



# MONTANA HEALTHCARE PROGRAMS NOTICE

## June 3, 2022

**ASC, FQHC, Inpatient Hospital, Mid-Level, Outpatient Hospital, Physician, and RHC Providers**

**Effective July 1, 2016**

**REISSUED**

### **Circumcision Prior Authorization Changes**

Effective July 1, 2016, Montana Medicaid will no longer require prior authorization for circumcisions. These services will now be reimbursed only if the claim is submitted with an approved medically necessary diagnosis.

Provider claims that are filed on CMS-1500 claim form must use the diagnosis pointer (box 24E) to indicate the specific diagnosis related to the procedure code.

Circumcision is determined to be medically necessary for the following diagnosis codes:

#### **Circumcision Diagnosis Codes**

<b>Diagnosis Code</b>	<b>Description</b>
Q54.0	Hypospadias, balanic
Q54.1	Hypospadias, penile
Q54.2	Hypospadias, penoscrotal
Q54.3	Hypospadias, perineal
Q54.4	Congenital chordee
Q54.8	Other hypospadias
Q54.9	Hypospadias, unspecified
Q64.0	Epispadias
N47.1	Phimosis
N47.6	Balanoposthitis
Z87.440	Personal History of recurrent urinary tract infection

### **Contact Information**

Physician Program Officer (406) 444-3995

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](mailto:Montana.Provider.Relations.Helpdesk@mt.gov).

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)