
WISCONSIN MEDICAID UPDATE

JANUARY 30, 1997

UPDATE 97-04

TO:
Ambulatory Surgery Centers
DME Vendors
Family Planning Clinics
Independent Laboratories
Hospitals
Nurse Practitioners
Pharmacies
Physician Assistants
Physicians

Revised Administrative Rules: Medically Unnecessary Services - Effective March 1, 1997

Revised rules effective March 1, 1997

Revised administrative rules regarding Medicaid coverage of certain services become effective on March 1, 1997.

The revised rules:

- Eliminate coverage of some additional services that have been determined not to be medically necessary. (Some of these services were never reimbursed by Wisconsin Medicaid.)
- Limit coverage of certain other services to medically necessary situations.
- Remove the requirement of prior authorization for sterilizations.

Services not covered by Wisconsin Medicaid

As specified in HSS 107.03, Wis. Admin. Code, effective March 1, 1997, the following additional services are not covered by Wisconsin Medicaid:

- ◆ Services, drugs, and items that are provided for the purpose of enhancing the

prospects of fertility in males or females, including but not limited to, the following:

- Artificial insemination, including but not limited to, intra-cervical and intra-uterine insemination.
- Infertility counseling.
- Infertility testing, including but not limited to, tubal patency, semen analysis, or sperm evaluation.
- Reversal of female sterilization, including but not limited to, tubouterine implantation, tubotubal anastomoses, and fimbrioplasty.
- Reversal of vasectomies.
- Drugs that enhance fertility when used specifically for the treatment of infertility.
- Office visits, consultations, and other encounters to enhance the prospects of fertility.
- Other fertility-enhancing services and items.
- ◆ Surrogate parenting and related services, including but not limited to, artificial insemination and subsequent obstetrical care.

- ◆ Ear lobe repair.
- ◆ Tattoo removal.
- ◆ Transsexual surgery.
- ◆ Impotence treatment drugs, devices, and services, including but not limited to, penile prostheses and external devices, insertion surgery, and other related services.
- ◆ Testicular prosthesis.
- ◆ Non-emergency gastric bypass or gastric stapling for obesity.
- ◆ Drugs, including hormone therapy, associated with transsexual surgery or medically unnecessary alteration of sexual anatomy or characteristics.
- ◆ Services, including drugs, related to non-surgical abortions that do not comply with current state abortion statutes (s. 20.927, Wis. Stats.). (Wisconsin Medicaid has never covered these services.)
- ◆ Food.
- ◆ Medically unnecessary infant formula and enteral nutritional products.

Impotence treatment drugs used to treat other conditions require prior authorization

Effective March 1, 1997, providers must request prior authorization for any impotence treatment drug (e.g., Papaverine, Regitine) for treatment of a non-impotence-related condition (HSS 107.06, Wis. Admin. Code).

Sterilizations no longer require prior authorization

Effective March 1, 1997, Wisconsin Medicaid no longer requires prior authorization for sterilizations. Please note that providers must continue to complete the federally required sterilization consent form in an accurate and timely manner. Wisconsin Medicaid will continue to monitor compliance with federal regulations through the claims processing system.

Wisconsin Medicaid monitors rule implementation in several ways

Wisconsin Medicaid will routinely monitor certain noncovered services (e.g., surrogate parenting, ear lobe repair) on a post-pay basis. Also, Wisconsin Medicaid will monitor all services on a post-pay basis for compliance with the noncoverage provisions of this rule. This includes procedures, medical tests, and drugs which may have multiple purposes. Providers may be subject to recoupment if providers bill and are paid for services not covered.

Wisconsin Medicaid will automatically deny claims that providers submit for some of these medically unnecessary services. Refer to Attachment 1 and 2 for a list of CPT and ICD-9 procedure codes that are no longer covered.

For other services, Wisconsin Medicaid will review documentation through the prior authorization process. Wisconsin Medicaid will deny the prior authorization request if the service is not covered. Refer to Attachment 3 for a list of procedure codes that Wisconsin Medicaid will review through the prior authorization process.

CPT Procedure Codes That Are No Longer Covered Effective March 1, 1997

<u>Procedure Code</u>	<u>Description</u>
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs
54235	Injection of corpora cavernosa with pharmacologic agent(s) (e.g., papaverine, phentolamine)
54240	Penile plethysmography
54250	Nocturnal penile tumescence and/or rigidity test
54400	Insertion of penile prosthesis: non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis: inflatable (self-contained)
54405	Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir
54409	Surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or reservoir and/or cylinders
54660	Insertion of testicular prosthesis
55400	Vasovasostomy, vasovasorrhaphy
55870	Electroejaculation
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56344	Laparoscopy, surgical; with fimbrioplasty
56805	Clitoroplasty for intersex state
57335	Vaginoplasty for intersex state
58321	Artificial Insemination; intra-cervical
58322	Artificial Insemination; intra-uterine
58323	Sperm washing for artificial insemination
58340	Injection procedure for hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method) with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58750	Tubotubal anastomosis
58752	Tubouterine implantation
58760	Fimbrioplasty
58970	Follicle puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
89250	Culture and fertilization of oocyte(s)
89325	Sperm antibodies
89329	Sperm evaluation; hamster penetration test
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
L7900	Vacuum erection system
L8690	Testicle prothesis

**ICD-9-CM Procedure Codes That Are No Longer Covered
Effective March 1, 1997**

<u>Procedure Code</u>	<u>Description</u>
62.7	Insertion of testicular prosthesis
63.82	Reconstruction of surgically divided vas deferens
63.84	Removal of ligature from vas deferens
63.85	Removal of valve from vas deferens
64.5	Operations for sex transformation, not otherwise classified
64.94	Fitting of external prosthesis of penis
64.95	Insertion or replacement of non-inflatable penile prosthesis
64.97	Insertion or replacement of inflatable penile prosthesis
66.79	Other repair of fallopian tube
99.96	Collection of sperm for artificial insemination

Attachment 3

Services Requiring Prior Authorization
(Wisconsin Medicaid will deny the service if the reason
for the service is medically unnecessary.)
Effective March 1, 1997

<u>CPT Procedure Code</u>	<u>Description</u>
15783	Dermabrasion; superficial, any site, (e.g., tattoo removal)
19350	Nipple/areola reconstruction (for breast feeding)
54402	Removal or replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis
54407	Removal, repair, or replacement of inflatable (multi- component) penile prosthesis, including pump and/or reservoir and/or cylinders
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft

<u>ICD-9-CM</u> <u>Procedure Code</u>	<u>Description</u>
70.61	Vaginal construction