

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** All Providers, HMOs and Other Managed Care Programs

## 2016 CPT and HCPCS Procedure Code Changes

Effective for dates of service on and after January 1, 2016, ForwardHealth has updated covered services, policies, and service limitations to reflect the 2016 *Current Procedural Terminology* and Healthcare Common Procedure Coding System procedure code changes.

Effective for dates of service (DOS) on and after January 1, 2016, ForwardHealth has updated covered services, policies, and service limitations to reflect the 2016 *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure code changes. These changes include the following:

- Enddated, added, and revised CPT and HCPCS procedure codes for BadgerCare Plus and Medicaid
- Added new HCPCS procedure codes for the Family Planning Only Services benefit
- Updated coverage policy for low-dose computed tomography (CT) lung cancer screening, testing for drugs of abuse, dental services, and advanced imaging services
- Added new covered services based on provider recommendations
- Reaffirmed claims submission policy for radiation treatment delivery
- Added procedure codes to the Provider-Administered Drugs Carve-Out Procedure Codes table

### Procedure Code Changes for BadgerCare Plus and Medicaid

Effective for DOS on and after January 1, 2016, ForwardHealth has updated CPT and HCPCS procedure codes for BadgerCare Plus and Medicaid. These changes include the following:

- Enddated discontinued CPT and HCPCS procedure codes
- Added new CPT and HCPCS procedure codes
- Revised existing CPT and HCPCS procedure codes when applicable

This *ForwardHealth Update* provides information regarding new policy surrounding certain new procedure codes for DOS on and after January 1, 2016. Providers should refer to the 2016 CPT and HCPCS code books for complete information on newly added, deleted, and revised procedure codes as of January 1, 2016.

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 via the interactive maximum allowable fee schedules on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/). To access the fee schedules, click the Fee Schedules link in the Providers quick links box of the Portal home page, 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.

## **Changes for Durable Medical Equipment**

### ***Discontinued Procedure Codes***

Effective for DOS on and after January 1, 2016, the following HCPCS procedure codes have been discontinued:

- E0450 (Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface [e.g., tracheostomy tube])
- E0460 (Negative pressure ventilator; portable or stationary)
- E0461 (Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface [e.g. mask])
- E0463 (Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface [e.g., tracheostomy tube])
- E0464 (Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface [e.g., mask])

### ***New Procedure Codes***

Effective for DOS on and after January 1, 2016, the following HCPCS procedure codes for ventilators have replaced procedure codes E0450, E0460, E0461, E0463, and E0464:

- E0465 (Home ventilator, any type, used with invasive interface, [e.g., tracheostomy tube])
- E0466 (Home ventilator, any type, used with non-invasive interface, [e.g., mask, chest shell])

### ***Policy Changes***

Effective for DOS on and after January 1, 2016, ForwardHealth has discontinued coverage of the following HCPCS procedure codes:

- L0621 (Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf)
- L0623 (Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum

and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf)

### ***Prior Authorization***

Effective for DOS on and after January 1, 2016, prior authorization (PA) is required for HCPCS procedure codes E0465 and E0466.

ForwardHealth will systematically convert previously approved PA requests that were submitted with HCPCS procedure codes E0450, E0460, E0461, E0463, or E0464 with grant dates prior to January 1, 2016, and expiration dates on and after January 1, 2016. No action will be required on the provider's part.

A decision notice will be sent to communicate the systematic conversions to approved PA requests. Providers who submitted a paper PA request via mail or fax and have a Portal account will receive a decision notice letter via their Portal account, as well as by mail. Providers who submitted a PA request via the Portal will receive a decision notice letter via their Portal account only.

### ***Claims Submission***

Effective for DOS on and after January 1, 2016, providers are reminded to submit claims for durable medical equipment with the most current procedure code as indicated in the decision notice, per national coding and ForwardHealth guidelines.

## **Changes for Emerging Molecular Pathology and Diagnostic Genetic Testing**

### ***New Procedure Codes***

Effective for DOS on and after January 1, 2016, several new codes have been added to the CPT code set for emerging molecular pathology and diagnostic genetic testing. The new procedure codes for emerging molecular pathology and diagnostic genetic testing may be covered by ForwardHealth.

Refer to Attachment 1 of this *Update* for a list of molecular pathology and diagnostic genetic testing procedure codes

that are covered with PA. Providers are reminded to refer to the fee schedules for information on coverage, as coverage status has changed for many procedure codes.

### ***Claims Submission for Colorectal Cancer Screening***

Prior to January 1, 2016, CPT and HCPCS Level II had separate and distinct code sets to describe colorectal cancer screening (i.e., stool-based DNA and fecal occult hemoglobin [Cologuard]). Providers who submit professional claims to ForwardHealth are required to submit claims for colorectal cancer screening with CPT procedure code 81528 (Oncology [colorectal] screening, quantitative real-time target and signal amplification of 10 DNA markers [*KRAS* mutations, promoter methylation of *NDRG4* and *BMP3*] and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result). ForwardHealth no longer covers HCPCS procedure code G0464 (Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin [e.g., *KRAS*, *NDRG4* and *BMP3*]).

### ***Reminders***

#### ***Fetal Aneuploidy Testing Using Cell-Free Fetal DNA***

As a reminder, ForwardHealth covers fetal aneuploidy testing using cell-free fetal DNA in maternal blood tests without PA in cases that meet the guidelines published by the American Congress of Obstetricians and Gynecologists (ACOG). Documentation that demonstrates adherence to ACOG guidelines must be maintained by the provider.

*Note:* At this time, ACOG does not recognize this test for the general population.

#### ***Full Genome and Exome Sequencing***

As a reminder, ForwardHealth does not cover full genome and exome sequencing.

#### ***Panel Versus Component Coding***

In adherence with correct coding guidelines, it is not appropriate to report two or more procedures to describe a service when a single, comprehensive procedure exists that more accurately describes the complete service performed by

a provider. ForwardHealth expects providers who perform all components of a genomic sequencing procedure and other molecular multianalyte assays to request PA and submit claims only for the associated panel code.

### **Procedure Code Changes for the Family Planning Only Services Benefit**

Effective for DOS on and after January 1, 2016, ForwardHealth may reimburse providers for the following new HCPCS procedure codes under the Family Planning Only Services benefit:

- J7297 (Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration)
- J7298 (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration)

### **Changes to Coverage Policy for Low-Dose Computed Tomography Lung Cancer Screening**

Effective for DOS on and after January 1, 2016, HCPCS procedure code G0297 has been added as a procedure code for low-dose CT lung cancer screening. Providers are required to submit professional claims for low-dose CT lung cancer screening with HCPCS procedure code G0297. ForwardHealth no longer recognizes HCPCS procedure code S8032 as a covered service.

Providers are reminded that ForwardHealth covers lung cancer screening without PA only for members who are at high risk for lung cancer and who meet all coverage criteria outlined in the Low-Dose Computed Tomography Scans topic (topic #17937) of the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Physician service area of the ForwardHealth Online Handbook.

*Note:* ForwardHealth requires PA for coverage of all other CT scans, including scans performed as a follow-up to the initial low-dose CT screening, unless the provider has an exemption under ForwardHealth's advanced imaging PA exemption program. For more information about PA requirements and the exemption program for advanced imaging services, refer to the Advanced Imaging Services

chapter of the Prior Authorization section of the Radiology service area of the Online Handbook.

## **Changes to Coverage Policy for Testing for Drugs of Abuse**

Both CPT and HCPCS Level II continue to have separate and distinct code sets to describe testing for drugs of abuse. The Centers for Medicare and Medicaid Services (CMS) has again delayed the implementation of changes to CPT through 2016. ForwardHealth will continue to align with CMS, recognizing only HCPCS Level II procedure codes G0477–G0483 for testing for drugs of abuse.

Providers who submit professional claims are required to submit claims for testing for drugs of abuse with HCPCS procedure codes G0477, G0478, G0479, G0480, G0481, G0482, and G0483. Both CPT and HCPCS Level II code sets may be used on hospital claims for testing for drugs of abuse.

A future *Update* will describe additional coverage policy and guidelines for testing for drugs of abuse.

## **Changes to Dental Coverage Policy**

ForwardHealth has updated dental covered services, policies, and service limitations to reflect the 2016 *Current Dental Terminology* changes. A future *Update* will describe specific coverage policy guidelines.

## **Changes to Coverage Policy for Advanced Imaging Services**

Effective for DOS on and after January 1, 2016, ForwardHealth covers fetal MRI imaging services under CPT procedure codes 74712 (Magnetic resonance [eg, proton] imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation) and 74713 (Magnetic resonance [eg, proton] imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation [list separately in addition to code for primary procedure]) with PA through MedSolutions.

Procedure codes 74712 and 74713 require PA when performed in either outpatient hospital settings or in non-hospital settings (e.g., radiology clinics).

For more information about advanced imaging services, providers should refer to the guidelines in the Advanced Imaging Services topic (topic #10677) of the Submission chapter of the Claims section of the Radiology service area of the Online Handbook.

## **New Covered Services Based on Provider Recommendations**

Throughout the course of the year, ForwardHealth is asked by providers to consider several procedures and services for coverage. Refer to Attachment 2 for a list of procedure codes that are now covered by ForwardHealth as a result of their review in calendar year 2015. Coverage of these procedure codes is effective for DOS on and after January 1, 2016.

## **Claim Submission Policy for Radiation Treatment Delivery and Intensity-Modulated Radiation Therapy**

Both CPT and HCPCS Level II continue to have separate and distinct code sets to describe radiation treatment management. The CMS has again delayed the implementation of changes to CPT through 2016. ForwardHealth will continue to align with CMS, recognizing only HCPCS Level II procedure codes G6001–G6016 for radiation treatment delivery. Providers who submit professional claims for radiation treatment delivery are required to use HCPCS procedure codes G6001–G6014. Providers who submit professional claims for intensity-modulated radiation therapy are required to use codes G6015–G6016.

For processing of hospital claims, both CPT and HCPCS Level II code sets will continue to be recognized.

## **Changes to Provider-Administered Drugs Carve-Out Policy**

Refer to Attachment 3 for a list of the procedure codes that have been added to the Provider-Administered Drugs Carve-Out Procedure Codes table. The Provider-Administered

Drugs Carve-Out Procedure Codes table provides information about when a code should be billed to ForwardHealth fee-for-service if a member has HMO coverage and when a code should be billed to a member's HMO. The complete Provider-Administered Drugs Carve-Out Procedure Codes table can be found on the Physician page of the Provider-specific Resources area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

## **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/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT 1

## Molecular Pathology and Diagnostic Genetic Test Procedure Codes That Are Covered with Prior Authorization

The following table contains a list of molecular pathology and diagnostic genetic testing *Current Procedural Terminology* (CPT) procedure codes that are covered by ForwardHealth with prior authorization (PA).

*Note:* This list is not a comprehensive list of covered genetic testing services. This list includes current covered codes that require PA. The information included in the table is subject to change. For the most current information on all covered codes, providers are encouraged to refer to the maximum allowable fee schedules on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page.

Procedure Code	Description
81161	<i>DMD (dystrophin)</i> (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
81162	<i>BRCA1, BRCA2 (breast cancer 1 and 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis
81201	<i>APC (adenomatous polyposis coli)</i> (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81203	<i>APC (adenomatous polyposis coli)</i> (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81211	<i>BRCA1, BRCA2 (breast cancer 1 and 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in <i>BRCA1</i> (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
81213	<i>BRCA1, BRCA2 (breast cancer 1 and 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants
81214	<i>BRCA1 (breast cancer 1)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
81216	<i>BRCA2 (breast cancer 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81222	<i>CFTR (cystic fibrosis transmembrane conductance regulator)</i> (eg, cystic fibrosis) gene analysis; duplication/deletion variants
81223	<i>CFTR (cystic fibrosis transmembrane conductance regulator)</i> (eg, cystic fibrosis) gene analysis; full gene sequence
81280	Long QT syndrome gene analyses (eg, <i>KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2</i> ); full sequence analysis

<b>Procedure Code</b>	<b>Description</b>
81282	Long QT syndrome gene analyses (eg, <i>KCNQ1</i> , <i>KCNH2</i> , <i>SCN5A</i> , <i>KCNE1</i> , <i>KCNE2</i> , <i>KCNJ2</i> , <i>CACNA1C</i> , <i>CAV3</i> , <i>SCN4B</i> , <i>AKAP</i> , <i>SNTA1</i> , and <i>ANK2</i> ); duplication/deletion variants
81287	<i>MGMT</i> ( <i>O</i> -6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis
81292	<i>MLH1</i> ( <i>mutL</i> homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81294	<i>MLH1</i> ( <i>mutL</i> homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81295	<i>MSH2</i> ( <i>mutS</i> homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81297	<i>MSH2</i> ( <i>mutS</i> homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81298	<i>MSH6</i> ( <i>mutS</i> homolog 6 [ <i>E. coli</i> ]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81300	<i>MSH6</i> ( <i>mutS</i> homolog 6 [ <i>E. coli</i> ]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81302	<i>MECP2</i> ( <i>methyl CpG binding protein 2</i> ) (eg, Rett syndrome) gene analysis; full sequence analysis
81304	<i>MECP2</i> ( <i>methyl CpG binding protein 2</i> ) (eg, Rett syndrome) gene analysis; duplication/deletion variants
81317	<i>PMS2</i> ( <i>postmeiotic segregation increased 2</i> [ <i>S. cerevisiae</i> ]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81319	<i>PMS2</i> ( <i>postmeiotic segregation increased 2</i> [ <i>S. cerevisiae</i> ]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81321	<i>PTEN</i> ( <i>phosphatase and tensin homolog</i> ) (eg, Cowden syndrome, <i>PTEN</i> hamartoma tumor syndrome) gene analysis; full sequence analysis
81323	<i>PTEN</i> ( <i>phosphatase and tensin homolog</i> ) (eg, Cowden syndrome, <i>PTEN</i> hamartoma tumor syndrome) gene analysis; duplication/deletion variant
81324	<i>PMP22</i> ( <i>peripheral myelin protein 22</i> ) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
81325	<i>PMP22</i> ( <i>peripheral myelin protein 22</i> ) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
81400	Refer to the 2016 CPT code book for full description.
81401	Refer to the 2016 CPT code book for full description.
81402	Refer to the 2016 CPT code book for full description.
81403	Refer to the 2016 CPT code book for full description.
81404	Refer to the 2016 CPT code book for full description.
81405	Refer to the 2016 CPT code book for full description.
81406	Refer to the 2016 CPT code book for full description.
81407	Refer to the 2016 CPT code book for full description.
81408	Refer to the 2016 CPT code book for full description.

Procedure Code	Description
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including <i>FBN1</i> , <i>TGFBR1</i> , <i>TGFBR2</i> , <i>COL3A1</i> , <i>MYH11</i> , <i>ACTA2</i> , <i>SLC2A10</i> , <i>SMAD3</i> , and <i>MYLK</i>
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for <i>TGFBR1</i> , <i>TGFBR2</i> , <i>MYH11</i> , and <i>COL3A1</i>
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including <i>CDH23</i> , <i>CLRN1</i> , <i>GJB2</i> , <i>GPR98</i> , <i>MTRNR1</i> , <i>MYO7A</i> , <i>MYO15A</i> , <i>PCDH15</i> , <i>OTOF</i> , <i>SLC26A4</i> , <i>TMC1</i> , <i>TMPRSS3</i> , <i>USH1C</i> , <i>USH1G</i> , <i>USH2A</i> , and <i>WFS1</i>
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for <i>STRC</i> and <i>DFNB1</i> deletions in <i>GJB2</i> and <i>GJB6</i> genes
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including <i>ABCA4</i> , <i>CNGA1</i> , <i>CRB1</i> , <i>EYS</i> , <i>PDE6A</i> , <i>PDE6B</i> , <i>PRPF31</i> , <i>PRPH2</i> , <i>RDH12</i> , <i>RHO</i> , <i>RP1</i> , <i>RP2</i> , <i>RPE65</i> , <i>RPGR</i> , and <i>USH2A</i>
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including <i>MAX</i> , <i>SDHB</i> , <i>SDHC</i> , <i>SDHD</i> , <i>TMEM127</i> , and <i>VHL</i>
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for <i>SDHB</i> , <i>SDHC</i> , <i>SDHD</i> , and <i>VHL</i>
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including <i>BCS1L</i> , <i>C10orf2</i> , <i>COQ2</i> , <i>COX10</i> , <i>DGUOK</i> , <i>MPV17</i> , <i>OPA1</i> , <i>PDSS2</i> , <i>POLG</i> , <i>POLG2</i> , <i>RRM2B</i> , <i>SCO1</i> , <i>SCO2</i> , <i>SLC25A4</i> , <i>SUCLA2</i> , <i>SUCLG1</i> , <i>TAZ</i> , <i>TK2</i> , and <i>TYMP</i>
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
81479	Unlisted molecular pathology procedure
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
81599	Unlisted multianalyte assay with algorithmic analysis



# ATTACHMENT 2

## New Covered Services Based on Provider Recommendations

Effective for dates of service (DOS) on and after January 1, 2016, the procedure codes listed in the following table are covered by ForwardHealth.

Procedure Code	Description	Coverage Decision	Specific Policy Changes
90660, 90661, 90686, 90688	Influenza virus vaccine	Coverage allowed at place of service (POS) code 17 (Retail Walk-in Clinics)	Place of service code 17 added to allowable POS. Restriction of ages 6 and up added when service performed at POS 17.
A7501-A7508, L8511	Voice prosthesis/tracheostoma devices	Coverage allowed	New policy
K0901, K0902	Knee Orthosis	Coverage allowed	New policy
78012, 78013, 78014	Thyroid uptake	Allowable POS updated to include facility	Place of service codes 19, 21, and 22 added to allowable POS.
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	Allowable for optometrist	Optometrist added to allowable provider type/specialty

Effective for DOS on and after January 1, 2016, the procedure codes listed in the following table are covered by ForwardHealth with coverage criteria.

Procedure Code	Description	Coverage Decision	Coverage Criteria
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Coverage allowed with PA	Follow Obesity Surgery PA guidelines
91200	Fibroscan Testing/Liver Elastography	Coverage allowed with policy guidelines	BMI < 30, no more than two times per year and not within six months of a liver biopsy

<b>Procedure Code</b>	<b>Description</b>	<b>Coverage Decision</b>	<b>Coverage Criteria</b>
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	Coverage allowed with policy guidelines	Policy for grade II or III (no grade IV) symptomatic internal hemorrhoids that have failed ligation and other conservative office-based measures.
46601, 46607	Diagnostic anoscopy with high-resolution magnification	Coverage allowed with policy guidelines	Allow for diagnosis of a suspicious anal lesion or symptoms in persons with corresponding abnormal physical findings. Not covered for screening purposes.

# ATTACHMENT 3

## Additions to Provider-Administered Drugs Carve-Out Procedure Codes Table

The following table lists the procedure codes that have been added to the Provider-Administered Drugs Carve-Out Procedure Codes table. Refer to the Physician page of the Provider-specific Resources area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for the complete table.

*Note:* The Provider-Administered Drugs Carve-Out Procedure Codes table will be revised in accordance with annual and quarterly HCPCS procedure code updates. Other policy revisions affecting the table may be made at any time, so providers should refer to the Physician Resources page of the Portal for the most current information.

Procedure Code	Description
J0202	Injection, alemtuzumab, 1 mg
J0596	Injection, C1 esterase inhibitor (recombinant), ruconest, 10 units
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
J0875	Injection, dalbavancin, 5mg
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
J1447	Injection, TBO-filgrastim, 1 microgram
J1575	Injection, immune globulin/hyaluronidase, (HYQVIA), 100 mg immunoglobulin
J1833	Injection, isavuconazonium, 1 mg
J2407	Injection, oritavancin, 10 mg
J2502	Injection, pasireotide long acting, 1 mg
J2547	Injection, peramivir, 1 mg
J2860	Injection, siltuximab, 10 mg
J3090	Injection, tedizolid phosphate, 1 mg
J3380	Injection, vedolizumab, 1 mg
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (obizur), per i.u.
J7205	Injection, factor VIII Fc fusion protein (recombinant), per iu
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg
J7512	Prednisone, immediate release or delayed release, oral, 1 mg
J7999	Compounded drug, not otherwise classified
J8655	Netupitant 300 mg and palonosetron 0.5 mg
J9032	Injection, belinostat, 10 mg

<b>Procedure Code</b>	<b>Description</b>
J9039	Injection, blinatumomab, 1 microgram
J9271	Injection, pembrolizumab, 1 mg
J9299	Injection, nivolumab, 1 mg
J9308	Injection, ramucirumab, 5 mg