prior Authorization Policy

Generally, restorative plastic surgery and procedures are defined as procedures that are done to improve appearance and do not meet the definition of medical necessity as defined under DHS 101.03(96m), Wis. Admin. Code. In some cases, however, restorative plastic surgery and procedures are considered medically necessary.

Correction of congenital defects, birth abnormalities, and other significant cosmetic defects in children 8 years of age and younger are considered to be medically necessary but require PA. In addition, reconstruction after surgery for breast cancer is considered medically necessary and does not require PA.

When requesting PA, a photograph of the involved area is desirable but not mandatory.

Under DHS 107.06(2)(c), Wis. Admin. Code, the following requires PA in order to be covered by ForwardHealth:

Surgical or medical procedures of questionable medical necessity but deemed advisable in order to correct conditions that may reasonably be assumed to significantly interfere with a recipient's personal or social adjustment or employability, an example of which is cosmetic surgery.

Prior Authorization Approval Criteria

Prior authorization requests for restorative plastic surgery and procedures must meet *one* of the following criteria:

- Documentation that supports medical necessity for the procedure included in the PA request (e.g., signs and symptoms such as pain, repeated trauma to lesion, recurrent infection).
- A psychiatric evaluation documenting procedure necessity based on significant impairment of social or personal adjustment.
- Documentation of significant impact on employability, including documentation of no other irresolvable factors that would prevent the member from being employed. Documented attempts at employment or other clear supporting evidence should be included with the PA request.

The approval criteria for PA requests for restorative plastic surgery and procedures are also included in Attachment 1 of this *Update*.

Covered Services

With the exception of reconstructive breast surgery after surgery for breast cancer, all restorative plastic surgery and procedures require PA. Restorative plastic surgeries and procedures that do not meet the PA approval criteria are considered noncovered. Any charges related to the noncovered restorative plastic surgery and procedures will not be reimbursed.

Refer to Attachment 2 for a list of allowable *Current Procedural Terminology* codes for restorative plastic surgery and procedures.

How to Submit Prior Authorization Requests

All of the following must be included as part of a PA request for restorative plastic surgery and procedures:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (07/12).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).
- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*.

Providers may submit PA requests via the ForwardHealth Portal, including the capability to upload additional required documentation. Providers may refer to the Prior Authorization Portal User Guide available on the Portal for instructions on submitting PA requests and uploading documentation.

Providers may submit paper PA requests to ForwardHealth by fax at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

For complete PA information, refer to the Physician service area of the Online Handbook.

Information Regarding Managed Care Organizations

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. Managed care organizations 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 www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Prior Authorization Approval Criteria for Restorative Plastic Surgery and Procedures

Prior authorization (PA) requests for restorative plastic surgery and procedures must meet *one* of the following criteria:

- Documentation that supports medical necessity for the procedure included in the PA request (e.g., signs and symptoms such as pain, repeated trauma to lesion, recurrent infection).
- A psychiatric evaluation documenting procedure necessity based on significant impairment of social or personal adjustment.
- Documentation of significant impact on employability, including documentation of no other irresolvable factors that would prevent the member from being employed. Documented attempts at employment or other clear supporting evidence should be included with the PA request.

ATTACHMENT 2

Restorative Plastic Surgery Procedure Codes

The following table lists allowable *Current Procedural Terminology* (CPT) procedure codes for restorative plastic surgery and procedures. All of the procedure codes listed in the table require prior authorization.

Surgery	
Service	CPT Procedure Code(s)/Service Definitions
Integumentary System	11200-11201 (skin tags)
	11300-11313 (skin lesion shave)
	11400-11446 (benign lesion removal)
	11920-11922 (tattoos)
	11950-11954 (filling injection)
	15780-15793 (dermabrasion, peels)
	15824-15829 (face lift)
	17106-17111 (benign skin lesions)
	19316 (mastopexy)
	19324-19396 (breast reconstruction without cancer diagnosis)
Musculoskeletal System	*21083 (palatal lift prosthesis)
	*21087(nasal prosthesis)
	*21120-21123 (genioplasty)
	21137 (forehead reduction)
	*21270 (malar augmentation with prosthetic material)
	21280-21282 (canthopexy, eye lid)
Respiratory System	30120 (rhinophyma)
	30400-30450 (rhinoplasty)
Ocular System	67900-67901 (brow lift)
	67903-67909 (ptosis surgery)

* Prior authorization is required to process claims for durable medical equipment.