



Children's Community  
Health Plan™

*A member of Children's Hospital and Health System.*

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Effective 1/1/09, the State of Wisconsin will be responsible for reimbursing physician offices for drug injections provided in a clinic or office, that are billed by the provider with a J or Q code. The State is taking responsibility for these drugs, as they did with the prescription drug carve-out in February 2008, in an effort to reduce expenses through significant drug rebates negotiated under the federal Medicaid program.

The State will reimburse the physician's office for the cost of the drug and the drug administration fee. Children's Community Health Plan (CCHP) and Dean Health Plan Southeast (DHPSE) will be responsible for the payment of the related office visit for those BadgerCare Plus/Medicaid members.

Attached is a list of procedure codes that the State will now be responsible for reimbursing the physician offices. CCHP will not pay for the injection administration code if the injectible drug is on the attached listing. Physician offices will be required to bill these procedure codes with an NDC code instead of the J or Q code. As always, remember to follow the State's requirements for prior authorization and diagnosis code-restricted procedures.

If you would like more information regarding billing, reimbursement and authorization for J or Q codes it can be found at the State's new ForwardHealth web portal. The IP address for the portal is <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>.

If you need assistance understanding this policy or need to speak to someone for clarification, you can contact the CCHP and DHP SE Provider Service at 1-800-279-1301 (hours are 7:30 a.m.-5:00 p.m. Monday-Thursday and 8:00 a.m. to 4:30 p.m. on Friday) or Medicaid Provider Services at 1-800-947-9627 (hours are 7:00 a.m. - 6:00 p.m. Monday through Friday).

### Attachment 1

J0000 - J9999	
Q0174	THIETHYLPERAZINE MALEATE 10MG, ORAL ANTI-EMETIC
Q0174	THIETHYLPERAZINE MALEATE, 20 MG, ORAL FDA APPROVED ANTI-EMETIC
Q0177	HYDROXYZINE PAMOATE 25MG, ORAL
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED ANTI-EMETIC
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML
Q9956	INJECTION, OCTAFLUOROPROPANCE MICROSPHERES, PER ML
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL
90772	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR
90773	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; INTRA-ARTERIAL
90774	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG
90775	THERAPEUTIC, PROPHYLACTIC/DIAGNOSTIC INJECTION; EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF NEW SUBSTANCE/DRUG
90776	THERAPEUTIC, PROPHYLACTIC/DIAGNOSTIC INJECTION; EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF SAME DRUG PROVIDED IN FACILITY
90779	UNLISTED THERAPEUTIC, PROPHYLACTIC/DIAGNOSTIC INTRAVENOUS/INTRA-ARTERIAL INJECTION OR INFUSION