

**Affected Programs:** Wisconsin Chronic Disease Program

**To:** Federally Qualified Health Centers, Hospital Providers, Medical Equipment Vendors, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

## Allowable Procedure Codes for the Wisconsin Chronic Disease Program Adult Cystic Fibrosis Program

This *ForwardHealth Update* provides a list of allowable procedure codes and associated modifiers for the Wisconsin Chronic Disease Program Adult Cystic Fibrosis Program.

### List of Allowable Procedure Codes and Modifiers

ForwardHealth has created a list of allowable procedure codes and associated modifiers for services covered by the Wisconsin Chronic Disease Program (WCDP) Adult Cystic Fibrosis Program. Refer to the Attachment of this *ForwardHealth Update* for the list of allowable procedure codes.

*Note:* The information included in the Attachment is subject to change. For the most current information, providers are encouraged to refer to the maximum allowable fee schedule on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page.

### Covered Services

For services to be covered by the WCDP Adult Cystic Fibrosis Program, the services must be:

- Medically necessary.
- Cost effective.
- Directly related to adult cystic fibrosis.

In addition, when submitting claims for the WCDP Adult Cystic Fibrosis Program, providers are required to include the following on the claim:

- At least one allowable procedure code (and modifier, if required).
- At least one of the following allowable diagnosis codes:

Diagnosis Code	Description
277.00	Cystic fibrosis, without mention of meconium ileus
277.01	Cystic fibrosis, with meconium ileus
277.02	Cystic fibrosis, with pulmonary manifestations
277.03	Cystic fibrosis, with gastrointestinal manifestations
277.09	Cystic fibrosis, with other manifestations

*Note:* When billing for drugs covered under the WCDP Adult Cystic Fibrosis Program, providers are not required to indicate a diagnosis code on the claim. For drug coverage information, providers can refer to the Drug Search Tool, available on the Fee Schedules page of the Portal.

## **Information Regarding Managed Care Organizations**

Members enrolled only in the Wisconsin Chronic Disease Program are not enrolled in managed care organizations.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT

## Wisconsin Chronic Disease Program Adult Cystic Fibrosis Program Allowable Procedure Codes

The following table includes allowable procedure codes, descriptions, and modifiers for the Wisconsin Chronic Disease Program (WCDP) Adult Cystic Fibrosis Program.

*Note:* The information included in this Attachment is subject to change. For the most current information, providers are encouraged to refer to the maximum allowable fee schedule on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page.

The following modifiers are allowable (as noted) for the WCDP Adult Cystic Fibrosis Program:

- QK (Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals).
- QW (Clinical Laboratory Improvement Amendment [CLIA]-waived test).
- QX (Certified Registered Nurse Anesthetist [CRNA] [or anesthesiologist assistant] service: with medical direction by a physician).
- QY (Medical direction of one CRNA by an anesthesiologist).
- QZ (CRNA service: without medical direction by a physician).
- TC (Technical component).
- 26 (Professional component).

*Note:* ForwardHealth does not require a modifier for all WCDP Adult Cystic Fibrosis Program procedure codes. Allowable modifiers are used to determine applicable reimbursement rates.

Procedure Code	Description	Modifiers (if applicable)
00160	ANESTH NOSE/SINUS SURGERY	QK, QX, QY, QZ
00520	ANESTH CHEST PROCEDURE	QK, QX, QY, QZ
00540	ANESTH CHEST SURGERY	QK, QX, QY, QZ
10021	FNA W/O IMAGE	
10022	FNA W/IMAGE	
30110	REMOVAL OF NOSE POLYP(S)	
30115	REMOVAL OF NOSE POLYP(S)	
31020	EXPLORATION MAXILLARY SINUS	
31200	REMOVAL OF ETHMOID SINUS	
31237	NASAL/SINUS ENDOSCOPY SURG	
31254	REVISION OF ETHMOID SINUS	
31255	REMOVAL OF ETHMOID SINUS	
31256	EXPLORATION MAXILLARY SINUS	
31288	NASAL/SINUS ENDOSCOPY SURG	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
31502	CHANGE OF WINDPIPE AIRWAY	
31622	DX BRONCHOSCOPE/WASH	
31625	BRONCHOSCOPY W/BIOPSY(S)	
31628	BRONCHOSCOPY/LUNG BX EACH	
31629	BRONCHOSCOPY/NEEDLE BX EACH	
31630	BRONCHOSCOPY DILATE/FX REPR	
32100	EXPLORATION OF CHEST	
32120	RE-EXPLORATION OF CHEST	
32999	CHEST SURGERY PROCEDURE	
36215	PLACE CATHETER IN ARTERY	
36217	PLACE CATHETER IN ARTERY	
36415	ROUTINE VENIPUNCTURE	
36600	WITHDRAWAL OF ARTERIAL BLOOD	
70210	X-RAY EXAM OF SINUSES	26, TC
70220	X-RAY EXAM OF SINUSES	26, TC
71010	CHEST X-RAY 1 VIEW FRONTAL	26, TC
71020	CHEST X-RAY 2VW FRONTAL&LATL	26, TC
71035	CHEST X-RAY SPECIAL VIEWS	26, TC
71101	X-RAY EXAM UNILAT RIBS/CHEST	26, TC
74000	X-RAY EXAM OF ABDOMEN	26, TC
74020	X-RAY EXAM OF ABDOMEN	26, TC
75756	ARTERY X-RAYS CHEST	26, TC
76700	US EXAM ABDOM COMPLETE	26, TC
76705	ECHO EXAM OF ABDOMEN	26, TC
76770	US EXAM ABDO BACK WALL COMP	26, TC
78580	LUNG PERFUSION IMAGING	26, TC
80198	ASSAY OF THEOPHYLLINE	
80200	ASSAY OF TOBRAMYCIN	
81000	URINALYSIS NONAUTO W/SCOPE	
81002	URINALYSIS NONAUTO W/O SCOPE	
81003	URINALYSIS AUTO W/O SCOPE	QW
81015	MICROSCOPIC EXAM OF URINE	
82040	ASSAY OF SERUM ALBUMIN	
82150	ASSAY OF AMYLASE	
82270	OCCULT BLOOD FECES	
82310	ASSAY OF CALCIUM	QW
82374	ASSAY BLOOD CARBON DIOXIDE	
82435	ASSAY OF BLOOD CHLORIDE	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
82436	ASSAY OF URINE CHLORIDE	
82465	ASSAY BLD/SERUM CHOLESTEROL	QW
82533	TOTAL CORTISOL	
82565	ASSAY OF CREATININE	QW
82570	ASSAY OF URINE CREATININE	QW
82670	ASSAY OF ESTRADIOL	
82784	ASSAY IGA/IGD/IGG/IGM EACH	
82785	ASSAY OF IGE	
82787	IGG 1 2 3 OR 4 EACH	
82800	BLOOD PH	
82803	BLOOD GASES ANY COMBINATION	
82947	ASSAY GLUCOSE BLOOD QUANT	QW
82948	REAGENT STRIP/BLOOD GLUCOSE	
82951	GLUCOSE TOLERANCE TEST (GTT)	QW
82977	ASSAY OF GGT	
83001	ASSAY OF GONADOTROPIN (FSH)	QW
83002	ASSAY OF GONADOTROPIN (LH)	QW
83036	GLYCOSYLATED HEMOGLOBIN TEST	QW
83520	IMMUNOASSAY QUANT NOS NONAB	
83525	ASSAY OF INSULIN	
83540	ASSAY OF IRON	
83605	ASSAY OF LACTIC ACID	QW
83615	LACTATE (LD) (LDH) ENZYME	
83690	ASSAY OF LIPASE	
83718	ASSAY OF LIPOPROTEIN	QW
83735	ASSAY OF MAGNESIUM	
83930	ASSAY OF BLOOD OSMOLALITY	
83935	ASSAY OF URINE OSMOLALITY	
84075	ASSAY ALKALINE PHOSPHATASE	
84100	ASSAY OF PHOSPHORUS	
84132	ASSAY OF SERUM POTASSIUM	
84133	ASSAY OF URINE POTASSIUM	
84134	ASSAY OF PREALBUMIN	
84155	ASSAY OF PROTEIN SERUM	
84165	PROTEIN E-PHORESIS SERUM	26
84295	ASSAY OF SERUM SODIUM	
84300	ASSAY OF URINE SODIUM	
84436	ASSAY OF TOTAL THYROXINE	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
84439	ASSAY OF FREE THYROXINE	QW
84443	ASSAY THYROID STIM HORMONE	QW
84446	ASSAY OF VITAMIN E	
84450	TRANSFERASE (AST) (SGOT)	QW
84460	ALANINE AMINO (ALT) (SGPT)	QW
84478	ASSAY OF TRIGLYCERIDES	QW
84520	ASSAY OF UREA NITROGEN	
84550	ASSAY OF BLOOD/URIC ACID	
84590	ASSAY OF VITAMIN A	
84703	CHORIONIC GONADOTROPIN ASSAY	QW
84999	CLINICAL CHEMISTRY TEST	
85002	BLEEDING TIME TEST	
85007	BL SMEAR W/DIFF WBC COUNT	
85008	BL SMEAR W/O DIFF WBC COUNT	
85009	MANUAL DIFF WBC COUNT B-COAT	
85013	SPUN MICROHEMATOCRIT	
85014	HEMATOCRIT	QW
85018	HEMOGLOBIN	QW
85025	COMPLETE CBC W/AUTO DIFF WBC	
85027	COMPLETE CBC AUTOMATED	
85032	MANUAL CELL COUNT EACH	
85041	AUTOMATED RBC COUNT	
85044	MANUAL RETICULOCYTE COUNT	
85045	AUTOMATED RETICULOCYTE COUNT	
85046	RETICYTE/HGB CONCENTRATE	
85048	AUTOMATED LEUKOCYTE COUNT	
85049	AUTOMATED PLATELET COUNT	
85610	PROTHROMBIN TIME	QW
85651	RBC SED RATE NONAUTOMATED	
85730	THROMBOPLASTIN TIME PARTIAL	
85999	HEMATOLOGY PROCEDURE	
86140	C-REACTIVE PROTEIN	
86225	DNA ANTIBODY NATIVE	26
86255	FLUORESCENT ANTIBODY SCREEN	26
86256	FLUORESCENT ANTIBODY TITER	26
86317	IMMUNOASSAY INFECTIOUS AGENT	
86329	IMMUNODIFFUSION NES	
86430	RHEUMATOID FACTOR TEST QUAL	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
87070	CULTURE OTHR SPECIMN AEROBIC	
87075	CULTR BACTERIA EXCEPT BLOOD	
87076	CULTURE ANAEROBE IDENT EACH	
87077	CULTURE AEROBIC IDENTIFY	QW
87081	CULTURE SCREEN ONLY	
87084	CULTURE OF SPECIMEN BY KIT	
87086	URINE CULTURE/COLONY COUNT	
87102	FUNGUS ISOLATION CULTURE	
87184	MICROBE SUSCEPTIBLE DISK	
87186	MICROBE SUSCEPTIBLE MIC	
87205	SMEAR GRAM STAIN	
87206	SMEAR FLUORESCENT/ACID STAI	
87210	FUNGUS ISOLATION CULTURE	QW
87220	TISSUE EXAM FOR FUNGI	
87252	VIRUS INOCULATION TISSUE	
87253	VIRUS INOCULATE TISSUE ADDL	
87999	MICROBIOLOGY PROCEDURE	
88104	CYTOPATH FL NONGYN SMEARS	26, TC
88106	CYTOPATH FL NONGYN FILTER	26, TC
88108	CYTOPATH CONCENTRATE TECH	26, TC
88125	FORENSIC CYTOPATHOLOGY	26, TC
88130	SEX CHROMATIN IDENTIFICATION	
88140	SEX CHROMATIN IDENTIFICATION	
88150	CYTOPATH C/V MANUAL	
88155	CYTOPATH C/V INDEX ADD-ON	
88160	CYTOPATH SMEAR OTHER SOURCE	26, TC
88161	CYTOPATH SMEAR OTHER SOURCE	26, TC
88162	CYTOPATH SMEAR OTHER SOURCE	26, TC
88172	CYTP DX EVAL FNA 1ST EA SITE	26, TC
88173	CYTOPATH EVAL FNA REPORT	26, TC
88182	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS	26, TC
88199	CYTOPATHOLOGY PROCEDURE	
88300	SURGICAL PATH GROSS	26, TC
88305	TISSUE EXAM BY PATHOLOGIST	26, TC
88312	SPECIAL STAINS GROUP 1	26, TC
88342	IMMUNOHISTOCHEMISTRY	26, TC
88346	IMMUNOFLUORESCENT STUDY	26, TC
90732	PNEUMOCOCCAL VACCINE	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
93000	ELECTROCARDIOGRAM COMPLETE	
93005	ELECTROCARDIOGRAM TRACING	
93010	ELECTROCARDIOGRAM REPORT	
93224	ECG MONIT/REPRT UP TO 48 HRS	
93307	TTE W/O DOPPLER COMPLETE	26, TC
93320	DOPPLER ECHO EXAM HEART	26, TC
93325	DOPPLER COLOR FLOW ADD-ON	26, TC
93503	INSERT/PLACE HEART CATHETER	
94010	BREATHING CAPACITY TEST	26, TC
94060	EVALUATION OF WHEEZING	26, TC
94200	LUNG FUNCTION TEST (MBC/MVV)	26, TC
94375	RESPIRATORY FLOW VOLUME LOOP	26, TC
94760	MEASURE BLOOD OXYGEN LEVEL	
94761	MEASURE BLOOD OXYGEN LEVEL	
94799	PULMONARY SERVICE/PROCEDURE	
99201	OFFICE/OUTPATIENT VISIT NEW	
99202	OFFICE/OUTPATIENT VISIT NEW	
99203	OFFICE/OUTPATIENT VISIT NEW	
99204	OFFICE/OUTPATIENT VISIT NEW	
99205	OFFICE/OUTPATIENT VISIT NEW	
99211	OFFICE/OUTPATIENT VISIT EST	
99212	OFFICE/OUTPATIENT VISIT EST	
99213	OFFICE/OUTPATIENT VISIT EST	
99214	OFFICE/OUTPATIENT VISIT EST	
99215	OFFICE/OUTPATIENT VISIT EST	
99221	INITIAL HOSPITAL CARE	
99222	INITIAL HOSPITAL CARE	
99233	SUBSEQUENT HOSPITAL CARE	
99238	HOSPITAL DISCHARGE DAY	
99241	OFFICE CONSULTATION	
99242	OFFICE CONSULTATION	
99243	OFFICE CONSULTATION	
99244	OFFICE CONSULTATION	
99245	OFFICE CONSULTATION	
99251	INPATIENT CONSULTATION	
99252	INPATIENT CONSULTATION	
99253	INPATIENT CONSULTATION	
99254	INPATIENT CONSULTATION	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
99255	INPATIENT CONSULTATION	
99281	EMERGENCY DEPT VISIT	
99282	EMERGENCY DEPT VISIT	
99283	EMERGENCY DEPT VISIT	
99284	EMERGENCY DEPT VISIT	
99285	EMERGENCY DEPT VISIT	
A4305	DRUG DELIVERY SYSTEM >=50 ML	
A4306	DRUG DELIVERY SYSTEM <=50 ML	
B4102	EF ADULT FLUIDS AND ELECTRO	
B4103	EF PED FLUID AND ELECTROLYTE	
B4149	EF BLENDERIZED FOODS	
B4150	EF COMPLET W/INTACT NUTRIENT	
B4152	EF CALORIE DENSE>/=1.5KCAL	
B4153	EF HYDROLYZED/AMINO ACIDS	
B4154	EF SPEC METABOLIC NONINHERIT	
B4155	EF INCOMPLETE/MODULAR	
E0430	OXYGEN SYSTEM GAS PORTABLE	
E0431	PORTABLE GASEOUS O2	
E0434	PORTABLE LIQUID O2	
E0435	OXYGEN SYSTEM LIQUID PORTABL	
E0439	STATIONARY LIQUID O2	
E0440	OXYGEN SYSTEM LIQUID STATION	
E0441	STATIONARY O2 CONTENTS, GAS	
E0442	STATIONARY O2 CONTENTS, LIQ	
E0444	PORTABLE O2 CONTENTS, LIQUID	
E0480	PERCUSSOR ELECT/PNEUM HOME M	
E0483	CHEST COMPRESSION GEN SYSTEM	RR
E0570	NEBULIZER WITH COMPRESSION	
E0575	NEBULIZER ULTRASONIC	
E0776	IV POLE	
E0781	EXTERNAL AMBULATORY INFUS PU	
E1390	OXYGEN CONCENTRATOR	
E1399	DURABLE MEDICAL EQUIPMENT MI	
J0120	TETRACYCLIN INJECTION	
J0290	AMPICILLIN 500 MG INJ	
J0690	CEFAZOLIN SODIUM INJECTION	
J0694	CEFOXITIN SODIUM INJECTION	
J0696	CEFTRIAXONE SODIUM INJECTION	

<b>Procedure Code</b>	<b>Description</b>	<b>Modifiers (if applicable)</b>
J0697	STERILE CEFUROXIME INJECTION	
J0698	CEFOTAXIME SODIUM INJECTION	
J0710	CEPHAPIRIN SODIUM INJECTION	
J0713	INJ CEFTAZIDIME PER 500 MG	
J0720	CHLORAMPHENICOL SODIUM INJEC	
J0743	CILASTATIN SODIUM INJECTION	
J0770	COLISTIMETHATE SODIUM INJ	
J1570	GANCICLOVIR SODIUM INJECTION	
J1580	GARAMYCIN GENTAMICIN INJ	
J1890	CEPHALOTHIN SODIUM INJECTION	
J2540	PENICILLIN G POTASSIUM INJ	
J2543	PIPERACILLIN/TAZOBACTAM	
J2700	OXACILLIN SODIUM INJECITON	
J3260	TOBRAMYCIN SULFATE INJECTION	
J3370	VANCOMYCIN HCL INJECTION	
J7799	NON-INHALATION DRUG FOR DME	

#### **Evaluation and Management Codes**

<b>Procedure Code</b>	<b>Description</b>
99231	Subsequent hospital care, per day, for the evaluation and management of a patient (15 minutes), which requires as least 2 of these three key components: <ul style="list-style-type: none"> <li>• A problem focused interval history;</li> <li>• A problem focused examination;</li> <li>• Medical decision making that is straightforward or of low complexity.</li> </ul>
99232	Subsequent hospital care, per day, for the evaluation and management of a patient (25 minutes), which requires as least 2 of these three key components: <ul style="list-style-type: none"> <li>• An expanded problem focused interval history;</li> <li>• An expanded problem focused examination;</li> <li>• Medical decision making of moderate complexity.</li> </ul>
99233	Subsequent hospital care, per day, for the evaluation and management of a patient (35 minutes), which requires as least 2 of these three key components: <ul style="list-style-type: none"> <li>• A detailed interval history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of high complexity.</li> </ul>

Procedure Code	Description
99241	Office consultation for a new or established patient (15 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A problem focused history;</li> <li>• A problem focused examination; and</li> <li>• Straightforward medical decision making.</li> </ul>
99242	Office consultation for a new or established patient (30 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination; and</li> <li>• Straightforward medical decision making.</li> </ul>
99243	Office consultation for a new or established patient (40 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination; and</li> <li>• Medical decision making of low complexity.</li> </ul>
99244	Office consultation for a new or established patient (60 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of moderate complexity.</li> </ul>
99245	Office consultation for a new or established patient (80 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of high complexity.</li> </ul>
99251	Inpatient consultation for a new or established patient (20 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A problem focused history;</li> <li>• A problem focused examination; and</li> <li>• Straightforward medical decision making.</li> </ul>
99252	Inpatient consultation for a new or established patient (40 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination; and</li> <li>• Straightforward medical decision making.</li> </ul>
99253	Inpatient consultation for a new or established patient (55 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• An detailed examination; and</li> <li>• Medical decision making of low complexity.</li> </ul>

<b>Procedure Code</b>	<b>Description</b>
99254	Inpatient consultation for a new or established patient (80 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of moderate complexity.</li> </ul>
99255	Inpatient consultation for a new or established patient (110 minutes), which requires these 3 key components: <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of high complexity.</li> </ul>