

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Family Planning Centers, Federally Qualified Health Centers, HealthCheck Providers, Hospital Providers, Independent Labs, Nurse Practitioners, Nurse Midwives, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Portable X-ray Providers, Rural Health Clinics, HMOs and Other Managed Care Programs

Some Males Now Eligible for the Family Planning Waiver

Effective for dates of service on and after May 1, 2010, the Family Planning Waiver (FPW) will cover selected family planning services to eligible males. This *ForwardHealth Update* explains covered services and enrollment requirements for males under the FPW.

As a result of the 2009-2011 Wisconsin biennial budget (2009 Act 28), the Division of Health Care Access and Accountability (DHCAA) is changing the enrollment requirements for the Family Planning Waiver (FPW) to include males.

Effective for dates of service on and after May 1, 2010, the FPW will cover selected family planning services and supplies to males who meet the program's enrollment criteria.

Men who may be enrolled:

- Are age 15 through age 44.
- Have an income that is at or below 200 percent of the Federal Poverty Level (FPL).
- Are not currently enrolled in Wisconsin Medicaid or the BadgerCare Plus Standard Plan or the BadgerCare Plus Benchmark Plan.

Men who meet the enrollment criteria may receive family planning services immediately through temporary enrollment (TE) for the FPW. Services and supplies covered under TE for the FPW are the same as those covered under the FPW.

Refer to the Family Planning Waiver area of the Online Handbook on the Portal for more information on TE.

Covered Services for Males

Covered services for males include family planning-related office visits, condoms, testing and treatment of sexually transmitted infections, and voluntary sterilizations. All claims for family planning services must include a diagnosis code in the V25 series to identify the services as contraceptive management. Refer to the Attachment of this *Update* for a list of covered services and notification of which codes require the V25 series code in the primary position. Inpatient hospital services are not covered under the FPW.

Applying for the Family Planning Waiver

Members may apply for the FPW by the following three ways:

- Online at www.access.gov/.
- By telephone at (800) 291-2002.
- On paper. Paper applications may be obtained from county certifying agencies or may be downloaded from www.badgercareplus.org/. Paper applications

should be mailed to the following address:

Enrollment Services Center
PO Box 7190
Madison WI 53707-7190.

***Members Enrolled in the BadgerCare Plus
Core Plan and Family Planning Waiver***

BadgerCare Plus Core Plan members are eligible to also enroll in FPW. Members enrolled in both the Core Plan and the FPW are eligible for all the services covered under each of these plans. These members have the right to receive family planning services from a family planning clinic or from any other health care provider allowed under BadgerCare Plus. Services covered under the FPW provided by a family planning clinic are reimbursed on a fee-for-service basis, regardless of HMO enrollment.

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 Well Woman Program is 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/.

P-1250

ATTACHMENT

Covered Services for Men Under the Family Planning Waiver

The following table is a complete list of the covered services and corresponding procedure codes for men enrolled in the Family Planning Waiver.

Procedure Codes	Description	Requires Primary Diagnosis Code in the V25 Series
A4267	Contraceptive supply, condom, male, each	No
J0580	Injection, penicillin G benzathine, [Bicillin long-acting]; up to 2,400,000 units	Yes
J0696	Injection, ceftriaxone sodium, [Rocephin], per 250 mg	Yes
Q0144	Azithromycin dihydrate, oral, capsules/ powder, 1 gm	Yes
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	No
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	Yes
10140	Incision and drainage of hematoma, seroma or fluid collection	Yes
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Yes
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	Yes
17111	15 or more lesions	Yes
55250*	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	No
55450*	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	No
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Yes
81002	non-automated without microscopy	Yes
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	Yes
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western blot)	Yes

Procedure Codes	Description	Requires Primary Diagnosis Code in the V25 Series
86701	HIV-1	Yes
86703	HIV-1 and HIV-2, single assay	Yes
86780	Antibody; treponema pallidum	Yes
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	Yes
87206	fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	Yes
87207	special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	Yes
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Yes
87591	Neisseria gonorrhoeae, amplified probe technique	Yes
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Yes
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	Yes
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	Yes
99201	Office or other outpatient visit for the evaluation and management of a new patient (10 min)	Yes
99202	Office or other outpatient visit for the evaluation and management of a new patient (20 min)	Yes
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 min)	Yes
99204	Office or other outpatient visit for the evaluation and management of a new patient (45 min)	Yes
99211	Office or other outpatient visit for the evaluation and management of an established patient (5 min)	Yes
99212	Office or other outpatient visit for the evaluation and management of an established patient (10 min)	Yes
99213	Office or other outpatient visit for the evaluation and management of an established patient (15 min)	Yes
99214	Office or other outpatient visit for the evaluation and management of an established patient (25 min)	Yes

* This service requires completion of the Consent for Sterilization form, F-1164 (10/08). Refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for a copy of the form and completion instructions.