

Affected Programs: BadgerCare Plus, Medicaid

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

Prior Authorization Requirements and Coverage Policy for Restorative Plastic Surgeries and Procedures

Effective for dates of service on and after December 1, 2015, prior authorization (PA) requirements and coverage policy for certain allowable restorative plastic surgeries and procedures will be revised. This *ForwardHealth Update* outlines the PA requirements and coverage policy for allowable restorative plastic surgeries and procedures.

Coverage of Restorative Plastic Surgeries and Procedures

ForwardHealth covers restorative plastic surgeries and procedures when medically necessary per Wis. Admin. Code § DHS 101.03(96m); however, prior authorization (PA) is required for coverage of certain surgeries and procedures. Prior authorization requests for restorative plastic surgeries and procedures may be approved when required criteria (outlined in the Prior Authorization Approval Criteria section of this *ForwardHealth Update*) are met.

In general, ForwardHealth considers a procedure to be restorative when the primary purpose is to restore or improve physiologic function for a physical impairment that exists as a result of accident, injury, and/or congenital defect. A procedure may be considered restorative when it is intended to correct a congenital malformation that is likely to cause future functional impairment.

Prior Authorization Approval Criteria

Prior authorization requests for restorative plastic surgeries and procedures must include **one** of the following:

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

Restorative plastic surgeries and procedures that do not meet the PA approval criteria are considered noncovered services. Any claims submitted for noncovered restorative plastic surgeries and procedures will not be reimbursed.

Covered Services

Effective for dates of service (DOS) on and after December 1, 2015, ForwardHealth will cover the following restorative plastic surgeries and procedures, identified by *Current Procedural Terminology* (CPT) procedure codes and descriptions, with an approved PA request:

- 15820-15823 (Blepharoplasty)
- 17360 (Chemical exfoliation for acne [eg, acne paste, acid])
- 69300 (Otoplasty, protruding ear, with or without size reduction)

Refer to the Attachment of this *Update* for a complete list of allowable restorative plastic surgeries and procedures that require PA.

Prior Authorization No Longer Required

Effective for DOS on and after December 1, 2015, the following restorative plastic surgeries and procedures, identified by CPT procedure codes and descriptions, will no longer require PA in order to be covered by ForwardHealth:

- 11300-11313 (Shaving of epidermal or dermal lesions)
- 11400-11446 (Excision, benign lesions)
- 17106-17111 (Destruction, benign or premalignant lesions)
- 19328 (Removal of intact mammary implant)
- 19330 (Removal of mammary implant material)
- 19370 (Open periprosthetic capsulotomy, breast)
- 19371 (Periprosthetic capsulotomy, breast)

Note: Although PA is no longer required for these codes, medical necessity must be supported and documented in the member's medical record.

Prior Authorization Request Submission

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

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- 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*

Prior Authorization Submission Methods

Prior authorization requests may be submitted using any of the following methods:

- **ForwardHealth Portal.** Prior authorization requests may be submitted on the Portal at www.forwardhealth.wi.gov/.
- **Fax.** Prior authorization requests should be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.
- **Mail.** Prior authorization requests should be mailed to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

- **278 Health Care Services Review — Request for Review and Response (278) transaction.** The 278 transaction is the standard electronic format for health care service PA requests.

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 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 website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 11/25/15 and information contained in this *Update* was incorporated into the Online Handbook on 12/01/2015.

ATTACHMENT

Restorative Plastic Surgery Procedure Codes Requiring Prior Authorization

The following table lists allowable *Current Procedural Terminology* (CPT) procedure codes for restorative plastic surgeries and procedures that require prior authorization (PA).

Surgery	
CPT Procedure Code(s)	Service Description
11200-11201	Removal of skin tags
11920-11922	Tattooing
11950-11954	Subcutaneous injection of filling material (eg, collagen)
15780-15782	Dermabrasion
15786-15793	Abrasion and chemical peels
15820-15823	Blepharoplasty
15824-15829	Rhytidectomy
17360	Chemical exfoliation for acne (eg, acne paste, acid)
19316*	Mastopexy
19324-19325*	Mammoplasty, augmentation
19355	Correction of inverted nipples
19340-19369*	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19380*	Revision of reconstructed breast
19396*	Preparation of moulage for custom breast implant
21083**	Impression and custom preparation; palatal lift prosthesis
21087**	nasal prosthesis
21120-21123**	Genioplasty
21137	Reduction forehead; contouring only
21270**	Malar augmentation, prosthetic material
21280-21282	Medial or lateral canthopexy
30120	Excision or surgical planing of skin of nose for rhinophyma
30400-30450	Rhinoplasty
67900-67909	Repair of brow ptosis, repair of blepharoptosis
69300	Otoplasty, protruding ear, with or without size reduction

* Prior authorization is not required for these procedures if they are performed following a mastectomy for breast cancer and if the claim includes an allowable breast cancer diagnosis code.

** Prior authorization is required to process claims for durable medical equipment (DME) related to these procedures. To verify PA requirements for DME, refer to the DME Index, available on the Provider-specific Resources page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/MedicalEquipmentVendor/resources_25.htm.spage.