

User Guide

ForwardHealth Portal Compound and Noncompound Drug Claim

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1 Introduction

Providers may submit compound and noncompound drug claims directly to ForwardHealth using Direct Data Entry, an online application available through their secure provider account on the ForwardHealth Portal.

2 Access the Claims Page

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov/.

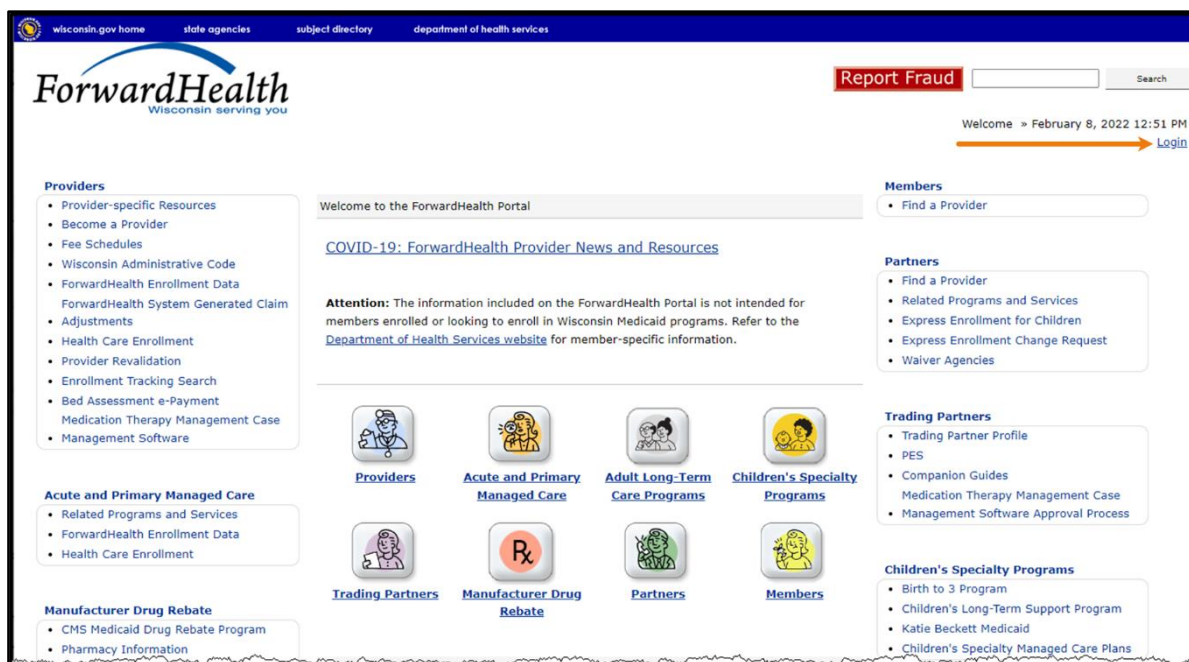


Figure 1 ForwardHealth Portal Homepage

2. Click **Login**. A Sign In box will be displayed.

The screenshot shows the ForwardHealth Sign In box. It features the ForwardHealth logo at the top. Below the logo, the text 'Sign In' is displayed. A 'Username' label is followed by a text input field. Below the input field, there is a checkbox labeled 'Keep me signed in'. A blue 'Next' button is positioned below the checkbox. At the bottom, there are links for 'Unlock account?', 'Help', and 'Logging in for the first time?'.

Figure 2 Sign In Box

3. Enter the user's username.
4. Click **Next**. A Verify with your password box will be displayed.

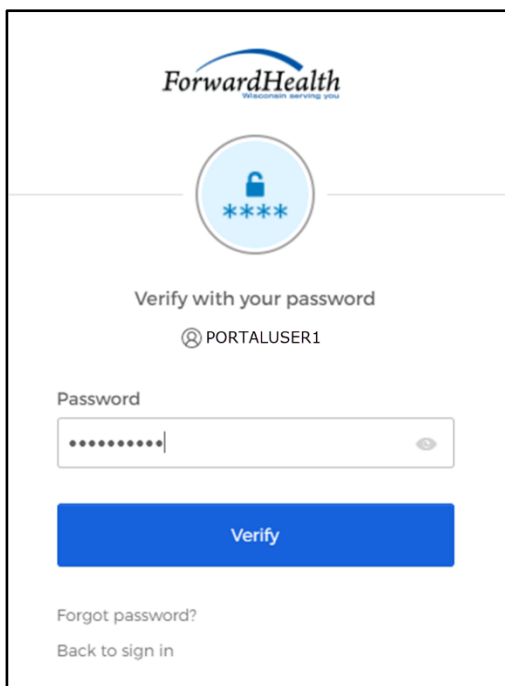


Figure 3 Verify With Your Password

5. Enter the user's password.
6. Click **Verify**. The Secure Provider page will be displayed.

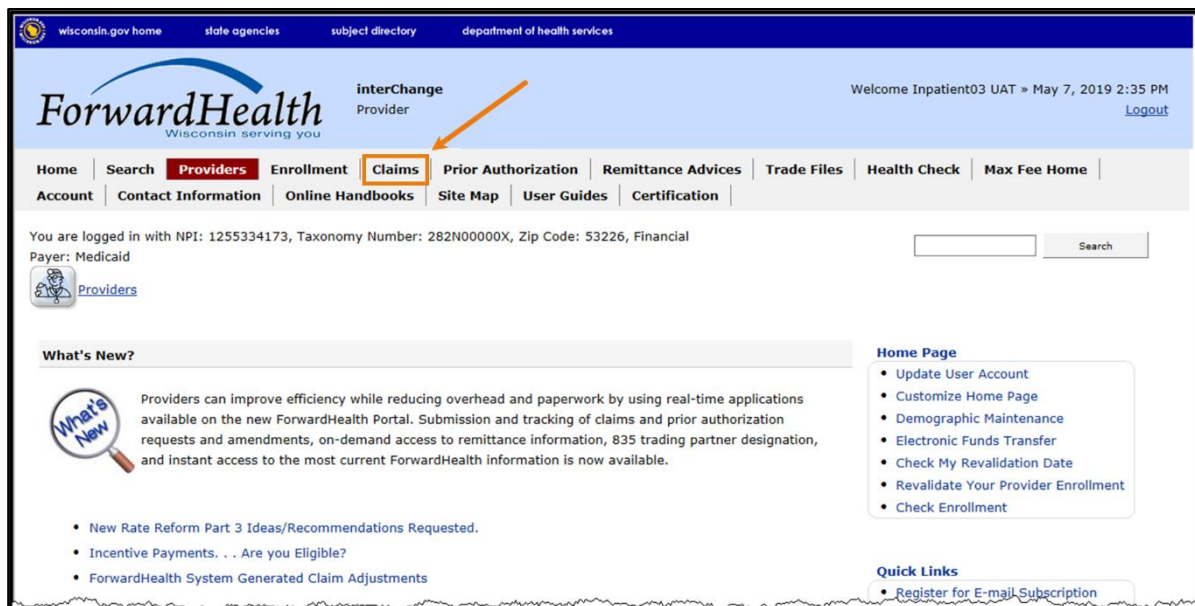


Figure 4 Secure Provider Page

7. Click **Claims** on the main menu at the top of the page. The Claims page will be displayed.

Claims

Claims Submission Options
Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Dental Claim](#)
- [Submit Institutional Claim](#)
- [Submit Compound/Noncompound Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [WWWP Reporting Form Search](#)
- [Submit WWWP Breast Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Cervical Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Breast and Cervical Cancer Screening Activity Report](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.

Figure 5 Claims Page

3 Submit a Compound/Noncompound Drug Claim

1. Click **Submit Compound/Noncompound Claim** on the Claims page. The Compound/Noncompound Claim form will be displayed.

Compound/Noncompound Claim

Billing Information

ICN

Provider ID

Member ID

Last Name

First Name, MI

Date of Birth

Prescriber ID [\[Search \]](#)

Other Coverage Code

Place of Service

Sp Pkg Indicator

Copay Exempt

Submission Clarification Code

Prescription Information

Claim Type

Prescription Number

Date Dispensed

Date Prescribed

Refills

Days Supply

Dispense as Written

Charges

Charges

Other Coverage Amount

Patient Paid

Dispensing Fee

Total Payable Amount

Net Difference

[Diagnosis](#)

Detail

Line Number	NDC	Quantity Dispensed	U&C
A 1		0	\$0.00

Type data below for new record.

Line Number

Quantity Dispensed

NDC [\[Search \]](#)

U&C

[Delete](#) [Add](#)

DUR

*** No rows found ***

Select row above to update -or- click Add button below.

DUR Sequence

Reason for Service Code [\[Search \]](#)

Professional Service Code [\[Search \]](#)

Level Of Effort [\[Search \]](#)

Result of Service Code [\[Search \]](#)

[Delete](#) [Add](#)

Claim Status Information

Claim Status

[Submit](#) [Cancel](#)

Figure 6 Compound/Noncompound Claim Form

Note: Fields marked with an asterisk (*) are required fields.

The screenshot shows a web form titled "Compound/Noncompound Claim" with a "Billing Information" section. The form contains the following fields and controls:

- ICN: A text input field.
- Provider ID: A text input field containing "1234567890 NPI".
- Member ID*: A text input field.
- Last Name: A text input field.
- First Name, MI: Two text input fields.
- Date of Birth: A text input field.
- Prescriber ID*: A text input field with a "[Search]" link to its right.
- Other Coverage Code: A dropdown menu showing "1 - No Other Coverage Identified".
- Place of Service*: A dropdown menu.
- Sp Pkg Indicator*: A dropdown menu showing "0 - Not Specified".
- Copay Exempt: A dropdown menu.
- Submission Clarification Code: A dropdown menu.

Figure 7 Billing Information Section

3.1 Billing Information Section

Information cannot be entered in the ICN field. An internal control number (ICN) will be automatically assigned when the claim is submitted.

The National Provider Identifier (NPI) under which the user is logged in will populate the Provider ID field.

1. Enter the member's ID in the Member ID field.

Note: After entering the member ID, click anywhere on the gray area of the form. The Last Name, First Name, MI, and Date of Birth fields will populate with the member's information.

2. Enter the NPI of the provider who prescribed the drug or product covered by the claim in the Prescriber ID field. Users may enter an NPI in the field or search for the NPI using the adjoining Search link.
3. Select the appropriate coverage code from the Other Coverage Code drop-down menu if there is another insurance claim involved in this prescription.

ForwardHealth is usually the payer of last resort for program-covered services. Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (for example, commercial health insurance, HMO, or Medicare).

4. Select the appropriate place of service code designating where the requested item was provided, performed, or dispensed from the Place of Service drop-down menu.
5. Select the appropriate code indicating the dispensing dose (or special packaging indicator) from the Sp Pkg Indicator drop-down menu.
6. Select **4** from the Copay Exempt drop-down menu to indicate that the claim *is exempt* from copayment. Selecting 4 will not exempt SeniorCare or Wisconsin Chronic Disease Program (WCDP) members from copayment requirements.
7. Select the code indicating the appropriate submission clarification.

3.2 Prescription Information Section

Prescription Information		Charges	
Claim Type*	Non-Compound ▾	Charges*	\$0.00
Prescription Number*	<input type="text"/>	Other Coverage Amount	\$0.00
Date Dispensed*	<input type="text"/>	Patient Paid	\$0.00
Date Prescribed*	<input type="text"/>	Dispensing Fee	\$0.00
Refills*	0	Total Payable Amount	\$0.00
Days Supply*	0	Net Difference	<input type="text"/>
Dispense as Written*	0 - No Product Selection Indicated ▾		

[Diagnosis](#)

Figure 8 Prescription Information Section

1. Non-Compound is the default value for the Claim Type field. Select **Compound** from the Claim Type drop-down menu if the medication contains at least two ingredients.

Note: If the user is logged in to an account with WCDP as the financial payer, selecting Compound will disable the form.

2. Enter the prescription number in the Prescription Number field.
3. Enter the date the prescription was filled or refilled in MM/DD/CCYY format in the Date Dispensed field.

When billing unit dose services, the last date of service in the billing period must be entered.

4. Enter the date shown on the prescription in MM/DD/CCYY format in the Date Prescribed field.
5. Enter the number of refills allowed for the prescription billed.
6. Enter the number of days the medication has been prescribed for the member in the Days Supply field. The number must be a whole number greater than zero (for example, if a prescription is expected to last for five days, enter "5").
7. Select the appropriate National Council for Prescription Drug Programs (NCPDP) Dispensed as Written code from the Dispense as Written drop-down menu.
8. Enter the total charge for the claim in the Charges field.
9. Enter the amount paid by commercial health insurance in the Other Coverage Amount field, if applicable.

Providers may also include the Medicare paid amount in this field for claims that fail to automatically crossover from Medicare to ForwardHealth within 30 days.

10. When applicable for SeniorCare claims, enter the member's out-of-pocket expense due to other coverage, including Medicare Part B or D and/or commercial health insurance, in the Patient Paid field. Do not enter an expected copayment from Wisconsin Medicaid, BadgerCare Plus, or SeniorCare.

Note: The Dispensing Fee and Total Payable Amount will be automatically calculated after the claim is submitted.

- The Net Difference is the paid amount differences between the original ICN and adjustment ICN. This amount is displayed after an adjustment is processed to completion (paid/deny) for an ICN.

3.3 Diagnosis Section

A diagnosis code is required when billing for any compound drug in which ForwardHealth requires a diagnosis.

- Click the **Diagnosis** link at the bottom of the “Prescription Information” section.

Figure 9 Diagnosis Link

The “Diagnosis” section will be displayed under the “Prescription Information” section.

Figure 10 Diagnosis Section

- Click **Add**. A row will be added to the top of the section, and the Diagnosis field will become active to allow information to be entered.

Figure 11 Diagnosis Section With Added Row

3. Enter the appropriate and most-specific *International Classification of Diseases* (ICD) diagnosis code most relevant to the member's condition in the Diagnosis field.

Note: Do not use a decimal point when entering a diagnosis code.

- a. To search for a code, click **Search** to the right of the Diagnosis field. The Diagnosis Search box will be displayed.

Figure 12 Diagnosis Search Box

- b. Enter a description of the code.
 - If the entire description is unknown, enter a key word or partial description.
 - If the user is unsure of the exact description, use the percent symbol (%) on either side of a word to display all descriptions containing that word.

Note: The ICD Version drop-down menu can be used to limit search results to either ICD-9 or ICD-10 diagnosis codes. If an ICD code set is not selected, both ICD-9 and ICD-10 diagnosis codes will be displayed.

- c. Click **Search**. Any results matching the query will be displayed in the “Search Results” section.

Diagnosis	ICD Version	Description
0261	ICD-9	STREPTOBACILLARY FEVER
034	ICD-9	STREP THROAT/SCARLET FEVER
0340	ICD-9	STREPTOCOCCAL SORE THROAT
0380	ICD-9	STREPTOCOCCAL SEPTICEMIA
0410	ICD-9	STREP INFECTION IN OT CONDITION
3202	ICD-9	STREPTOCOCCAL MENINGITIS
48230	ICD-9	STREP PNEUMONIA UNSPEC
48239	ICD-9	STREP PNEUMONIA OT
A251	ICD-10	STREPTOBACILLOSIS
A40	ICD-10	STREPTOCOCCAL SEPSIS

Figure 13 Diagnosis Search Box With Search Results Section

Note: Click the **Description** column heading to sort the results alphabetically. Click the heading once to sort the results in ascending order. Click the heading again to sort the results in descending order. Click **Next** or one of the page numbers at the bottom of the section to display more results.

- d. Select the applicable diagnosis code. The Diagnosis Search box will close and the selected code information will populate the Diagnosis field and the row at the top of the section.

Figure 14 Diagnosis Section With Populated Information

- Click **Add** to add another diagnosis code. Another row will be added to the top of the section. Enter the additional code in the Diagnosis field or search for the code.

Providers may enter up to five diagnosis codes per claim. Once five diagnosis codes have been entered, the Add button will be disabled unless a previously added row is deleted.

- To delete a diagnosis code, select the desired row and click **Delete**. A dialog box will be displayed. Click **OK** to delete the row.

3.4 Detail Section

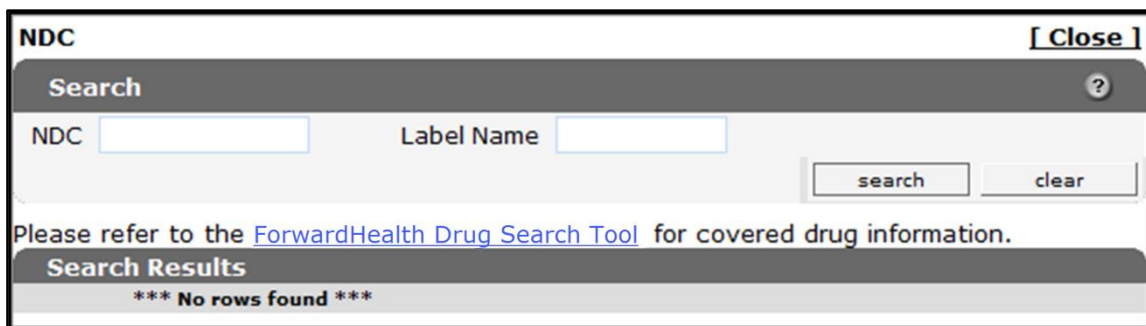
Compound claims *require at least two detail lines* and may have up to 25. Once the limit is reached, the Add button will be disabled and no other lines can be added. Noncompound claims can only have one detail line.

Figure 15 Detail Section

The Line Number field will be populated with the number of the detail currently being added.

- Enter the National Drug Code (NDC) for the dispensed drug in the NDC field.

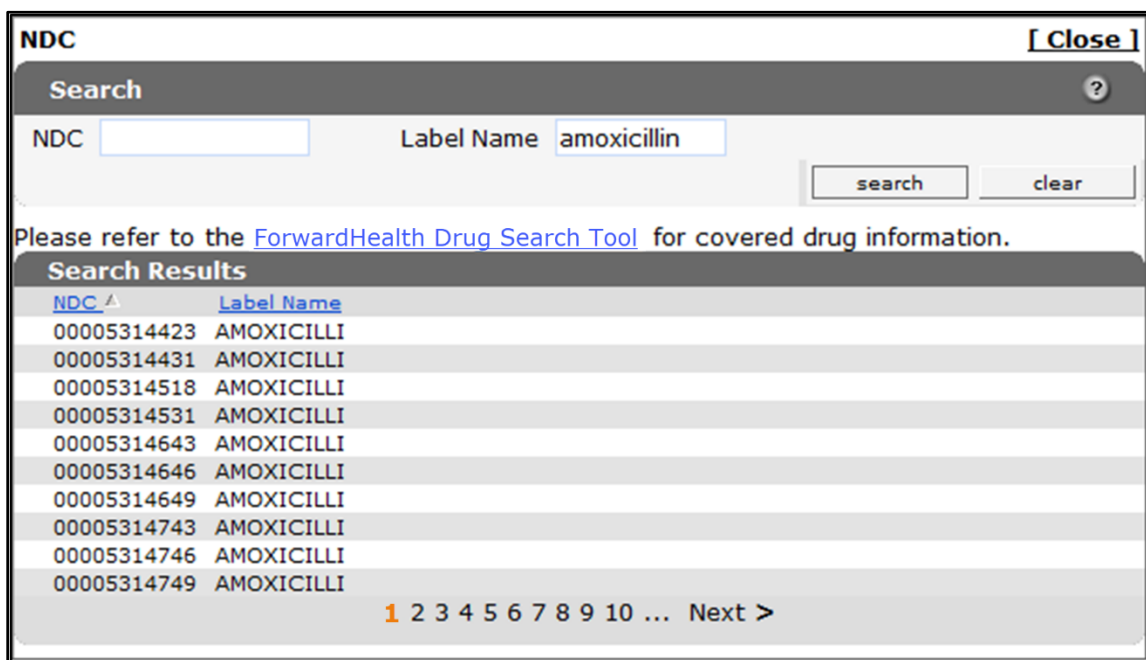
- a. Click **Search** to the right of the NDC field to search for a code. The NDC Search box will be displayed.



The NDC Search Box is a modal window with a title bar "NDC" and a "[Close]" button. It contains a "Search" section with a question mark icon. Below this are two input fields: "NDC" and "Label Name". To the right of these fields are "search" and "clear" buttons. Below the input fields is a message: "Please refer to the [ForwardHealth Drug Search Tool](#) for covered drug information." Below this is a "Search Results" section with a dark header. The results area shows "*** No rows found ***".

Figure 16 NDC Search Box

- b. Enter a whole or partial label name of the drug in the Label Name field.
- c. Click **Search**. Any results matching the query will be displayed in the "Search Results" section.



The NDC Search Box is shown with search results. The "Label Name" field contains "amoxicillin". The "Search Results" section displays a table of results:

NDC ▲	Label Name
00005314423	AMOXICILLI
00005314431	AMOXICILLI
00005314518	AMOXICILLI
00005314531	AMOXICILLI
00005314643	AMOXICILLI
00005314646	AMOXICILLI
00005314649	AMOXICILLI
00005314743	AMOXICILLI
00005314746	AMOXICILLI
00005314749	AMOXICILLI

At the bottom of the results section, there is a pagination control: "1 2 3 4 5 6 7 8 9 10 ... Next >".

Figure 17 NDC Search Box With Search Results Section

- d. Click the row containing the applicable NDC. The NDC Search box will close and the selected code information will populate the NDC field and the row at the top of the section.

Line Number	NDC	Quantity Dispensed	U&C
A	1 00005-3144-23	0.000	\$0.00

Type data below for new record.

Line Number Quantity Dispensed*

NDC [Search] U&C*

Figure 18 Detail Section with Populated Information

2. Enter the metric decimal quantity reflecting the total number of compound units dispensed in the Quantity Dispensed field.
3. Enter the usual and customary charge for this detail line in the U&C field.
 - To add more detail lines to a compound claim, click **Add**. A row will be added to the top of the section and users will be able to enter additional detail information (up to 25 detail lines can be added per compound claim).
 - To remove a detail line, select the desired row and click **Delete**. A dialog box will be displayed. Click **OK** to delete the row.

3.5 Drug Utilization Review Section

To help individual pharmacies comply with their Drug Utilization Review (DUR) responsibility, BadgerCare Plus, Medicaid, and SeniorCare developed a DUR system. The system screens certain drug categories for clinically significant potential drug therapy problems before a drug is dispensed to a member. Drug Utilization Review is applied to all BadgerCare Plus, Medicaid, and SeniorCare real-time point-of-sale claims submitted to ForwardHealth.

A noncompound claim can have up to two DUR sequences. A compound claim may only have one DUR sequence.

1. Click **Add**. A row will be added to the top of the section and the fields will become active to allow information to be entered.

The DUR Sequence field will populate with the number 1 (or the subsequent number for each DUR Sequence line added).

Figure 19 DUR Section

2. Enter the NCPDP code identifying pharmacist intervention when a conflict code has been identified or service has been rendered in the Professional Service Code field.

Note: For all the fields in this section, the user can search for the specific NCPDP values to enter. For an example of how to search for a code using a search box, refer to [Section 3.3 Diagnosis Section, Step 3.a](#). To search for a listing of all the available codes and their descriptions, leave the search fields blank.

3. Enter the NCPDP code indicating the level of effort as determined by the complexity of decision making or resources used by a pharmacist to perform a professional service in the Level of Effort field.

Note: For compound claims, a code must be entered in the Level of Effort field.

4. Enter the NCPDP code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service in the Reason for Service Code field.
5. Enter the NCPDP code reflecting the action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service in the Result of Service Code field.

Note: To remove a DUR Sequence line, select the desired row and click **Delete**. A dialog box will be displayed. Click **OK** to delete the row.

3.6 Submit the Claim

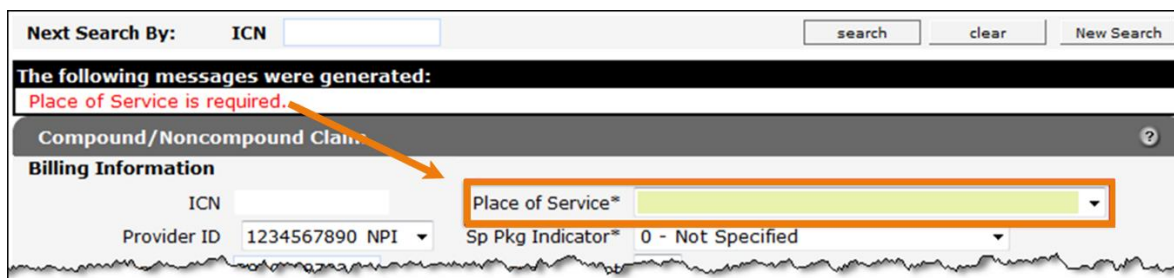
The “Claim Status Information” section at the bottom of the page will indicate that the claim has not been submitted yet.

Figure 20 Claim Status Information Section

1. Ensure that information has been entered accurately in all the required fields on the Compound/Noncompound Claim form.

2. Click **Submit**.

If there is an error and the claim does not process, an ICN will not be assigned, an error message indicating what information needs to be corrected will be displayed at the top of the page, and the relevant field(s) will be highlighted in yellow.



Next Search By: ICN

The following messages were generated:

Place of Service is required.

Compound/Noncompound Claim

Billing Information

ICN

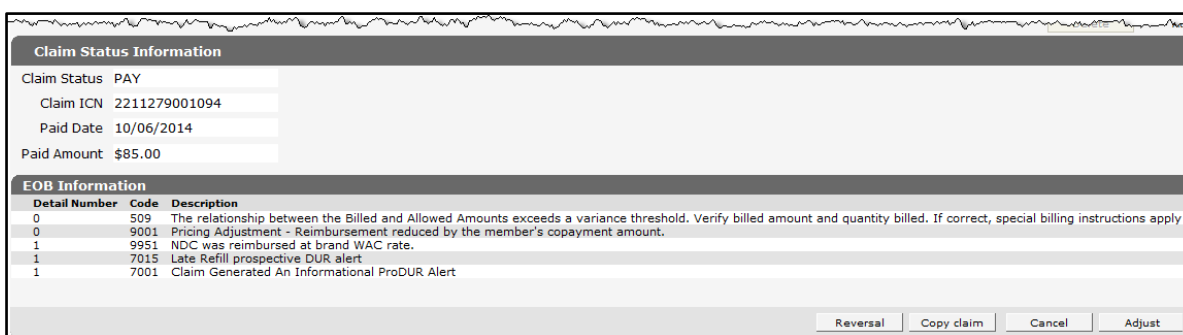
Provider ID 1234567890 NPI

Place of Service*

Sp Pkg Indicator* 0 - Not Specified

Figure 21 Error Message

If the claim processes, an ICN will be assigned and the claim status will be displayed. An “EOB Information” section will be displayed at the bottom of the page. The listed Explanation of Benefits (EOB) codes explain how the claim was processed by ForwardHealth.



Claim Status Information

Claim Status PAY

Claim ICN 2211279001094

Paid Date 10/06/2014

Paid Amount \$85.00

EOB Information

Detail Number	Code	Description
0	509	The relationship between the Billed and Allowed Amounts exceeds a variance threshold. Verify billed amount and quantity billed. If correct, special billing instructions apply
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
1	9951	NDC was reimbursed at brand WAC rate.
1	7015	Late Refill prospective DUR alert
1	7001	Claim Generated An Informational ProDUR Alert

Figure 22 Claim Status Information and EOB Information Sections

If the claim is denied, an EOB code(s) will explain why. Users can correct the invalid information and click **Re-submit** to resubmit the claim.

Note: Since there is no Save feature for the Compound/Noncompound Claim form, if a user were to leave the claim form before the claim is submitted successfully and assigned an ICN, all information will be lost.