

2022 PRIOR AUTHORIZATION LIST FOR BADGERCARE PLUS

All in-network providers must use the online CareWebQI Authorization tool 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 non-covered 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	Notification Requirements
All Hospital Admissions (elective; emergent; and urgent):	Notify CCHP at the time of admission on our online CareWebQI Authorization tool.	All Hospital Admissions (elective; emergent; and urgent):
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 	All inter-facility transfers from one inpatient facility to another:
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.	Any procedure resulting in sterilization:
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.	Hysterectomy:

Have questions or need support? Please call 877-227-1142 (Option 2) or 414-266-5707.

Revision Log				
Date	Section	Added Code(s)	Removed Code(s)	Notes
1/1/2022	DME	K1022; K1024; K1025		Effective 1/1/2022 no prior authorization required for rental of K1024, K1025
10/22/2021	Genetics		81420	Effective October 1, 2021
5/1/2021	Genetics	81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419 81168, 81191, 81192, 81193, 81194, 81278, 81279		Effective May 1, 2021
4/20/2021	Behavioral Health Services	H0018		Effective February 1, 2021
1/14/2021	Spinal / Epidural Procedures		64490; 64491; 64492; 64493; 64494; 64495	Effective January 1, 2021
11/30/2020	Genetics	81219		Effective December 1, 2020
10/31/2020	DME		E2402	Effective November 1, 2020
10/31/2020	Cosmetic and Reconstructive Surgery		36470; 36471	Effective November 1, 2020
4/30/2020	Cosmetic and Reconstructive Surgery	15769; 15771; 15772; 15773; 15774		Effective May 1, 2020
4/30/2020	DME	E2398; K0821; K0838		Effective May 1, 2020
4/30/2020	Genetics	81277; 81307; 81308; 81309; 81542; 81552		Effective May 1, 2020
2/10/2020	Behavioral Health		H0005	Effective February 1, 2020
8-30-2019	DME		A5513	Effective August 30, 2019
6-1-2019	Specialty Medications	J7318; J7329		Effective July 1, 2019

4-9-2019	DME	E2300		Effective June 1, 2019
4-1-2019	DME	E0465		Effective May 1, 2019
2-11-2019	Behavioral Health	H0005; H0047		Effective March 11, 2019
1-1-2019	Genetics	81163; 81164; 81165; 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
9-15-2018	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		
9-1-2018	Cosmetic and Reconstructive Surgery	36475; 36476		
8-1-2018	Specialty Medications	J7320; J7321; J7322; J7323; J7324; J7325; J7326; J7327; J7328		

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
Behavioral Health Services	Day treatment services include Partial Hospital Program (PHP) and Intensive Outpatient Program (IOP). Prior authorization is required for mental health and AODA services for short-term resident and day treatment. Intensive In-Home Therapy requires prior authorization	PHP and IOP procedure code – H2012 Intensive In-Home Therapy code – H0004 Travel time code – 99082 Alcohol and / or drug services; group counseling by a clinician – H0005 Alcohol and / or drug abuse services, not otherwise specified – H0047 Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem – H0018
Cancer Clinical Trials and Life-Threatening Diseases A life-threatening illness is an illness or condition that more than likely not will end a person’s life within six months.	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.	Routine patient care will be covered. The following items are NOT covered: <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.
Cardiac Mechanical Support	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.	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

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Cosmetic or Reconstructive Surgery	The listed codes require a medical necessity determination for coverage. The following codes require prior authorization.	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;
		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;

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
		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

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
<p>Durable Medical Equipment (DME)</p>	<p>MUST USE IN-NETWORK PROVIDERS Per Wis. Admin. Code § DHS 107.24(5); Chorus Community Health Plans 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>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;</p>

Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
<p>Durable Medical Equipment (DME) (cont.)</p>	<p>MUST USE IN-NETWORK PROVIDERS Per Wis. Admin. Code § DHS 107.24(5); Chorus Community Health Plans 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; K1022; K1024; K1025; 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;</p>

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
		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

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
		<p>The following codes are for RENTAL ONLY. No purchase is allowed; and prior authorization is required. E0650; E0651; E0652; E0935; E2402</p> <p>The following codes are for RENT-TO-PURCHASE and do NOT require a prior authorization for rental: 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; K1024; K1025</p> <p>The following codes are RENTAL codes and do NOT require a prior authorization: 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

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
Genetic Testing Genetic Testing (cont.)	<p>All DNA testing requires prior authorization; except CPT code 81220; in a pregnant patient for Cystic Fibrosis Carrier status.</p> <p>All DNA testing requires prior authorization; except CPT code 81220; in a pregnant patient for Cystic Fibrosis Carrier status.</p>	<p>81105; 81106; 81107; 81108; 81109; 81110; 81111; 81112; 81120; 81121; 81161; 81163; 81164; 81165; 81166; 81167; 81168; 81173; 81174; 81175; 81176; 81177; 81178; 81179; 81180; 81181; 81182; 81183; 81184; 81185; 81186; 81187; 81188; 81190; 81191; 81192; 81193; 81194; 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; 81278; 81279; 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; 81338; 81339; 81340; 81341; 81342; 81347; 81348; 81351; 81352; 81353; 81357; 81360; 81361; 81362; 81363; 81364; 81400; 81401; 81402; 81403; 81404; 81405; 81406; 81407; 81408; 81410; 81411; 81413; 81419; 81420; 81430</p>

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Service	Explanation	Codes (the list of codes includes; but is not limited to the following)
		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
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; 64510; 64517; 64520; 64553; 64555; 64561; 64565; 64581; 64590; 64595; 64633; 64634; 64635; 64636
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

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		the transplant to facilitate the disenrollment of the member from CCHP; according to the Forward Health rules regarding
		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