



MONTANA HEALTHCARE PROGRAMS NOTICE

November 14, 2019

Physician, Hospital Inpatient, Hospital Outpatient, FQHC, RHC, Ambulatory Surgical Center, Mid-Level Providers

Effective July 1, 2016

RE-ISSUED NOTICE

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

Diagnosis Code	Description
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 Services Program Officer at (406) 444-3995

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

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