

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

New Prior Authorization Guidelines for Pectus Carinatum Surgery

Effective for dates of service on and after October 1, 2015, prior authorization (PA) requests for pectus carinatum surgery are subject to new PA guidelines. This *ForwardHealth Update* outlines the new guidelines.

New Prior Authorization Guidelines for Pectus Carinatum Surgery

All pectus carinatum surgical procedures require prior authorization (PA). A pectus carinatum surgical procedure that does not meet the PA approval criteria is considered a noncovered service. Any charges related to the noncovered pectus carinatum procedure will not be reimbursed.

Effective for dates of service on and after October 1, 2015, PA requests for pectus carinatum surgical procedures will be subject to the following PA guidelines:

- The member must have a diagnosis of pectus carinatum.
- Surgical correction of pectus carinatum may be approved in severe cases with cardiopulmonary compromise (frequently associated with another deformity; e.g., scoliosis) if **both** of the following criteria are met:
 - ✓ Pulmonary function tests document the obstructive abnormalities. (*Note:* Pectus carinatum is generally not associated with restrictive abnormalities.)

- ✓ A chest X-ray demonstrates an increased anteroposterior diameter of the chest wall, emphysematous-appearing lungs, and a narrow cardiac shadow; **or** echocardiography demonstrates a deformity of the cardiac silhouette. (*Note:* Malposition of the cardiac silhouette in the absence of a study demonstrating reduced cardiac function is not, in itself, a functional deficit.)

Note: All PA guidelines for pectus excavatum surgical procedures remain the same. For more information regarding the PA guidelines, refer to the Pectus Excavatum or Pectus Carinatum Surgery topic (topic #12417) in the Prior Authorization Guidelines chapter of the Prior Authorization section of the Physician service area of the ForwardHealth Online Handbook.

Information Regarding Managed Care Organizations

This *ForwardHealth 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/.

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This *Update* was issued on 09/09/2015 and information contained in this *Update* was incorporated into the Online Handbook on 10/01/2015.