

To:
Dispensing
Physicians
Federally Qualified
Health Centers
Pharmacies
HMOs and Other
Managed Care
Programs

Changes to claims and prior authorization for retail pharmacies dispensing drugs and biologics as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces important changes to claims and prior authorization (PA) for retail pharmacies dispensing drugs and biologics, effective October 2003, as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). These changes include:

- Accepting real-time Point-of-Sale electronic claims using the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Format Version 5.1.
- Revising Medicaid paper claims and completion instructions for noncompound and compound drugs.
- Accepting straight Medicaid claims with Medicare-paid amounts.
- Adopting additional NCPDP-recognized codes and values.
- Revising Medicaid PA request forms and instructions.

A separate *Update* will notify providers of the specific effective dates for the various changes.

Note: Although this *Update* refers to Wisconsin Medicaid only, all information applies to BadgerCare and SeniorCare also.

Changes as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces important billing and prior authorization (PA) changes for retail pharmacy providers dispensing drugs and biologics. These changes will be implemented in October 2003 as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). A separate *Update* will notify providers of the specific effective dates for the various changes. Most changes are not policy or coverage related (e.g., PA requirements, documentation requirements), but include:

- Accepting real-time Point-of-Sale (POS) electronic claims using the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Format Version 5.1.
- Revising Medicaid paper claims and completion instructions for noncompound and compound drugs.
- Accepting straight Medicaid claims with Medicare-paid amounts.
- Adopting additional NCPDP-recognized codes and values.
- Revising Medicaid PA request forms and instructions.

Retail pharmacy providers should also refer to the following *Updates* for more information on

submitting claims and PA requests for dispensing nondrug items:

- *Clozapine management services* — The July 2003 *Update* (2003-48), titled “Changes to local codes and paper claims for clozapine management services as a result of HIPAA.”
- *Disposable medical supplies* — The July 2003 *Update* (2003-51), titled “Changes to local codes, paper claims, and prior authorization for disposable medical supplies as a result of HIPAA.”
- *Durable medical equipment* — The July 2003 *Update* (2003-52), titled “Changes to local codes, paper claims, and prior authorization for durable medical equipment as a result of HIPAA.”
- *Enteral nutrition products* — The August 2003 *Update* (2003-99), titled “Changes to paper claims and prior authorization for enteral nutrition products as a result of HIPAA.”

Note: Use of the additional NCPDP codes and values, revised paper claims and completion instructions, or revised PA forms and instructions prior to HIPAA implementation dates may result in claim denials and returned PA requests. Specific implementation dates will be published in a separate *Update*.

Electronic claims

With the implementation of HIPAA, Wisconsin Medicaid will continue to accept electronic pharmacy claims for legend and over-the-counter drugs in an online, real-time environment through the pharmacy POS electronic claims management system. Wisconsin Medicaid will accept the NCPDP Telecommunication Standard Format Version 5.1 B1 billing transaction and B2 reversal transaction. Wisconsin Medicaid will no longer accept NCPDP Versions 3.2, 3C, or 4.0 or Electronic Media Claims (EMC) submission-

formatted claims from pharmacies as they are not HIPAA-compliant transactions. In addition, Wisconsin Medicaid will *not* accept NCPDP Batch Standard Version 1.1 transactions.

The NCPDP Version 5.1 transactions require pharmacy providers to enter information in additional fields (e.g., Submission Clarification Code) and choose from additional values (e.g., Dispense as Written Code). Providers should work closely with their software vendors or information technology staff and software user guides to ensure that electronic claims are submitted accurately according to the Wisconsin Medicaid Companion Document to HIPAA Implementation Guide: NCPDP 5.1. This document is available on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Revision of paper claims and instructions

With the implementation of HIPAA, Medicaid-certified pharmacy providers will be required to use revised paper claim forms and instructions for compound and noncompound drugs included in this *Update*. Refer to the following attachments for the revised claims and completion instructions:

- Attachment 1 — Noncompound Drug Claim Completion Instructions (HCF 13072A, dated 06/03).
- Attachment 2 — Noncompound Drug Claim form (HCF 13072, dated 06/03).
- Attachment 3 — Compound Drug Claim Completion Instructions (HCF 13073A, dated 06/03).
- Attachment 4 — Compound Drug Claim form (HCF 13073, dated 06/03).

To be consistent with real-time claims standards, Wisconsin Medicaid has revised some of the claim element names and added and revised some code values on the Noncompound Drug Claim and Compound

With the implementation of HIPAA, Wisconsin Medicaid will continue to accept electronic pharmacy claims for legend and over-the-counter drugs in an online, real-time environment through the pharmacy POS electronic claims management system. Wisconsin Medicaid will accept the NCPDP Telecommunication Standard Format Version 5.1 B1 billing transaction and B2 reversal transaction.

Drug Claim forms. The codes and values listed in the paper drug claim instructions apply to real-time claims also.

If a drug crossover claim does not appear on the Medicaid Remittance and Status Report within 30 days of Medicare's disposition of the claim, pharmacies may submit a straight Medicaid claim (real-time NCPDP 5.1 B1 transaction or paper drug claim).

Revisions made to the noncompound drug paper claim form and instructions include the following:

- Unit dose code descriptions are consistent with NCPDP unit dose descriptions (Element 17).
- Dispense as written codes replace maximum allowed cost (MAC) codes (Element 19).
- Patient location codes replace place of service codes (Element 21).
- A submission clarification code element has been added to indicate repackaging (Element 27).
- Other coverage code descriptions are consistent with NCPDP descriptions (Element 29).
- Patient paid element description has been revised (Element 32). Spenddown amount should no longer be entered on claims. Wisconsin Medicaid will automatically reduce the provider's reimbursement by the recipient's spenddown amount.

Note: This field will still be required for SeniorCare coordination of benefits (COB) claims.

Revisions made to the compound drug paper claim form and instructions include the following:

- Patient location codes replace place of service codes (Element 16).
- Level of service element name has been changed to level of effort (Element 18).
- Other coverage code descriptions are consistent with NCPDP descriptions (Element 20).
- Patient paid element description has been revised (Element 23). Spenddown amount should no longer be entered on claims.

Wisconsin Medicaid will automatically reduce the provider's reimbursement by the recipient's spenddown amount.

Note: This field will still be required for SeniorCare COB claims.

- Up to 25 ingredients may be listed.

Pharmacy drug claims with Medicare-paid amounts

Currently, Wisconsin Medicaid providers send drug claims to Medicare prior to Wisconsin Medicaid. Any Medicare-paid drug claims automatically crossover to Wisconsin Medicaid. Wisconsin Medicaid processes these claims in the same format in which Medicare sends them; these claims are not currently processed in the Wisconsin Pharmacy POS system.

With the implementation of HIPAA, pharmacies will be required to send drug claims to any entity, including Medicare, using NCPDP standards and National Drug Codes (NDCs). Medicare-paid drug claims will continue to automatically crossover to Wisconsin Medicaid, and the claims will be processed in the Wisconsin Pharmacy POS system. In addition, Wisconsin Medicaid will consider for reimbursement drug crossover claims for SeniorCare participants, as well as Medicaid recipients.

If a drug crossover claim does not appear on the Medicaid Remittance and Status Report within 30 days of Medicare's disposition of the claim, pharmacies may submit a straight Medicaid claim (real-time NCPDP 5.1 B1 billing transaction or paper drug claim). Pharmacies should use the appropriate NDC code(s) and enter the Medicare-paid amount in the "Other Coverage Amount" field. If commercial health insurance is the recipient's primary insurance and Medicare is the secondary, providers will be required to enter

the total paid amounts from commercial health insurance *and* Medicare in the “Other Coverage Amount” field.

Providers should continue to submit their Explanation of Medicare Benefits (EOMB) containing the *Medicare*-paid amounts with paper claims. Wisconsin Medicaid will process the *Medicare*-paid amount like payment from commercial health insurance.

National Drug Codes

With the implementation of HIPAA, Wisconsin Medicaid will cover Food and Drug Administration-approved NDCs for drugs and biologics in which the manufacturer has signed a rebate agreement.

Wisconsin Medicaid will continue to accept selected Wisconsin Medicaid local codes. The following drugs may be reimbursable when a provider submits a paper claim along with the Pharmacy Special Handling Request form, HCF 13074, dated 06/03, for the following items:

- 00990000000 (Compound drugs that cannot be processed in the real-time system).
- 88888888888 (Drug is not on file, must have prior authorization).

Refer to Attachment 5 for a revised Pharmacy Special Handling Request. Refer to the Claims Submission section of the Pharmacy Handbook for more information on special handling requests.

Local code 88888000007 (IV/IM pre-filled syringe dispensing fee) will continue to be accepted via paper or real-time POS claims. Wisconsin Medicaid will accept real-time claims for this local code only if trading partners agree to send local codes after HIPAA implementation.

Wisconsin Medicaid local procedure code 92000100012 (Condoms) will be discontinued. Instead, providers will be required to submit claims for condoms using the CMS 1500 claim or 837 Health Care Claim: Professional (837P) transaction using the following HealthCare Common Procedure Coding System codes:

- A4267 (Contraceptive supply, condom, male, each).
- A4268 (Contraceptive supply, condom, female, each).

Providers should refer to the *Update* 2003-48 for CMS 1500 paper claim instructions or the Wisconsin Medicaid Companion Document to HIPAA Implementation Guide: Professional Health Care Claim or Adjustment (837P) for electronic claims.

Billing for repackaging

With the implementation of HIPAA, billing for repackaging of medications will change for real-time and paper claims. Pharmacy providers will be required to indicate the appropriate code in the “Submission Clarification Code” field. Providers will no longer indicate repackaging in the “Unit Dose Indicator” field.

Providers will no longer indicate repackaging in the “Unit Dose Indicator” field.

Coverage for pharmacy services

Medicaid coverage and documentation requirements for most pharmacy services remain unchanged. This includes the enhanced dispensing fee for providing pharmaceutical care services. Providers should not confuse pharmaceutical care services with professional pharmacy services. Wisconsin Medicaid will not cover professional pharmacy services even with the implementation of HIPAA.

Refer to the Pharmacy Handbook and *Updates* for complete Medicaid policies and procedures.

Refer to Attachment 6 for a chart that shows which response codes will be used with real-time and paper claim submissions, including the sources for these codes.

Response to claim submissions

With the implementation of HIPAA, Wisconsin Medicaid will use the following codes for claims response:

- National Council for Prescription Drug Programs (NCPDP) Reject Codes.
- Health Care Services Review Decision Reason Codes and Remittance Advice Remark Codes, commonly known as Reason and Remark Codes.
- Wisconsin Medicaid Explanation of Benefits (EOB) codes.

Refer to Attachment 6 for a chart that shows which response codes will be used with real-time and paper claim submissions, including the sources for these codes.

Attachment 7 is a revised list of Wisconsin Medicaid EOB codes.

Revision of prior authorization request forms and instructions

With the implementation of HIPAA, pharmacy providers will be required to use the revised Prior Authorization Request Form (PA/RF), HCF 11018, dated 06/03, when requesting PA for drugs and biologics on paper. Instructions for completion of this revised form are located in Attachment 8. A sample PA/RF is in Attachment 9.

Revisions made to the Prior Authorization Request Form

The following revisions were made to the PA/RF:

- Requested start date field added (Element 14).

- Space for performing provider number added for each service/procedure (Element 15).
- NCPDP patient location codes should be indicated rather than Wisconsin Medicaid local place of service codes (Element 18).
- Type of service codes are no longer required.

Prior authorization attachments

The Prior Authorization/Drug Attachment (PA/DGA), HCF 11049, dated 06/03, has also been revised. The basic information requested on the form has not changed; only the format of the form has changed. Refer to Attachment 10 for a copy of the completion instructions for the PA/DGA. Attachment 11 is a copy of the PA/DGA for providers to photocopy.

Note: Pharmacies will be notified about changes to enteral nutrition products, including the introduction of the Prior Authorization/Enteral Nutrition Product Attachment (PA/ENPA), in *Update 2003-99*.

Obtaining Medicaid drug claim forms and prior authorization request forms

Many Medicaid forms are available in fillable Portable Document Format (PDF) from the forms page of the Wisconsin Medicaid Web site. (Providers cannot obtain copies of the PA/RF from the Medicaid Web site since each form has a preprinted unique PA number on it.) To access the drug claim forms, PA attachments, and other Medicaid forms, follow these instructions:

1. Go to www.dhfs.state.wi.us/medicaid/.
2. Choose "Providers" from the options listed in the Wisconsin Medicaid main menu.

3. Select “Provider Forms” under the “Provider Publications and Forms” topic area.

The fillable PDF may be accessed using Adobe Acrobat Reader®* and may be completed electronically by clicking on the dash-outlined boxes to enter information. Press the “Tab” key to move from one box to the next. Providers may then print the form or attachment and send it to Wisconsin Medicaid.

To request paper copies of the drug claims, PA/DGA, or PA/RF, call Provider Services at (800) 947-9627 or (608) 221-9883. Questions regarding the forms and their instructions may also be directed to Provider Services at the telephone numbers previously mentioned.

In addition, all forms are available by writing to Wisconsin Medicaid. Include a return address, the name of the form, and the HCF number of the form (if applicable) and send the request to:

Wisconsin Medicaid
Form Reorder
6406 Bridge Rd
Madison WI 53784-0003

Changes to STAT-PA

Wisconsin Medicaid will continue to use Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) although there will be some changes as a result of HIPAA. Changes to STAT-PA as a result of HIPAA will be addressed in a separate *Update*.

Revised Pharmacy Quick Reference

Attachment 12 is a revised Pharmacy Quick-Reference page.

General HIPAA information

Refer to the following Web sites for more HIPAA-related information:

- www.ncpcp.org/ — Includes information from the NCCPCP.
- www.cms.gov/hipaa/ — Includes links to the latest HIPAA news and federal Centers for Medicare and Medicaid Services HIPAA-related links.
- aspe.hhs.gov/admsimp/ — Contains links to proposed and final rules, links to download standards and HIPAA implementation guides, and frequently asked questions regarding HIPAA and the Administrative Simplification provisions.
- www.dhfs.state.wi.us/hipaa/ — Contains Wisconsin Department of Health and Family Services HIPAA-related publications, a list of HIPAA acronyms, links to related Web sites, and other valuable HIPAA information.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service information and applies to providers of services to recipients who have fee-for-service Medicaid. Since HIPAA impacts all health care payers, it is important to know that HIPAA changes will also have an impact on Medicaid HMOs. For questions related to Medicaid HMOs or managed care HIPAA-related changes, contact the appropriate managed care organization.

* The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at www.adobe.com/. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants also.

Wisconsin Medicaid, BadgerCare, and SeniorCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Noncompound Drug Claim Completion Instructions

(A copy of the “Noncompound Drug Claim Completion Instructions” is located on the following pages.)

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WISCONSIN MEDICAID NONCOMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these claim instructions refer to Medicaid recipients, these instructions also apply to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The NonCompound Drug Claim form is used by Wisconsin Medicaid and is mandatory when submitting paper claims for noncompound drugs. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

To avoid denial or inaccurate claim payment, use the following claim form completion instructions. Enter all required data on the claim form in the appropriate element. Do not include attachments unless instructed to do so. All elements are required unless "optional" or "not required" is indicated.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Provider Resources section of the All-Provider Handbook or the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for more information about the EVS.

Note: Submit claims for nondrug items, such as clozapine management services, disposable medical supplies, durable medical equipment, and enteral nutrition products, on the CMS 1500 claim form or 837 Health Care Claim: Professional transaction (837P) using nationally recognized five-digit procedure codes.

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider

Enter the name of the billing provider.

Element 2 — Wisconsin Medicaid Provider Number

Enter the billing provider's eight-digit Medicaid provider number.

Element 3 — Address — Provider

Enter the address, including the street, city, state, and Zip code of the billing provider.

Element 4

Do not write in this space. This element is reserved for future Medicaid use.

SECTION II — RECIPIENT INFORMATION

Element 5 — Cardholder Identification Number — Recipient

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

Element 6 — Name — Recipient (Last, First, Middle Initial)

Enter the recipient's name from the recipient's Medicaid identification card. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 7 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YY format (e.g., May 21, 1980, would be 05/21/80) or in MM/DD/YYYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 8 — Sex — Recipient

Enter "0" for unspecified, "1" for male, and "2" for female.

SECTION III — CLAIM INFORMATION

Providers may enter up to four sets of drug information per recipient for Elements 9-27.

Element 9 — Prescriber Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

- XX5555555 — Prescriber's DEA number cannot be obtained.
- XX9999991 — Prescriber does not have a DEA number.

These codes must *not* be used for prescriptions for controlled substances.

Element 10 — Date Prescribed

Enter the date shown on the prescription in MM/DD/YY or MM/DD/YYYY format.

Element 11 — Date Filled

Enter the date that the prescription was filled or refilled in MM/DD/YY or MM/DD/YYYY format. When billing unit dose services, the last date of service in the billing period must be entered.

Element 12 — Refill

Enter the refill indicator. The first two digits of the refill indicator is for the refill being billed. This must be "00" if the date prescribed equals the date filled. The second element is the total refills allowed (e.g., the second refill of a six-refill prescription would be "02/06.") A nonrefillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 13 — NDC

Enter the 11-digit National Drug Code (NDC) or Medicaid-assigned 11-digit procedure code for the item being billed. (Use the NDC indicated on the product.)

Element 14 — Days' Supply

Enter the estimated days' supply of tablets, capsules, fluid cc's, etc., that has been prescribed for the recipient. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Note: Days' supply is not the duration of treatment, but the expected number of days the drug will be used.

Element 15 — Qty

Enter the metric decimal quantity in the specified unit of measure according to the Wisconsin Medicaid Drug File. Quantities billed should be rounded to two decimal places (i.e., nearest hundredth).

Element 16 — Charge

Enter the total charge for each line item. The charge should represent the provider's usual and customary fee.

Element 17 — UD

Enter one of the following National Council for Prescription Drug Programs (NCPDP) single-numeric indicators when billing for unit dose (UD) drugs and nonunit dose drugs. (This field is required for *all* pharmacy claims.)

Indicator	Description
0	Not Specified
1	Not Unit Dose
2	Manufacturer Unit Dose
3	Pharmacy Unit Dose

Element 18 — Prescription Number

Enter the prescription number. Each legend and over-the-counter drug billed must have a unique prescription number.

Element 19 — DAW

Enter the appropriate one-digit NCPDP dispense as written (DAW) code:

Code	Description
0	No Product Selection Indicated
1	Substitution Not Allowed by Prescriber
8	Substitution Allowed — Generic Drug Not Available in Marketplace

Element 20 — Drug Description (optional)

Enter a brief description of the drug.

Element 21 — PT LOC

Enter the appropriate two-digit NCPDP patient location code for each drug billed.

Code	Description
00	Not Specified
01	Home
04	Long Term/Extended Care
07	Skilled Care Facility
10	Outpatient

Element 22 — Diagnosis Code

This element is required when billing for a drug in which Wisconsin Medicaid requires a diagnosis or when billing for Pharmaceutical Care (PC) services. If the diagnosis of the drug is different than that of the PC services, enter the diagnosis code of the drug from the *International Classification of Diseases, Ninth Revision, Clinical Modification* coding structure. Enter all digits of the diagnosis code, including the preceding zeros.

Element 23 — Level of Effort

This element is required when billing for PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook for PC information. Enter the NCPDP code from the following list that corresponds with the time required to perform the PC service.

Code	Description
11	Level 1 (0-5 minutes)
12	Level 2 (6-15 minutes)
13	Level 3 (16-30 minutes)
14	Level 4 (31-60 minutes)
15	Level 5 (More than 60 minutes)

Element 24 — Reason for Service

This element is required when billing for Drug Utilization Review (DUR) or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook for DUR and PC information and applicable PC values.

Element 25 — Professional Service

This element is required when billing for DUR or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook for DUR and PC information and applicable PC values.

Element 26 — Result of Service

This element is required when billing for DUR or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook for DUR and PC information and applicable PC values.

Element 27 — Sub Clar Code

Enter NCPDP submission clarification code "2" to indicate repackaging.

Element 28 — Prior Authorization Number

If prior authorization (PA) has been obtained, enter the seven-digit number in this element. Do not attach a copy of the PA request to the claim. Services authorized under multiple PA requests must be billed on separate claims.

Element 29 — Other Coverage Code

Wisconsin Medicaid is usually the payer of last resort for Medicaid-covered services. (Refer to the Coordination of Benefits section of the All-Provider Handbook for more information.) Prior to submitting a claim to Wisconsin Medicaid, providers must verify whether a recipient has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

If a recipient has Medicare and other insurance coverage, the provider is required to bill both prior to submitting a claim to Wisconsin Medicaid. Enter one of the NCPDP other coverage codes that best describes the recipient's situation.

Value	Description
0	Not specified
1	No other coverage identified
2	Other coverage exists — payment collected
3	Other coverage exists — this claim not covered
4	Other coverage exists — payment not collected
5	Managed care plan denial
6	Other coverage denied — not a participating provider
7	Other coverage exists — not in effect at time of service

Element 30 — Total Charges

Enter the total charges for this claim.

Element 31 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 29 indicates "2."

Note: Pharmacies may also include the Medicare-paid amount in this field for drug claims that fail to automatically crossover from Medicare to Wisconsin Medicaid within 30 days.

Element 32 — Patient Paid

When applicable for SeniorCare claims, enter the recipient's out-of-pocket expense due to other coverage, including Medicare. Do not enter a recipient's expected copayment for Wisconsin Medicaid or SeniorCare.

Element 33 — Net Billed

Enter the balance due by subtracting any other insurance amount and patient paid amount from the amount in Element 30.

Element 34 — Certification

The provider or the authorized representative must sign this element. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be computer generated or stamped.

ATTACHMENT 2

Noncompound Drug Claim (for photocopying)

(A copy of the "Noncompound Drug Claim" [for photocopying] is located on the following page.)

**WISCONSIN MEDICAID
 NONCOMPOUND DRUG CLAIM**

Instructions: Type or print clearly. Before completing this form, read the Noncompound Drug Claim Completion Instructions (HCF 13072A).
 Return form to: Wisconsin Medicaid, 6406 Bridge Road, Madison, WI 53784-0002.

SECTION I — PROVIDER INFORMATION

1. Name — Provider	2. Wisconsin Medicaid Provider Number
3. Address — Provider (Street, City, State, Zip Code)	4. Reserved for future Medicaid use (Do not write in this space)

SECTION II — RECIPIENT INFORMATION

5. Cardholder Identification Number — Recipient	6. Name — Recipient (Last, First, Middle Initial)	7. Date of Birth — Recipient	8. Sex — Recipient
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SECTION III — CLAIM INFORMATION

9. Prescriber Number	10. Date Prescribed	11. Date Filled	12. Refill	13. NDC	14. Days' Supply	15. Qty	16. Charge \$
17. UD	18. Prescription Number	19. DAW	20. Drug Description				21. PT LOC
22. Diagnosis Code	23. Level of Effort	24. Reason for Service	25. Professional Service	26. Result of Service	27. Sub Clar Code		

9. Prescriber Number	10. Date Prescribed	11. Date Filled	12. Refill	13. NDC	14. Days' Supply	15. Qty	16. Charge \$
17. UD	18. Prescription Number	19. DAW	20. Drug Description				21. PT LOC
22. Diagnosis Code	23. Level of Effort	24. Reason for Service	25. Professional Service	26. Result of Service	27. Sub Clar Code		

9. Prescriber Number	10. Date Prescribed	11. Date Filled	12. Refill	13. NDC	14. Days' Supply	15. Qty	16. Charge \$
17. UD	18. Prescription Number	19. DAW	20. Drug Description				21. PT LOC
22. Diagnosis Code	23. Level of Effort	24. Reason for Service	25. Professional Service	26. Result of Service	27. Sub Clar Code		

9. Prescriber Number	10. Date Prescribed	11. Date Filled	12. Refill	13. NDC	14. Days' Supply	15. Qty	16. Charge \$
17. UD	18. Prescription Number	19. DAW	20. Drug Description				21. PT LOC
22. Diagnosis Code	23. Level of Effort	24. Reason for Service	25. Professional Service	26. Result of Service	27. Sub Clar Code		

28. Prior Authorization Number	29. Other Coverage Code		
30. Total Charges \$	31. Other Coverage Amount \$	32. Patient Paid \$	33. Net Billed \$

34. Certification
 I certify the services and items for which reimbursement is claimed on this claim form were provided to the above named recipient pursuant to the prescription of a licensed physician, podiatrist, or dentist. Charges on this claim form do not exceed my (our) usual and customary charge for the same services or items when provided to persons not entitled to receive benefits under Wisconsin Medicaid, SeniorCare, and BadgerCare.
 I understand that any payment made in satisfaction of this claim will be derived from federal and state funds and that any false claims, statements or documents, or concealment of a material fact may be subject to prosecution under applicable federal or state law.

SIGNATURE — Pharmacist or Dispensing Physician	Date Signed
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ATTACHMENT 3

Compound Drug Claim Completion Instructions

(A copy of the "Compound Drug Claim Completion Instructions" is located on the following pages.)

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WISCONSIN MEDICAID COMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these claim instructions refer to Medicaid recipients, these instructions also apply to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Compound Drug Claim form is used by Wisconsin Medicaid, and is mandatory when submitting paper claims for compound drugs. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

To avoid denial or inaccurate claim payment, use the following claim form completion instructions. Enter all required data on the claim form in the appropriate element. Do not include attachments unless instructed to do so. All elements are required unless "optional" or "not required" is indicated.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Provider Resources section of the All-Provider Handbook or the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for more information about the EVS.

Note: Submit claims for nondrug items, such as clozapine management services, disposable medical supplies, durable medical equipment, and enteral nutrition products, on the CMS 1500 claim form or 837 Health Care Claim: Professional transaction (837P) using nationally recognized five-digit procedure codes.

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider

Enter the name of the billing provider.

Element 2 — Wisconsin Medicaid Provider Number

Enter the billing provider's eight-digit Medicaid provider number.

Element 3 — Address — Provider

Enter the address, including the street, city, state, and Zip code of the billing provider.

Element 4

Do not write in this space. This element is reserved for future Medicaid use.

SECTION II — RECIPIENT INFORMATION

Element 5 — Cardholder Identification Number — Recipient

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

Element 6 — Name — Recipient (Last, First, Middle Initial)

Enter the recipient's name from the recipient's Medicaid identification card. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 7 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YY format (e.g., May 21, 1980, would be 05/21/80) or in MM/DD/YYYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 8 — Sex — Recipient

Enter "0" for unspecified, "1" for male, and "2" for female.

SECTION III — CLAIM INFORMATION

Element 9 — Prescriber Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

- XX5555555 — Prescriber's DEA number cannot be obtained.
- XX9999991 — Prescriber does not have a DEA number.

These codes must *not* be used for prescriptions for controlled substances.

Element 10 — Date Prescribed

Enter the date shown on the prescription in MM/DD/YY or MM/DD/YYYY format.

Element 11 — Date Filled

Enter the date that the prescription was filled or refilled in MM/DD/YY or MM/DD/YYYY format.

Element 12 — Refill

Enter the refill indicator. The first two digits of the refill indicator is for the refill being billed. This must be "00" if the date prescribed equals the date filled. The second element is the total refills allowed (e.g., the second refill of a six-refill prescription would be "02/06.") A nonrefillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 13 — Days' Supply

Enter the estimated days' supply of tablets, capsules, fluid cc's, etc., that has been prescribed for the recipient. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Note: Days' supply is not the duration of treatment, but the expected number of days the drug will be used.

Element 14 — Quantity Dispensed

Enter the metric decimal quantity reflecting the total number of compound units dispensed.

Note: The quantity may not always equal the total of compound ingredient quantities.

Element 15 — Prescription Number

Enter the prescription number for the entire compound.

Element 16 — PT LOC

Enter the appropriate two-digit National Council for Prescription Drug Programs (NCPDP) patient location code for each drug billed.

Code	Description
00	Not Specified
01	Home
04	Long Term/Extended Care
07	Skilled Care Facility
10	Outpatient

Element 17 — Diagnosis Code

This element is required when billing for any drug within the compound in which Wisconsin Medicaid requires a diagnosis. Enter a diagnosis code from the *International Classification of Diseases, Ninth Revision, Clinical Modification* coding structure in this element. Refer to the Covered Services and Reimbursement section of the Pharmacy Handbook for more information.

Element 18 — Level of Effort

Enter the NCPDP level of effort code from the following list that corresponds with the time required to prepare the compound.

Code	Description
11	Level 1 (0-5 minutes)
12	Level 2 (6-15 minutes)
13	Level 3 (16-30 minutes)
14	Level 4 (31-60 minutes)
15	Level 5 (More than 60 minutes)

SECTION IV — COMPOUND INGREDIENTS

Indicate up to 25 compound ingredients using the following guidelines:

Ingredient NDC	Indicate the 11-digit National Drug Code (NDC) for the item being billed. (Use the NDC indicated on the product.)
Ingredient Quantity	Indicate the exact fractional metric quantity for the component ingredient used in the compound. Quantity billed should be rounded to two decimal places (i.e., nearest hundredth).
Ingredient Cost	Indicate the cost for the component ingredient used in the compound. The charge should represent the provider's usual and customary fee for the compound component.

Element 19 — Prior Authorization Number

This element is required when any drug within the compound requires prior authorization (PA). Enter the seven-digit number from the approved PA form in Element 19. Do not attach a copy of the PA to the claim.

Element 20 — Other Coverage Code

Wisconsin Medicaid is usually the payer of last resort for Medicaid-covered services. (Refer to the Coordination of Benefits section of the All-Provider Handbook for more information.) Prior to submitting a claim to Wisconsin Medicaid, providers must verify whether a recipient has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

If a recipient has Medicare and other insurance coverage, the provider is required to bill both prior to submitting a claim to Wisconsin Medicaid. Enter one of the NCPDP other coverage (OC) codes that best describes the recipient's situation.

Value	Description
0	Not specified
1	No other coverage identified
2	Other coverage exists — payment collected
3	Other coverage exists — this claim not covered
4	Other coverage exists — payment not collected
5	Managed care plan denial
6	Other coverage denied — not a participating provider
7	Other coverage exists — not in effect at time of service

Element 21 — Total Charges

Enter the total charges for this claim.

Element 22 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 20 indicates "2."

Note: Pharmacies may also include the Medicare-paid amount in this field for drug claims that fail to automatically crossover from Medicare to Wisconsin Medicaid within 30 days.

Element 23 — Patient Paid Amount

When applicable on SeniorCare claims, enter the recipient's out-of-pocket expense due to other coverage, including Medicare. Do not enter a recipient's expected copayment for Wisconsin Medicaid or SeniorCare.

Element 24 — Net Billed

Enter the balance due by subtracting any other insurance amount and patient paid amount from the amount in Element 21.

Element 25 — Certification

The provider or the authorized representative must sign this element. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be computer generated or stamped.

ATTACHMENT 4
Compound Drug Claim (for photocopying)

(A copy of the "Compound Drug Claim" [for photocopying] is located on the following page.)

**WISCONSIN MEDICAID
 COMPOUND DRUG CLAIM**

Instructions: Type or print clearly. Before completing this form, read the Compound Drug Claim Completion Instructions (HCF 13073A).
 Return form to: Wisconsin Medicaid, 6406 Bridge Road, Madison, WI 53784-0002.

SECTION I — PROVIDER INFORMATION

1. Name — Provider		2. Wisconsin Medicaid Provider Number	
3. Address — Provider (Street, City, State, Zip Code)		4. Reserved for future Medicaid use (Do not write in this space)	

SECTION II — RECIPIENT INFORMATION

5. Cardholder Identification Number — Recipient	6. Name — Recipient (Last, First, Middle Initial)	7. Date of Birth — Recipient	8. Sex — Recipient
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SECTION III — CLAIM INFORMATION

9. Prescriber Number	10. Date Prescribed	11. Date Filled	12. Refill	13. Days' Supply	14. Quantity Dispensed
15. Prescription Number	16. PT LOC	17. Diagnosis Code		18. Level of Effort	

SECTION IV — COMPOUND INGREDIENTS

1.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	14.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
2.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	15.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
3.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	16.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
4.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	17.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
5.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	18.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
6.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	19.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
7.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	20.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
8.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	21.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
9.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	22.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
10.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	23.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
11.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	24.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
12.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	25.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$
13.	Ingredient NDC	Ingredient Quantity	Ingredient Cost \$	19. Prior Authorization Number		20. Other Coverage Code	
21. Total Charges \$		22. Other Coverage Amount \$		23. Patient Paid Amount \$		24. Net Billed \$	

25. Certification

I certify the services and items for which reimbursement is claimed on this claim form were provided to the above named recipient pursuant to the prescription of a licensed physician, podiatrist, or dentist. Charges on this claim form do not exceed my (our) usual and customary charge for the same services or items when provided to persons not entitled to receive benefits under Wisconsin Medicaid, SeniorCare, and BadgerCare.

I understand that any payment made in satisfaction of this claim will be derived from federal and state funds and that any false claims, statements or documents, or concealment of a material fact may be subject to prosecution under applicable federal or state law.

SIGNATURE — Pharmacist or Dispensing Physician	Date Signed
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ATTACHMENT 5
Pharmacy Special Handling Request form
(for photocopying)

(A copy of the "Pharmacy Special Handling Request" [for photocopying] is located
on the
following page.)

**WISCONSIN MEDICAID
PHARMACY SPECIAL HANDLING REQUEST**

Instructions: Providers may submit the Pharmacy Special Handling Request and paper drug claim to Wisconsin Medicaid to: Wisconsin Medicaid, Pharmacy Special Handling Unit, Suite 20, 6406 Bridge Road, Madison, WI 53784-0020. Type or print clearly.

SECTION I — PROVIDER INFORMATION

Wisconsin Medicaid Provider Number

Telephone Number — Provider

SECTION II — REASON FOR REQUEST (Choose one.)

Original claim denied.

Date of denial _____

Authorization / Internal Control Number _____

Explanation of Benefits (EOB) Number and / or National Council for Prescription Drug Program (NCPDP) Reject Code

Description(s) _____

National Drug Code (NDC) not on Medicaid file.

NDC _____

Description _____

Pharmacy consultant review.

Explanation of review needed _____

Provide supporting documentation when available (e.g., Remittance and Status Report or manufacturer- and / or peer-reviewed literature).

SECTION III — CERTIFICATION

SIGNATURE — Pharmacist or Dispensing Physician

Date Signed

ATTACHMENT 6

Response to claims submissions

The following table shows the codes retail pharmacies will receive in response to submission of real-time National Council for Prescription Drug Programs (NCPDP) Version 5.1 and paper claims after the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It also shows the sources for these codes.

Type of claim/transaction	Type of adjustment	Type of response	Codes used in response	Source of response codes
Real-time NCPDP 5.1 B1 billing transactions (paid and denied)	Real-time NCPDP 5.1 B2 reversal transactions (accepted and rejected) (same and different week)	Real-time claim response	Wisconsin Medicaid explanation of benefits codes (EOBs) -AND-	Attachment 7 of this <i>Wisconsin Medicaid and BadgerCare Update</i>
			NCPDP Reject Code	September 1999 NCPDP Data Dictionary, Appendix F*
Real-time NCPDP 5.1 B1 billing transactions (paid only) Paper Noncompound and Compound Drug Claims (paid and denied)	Real-time NCPDP 5.1 B2 reversal transactions (accepted only) (different week only)	835 Health Care Claim Payment/Advice	Health Care Services Review Decision Reason Codes -AND-	Washington Publishing Company Web site**
			NCPDP Reject Codes -OR-	September 1999 NCPDP Data Dictionary, Appendix F*
	Paper adjustments (paid and denied)		Remittance Advice Remark Codes	Washington Publishing Company Web site**
		Paper Remittance and Status Report	Wisconsin Medicaid EOBs	Attachment 7

*The September 1999 NCPDP Data Dictionary may be obtained from the NCPDP Web site at www.ncdp.org/.

**The Washington Publishing Company Web site is www.wpc-edi.com/.

ATTACHMENT 7

Wisconsin Medicaid explanation of benefits codes for real-time and paper claims

The following table lists Wisconsin Medicaid explanation of benefits (EOB) codes that pharmacy providers will receive on real-time claim responses and paper Remittance and Status Reports. A separate *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

EOB message code	EOB message description
006	Amount paid reduced by amount of other insurance payment.
009	Recipient name missing. Please correct and resubmit.
010	Recipient is eligible for Medicare. Please bill Medicare first. Indicate Medicare disclaimer on claim if Medicare denied or attach the Explanation of Medicare Benefits if Medicare paid.
012	Service paid at the maximum amount allowed by Wisconsin Medicaid reimbursement policies.
014	A discrepancy was noted between the other insurance indicator, and the amount paid on your claim.
020	Claim reduced due to recipient spenddown.
024	Provider certification has been suspended by the Department of Health and Family Services (DHFS).
025	Provider certification has been cancelled by the DHFS.
029	Wisconsin Medicaid number does not match recipient's last name.
044	The provider is not authorized to perform or provide the service requested.
050	Payment reduced by recipient copayment.
060	<i>International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)</i> diagnosis code is missing or invalid.
066	Claim reduced due to recipient/participant deductible.
084	Claim denied due to missing or invalid provider signature and/or billing date.
085	Different drug benefit programs. Prescriptions or services must be billed as a separate claim.
095	Generic or substitute invalid. Please correct and resubmit.
100	Claim previously/partially paid on (internal control number) on remittance advice (RA) date (DDMMYY). Adjust paid claim.
114	Schedule 3/4/5 drugs are limited to the original dispensing plus five refills or six months.
116	Procedure or drug code not a benefit on DOS.
129	Participant's eligibility not complete, please re-submit claim at a later date.
135	Denied. No substitute indicator required when billing innovative NDCs.
146	Non-scheduled legend drugs are limited to the original dispensing plus 11 refills or 12 months.
153	Claim denied due to missing and/or incorrect total billed amount.
158	Quantity billed is missing or exceeds the maximum allowed per DOS.
171	Denied. Claim/adjustment received after 12 months from DOS indicated on claim/adjustment.

EOB message code	EOB message description
172	Recipient's Wisconsin Medicaid number not eligible for DOS.
177	Denied. Procedure not payable for place of service or invalid place of service code submitted. Resubmit with correct place of service code for procedure provided.
183	Provider not authorized to perform procedure code and/or type of service code.
184	Procedure billed does not correspond with Wisconsin Medicaid age criteria guidelines.
185	Procedure billed is not appropriate to recipient's sex.
201	Performing provider not certified by Wisconsin Medicaid/prescribing Drug Enforcement Agency (DEA) number invalid for NDC billed.
203	Estimated days' supply missing or incorrect.
221	No charge was submitted for this procedure.
224	Quantity billed is missing or incorrect.
240	Prescription number is missing or incorrect.
242	Date prescription written is missing, invalid, after date of service (DOS) or exceeds one year. Please correct and resubmit.
247	Procedure code/NDC is invalid, obsolete, or not billable to Wisconsin Medicaid, or this procedure/type of service combination is invalid. Resubmit with valid Wisconsin Medicaid codes for the DOS.
277	Services billed are included in the nursing facility rate structure.
278	Denied. Recipient eligibility file indicates other insurance. Submit to other insurance carrier.
281	Recipient's Wisconsin Medicaid identification number is incorrect. Please verify and correct the Wisconsin Medicaid number and resubmit claim.
287	Claim denied. Recipient is enrolled in a Medicaid HMO or other managed care program.
289	Services performed by out-of-state providers are limited to those prior authorized or emergency in nature.
310	Traditional professional dispensing fee reimbursement policy applied.
322	Service(s) denied/cutback. The maximum prior authorized service limitation or frequency allowance has been exceeded.
324	EDS Federal has recouped payment for service(s) per provider request.
361	No more than two dispensing fees per month per prescription shall be paid.
369	The indicated legend drug shall be dispensed in amounts not to exceed 34 days.
376	The indicated legend drug shall be dispensed in amounts not to exceed a 100-days' supply.
388	Incorrect or invalid type of service/NDC/procedure code/accommodation code or ancillary code billed.
398	Prior authorization (PA) number submitted is missing or incorrect.
399	Date of service must fall between the PA grant date and expiration date.
400	Performing provider on the claim must be the same as the performing provider who received PA for this service.
424	Billing provider name/number is missing, mismatched, or unidentifiable. Indicate one billing provider name/number in the appropriate element.
425	Performing/prescribing provider number/DEA number is missing or unidentifiable. Please indicate separately on each detail.
426	Claim denied. Payment is limited to one unit dose service per calendar month, per legend drug, per recipient.
469	Claim is being processed through Special Handling. No action on your part is required. Please disregard additional messages for this claim.

EOB message code	EOB message description
477	Billing provider indicated on claim not allowable as a billing provider. A clinic, facility, or supervising provider must be the billing provider.
498	Pharmaceutical Care code must be billed with a valid Level of Effort.
509	Claim denied. Please verify the units and dollars billed. If correct, refer to Pharmacy Handbook for special billing instructions.
510	Denied. Prior authorization/diagnosis is required for a payment of this service. A valid PA number/diagnosis is required and/or the type of service/procedure must match the approved PA.
511	National Drug Code is only billable as a compound drug.
595	One service allowed per day. This procedure is denied as a duplicate.
614	Wisconsin Medicaid number does not match recipient's first name.
618	Claim denied. Unit dose indicator and/or submission clarification code billed is invalid with NDC billed.
619	Claim denied. Do not indicate "no substitute" on the claim when the NDC billed is for a generic drug.
630	A valid LOE is required for billing compound drugs or PC.
631	Recipient locked-in to a pharmacy provider or enrolled in a hospice. Contact recipient's hospice for a payment of services or resubmit with documentation of unrelated nature of care.
643	Billing provider not certified for the DOS.
683	Qualified Medicare Beneficiary Only recipient is allowable only for coinsurance and deductible on a Medicare crossover claim.
698	Recipient not eligible for Medicaid benefits.
751	Denied. No substitute indicator invalid for non-innovator drugs not on the current Wisconsin Maximum Allowed Cost (MAC) list.
843	All three DUR fields must indicate a valid value for prospective DUR. A valid LOE is also required for PC reimbursement.
846	Denied. This procedure code is not valid in the pharmacy Point-of-Sale (POS) system. Please resubmit on the CMS 1500 using the correct HCFA Common Procedure Coding System (HCPCS) procedure code.
852	Denied. Quantity must be a whole number for this NDC. Correct and resubmit.
853	Date of service is missing, incorrect, or contains future date.
877	The quantity allowed was reduced to a multiple of the product's packaging size.
887	Default prescribing physician number XX5555555 was indicated. Valid numbers are important for DUR purposes. Please obtain a valid number for future use.
888	Default prescribing physician number XX9999991 was indicated. Valid numbers are important for DUR purposes. Please verify that physician has no DEA number.
907	Our records indicate you have billed more than one unit dose dispensing fee for this calendar month. Reimbursement for this detail does not include unit dose dispensing fee.
920	Denied. A discrepancy exists between the other coverage (OC) indicator submitted and the OC information on the file for the recipient. Please verify and resubmit.
922	Duplicate component billed on same compound claim.
935	Invalid billing of procedure code.
957	Other coverage indicator is missing or invalid. Please correct and resubmit.

EOB message code	EOB message description
976	Resubmit on paper for special handling.
979	Pharmaceutical Care code must be billed with a payable drug detail.
994	Compound drugs require a minimum of two components with at least one payable Medicaid covered drug.
996	Denied, limitation exceeded.

ATTACHMENT 8

Prior Authorization Request Form (PA/RF) Completion Instructions for pharmacies

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Prior Authorization Request Form (PA/RF) is used by Wisconsin Medicaid and SeniorCare and is mandatory when requesting PA. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Providers may submit PA requests, along with all applicable service-specific attachments, including the Prior Authorization/Drug Attachment (PA/DGA), by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the submitted claim(s).

SECTION I — PROVIDER INFORMATION

Element 1 — Name and Address — Billing Provider

Enter the name and complete address (street, city, state, and Zip code) of the billing provider. The name listed in this element must correspond with the Medicaid provider number listed in Element 4. No other information should be entered in this element, since it also serves as a return mailing label.

Element 2 — Telephone Number — Billing Provider

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the billing provider.

Element 3 — Processing Type

Enter the appropriate three-digit processing type from the following list. The processing type is a three-digit code used to identify a category of service requested.

- 131 — Drugs.
- 137 — 24-Hour Drugs.
- 637 — Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) Drugs.

Element 4 — Billing Provider's Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the billing provider. The provider number in this element must match the provider name listed in Element 1.

SECTION II — RECIPIENT INFORMATION

Element 5 — Recipient Medicaid ID Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the recipient's Medicaid identification card or the Eligibility Verification System (EVS) to obtain the correct identification number.

Element 6 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 7 — Address — Recipient

Enter the complete address of the recipient's place of residence, including the street, city, state, and Zip code. If the recipient is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 8 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS. Providers may also contact Provider Services at (800) 947-9627 or (608) 221-9883.

Element 9 — Sex — Recipient

Enter an "X" in the appropriate box to specify male or female.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 10 — Diagnosis — Primary Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested.

Note: Pharmacists need only to provide the diagnosis description, not the diagnosis code.

Element 11 — Start Date — SOI (not required)

Element 12 — First Date of Treatment — SOI (not required)

Element 13 — Diagnosis — Secondary Code and Description

Enter the appropriate secondary ICD-9-CM diagnosis code and description relevant to the service/procedure requested, if applicable.

Note: Pharmacists need only to provide a written description.

Element 14 — Requested Start Date

Enter the requested start date for service(s) in MM/DD/YY format, if a specific start date is requested.

Element 15 — Performing Provider Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These codes must *not* be used for prescriptions for controlled substances.

Element 16 — Procedure Code

Enter the appropriate 11-digit National Drug Code (NDC) code for each service/procedure/item requested.

Element 17 — Modifiers (not required)

Element 18 — POS

Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
00	Not specified
01	Home
04	Long Term/Extended Care
07	Skilled Care Facility
10	Outpatient

Element 19 — Description of Service

Enter a written description corresponding to the appropriate 11-digit NDC code for each item requested.

Element 20 — QR

Enter the appropriate quantity (e.g., number of services, days' supply) requested for the procedure code listed. For drugs, enter the number of units or days' supply.

Element 21 — Charge

Enter the provider's usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1," multiply the quantity by the charge for each service/procedure/item requested. Enter that total amount in this element.

Note: The charges indicated on the request form should reflect the provider's usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to *Terms of Provider Reimbursement* issued by the Department of Health and Family Services.

Element 22 — Total Charges

Enter the anticipated total charge for this request.

Element 23 — Signature — Requesting Provider

The original signature of the provider requesting/performing/dispensing this service/procedure/item must appear in this element.

Element 24 — Date Signed

Enter the month, day, and year the PA/RF was signed (in MM/DD/YY format).

Do not enter any information below the signature of the requesting provider — this space is reserved for Wisconsin Medicaid consultants and analysts.

ATTACHMENT 9

Sample Prior Authorization Request Form (PA/RF) for pharmacies

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11018 (Rev. 06/03)

STATE OF WISCONSIN
HFS 106.03(4), Wis. Admin. Code

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST FORM (PARF)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read your service-specific Prior Authorization Request Form (PARF) Completion Instructions.

FOR MEDICAID USE — ICN	AT	Prior Authorization Number 1234567
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SECTION I — PROVIDER INFORMATION

1. Name and Address — Billing Provider (Street, City, State, Zip Code) I.M. Provider 1 W. Williams Anytown, WI 55555	2. Telephone Number — Billing Provider (XXX) XXX-XXXX 4. Billing Provider's Medicaid Provider Number 87654321	3. Processing Type 131
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SECTION II — RECIPIENT INFORMATION

5. Recipient Medicaid ID Number 1234567890	6. Date of Birth — Recipient (MM/DD/YY) MM/DD/YYYY	7. Address — Recipient (Street, City, State, Zip Code) 1234 Street St. Anytown, WI 55555
8. Name — Recipient (Last, First, Middle Initial) Recipient, Ima A.		9. Sex — Recipient <input type="checkbox"/> M <input checked="" type="checkbox"/> F

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

10. Diagnosis — Primary Code and Description AIDS-related Kaposi's Sarcoma				11. Start Date — SOI		12. First Date of Treatment — SOI			
13. Diagnosis — Secondary Code and Description				14. Requested Start Date MM/DD/YY					
15. Performing Provider Number	16. Procedure Code	17. Modifiers				18. POS	19. Description of Service	20. QR	21. Charge
AB1234567	64365-0501-01	1	2	3	4	00	Panretin 0.1% gel	60 gm	XXXX.XX

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.

22. Total Charges	XXXX.XX
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23. SIGNATURE — Requesting Provider <i>I.M. Provider</i>	24. Date Signed MM/DD/YYYY
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FOR MEDICAID USE	Procedure(s) Authorized:	Quantity Authorized:
<input type="checkbox"/> Approved Grant Date _____ Expiration Date _____		
<input type="checkbox"/> Modified — Reason:		
<input type="checkbox"/> Denied — Reason:		
<input type="checkbox"/> Returned — Reason:		
SIGNATURE — Consultant / Analyst _____		Date Signed _____

ATTACHMENT 10

Prior Authorization / Drug Attachment (PA/DGA) Completion Instructions

(A copy of the "Prior Authorization/Drug Attachment [PA/DGA] Completion Instructions" is located on the following pages.)

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WISCONSIN MEDICAID PRIOR AUTHORIZATION / DRUG ATTACHMENT (PA/DGA) COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. If necessary, attach additional pages if more space is needed. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid and SeniorCare medical consultants to make a reasonable judgement about the case.

Attach the completed Prior Authorization/Drug Attachment (PA/DGA) to the Prior Authorization Request Form (PA/RF) and physician prescription (if necessary) and send it to Wisconsin Medicaid. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Recipient Medicaid Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

SECTION II — TYPE OF REQUEST

Element 4

Indicate the start date requested for PA or the date the prescription was filled.

Element 5

Check the appropriate box to indicate if this product has been requested previously.

SECTION III — PRESCRIPTION INFORMATION

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

Element 6 — Drug Name

Enter the drug name.

Element 7 — Strength

Enter the strength of the drug listed in Element 6.

Element 8 — Quantity Ordered

Enter the quantity that was ordered.

Element 9 — Date Order Issued

Enter the date the order was issued.

Element 10 — Directions for Use

Enter the directions for use of the drug.

Element 11 — Daily Dose

Enter the daily dose.

Element 12 — Refills

Enter the amount of refills.

Element 13 — Name — Prescriber

Enter the name of the prescriber.

Element 14 — DEA Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These codes must *not* be used for prescriptions for controlled substances.

Element 15

Indicate if "Brand Medically Necessary" is handwritten by the prescriber on the prescription order.

SECTION IV — CLINICAL INFORMATION

Include diagnostic, as well as clinical information, explaining the need for the product requested.

Element 16

List the recipient's condition the prescribed drug is intended to treat. Include *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes and the expected length of need. If requesting a renewal or continuation of a previous PA approval, indicate any changes to the clinical condition, progress, or known results to date. Attach another sheet if more space is required.

Element 17

Indicate source of clinical information.

Element 18

Indicate use of the product requested.

Element 19

Indicate dosage of the product requested.

Element 20 — Signature — Pharmacist or Dispensing Physician

The pharmacist / dispenser must review this information and sign this form.

Element 21 — Date Signed

Enter the month, day, and year the PA/DGA was signed (in MM/DD/YYYY format).

Element 22

Check the appropriate box indicating how the provider would like to be notified of an approved or denied PA request. Be sure to indicate a fax or telephone number if selecting either of these options.

ATTACHMENT 11
Prior Authorization / Drug Attachment (PA/DGA)
(for photocopying)

(A copy of the "Prior Authorization/Drug Attachment [PA/DGA]" [for photocopying]
is located on the following pages.)

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**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / DRUG ATTACHMENT (PA/DGA)**

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.
Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Drug Attachment (PA/DGA) Completion Instructions (HCF 11049A).

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient
3. Recipient Medicaid Identification Number	

SECTION II — TYPE OF REQUEST

4. Indicate the Start Date Requested / Date Prescription Filled

5. Indicate if this drug has been previously requested.

This is an initial PA request for this drug, for this recipient, by this provider.

This is a request to renew or extend previously prior authorized therapy using this drug.

First PA Number _____

This is a request to change or add a new National Drug Code (NDC) number to a current valid PA.

First PA Number _____ NDC Number to add _____

SECTION III — PRESCRIPTION INFORMATION

6. Drug Name	7. Strength
8. Quantity Ordered	9. Date Order Issued
10. Directions for Use	
11. Daily Dose	12. Refills
13. Name — Prescriber	14. Drug Enforcement Agency Number
15. "Brand Medically Necessary" is handwritten by the prescriber on the prescription order. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued

SECTION IV — CLINICAL INFORMATION

16. List the recipient's condition the prescribed drug is intended to treat. Include *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code for pharmaceutical care recipients. Include the expected length of need. If requesting a renewal or continuation of a previous PA approval, indicate any changes to the clinical condition, progress, or known results to date. Attach another sheet if additional room is needed.

17. Source for Clinical Information (check one)

- This information was primarily obtained from the prescriber or prescription order.
- This information was primarily obtained from the recipient.
- This information was primarily obtained from some other source (specify) _____

18. Use (check one)

- Compendial standards, such as the United States Pharmacopeia Drug Information (USP DI) or drug package insert, lists the intended use identified above as an expected indication.
- Compendial standards, such as the USP DI, lists the intended use identified above as a [bracketed] accepted application.
- Compendial standards, such as the USP DI or drug package insert, lists the intended use identified above as an expected use.
- The intended use above is not listed in compendial standards. Peer reviewed clinical literature is attached or referenced. (Reference — include publication name, date, and page number.)

19. Dose (check one)

- The daily dose and duration are within compendial standards general prescribing or dosing limits for the indicated use.
- The daily dose and duration are **not** within compendial standards general prescribing or dosing limits for the intended use. Attach or reference peer-reviewed literature which indicates this dose is appropriate, or document the medical necessity of this dosing difference. (Reference — include publication name, date, and page number.)

20. **SIGNATURE** — Pharmacist or Dispensing Physician

21. Date Signed

22. Please notify me of approval or denial by:

- Fax (include Fax number) _____
 - Telephone (include telephone number) _____
 - No special notice needed.
-

ATTACHMENT 12

Revised pharmacy quick-reference

(A copy of the "Pharmacy Quick-Reference" is located on the following page.)

P Pharmacy Quick-Reference

Pharmacy Point-of-Sale (POS) Correspondents

For questions regarding Medicaid and SeniorCare policies and billing, please call:
(800) 947-9627 or (608) 221-9883; select "2" when prompted.

Hours available: 8:30 a.m. to 6:00 p.m. Monday, Wednesday, Thursday, and Friday.
9:30 a.m. to 6:00 p.m. Tuesday.
Not available on weekends or holidays.

Clearinghouse, Switch, or Value-Added Network (VAN) Vendors

For transmission problems, call your switch, VAN, or clearinghouse vendor:

- WebMD switching services: (800) 433-4893.
- National Data Corporation switching services: (800) 388-2316.
- QS1 Data Systems switching services: (800) 845-7558, ext. 260.

HIPAA transactions

For questions regarding HIPAA transactions, please call or e-mail the Division of Health Care Financing Electronic Data Interchange (EDI) Department:

- (608) 221-9036
- wiedi@dhfs.state.wi.us

Hours available: 8:30 a.m. to 4:30 p.m. Monday - Friday.

Wisconsin SeniorCare and Medicaid Web Sites

www.dhfs.state.wi.us/seniorcare/
www.dhfs.state.wi.us/medicaid/

- Pharmacy handbook, data tables, and *Wisconsin Medicaid and BadgerCare Updates* online and available for viewing and downloading.
- Pharmacy POS information.
- SeniorCare Drug Inquiry Search Tool.

Fax Number for Prior Authorization (PA)

Paper PA requests may be submitted by fax.

(608) 221-8616

STAT-PA System Numbers

For touch-tone telephones:
(800) 947-1197
(608) 221-2096
Available from 8:00 a.m. to 11:45 p.m.,
seven days a week.

For Help Desk:
(800) 947-1197
(608) 221-2096
Available from 8:00 a.m. to 6:00 p.m.,
Monday through Friday, excluding
holidays.