



PRIOR AUTHORIZATION LIST FOR CHILDREN'S COMMUNITY HEALTH PLAN - BADGERCARE PLUS

All in-network providers must use the CareWebQI Authorization tool on the CCHP Provider Portal to submit their requests and upload documentation.

CCHP only accepts out-of-network provider authorization requests by fax at **414-266-4726**.

- Requests to out-of-network providers must be approved by CCHP's Utilization Management department before providing services.
- An approved request does not authorize payment of noncovered or exhausted benefits.

To quickly find a specific code; you may use the search features available in Adobe Acrobat Reader.

- Mouse shortcut: Right click anywhere within this document; scroll down and select Find.
- Keyboard shortcut: PC = Ctrl+F; Mac = Cmd+F.

Notification Requirements	The requirement for notification is the responsibility of the participating provider furnishing the service; care or device
All Hospital Admissions (elective; emergent; and urgent):	Notify CCHP at the time of admission on our Provider Portal.
All inter-facility transfers from one inpatient facility to another:	Requires advance notification to CCHP staff at 414-266-5707 <ul style="list-style-type: none"> • A phone message is not sufficient • Emergent transfers to a higher level of care must have notification completed within 24 hours
Any procedure resulting in sterilization:	Requires submission of the Consent for Sterilization form (F-01164) with the claim; which is available on the Forward Health Portal.
Hysterectomy:	Requires the Acknowledgment of Receipt of Hysterectomy information form (F-01160) to be submitted with the claim; which is available on the Forward Health Portal.

Revision Log				
Date	Section	Added Code(s):	Removed Code(s)	Additional Notes / Changes
08-30-2019	DME		A5513	Effective August 30, 2019
06-01-2019	Specialty Medications	J7318; J7329		Effective July 1, 2019
04-09-2019	DME	E2300		Effective June 1, 2019
04-01-2019	DME	E0465		Effective May 1, 2019
2-11-2019	Behavioral Health	H0005; H0047		Effective March 11, 2019
1-1-2019	Genetics	81163; 81164; 81165; 81166; 81167; 81173; 81174; 81177; 81178; 81179; 81180; 81181; 81182; 81183; 81184; 81185; 81186; 81187; 81188; 81189; 81190; 81204; 81233; 81234; 81239; 81271; 81274; 81284; 81285; 81286; 81289; 81305; 81312; 81329; 81336; 81337; 81518; 81595;		Effective March 1, 2019
1-1-2019	DME	E0470		Effective March 1, 2019
10-24-2018	DME	S8429	S8489	Effective 11-30-2018
10-19-2018	Cosmetic and Reconstructive Surgery		40650	Effective 01/01/2018
09-15-2018	Cardiac Mechanical Support	33975; 33976; 33977; 33978; 33979; 33980; 33981; 33982; 33983; 33990; 33991; 33992; 92970; 92971; Q0478; Q0479; Q0480; Q0481; Q0482; Q0483; Q0484; Q0485; Q0486; Q0487; Q0489; Q0490; Q0491; Q0492; Q0493; Q0494; Q0495; Q0496; Q0497; Q0498; Q0499; Q0500; Q0503; Q0504; Q0506; Q0507; Q0508		
	Cosmetic and Reconstructive Surgery	36470; 36471		
09-01-2018	Cosmetic and Reconstructive Surgery	36475; 36476		
08-01-2018	Specialty Medications	J7320; J7321; J7322; J7323; J7324; J7325; J7326; J7327; J7328		

Revision Log				
Date	Section	Added Code(s):	Removed Code(s)	Additional Notes / Changes
06-01-2018	Genetics	81400; 81401; 81402; 81403; 81404; 81405; 81406; 81407; 81408; 81410; 81411		
01-01-2018 (view)	Home Care	T1002		
	Genetics	81105; 81106; 81107; 81108; 81109; 81110; 81111; 81112; 81120; 81121; 81175; 81176; 81238; 81247; 81248; 81249; 81258; 81259; 81269; 81334; 81335; 81361; 81362; 81363; 81364; 81541		
	DME	E1012; E8001; L8691; L8694; L6698		
	Cardiac Mechanical Support	33927; 33928; 33929		
06-05-2017 (view)	Gastric Surgery	43886; 43887; 43888		
05-15-2017 (view)	Durable Medical Equipment - Rental Codes (no PA)	E0601; E0562		
05-01-2017 (view)	Cosmetic or Reconstructive Surgery	36473; 36474		
05-01-2017	Durable Medical Equipment	L1851; L1852		
	Genetic Testing	81413; 81439		
	No Prior Authorization List			Added a link to the list of codes that do not require a prior authorization for BadgerCare Plus
03-01-2017 (view)	Disposable Medical Supplies	A9276		Updated language to remove “enteral feeding”

Revision Log				
Date	Section	Added Code(s):	Removed Code(s)	Additional Notes / Changes
	Durable Medical Equipment	A9277; A9278		
01-27-2017 (view)	Spinal/Epidural Procedures	62320; 62321; 62322; 62323	62310; 62311	
01-16-2017 (view)	Genetic Testing	81400; 81401; 81402; 81403; 81404; 81405; 81406; 81407; 81408		
12-25-2016 (view)	Home and Hospice Services	T2042; T2043; T2044; T2045; T2046		Added “and Hospice” to Home Health Services and changed Explanation section to include “(Codes as listed)”
11-25-2016 (view)	Cosmetic and Reconstructive Surgery	21085		
	Home Health Services section			Removed the “All birth to age 3 services provided in the home”
05-20-2016 (view)	Cosmetic and Reconstructive Surgery		21175	It no longer requires prior authorization.
03-31-2016 (view)	DME Rental-No Purchase Allowed list	E2402		Updated format to include revision history. Updated Behavioral Health PHP and IOP explanation by adding day treatment. No change in coverage.
12-01-2015 (view)	DME rental codes	E0935; K0006		
	Home Health Care	97139		
10-22-2015 (view)	Genetic Testing		81500; 81503; 81504; 81507; 81508; 81509; 81510; 81511; 81512; 81519; 81599	
	DME Rent-to-Purchase list	K0006		
	DME rental; no prior authorization required list	E0947 and E0948		
09-17-2015 (view)	Totally reconfigured the Prior Authorization list • DME reviewed by code; not price — codes added • Prosthetics reviewed by code; not price		<ul style="list-style-type: none"> • Genetic Testing codes • Cosmetic codes • Pediatric Community Care • DME rental codes 	

Service	Explanation	Codes <i>(the list of codes includes; but is not limited to the following)</i>
<p>Behavioral Health Services</p>	<p>Day treatment services include Partial Hospital Program (PHP) and Intensive Outpatient Program (IOP). Prior authorization is required for mental health and AODA services for day treatment. Intensive In-Home Therapy requires prior authorization</p>	<p>PHP and IOP procedure code – H2012</p> <p>Intensive In-Home Therapy code – H0004</p> <p>Travel time code – 99082</p> <p>Alcohol and / or drug services; group counseling by a clinician – H0005</p> <p>Alcohol and / or drug abuse services, not otherwise specified – H0047</p>
<p>Cancer Clinical Trials and Life-Threatening Diseases</p> <p>A life-threatening illness is an illness or condition that more than likely not will end a person’s life within six months.</p>	<p>Prior authorization is required for Institutional Review Board approved Clinical trials for cancer or life-threatening diseases. Standard treatments must have been tried and have been determined to be unsuccessful.</p>	<p>Routine patient care will be covered. The following items are NOT covered:</p> <ul style="list-style-type: none"> Any healthcare services; items or investigational drugs that are the subject of the clinical trial or are provided free of charge. Any investigational drugs or devices that have not been FDA approved. Any healthcare services; items; or drugs provided to satisfy data collection and/or analysis needs. Any healthcare service; item or drug that is eligible for reimbursement by the sponsor of the clinical trial. Any lab tests or studies reimbursed by the sponsor of the trial. Testing only for the purpose of examining the value of the test is not a covered benefit.
<p>Cardiac Mechanical Support</p>	<p>Any procedure that utilizes implanted or semi implanted mechanical cardiac support requires prior authorization. This includes cardiac assist or total cardiac function devices, whether bridge to transplant or destination implantation. Accessory items related to the use of a cardiac mechanical device also require a prior authorization.</p>	<p>33927; 33928; 33929; 33975; 33976; 33977; 33978; 33979; 33980; 33981; 33982; 33983; 33990; 33991; 33992; 92970; 92971; Q0478; Q0479; Q0480; Q0481; Q0482; Q0483; Q0484; Q0485; Q0486; Q0487; Q0489; Q0490; Q0491; Q0492; Q0493; Q0494; Q0495; Q0496; Q0497; Q0498; Q0499; Q0500; Q0503; Q0504; Q0506; Q0507; Q0508</p>
<p>Cosmetic or Reconstructive Surgery</p>	<p>The listed codes require a medical necessity determination for coverage. The following codes require prior authorization.</p>	<p>10040; 11421; 11440; 11441; 11442; 11443; 11444; 11446; 11950; 11951; 11952; 11954; 11960; 11970; 11971; 15777; 15780; 15781; 15782; 15786; 15787; 15788; 15789; 15792; 15793; 15820; 15821; 15822; 15823; 15824; 15825; 15826; 15828; 15829; 15830; 15832; 15833; 15834; 15835; 15836; 15837; 15838; 15839; 17106; 17107; 17108; 17360; 17999; 19300; 19316; 19318; 19324; 19325; 19328; 19330; 19340; 19342; 19350; 19357; 19361; 19364; 19366; 19367; 19368; 19369; 19370; 19380; 19396; 19499; 21011; 21012; 21029; 21085; 21120; 21121; 21122; 21123; 21125; 21127; 21137; 21138; 21139; 21141; 21142; 21143; 21145; 21146; 21147; 21150; 21151; 21154;</p>

Service	Explanation	Codes <i>(the list of codes includes; but is not limited to the following)</i>
		21155; 21159; 21160; 21172; 21179; 21180; 21181; 21182; 21183; 21184; 21188; 21193; 21194; 21195; 21196; 21198; 21199; 21206; 21208; 21209; 21210; 21215; 21230; 21235; 21240; 21242; 21243; 21244; 21245; 21246; 21247; 21248; 21249; 21255; 21256; 21260; 21261; 21263; 21267; 21268; 21270; 21275; 21280; 21282; 21295; 21296; 21552; 21555; 21740; 22902; 22903; 23071; 23075; 24071; 24075; 30120; 30400; 30410; 30420; 30430; 30435; 30450; 30460; 30462; 30465; 30520; 30545; 30620; 30630; 30999; 36470; 36471; 36473; 36474; 36475; 36476; 36478; 37700; 37718; 37722; 37735; 37760; 37761; 37765; 37766; 37780; 37785; 40500; 40510; 40520; 40525; 40527; 40530; 40652; 40654; 40700; 40701; 40702; 40720; 40761; 40799; 42200; 42205; 42210; 42215; 42220; 42225; 42226; 42227; 42235; 42260; 55175; 55180; 67880; 67882; 67900; 67901; 67902; 67903; 67904; 67906; 67908; 67909; 67911; 67912; 67914; 67915; 67916; 67917; 67921; 67922; 67923; 67924; 67950; 67961; 67966; 67971; 67973; 67974; 67975; 67999; 69300; 69399
Disposable Medical Supplies (DMS)	Prior authorization is required for the listed supplies.	A9276; B4102; B4103; B4149; B4150; B4152; B4153; B4154; B4155; B4158; B4159; B4160; B4161; B4162
Durable Medical Equipment (DME)	MUST USE IN-NETWORK PROVIDERS Per Wis. Admin. Code § DHS 107.24(5); Children’s Community Health Plan does not cover orthopedic or corrective shoes; or foot orthotics for the following conditions: <ul style="list-style-type: none"> • Flattened arches; regardless of the underlying pathology • Incomplete dislocation or subluxation metatarsalgia with no associated deformities • Arthritis with no associated deformities • Hypoallergenic conditions The following DME codes may be purchased; and require prior authorization.	A4210; A9277; A9278; B9002; B9004; B9006; E0181; E0185; E0186; E0187; E0196; E0203; E0250; E0251; E0255; E0256; E0260; E0261; E0265; E0266; E0277; E0292; E0293; E0294; E0295; E0296; E0297; E0301; E0302; E0303; E0304; E0372; E0435; E0445; E0450; E0457; E0460; E0461; E0462; E0463; E0464; E0465; E0470; E0471; E0472; E0480; E0481; E0482; E0483; E0487; E0500; E0550; E0562; E0565; E0575; E0585; E0601; E0619; E0630; E0635; E0638; E0650; E0651; E0652; E0655; E0656; E0657; E0660; E0665; E0666; E0667; E0668; E0669; E0720; E0730; E0744; E0745; E0746; E0747; E0748; E0760; E0770; E0781; E0782; E0783; E0784; E0791; E0912; E0930; E0935; E0941; E0946; E0983; E0984; E0986; E0988; E1002; E1003; E1004; E1005; E1007; E1008; E1009; E1010; E1012; E1028; E1030; E1390; E1399; E1520; E1800; E1805; E1810; E1815; E2000; E2203; E2204; E2205; E2227; E2228; E2295; E2300; E2312; E2313; E2321; E2322; E2325; E2326; E2327; E2328; E2329; E2330; E2351; E2369; E2370; E2373; E2375; E2376; E2377; E2378; E2397; E2500; E2502; E2504; E2506; E2508; E2510; E2511; E2512; E2599; E2609; E2610; E2617; E2620; E2621; E8001; E8002; K0001; K0002; K0003; K0004; K0005; K0006; K0007; K0009; K0010; K0011; K0012; K0014; K0108; K0800; K0801; K0802; K0806; K0807; K0808; K0812; K0813; K0814; K0815; K0816; K0820; K0821; K0822; K0823; K0824; K0825; K0826; K0827; K0828; K0829; K0830; K0831; K0835; K0836; K0837; K0838; K0839; K0840; K0841; K0842; K0843; K0848; K0849; K0850; K0851; K0852; K0853; K0854; K0855; K0856; K0857; K0858; K0859; K0860; K0861; K0862;

Service	Explanation	Codes <i>(the list of codes includes; but is not limited to the following)</i>
<p>Durable Medical Equipment (DME) (cont.)</p>	<p>MUST USE IN-NETWORK PROVIDERS</p> <p>Per Wis. Admin. Code § DHS 107.24(5); Children’s Community Health Plan does not cover orthopedic or corrective shoes; or foot orthotics for the following conditions:</p> <ul style="list-style-type: none"> • Flattened arches; regardless of the underlying pathology • Incomplete dislocation or subluxation metatarsalgia with no associated deformities • Arthritis with no associated deformities • Hypoallergenic conditions <p>The following DME codes may be purchased; and require prior authorization.</p>	<p>K0863; K0864; K0868; K0869; K0870; K0871; K0877; K0878; K0879; K0880; K0884; K0885; K0886; K0890; K0891; K0898; K0899; L0112; L0170; L0452; L0454; L0455; L0456; L0457; L0458; L0460; L0462; L0464; L0466; L0467; L0468; L0469; L0470; L0472; L0480; L0482; L0484; L0486; L0488; L0490; L0491; L0492; L0625; L0626; L0627; L0628; L0629; L0630; L0631; L0632; L0633; L0634; L0635; L0636; L0637; L0638; L0639; L0640; L0641; L0642; L0643; L0648; L0649; L0650; L0651; L0700; L0710; L0810; L0820; L0830; L0859; L1000; L1001; L1005; L1200; L1300; L1310; L1499; L1685; L1686; L1690; L1700; L1710; L1720; L1730; L1755; L1832; L1834; L1840; L1843; L1844; L1845; L1846; L1847; L1850; L1851; L1852; L1860; L1945; L1950; L2000; L2005; L2010; L2020; L2030; L2034; L2036; L2108; L2112; L2114; L2116; L2126; L2128; L2132; L2134; L2136; L2525; L2526; L2627; L2628; L2999; L3160; L3649; L3671; L3674; L3766; L3900; L3901; L3904; L3915; L3921; L3961; L3967; L3971; L3973; L3975; L3976; L3977; L3978; L3999; L4000; L4010; L4020; L4210; L4631; L5010; L5020; L5050; L5060; L5100; L5105; L5150; L5160; L5200; L5210; L5220; L5230; L5250; L5270; L5280; L5301; L5312; L5321; L5331; L5341; L5400; L5420; L5500; L5505; L5510; L5520; L5530; L5535; L5540; L5560; L5570; L5580; L5585; L5590; L5595; L5600; L5610; L5611; L5613; L5614; L5616; L5639; L5640; L5642; L5643; L5645; L5647; L5648; L5649; L5651; L5653; L5673; L5679; L5681; L5682; L5683; L5700; L5701; L5702; L5703; L5705; L5706; L5707; L5716; L5718; L5722; L5724; L5726; L5728; L5780; L5781; L5782; L5790; L5795; L5811; L5814; L5818; L5822; L5824; L5826; L5828; L5830; L5840; L5845; L5848; L5930; L5940; L5950; L5960; L5961; L5964; L5966; L5968; L5979; L5980; L5981; L5982; L5984; L5986; L5987; L5988; L5999; L6000; L6010; L6020; L6026; L6050; L6055; L6100; L6110; L6120; L6130; L6200; L6205; L6250; L6300; L6310; L6320; L6350; L6360; L6370; L6380; L6382; L6384; L6400; L6450; L6500; L6550; L6570; L6580; L6582; L6584; L6588; L6590; L6611; L6624; L6638; L6646; L6648; L6689; L6690; L6693; L6698; L6707; L6708; L6709; L6712; L6713; L6714; L6715; L6722; L6880; L6881; L6882; L6883; L6884; L6885; L6900; L6905; L6910; L6915; L6920; L6925; L6930; L6935; L6940; L6945; L6950; L6955; L6960; L6965; L6970; L6975; L7007; L7008; L7009; L7040; L7045; L7170; L7180; L7185; L7186; L7190; L7191; L7259; L7368; L7403; L7404; L7405; L7499; L7510; L8040; L8041; L8042; L8043; L8044; L8045; L8046; L8047; L8048; L8049; L8499; L8500; L8510; L8606; L8610; L8612; L8613; L8614; L8619; L8627; L8628; L8630; L8641; L8642; L8658; L8670; L8680; L8685; L8686; L8687; L8688; L8690; L8691; L8692; L8693; L8699; Q4101; Q4106; Q4112; Q4113; Q4114; S1040; S8429; T2029; V5336</p>

Service	Explanation	Codes <i>(the list of codes includes; but is not limited to the following)</i>
		<p>The following codes are for RENTAL ONLY. No purchase is allowed; and prior authorization is required.</p> <p>E0650; E0651; E0652; E0935; E2402</p> <p>The following codes are for RENT-TO-PURCHASE and do NOT require a prior authorization for rental:</p> <p>E0181; E0185; E0186; E0187; E0196; E0251; E0255; E0256; E0260; E0261; E0265; E0266; E0277; E0292; E0293; E0294; E0295; E0296; E0297; E0301; E0302; E0303; E0304; E0372; E0462; E0472; E0480; E0481; E0482; E0483; E0550; E0565; E0575; E0585; E0619; E0630; E0635; E0744; E0745; E0781; E0791; E0912; E0920; E0930; E0940; E0941; E0946; E0947; E0948; E0983; E1520; E1800; E1805; E1810; E1815; E2000; E2506; E2508; E2510; K0001; K0002; K0003; K0004; K0005; K0006; K0007</p> <p>The following codes are RENTAL codes and do NOT require a prior authorization:</p> <p>B9002; B9004; B9006; E0250; E0445; E0450; E0457; E0460; E0461; E0463; E0464; E0487; E0562; E0601; E0638; E0947; E0948; E1390; T5001</p>
Gastric Surgery	Requires a medical necessity determination for coverage.	43644; 43645; 43647; 43770; 43771; 43773; 43775; 43842; 43843; 43846; 43847; 43848; 43886; 43887; 43888
Genetic Testing	All DNA testing requires prior authorization; except CPT code 81220; in a pregnant patient for Cystic Fibrosis Carrier status.	81105; 81106; 81107; 81108; 81109; 81110; 81111; 81112; 81120; 81121; 81161; 81163; 81164; 81165; 81166; 81167; 81173; 81174; 81175; 81176; 81177; 81178; 81179; 81180; 81181; 81182; 81183; 81184; 81185; 81186; 81187; 81188; 81190; 81200; 81201; 81202; 81203; 81204; 81205; 81206; 81207; 81208; 81209; 81210; 81211; 81212; 81213; 81214; 81215; 81216; 81217; 81223; 81224; 81225; 81226; 81227; 81228; 81229; 81233; 81234; 81235; 81238; 81239; 81240; 81241; 81242; 81243; 81244; 81245; 81246; 81247; 81248; 81249; 81250; 81251; 81252; 81253; 81254; 81255; 81256; 81257; 81258; 81259; 81260; 81261; 81262; 81263; 81264; 81265; 81266; 81267; 81268; 81269; 81270; 81275; 81280; 81281; 81282; 81287; 81288; 81290; 81292; 81293; 81294; 81295; 81296; 81297; 81298; 81299; 81300; 81301; 81302; 81303; 81304; 81305; 81310; 81312; 81315; 81316; 81317; 81318; 81319; 81321; 81322; 81323; 81324; 81325; 81326; 81329; 81330; 81331; 81334; 81335; 81336; 81337; 81340; 81341; 81342; 81361; 81362; 81363; 81364; 81400; 81401; 81402; 81403; 81404; 81405; 81406; 81407; 81408; 81410; 81411; 81413; 81420; 81430;
Genetic Testing (cont.)	All DNA testing requires prior authorization; except CPT code 81220; in a pregnant patient for Cystic Fibrosis Carrier status.	



Service	Explanation	Codes <i>(the list of codes includes; but is not limited to the following)</i>
		81431; 81435; 81436; 81439; 81440; 81445; 81450; 81455; 81460; 81465; 81479; 81518; 81541; 81595; S3854
Home Health and Hospice Services	Prior authorization is required for some home-based services including nursing, therapies, and home health aide. (Codes as listed.)	97139; 97607; 97608; 97799; 99504; 99509; 99600; S9123; S9124; T1001; T1002; T1021; T2042; T2043; T2044; T2045; and T2046
No Prior Authorization Needed	The list of codes link takes you to codes that DO NOT require a prior authorization for BadgerCare Plus members.	No Prior Authorization Required List
Out-of-Network Services	Prior authorization is required for services provided by an out-of-network provider in any category.	Prior authorization must be obtained BEFORE the initiation of services; except in the case of emergency services.
Pediatric Comprehensive Care	Comprehensive care for special needs pediatric cases requires prior authorization.	The following HCPCS code requires prior authorization code – T1026
Personal Care Services	All services require prior authorization. Only contracted providers will be considered for providing the service.	T1019 – CCHP requires the member to have completed PT and OT evaluations and all recommended treatment before the service will be considered. Clinical documentation of the therapies must be submitted. Submission must include PERSONAL CARE SCREENING TOOL and the plan of care. If travel time is requested; identification of the personal care worker’s address and travel distance must be submitted.
Specialty Medications	Hyaluronic Acid Injection List	J7318; J7320; J7321; J7322; J7323; J7324; J7325; J7326; J7327; J7328; J7329
Spinal / Epidural Procedures	Prior authorization is required for the list of codes.	62292; 62350; 62360; 62361; 62362; 62320; 62321; 62322; 62323; 63650; 63655; 63685; 63688; 64479; 64480; 64483; 64484; 64490; 64491; 64492; 64493; 64494; 64495; 64510; 64517; 64520; 64553; 64555; 64561; 64565; 64581; 64590; 64595; 64633; 64634; 64635; 64636
Synagis	Prior authorization is required. CCHP follows the American Academy of Pediatrics standards for medical necessity. Clinical documentation must include the length of time that oxygen was required after birth for any indication other than < 29 weeks gestation.	CPT code: 90378 CCHP will allow service dates beginning on November 1 through April 30.
Transplants	Prior authorization required for an organ transplant evaluation and/or transplant. Prior authorization is required for all transplant evaluations except corneal transplants.	The following codes require prior authorization for kidney transplant: 50300; 50320; 50323; 50325; 50327; 50328; 50329; 50360; 50365; 50380 The following codes require authorization at the time of admission for the transplant to facilitate the disenrollment of the member from CCHP; according to the Forward Health rules regarding

Service	Explanation	Codes <i>(the list of codes includes; but is not limited to the following)</i>
		transplants: 32850; 32851; 32852; 32853; 32854; 32855; 32856; 33930; 33933; 33935; 33940; 33944; 33945; 38230; 38232; 38240; 38241; 38243; 44715; 44720; 44721; 47133; 47135; 47136; 47140; 47141; 47142; 47143; 47144; 47145; 47146; 47147; 48160; 48550; 48551; 48552; 48554; 48556; G0341; G0342; G0343; S2053; S2054; S2055; S2065