Affected Programs: BadgerCare Plus, Medicaid, SeniorCare
To: Dispensing Physicians, Federally Qualified Health Centers, Pharmacies, HMOs and Other Managed Care Programs

ForwardHealth Announces Changes to Paper and Electronic Claims Submission for Pharmacy Services

This *ForwardHealth Update* announces changes to paper and electronic claim submission for pharmacy services, effective October 2008, with the implementation of the ForwardHealth interChange system and the adoption of National Provider Identifiers.

Included in this *Update* are the revised Noncompound Drug Claim, F-13072 (10/08), and completion instructions; Compound Drug Claim, F-13073 (10/08), and completion instructions; and Pharmacy Special Handling Request, F-13074 (10/08), and completion instructions.

A separate *Update* will give providers a calendar of important dates related to implementation.

Information in this *Update* applies to providers who provide services for BadgerCare Plus, Medicaid, and SeniorCare members.

Implementation of ForwardHealth interChange

In October 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments,

and prior authorization (PA) requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

With the implementation of the ForwardHealth interChange system, important changes will be made to paper and electronic claim submission procedures that are detailed in this *Update*. These changes are not policy or coverage related.

Providers may use any of the following methods to submit claims after the October 2008 implementation of ForwardHealth interChange:
- Electronic, using one of the following:
  - ✓ Point-of-Sale (POS) using the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Version 5.1 format.
  - ✓ Provider Electronic Solutions (PES) software.
- Paper, using the Noncompound Drug Claim, F-13072 (10/08), or the Compound Drug Claim, F-13073 (10/08).

Department of Health Services

With the implementation of ForwardHealth interChange, pharmacists will be able to submit batch drug claims with version 2.17 of PES. The new version of PES will only work at implementation for batch drug claims. The PES software will be updated to accommodate changes due to ForwardHealth interChange and National Provider Identifier (NPI) implementation; a revision to the PES Manual will be furnished for PES users.

To obtain PES software, providers may request it from the Web at *dhs.wisconsin.gov/ForwardHealth/* or the ForwardHealth Portal. Providers may also obtain the software by contacting the Electronic Date Interchange (EDI) Helpdesk by telephone at (866) 416-4979.

Changes for Claims Submission

Unless otherwise indicated, the following information applies to both paper and electronic claims submission for providers who provide services for BadgerCare Plus, Medicaid , and SeniorCare members.

Note: Providers should only use these instructions for claims received following implementation of ForwardHealth interChange. Following these procedures prior to implementation will result in the claim being denied.

Revision of Good Faith Claims Process

A good faith claim may be submitted when a claim is denied due to a discrepancy between the member's enrollment file and the member's actual enrollment. If a member presents a temporary card or an Express Enrollment (EE) card, BadgerCare Plus encourages providers to check the member's enrollment and, if the enrollment is not on file yet, make a photocopy of the member's temporary card or EE card. If Wisconsin's Enrollment Verification System (EVS) indicates that the member is not enrolled in BadgerCare Plus, providers should check enrollment again in two days or wait one week to submit a claim to BadgerCare Plus. If the EVS indicates that the member still is not enrolled after two

days, or if the claim is denied with an enrollment-related Explanation of Benefits code, providers should contact Provider Services at (800) 947-9627 for assistance.

Electronic Claims Submission Changes

Providers may refer to the ForwardHealth Companion Document to HIPAA Implementation Guide: NCPDP V5.1 for changes to electronic claims submission with the implementation of ForwardHealth interChange. This document is available on the Medicaid Web site at *dhs.wisconsin.gov/ForwardHealth/trading_partner/ index.htm*. Changes include the following:

- Submission of up to five diagnosis codes per claim for claims submitted via POS or PES.
- Use of a "Plan ID" field.
- Changes to coordination of benefits information.
- Changes to the "Additional Message Information" field.

Revision of Compound and Noncompound Paper Claims and Instructions

With the implementation of ForwardHealth interChange, pharmacy services 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, F-13072A (10/08).
- Attachment 2 — Noncompound Drug Claim form.
- Attachment 3 — Compound Drug Claim Completion Instructions, F-13073A (10/08).
- Attachment 4 — Compound Drug Claim form.

Noncompound Drug Claim Form Changes

Revisions made to the paper Noncompound Drug Claim form and instructions include the following:

- Providers will no longer be required to indicate a PA number on claims. ForwardHealth interChange will match the claim with the appropriate approved PA request. ForwardHealth's paper Remittance

Advice (RA) and the 835 Health Care Claim Payment/Advice (835) will report to the provider the PA number used to process the claim. If a PA number is indicated on a claim, it will not be used and it will have no effect on processing the claim.

- Only one prescription per claim.
- "Charge" replaces "Total Charges" (Element 27).

Compound Drug Claim Form Changes

Revisions made to the paper Compound Drug Claim form and instructions include the following:

- Providers will no longer be required to indicate a PA number on claims. ForwardHealth interChange will match the claim with the appropriate approved PA request. ForwardHealth's paper RA and the 835 will report to the provider the PA number used to process the claim. If a PA number is indicated on a claim, it will not be used and it will have no effect on processing the claim.
- "Charge" replaces "Total Charges" (Element 19).

Pharmacy Special Handling Request Changes

Refer to Attachments 5 and 6 for the revised Pharmacy Special Handling Request, F-13074 (10/08), and instructions.

Drug Prior Authorizations No Longer Provider Specific

Pharmacy providers will continue to submit drug PA requests for members. Once the PA request is approved, the member may go to any certified pharmacy provider to obtain the prior authorized drug. As a result, the member's PA does not need to be enddated when the member changes pharmacies.

High Dose Prospective Drug Utilization Review Alert

Beginning with the implementation of ForwardHealth interChange, claims for selected drugs exceeding a maximum daily dose will be denied. The pharmacy provider can respond to the prospective Drug

Utilization Review (DUR) alert by resubmitting the claim with a DUR response indicating the action taken or by submitting a new claim that does not exceed the maximum daily dose.

The pharmacy provider will receive an NCPDP Reason for Service code (field 439-E4) and an explanation of the alert in NCPDP field 544 when the claim denies. The Reason for Service code for high dose is "HD." The explanation of the alert will state: "Maximum recommended dose is XX." "XX" will provide the recommended daily dose for the drug submitted.

Under the prospective DUR system, only reimbursable claims for BadgerCare Plus and Medicaid fee-for-service members submitted through real-time POS are reviewed.

Real-time claims for nursing home members are reviewed through the prospective DUR system; however, they do not require a response to obtain reimbursement since billing for these members does not always occur at the same time the drug is dispensed. Though nursing home claims are exempt from denial, an informational alert will be received for claims with selected drugs exceeding a daily maximum dose.

Claims submitted on paper or with PES are not reviewed by the prospective DUR system.

Adjustment/Reconsideration Request Changes

The current claim reversal process is not changing. Providers who submit changes on paper will be required to use the revised Adjustment/Reconsideration Request, F-13046 (10/08). The Adjustment/Reconsideration Request was revised to be able to be used by all ForwardHealth providers to request an adjustment of an allowed claim (a paid or partially paid claim). An adjustment or reconsideration request received in any other format will be returned to the provider unprocessed.

Refer to Attachments 7 and 8 for the revised Adjustment/Reconsideration Request Completion Instructions, F-13046A (10/08), and the Adjustment/Reconsideration Request.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. Pharmacy services for members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's managed care organization. Managed care organizations must provide at least the same benefits as those provided under fee-for-service.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *dhs.wisconsin.gov/forwardhealth/*.

P-1250

ATTACHMENT 1
Noncompound Drug Claim Completion Instructions

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

(This page was intentionally left blank.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13072A (10/08)

STATE OF WISCONSIN
HFS 106.03(1), Wis. Admin. Code

NONCOMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program (WCDP) members.

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

Under s. 49.45(4), Wis. Stats., personally identifiable information about ForwardHealth applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement.

The Noncompound Drug Claim form is used by ForwardHealth and is mandatory when submitting paper claims for noncompound drugs. Failure to supply the information requested by the form may result in denial of 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. For Elements 15, 17, 19, 21, 23, and 26, refer to the ForwardHealth Online Handbook for tables and accepted values.

ForwardHealth members receive an identification card upon being determined eligible. Always verify a member's enrollment before providing nonemergency services by using Wisconsin's Enrollment Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the member's name.

For questions regarding these instructions, providers may contact Provider Services at (800) 947-9627.

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

For Medicaid, BadgerCare Plus, and SeniorCare members, return form to:
ForwardHealth
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

For WCDP members, return form to:
Wisconsin Chronic Disease Programs
PO Box 6410
Madison WI 53716-0410

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider
Enter the name of the billing provider.

Element 2 — National Provider Identifier
Enter the billing provider's National Provider Identifier (NPI).

Element 3 — Address — Provider
Enter the address, including the street, city, state, and ZIP+4 code of the billing provider.

SECTION II — MEMBER INFORMATION

Element 4 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters.

Element 5 — Name — Member
Enter the member's name from the member's ForwardHealth identification card. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 6 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 7 — Sex — Member
Enter "0" for unspecified, "1" for male, or "2" for female.

SECTION III — CLAIM INFORMATION

Element 8 — Prescriber Number
Enter a valid NPI.

The NPI is a new 10-digit number that is issued through the National Plan and Provider Enumeration System (NPPES), which was developed by the Centers for Medicare and Medicaid Services (CMS). The NPI will replace all payer-specific identification numbers (e.g., Wisconsin Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions).

Element 9 — Date Prescribed
Enter the date shown on the prescription in MM/DD/CCYY format.

Element 10 — Date Filled
Enter the date that the prescription was filled or refilled in MM/DD/CCYY format. When billing unit dose (UD) services, the last date of service in the billing period must be entered.

Element 11 — Refill
Enter the refill indicator. The first two digits of the refill indicator is 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 non-refillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 12 — NDC
Enter the 11-digit National Drug Code (NDC) or the ForwardHealth-assigned 11-digit procedure code for the item being billed. (Use the NDC indicated on the product.)

Element 13 — Days' Supply
Enter the days' supply of medication that has been dispensed for the member. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Element 14 — Qty
Enter the metric decimal quantity in the specified unit of measure according to the ForwardHealth Drug File. Quantities billed should be rounded to two decimal places (i.e., nearest hundredth).

Element 15 — UD
Enter one of the following National Council for Prescription Drug Programs (NCPDP) single-numeric indicators when billing for UD drugs and non-unit dose drugs. (This field is required for *all* pharmacy claims.)

Element 16 — Prescription Number
Enter the prescription number. Each drug billed must have a unique prescription number.

Element 17 — DAW
Enter the appropriate one-digit NCPDP dispense as written (DAW) code.

Element 18 — Drug Description (Optional)

Element 19 — Pt LOC
Enter the appropriate two-digit NCPDP patient location code for each drug billed.

Element 20 — Diagnosis Code
This element is required when billing for a drug for which ForwardHealth requires a diagnosis or when billing for Pharmaceutical Care (PC) services. If the diagnosis of the drug is different from 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 21 — Level of Effort
This element is required when billing for PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for PC information. Enter the NCPDP code from the following list that corresponds with the time required to perform the PC service.

Element 22 — Reason for Service
This element is required when billing for Drug Utilization Review (DUR) or PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for DUR and PC information and applicable PC values.

Element 23 — Professional Service
This element is required when billing for DUR or PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for DUR and PC information and applicable PC values.

Element 24 — Result of Service
This element is required when billing for DUR or PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for DUR and PC information and applicable PC values.

Element 25 — Sub Clar Code
Enter NCPDP submission clarification code "2" to indicate repackaging.

Element 26 — Other Coverage Code
ForwardHealth is usually the payer of last resort for program-covered services. (Refer to the Pharmacy page of the ForwardHealth Online Handbook for more information about Coordination of Benefits.) Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

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

Element 27 — Charge
Enter the total charges for this claim.

Element 28 — Other Coverage Amount
When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 26 indicates "2."

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

Element 29 — Patient Paid Amount
When applicable for SeniorCare claims, enter the member's out-of-pocket expense due to OC, including Medicare Part B or D and/or commercial health insurance. Do not enter an expected copayment for Wisconsin Medicaid, BadgerCare Plus, SeniorCare, or WCDP.

Element 30 — Net Billed
Enter the balance due by subtracting the OC amount and the patient paid amount from the amount in Element 27.

Element 31 — Certification
The provider or the authorized representative is required to sign this element. The month, day, and year the form is signed must also be entered in MM/DD/CCYY format.

Note: The signature may be computer generated or stamped.

ATTACHMENT 2
Noncompound Drug Claim

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

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13072 (10/08)

STATE OF WISCONSIN
HFS 106.03(1), Wis. Admin. Code

NONCOMPOUND DRUG CLAIM

Instructions: Type or print clearly. Before completing this form, read the Noncompound Drug Claim Completion Instructions, F-13072A. For questions, contact Provider Services at (800) 947-9627. For ForwardHealth members, return the completed form to: ForwardHealth, Claims and Adjustments, 6406 Bridge Road, Madison, WI 53784-0002.
For Wisconsin Chronic Disease Program members, return form to: ForwardHealth, P.O. Box 6410, Madison, WI 53716-0410.

SECTION I — PROVIDER INFORMATION

1. Name — Provider	2. National Provider Identifier

3. Address — Provider (Street, City, State, ZIP+4 Code)

SECTION II — MEMBER INFORMATION

4. Member Identification Number	5. Name — Member (Last, First, Middle Initial)	6. Date of Birth — Member	7. Sex — Member

SECTION III — CLAIM INFORMATION

8. Prescriber Number	9. Date Prescribed	10. Date Filled	11. Refill	12. NDC			13. Days' Supply

14. Qty	15. UD	16. Prescription Number	17. DAW	18. Drug Description	19. Pt Loc

20. Diagnosis Code	21. Level of Effort	22. Reason for Service	23. Professional Service	24. Result of Service	25. Sub Clar Code

26. Other Coverage Code	27. Charge $	28. Other Coverage Amount $	29. Patient Paid Amount $	30. Net Billed $

31. Certification
I certify the services and items for which reimbursement is claimed on this claim form were provided to the previously named member 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 ForwardHealth.

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.

32. SIGNATURE — Pharmacist or Dispensing Physician	33. Date Signed

ATTACHMENT 3
Compound Drug Claim Completion Instructions

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

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13073A (10/08)

STATE OF WISCONSIN
HFS 106.03(1), Wis. Admin. Code

COMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible Wisconsin Medicaid, BadgerCare Plus, and SeniorCare members.

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

Under s. 49.45(4), Wis. Stats., personally identifiable information about ForwardHealth applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement.

The Compound Drug Claim form is used by ForwardHealth and is mandatory when submitting paper claims for compound drugs. Failure to supply the information requested by the form may result in denial of 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. For Elements 15, 17, and 18, refer to the Online Handbook for tables and accepted values.

ForwardHealth members receive a ForwardHealth identification card upon being determined eligible. Always verify a member's enrollment before providing nonemergency services by using Wisconsin's Enrollment Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the member's name.

For questions regarding these instructions, providers may contact Provider Services at (800) 947-9627.

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

Return completed form to: ForwardHealth
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider
Enter the name of the billing provider.

Element 2 — National Provider Identifier
Enter the billing provider's National Provider Identifier (NPI).

Element 3 — Address — Provider
Enter the address, including the street, city, state, and ZIP+4 code of the billing provider.

SECTION II — MEMBER INFORMATION

Element 4 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters.

Element 5 — Name — Member
Enter the member's name from the member's ForwardHealth identification card. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 6 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 7 — Sex — Member
Enter "0" for unspecified, "1" for male, or "2" for female.

SECTION III — CLAIM INFORMATION

Element 8 — Prescriber Number
Enter a valid NPI.

The NPI is a new 10-digit number issued through the National Plan and Provider Enumeration System (NPPES), which was developed by the Centers for Medicare and Medicaid Services (CMS). The NPI will replace all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions).

Element 9 — Date Prescribed
Enter the date shown on the prescription in MM/DD/CCYY format.

Element 10 — Date Filled
Enter the date that the prescription was filled or refilled in MM/DD/CCYY format.

Element 11 — Refill
Enter the refill indicator. The first two digits of the refill indicator is 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 non-refillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 12 — Days' Supply
Enter the days' supply of medication that has been prescribed for the member. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Element 13 — 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 14 — Prescription Number
Enter the prescription number for the entire compound.

Element 15 — Pt Loc
Enter the appropriate two-digit National Council for Prescription Drug Programs (NCPDP) patient location code for each drug billed.

Element 16 — Diagnosis Code
This element is required when billing for any drug within the compound in which ForwardHealth 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 Pharmacy page of the ForwardHealth Online Handbook for more information about covered services and reimbursement.

Element 17 — Level of Effort
Enter the NCPDP level of effort code from the following list that corresponds with the time required to prepare the compound.

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 18 — Other Coverage Code

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

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

Element 19 — Charge

Enter the total charges for this claim.

Element 20 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 18 indicates "2."

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

Element 21 — Patient Paid Amount

When applicable on SeniorCare claims, enter the member's out-of-pocket expense due to OC, including Medicare Part B or D and/or commercial health insurance. Do not enter a member's expected copayment for Wisconsin Medicaid, BadgerCare Plus, or SeniorCare.

Element 22 — Net Billed

Enter the balance due by subtracting the OC amount and the patient paid amount from the amount in Element 19.

Element 23 — Certification

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

Note: The signature may be computer generated or stamped.

ATTACHMENT 4
Compound Drug Claim

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

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13073 (10/08)

STATE OF WISCONSIN
HFS 106.03(1), Wis. Admin. Code

COMPOUND DRUG CLAIM

Instructions: Type or print clearly. Before completing this form, read the Compound Drug Claim Completion Instructions, F-13073A.
Return the completed form to: ForwardHealth, Claims and Adjustments, 6406 Bridge Road, Madison, WI 53784-0002.

SECTION I — PROVIDER INFORMATION

3. Name — Provider	4. National Provider Identifier

3. Address — Provider (Street, City, State, ZIP+4 Code)

SECTION II — MEMBER INFORMATION

4. Member Identification Number	9. Name — Member (Last, First, Middle Initial)	10. Date of Birth — Member	11. Sex — Member

SECTION III — CLAIM INFORMATION

8. Prescriber Number	9. Date Prescribed	10. Date Filled	11. Refill	12. Days' Supply	13. Quantity Dispensed

14. Prescription Number	15. Pt Loc	16. Diagnosis Code	17. Level of Effort

SECTION IV — COMPOUND INGREDIENTS

#	Ingredient NDC	Ingredient Quantity	Ingredient Cost	#	Ingredient NDC	Ingredient Quantity	Ingredient Cost
1.			$	14.			$
2.			$	15.			$
3.			$	16.			$
4.			$	17.			$
5.			$	18.			$
6.			$	19.			$
7.			$	20.			$
8.			$	21.			$
9.			$	22.			$
10.			$	23.			$
11.			$	24.			$
12.			$	25.			$
13.			$				

18. Other Coverage Code	19. Charge $	20. Other Coverage Amount $	21. Patient Paid Amount $	22. Net Billed $

23. Certification
I certify that the services and items for which reimbursement is claimed on this claim form were provided to the previously named member 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 ForwardHealth.

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.

24. SIGNATURE — Pharmacist or Dispensing Physician	25. Date Signed

ATTACHMENT 5
Pharmacy Special Handling Request Completion Instructions

(A copy of the "Pharmacy Special Handling Request Completion Instructions" is located on the following pages.)

FORWARDHEALTH
PHARMACY SPECIAL HANDLING REQUEST
COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

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

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth 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 payment for the service.

The use of this form is mandatory for any paper claims submitted by a pharmacy provider that require special handling and cannot be processed as normal claims. Refer to the ForwardHealth Online Handbook for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a reasonable judgment about the case.

Pharmacy providers are required to complete and sign the Pharmacy Special Handling Request, F-13074, when appropriate. Pharmacy providers submitting paper claims that require the Pharmacy Special Handling Request may submit the paper claim form with the Pharmacy Special Handling Request to the following address:

ForwardHealth
Pharmacy Special Handling Unit
Suite 20
6406 Bridge Rd
Madison WI 53784-0020

SECTION I — PROVIDER INFORMATION

Element 1 — National Provider Identifier
Enter the National Provider Identifier.

Element 2 —Telephone Number — Pharmacy Provider
Enter the telephone number, including the area code, of the provider.

SECTION II — REASON FOR REQUEST (Choose one.)

Element 3 — Emergency Supply Dispensed
Check the box to indicate that the pharmacy dispensed an emergency supply of up to 14 days per fill.

Element 4 — Original Claim Denied
Check the box to indicate that the original claim was denied and that the pharmacy provider is resubmitting the claim for reconsideration. Include the following information:
- Date of denial.
- Authorization/Internal Control Number.
- National Council for Prescription Drug Program (NCPDP) Reject Code and/or Explanation of Benefits (EOB) Number.
- Description of issue for reconsideration.

Element 5 — National Drug Code (NDC) Not on File
Check the box to indicate that the NDC submitted on the claim is not on the drug file. Include the following information:
- National Drug Code.
- Description of NDC.

Element 6 — Pharmacy Consultant Review
Check the box to indicate that a pharmacy consultant review is being requested. Also check a box to indicate that the pharmacy provider is requesting a review for quantity limits exceeded or "other" reason. Include the following information when requesting an "other" review:
- Explanation of review needed.
- Supporting documentation such as Remittance Advice or manufacturer-reviewed and/or peer-reviewed medical literature.

When requesting a review for quantity limits exceeded for triptans, include the following information:
- Complete directions for use. ("As needed" or "PRN" are not sufficient.)
- The maximum triptan dose the prescriber has established by day, week, or month.
- The migraine prophylactic medication the member is taking. Specify the drug name, strength, directions for use and compliance.
- Indicate other abortive analgesic headache medications the member is taking. Specify the drug name, strength, quantity, directions for use and how frequently the medication is being filled.
- Indicate clinical information from the prescriber regarding the frequency of headaches and either why prophylactic treatment is not being used or why prophylactic treatment has been unsuccessful in reducing the headache frequency.

SECTION III — CERTIFICATION

Element 7 — Signature — Pharmacist or Dispensing Physician
The pharmacy provider or dispensing physician is required to complete and sign this form.

Element 8 — Date Signed
Enter the month, day, and year the Pharmacy Special Handling Request was signed (in MM/DD/CCYY format).

ATTACHMENT 6
Pharmacy Special Handling Request

(A copy of the "Pharmacy Special Handling Request" is located on the following pages.)

<div align="right">**STATE OF WISCONSIN**</div>

FORWARDHEALTH
PHARMACY SPECIAL HANDLING REQUEST

Instructions: Providers may submit the Pharmacy Special Handling Request and paper drug claim to ForwardHealth, Pharmacy Special Handling Unit, Suite 20, 6406 Bridge Road, Madison, WI 53784-0020. Type or print clearly. Refer to the Pharmacy Special Handling Request Completion Instructions, F-13074A, for more information.

SECTION I — PROVIDER INFORMATION

1. National Provider Identifier	2. Telephone Number —Provider

SECTION II — REASON FOR REQUEST (Choose one.)

❑ 3. Emergency Supply Dispensed

❑ 4. 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 of Issue for Reconsideration

❑ 5. National Drug Code (NDC) Not on File

NDC _____

Description

❑ 6. Pharmacy Consultant Review

❑   Other: Explanation of review needed. (Provide the explanation in the space below.)
❑   Quantity limits exceeded. (Provide the required documentation in the space below.)

Provide supporting documentation when available.

SECTION III — CERTIFICATION

7. **SIGNATURE** — Pharmacist or Dispensing Physician	8. Date Signed

F-13074

ATTACHMENT 7
Adjustment/Reconsideration Request Completion Instructions

(A copy of the "Adjustment/Reconsideration Request Completion Instructions" is located on the following pages.)

(This page was intentionally left blank.)

FORWARDHEALTH
ADJUSTMENT / RECONSIDERATION REQUEST COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

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

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth 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 payment for the service.

The Adjustment/Reconsideration Request, F-13046, is used by ForwardHealth to request an adjustment of an allowed claim (a paid or partially paid claim). Providers may request an adjustment when claim data need to be changed or corrected. After the changes are made to the original claim, the adjusted claim is processed.

Providers cannot adjust a totally denied claim. A claim that was totally denied must be resubmitted after the necessary corrections have been made.

Questions about adjustments and other procedures or policies may be directed to Provider Services at (800) 947-9627.

The Adjustment/Reconsideration Request is reviewed by ForwardHealth based on the information provided. Providers may photocopy the Adjustment/Reconsideration Request for their own use. Providers should be as specific as possible when describing how the original claim is to be changed. Providers may also attach a copy of the corrected claim.

The provider is required to maintain a copy of this form for his or her records.

The provider should mail the Adjustment/Reconsideration Request to the appropriate mailing address:

BadgerCare Plus
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

WCDP
PO Box 6410
Madison WI 53716-0410

WWWP
PO Box 6645
Madison WI 53716-0645

INSTRUCTIONS
Type or print clearly. Enter the following information from the provider's Remittance Advice or the 835 Health Care Claim Payment/Advice (835) transaction.

SECTION I — BILLING PROVIDER AND MEMBER INFORMATION
Check the appropriate box to indicate the applicable program to which the adjustment request is being submitted.

Element 1 — Name — Billing Provider
Enter the billing provider's name.

Element 2 — Billing Provider's Provider ID
Enter the Provider ID of the billing provider.

Element 3 — Name — Member
Enter the complete name of the member for whom payment was received.

Element 4 — Member Identification Number
Enter the member ID.

SECTION II — CLAIM INFORMATION (Non-Pharmacy)

Element 5 — Remittance Advice or X12 835 Health Care Claim Payment / Advice, Check Issue Date, or Payment Date
Enter the date of the remittance advice or the payment date or check issue date from the 835.

Element 6 — Internal Control Number / Payer Claim Control Number
Enter the internal control number (ICN) from the remittance advice or the payer claim control number from the 835 of the paid or allowed claim. (When adjusting a previously adjusted claim, use the ICN assigned to the most recently processed claim or adjustment.)

Add a new service line(s).
Check if submitting an adjustment to add a service line(s) to a paid or allowed claim. Enter the complete information the provider is requesting to be added to the claim in Elements 7 through 15.

Correct detail on previously paid/allowed claim.
Check if correcting details on a previously paid or allowed claim.

Element 7 — Date(s) of Service
Enter to and from date(s) of service (DOS) in MM/DD/YY or MM/DD/CCYY format. If the service was provided on only one DOS, enter the date under "From." Leave "To" blank or re-enter the "From" date. If grouping services, the place of service, procedure code, charges, and rendering provider for each line must be identical for that service line. Grouping is allowed only for services on consecutive dates. The number of days must correspond to the number of units in Element 24G of the 1500 Health Insurance Claim Form.

Element 8 — POS
Enter the appropriate two-digit POS code for each service.

Element 9 — Procedure / NDC / Revenue Code
Enter the single most appropriate procedure code. ForwardHealth will deny claims received without an appropriate procedure code, National Drug Code (NDC), or revenue code. When adjusting a detail that includes an NDC and a "J" code, providers are required to attach a paper claim form to the adjustment request and follow the claim form instructions for submitting the NDC.

Element 10 — Modifiers 1-4
Enter the appropriate modifier(s).

Element 11 — Billed Amount
Enter the total billed amount for each line item. Providers are to indicate their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to ForwardHealth benefits.

Element 12 — Unit Quantity
Enter the number of units. Only include a decimal when billing fractions (e.g., 1.50).

Element 13 — Family Planning Indicator
Enter a "Y" for each family planning procedure when applicable.

Element 14 — EMG
Emergency Indicator. Enter a "Y" for each procedure performed as an emergency. If the procedure is not an emergency, leave this element blank. Dental providers should continue to enter an "E" to indicate each procedure performed as an emergency.

Element 15 — Rendering Provider Number
Health care providers may enter their NPI and taxonomy code. Non-healthcare providers may enter their Provider ID.

SECTION II — CLAIM INFORMATION (Pharmacy)

Element 5 — Remittance Advice or X12 835 Health Care Claim Payment / Advice, Check Issue Date, or Payment Date
Enter the date of the remittance advice or the payment date or check issue date from the 835.

Element 6 — Internal Control Number / Payer Claim Control Number
Enter the ICN from the remittance advice or the payer claim control number from the 835 of the paid or allowed claim. (When adjusting a previously adjusted claim, use the ICN assigned to the most recently processed claim or adjustment.)

Add a new service line(s).
Check if submitting an adjustment to add a service line(s) to a paid or allowed claim. Enter the complete information the provider is requesting to be added to the claim in Elements 7 through 15.

Correct detail on previously paid/allowed claim.
Check if correcting details on a previously paid or allowed claim.

Element 7 — Date(s) of Service
Enter the date filled in MM/DD/YY or MM/DD/CCYY format for each NDC in the "From" field.

Element 8 — POS
Enter the appropriate two-digit National Council for Prescription Drug Programs (NCPDP) patient location code for each NDC billed.

Element 9 — Procedure / NDC / Revenue Code
Enter the NDC. Claims received without an appropriate NDC will be denied.

Element 10 — Modifiers 1-4
Not applicable for pharmacy claims.

Element 11 — Billed Amount
Enter the total billed amount for each line item. Providers are to indicate their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to ForwardHealth benefits.

Element 12 — Unit Quantity
Enter the metric decimal quantity in the specified unit of measure according to the ForwardHealth drug file. Quantities billed should be rounded to two decimal places (i.e., nearest hundredth).

Element 13 — Family Planning Indicator
Not applicable for pharmacy claims.

Element 14 — EMG
Not applicable for pharmacy claims.

Element 15 — Rendering Provider Number
Not applicable for pharmacy claims.

SECTION III — ADJUSTMENT INFORMATION

Note: Additional information necessary for adjustment/reconsideration of an NDC should be included in Element 16 under "Other/comments."

Element 16 — Reason for Adjustment
Check one of the following boxes indicating the provider's reason for submitting the adjustment:
- *Consultant review requested.* Indicate if there are extenuating circumstances or complicated or new procedures and attach a history and physical operative or anesthesia report.
- *Recoup entire payment.* This would include claims billed in error or completely paid by another insurance carrier.
- *Other insurance payment.* Enter the amount paid by the other insurance carrier.
- *Copayment deducted in error.* Indicate if the member was a nursing home resident on the DOS, the correct number of covered service days, or if an emergency service was provided.
- *Medicare reconsideration.* Attach both the original and the new Medicare remittance information.
- *Correct service line.* Provide specific information in the comments section or attach a corrected claim.
- *Other / comments.* Add any clarifying information not included above.*

Element 17 — Signature — Billing Provider**
Authorized signature of the billing provider.

Element 18 — Date Signed**
Use either the MM/DD/YY format or the MM/DD/CCYY format.

Element 19 — Claim Form Attached
Indicate if a corrected claim form is attached. Although this is optional, ForwardHealth encourages providers to attach a corrected claim form when adding additional service lines or correcting information from a previously adjusted claim.

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*   This section of the Adjustment/Reconsideration Request form should be used for any pharmacy-specific fields (e.g., prescription number) pertaining to the NDC being adjusted or added to a previously processed claim. If either the Submission Clarification Code or the Unit Dose value is being adjusted on a drug claim, both values must be indicated in the comment area, even if one is not being adjusted.

**   If the date or signature is missing on the Adjustment/Reconsideration Request form, the adjustment request will be denied.

ATTACHMENT 8
Adjustment/Reconsideration Request
(for photocopying)

(A copy of the "Adjustment/Reconsideration Request" is located
on the following pages.)

FORWARDHEALTH
ADJUSTMENT / RECONSIDERATION REQUEST

Instructions: Type or print clearly. Refer to the Adjustment/Reconsideration Request Completion Instructions, F-13046A, for information about completing this form.

SECTION I — BILLING PROVIDER AND MEMBER INFORMATION

Indicate applicable program.

❑ BadgerCare Plus / SeniorCare / Wisconsin Medicaid ❑ WCDP ❑ WWWP

1. Name — Billing Provider	2. Billing Provider's Provider ID
3. Name — Member	4. Member Identification Number

SECTION II — CLAIM INFORMATION

5. Remittance Advice or X12 835 Health Care Claim Payment / Advice, Check Issue Date, or Payment Date	6. Internal Control Number / Payer Claim Control Number

❑ Add a new service line(s) to previously paid / allowed claim (in Elements 7-15, enter information to be added).

❑ Correct detail on previously paid / allowed claim (in 7-12, enter information as it appears on Remittance Advice or 835).

7. Date(s) of Service		8. POS	9. Procedure / NDC / Revenue Code	10. Modifiers 1-4				11. Billed Amount	12. Unit Quantity	13. Family Planning Indicator	14. EMG	15. Rendering Provider Number
From	To			Mod 1	Mod 2	Mod 3	Mod 4					

SECTION III — ADJUSTMENT INFORMATION

16. Reason for Adjustment

❑ Consultant review requested.

❑ Recoup entire payment.

❑ Other insurance payment (OI-P) **$_____**.

❑ Copayment deducted in error ❑ Member in nursing home. ❑ Covered days _____. ❑ Emergency.

❑ Medicare reconsideration. (Attach the Medicare remittance information.)

❑ Correct service line. (Provide specific information in the comments section below or attach a corrected claim.)

❑ Other / comments.

17. **SIGNATURE** — Billing Provider	18. Date Signed

Mail completed form to the applicable address:	19. Claim Form Attached (Optional)
BadgerCare Plus WCDP WWWP Claims and Adjustments PO Box 6410 PO Box 6645 6406 Bridge Rd Madison WI 53716-0410 Madison WI 53716-0645 Madison WI 53784-0002	❑ Yes ❑ No Maintain a copy of this form for your records.

F-13046