ForwardHealth
Wisconsin serving you

Update
September 2009

No. 2009-49

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare
To: Dentists, Federally Qualified Health Centers, Home Health Agencies, Nurses in Independent Practice, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Introducing the Drug Authorization and Policy Override Center and Prior Authorization Requirements for Synagis®

This *ForwardHealth Update* introduces the Drug Authorization and Policy Override (DAPO) Center, a specialized drug helpdesk. Prescribers, their designees, and pharmacy providers may call the DAPO Center to request policy overrides and prior authorization (PA) for certain drugs by answering questions asked by DAPO Center staff.

In addition, this *Update* introduces PA requirements for Synagis®, effective for dates of service on and after October 15, 2009.

Introducing the Drug Authorization and Policy Override Center

ForwardHealth is proud to introduce the Drug Authorization and Policy Override (DAPO) Center, a specialized drug helpdesk for prescribers, their designees, and pharmacy providers to submit prior authorization (PA) requests for *specific* drugs and request policy overrides for *specific* policies over the telephone.

The DAPO Center will open on September 15, 2009, and will be staffed by pharmacists and certified pharmacy technicians. Providers may contact the DAPO Center at (800) 947-9627 from 8:00 a.m. to 5:30 p.m. (Central Time), Monday through Friday, except holidays. After business hours, providers may leave a voicemail message for DAPO Center staff to return the next business day.

With the establishment of the DAPO Center, ForwardHealth's goal is to streamline the process for requesting PA and policy overrides for prescribers and pharmacy providers. ForwardHealth expects to realize a cost savings by applying policy and PA criteria to specific drugs. In addition, DAPO Center staff will survey current pharmacy claims to identify potential drug therapy concerns.

Providers should read *ForwardHealth Updates* carefully to ensure they are following new policies and procedures.

Prior Authorization Requests and Policy Override Decisions

Prescribers or their billing providers are required to be certified by Wisconsin Medicaid to submit PA requests to ForwardHealth. Prescribers who are certified by Wisconsin Medicaid should indicate their name and National Provider Identifier (NPI) as the billing provider on PA requests. Prescribers who are *not* certified by Wisconsin Medicaid should indicate the name and NPI

of the Wisconsin Medicaid-certified billing provider (e.g., clinic) with which they are affiliated on PA requests. Providers who call the DAPO Center to request a PA or policy override will be given an immediate decision about the PA or policy override, allowing members to receive drugs in a timely manner. The DAPO Center will review PA requests and policy overrides for members enrolled in BadgerCare Plus, Medicaid, and SeniorCare.

Generally by the end of the call, if clinical PA criteria are met, DAPO Center staff will approve the PA request based on the information provided by the caller. If the PA request is approved, a decision notice letter will be mailed to the billing provider. After a PA has been approved, the prescriber should send the prescription to the pharmacy, and the member can pick up the drug. The member does not need to wait for the prescriber to receive the decision notice to pick up the drug at the pharmacy.

As a reminder, only the provider listed as the billing provider can view and amend PA requests on the ForwardHealth Portal.

Note: If a provider receives a decision notice letter for a drug he or she did not request, the provider should notify the DAPO Center within 14 days of receiving the letter to inactivate the PA.

If a prescriber or his or her designee calls the DAPO Center to request PA and the clinical criteria for the PA are *not* met, the caller will be informed that the PA request is not approved because it does not meet the clinical criteria. If the prescriber chooses to submit additional medical documentation for consideration, he or she may submit the PA request to ForwardHealth for review by a pharmacist. The prescriber is required to submit a Prior Authorization Request Form (PA/RF), F-11018 (10/08), and the applicable Prior Authorization Drug Attachment form with the additional medical documentation. Documentation may be submitted to ForwardHealth through the Portal or by fax or mail.

Future Initiatives

The following future initiatives are planned for the DAPO Center:

- Submitting PA requests for anti-obesity drugs.
- Submitting PA requests for Lovaza®.
- Submitting requests to override early refill and 100-day supply policies.

Providers should continue to call Provider Services at (800) 947-9627, option 2, with questions about pharmacy policies and procedures not identified as initiatives or future initiatives for the DAPO Center.

Coverage of Synagis®

Effective for dates of service (DOS) on and after October 15, 2009, PA is required for Synagis®. Prescribers, *not* pharmacy providers, are required to submit PA requests for Synagis®. Members who have previously been administered Synagis® will *not* be grandfathered and will be required to have a valid PA on file for Synagis® for this treatment season. If the first dose of Synagis® is administered in a hospital, the first dose does not require PA.

Synagis® (palivizumab), a monoclonal antibody, is used to prevent lower respiratory tract disease caused by respiratory syncytial virus (RSV) in high-risk infants.

The prevalence for RSV is from October through April and the treatment season in the northern hemisphere is generally from November through March. The general recommendation for treatment with Synagis® during a treatment season is to administer the first dose in November and the last dose in March.

Synagis® is not part of the provider-administered drugs carve-out policy; therefore, a member's managed care organization (MCO) should reimburse providers for Synagis®. For more information about the provider-

administered drugs carve-out policy, providers may refer to the ForwardHealth Online Handbook on the Portal.

Requesting Prior Authorization for Synagis®

Prescribers or their designees should request PA for Synagis® using only one of the options listed below. Prior authorization for Synagis® must be requested by prescribers or their designees, *not* pharmacy providers.

Submitting Prior Authorization Requests Through the Drug Authorization and Policy Override Center

Prescribers or their designees are encouraged to call the DAPO Center to request PA for Synagis®. When calling the DAPO Center, a pharmacy technician will ask prescribers a series of questions based on the Prior Authorization Drug Attachment for Synagis®, F-00142 (09/09). Prescribers are encouraged to have the Prior Authorization Drug Attachment for Synagis® completed or the member's medical record available when they call the DAPO Center. Drug Authorization and Policy Override Center staff will ask for the name of the caller and the caller's credentials. (i.e., Is the caller a registered nurse, physician's assistant, or certified medical assistant?)

Generally by the end of the call, if clinical PA criteria are met, DAPO Center staff will approve the PA request based on the information provided by the caller. If the PA request is approved, a decision notice letter will be mailed to the billing provider. After a PA has been approved, the prescriber should send the prescription to the pharmacy and the member can pick up the drug. The member does not need to wait for the prescriber to receive the decision notice to pick up the drug at the pharmacy.

Note: If a provider receives a decision notice letter for a drug for which he or she did not request PA, the provider should notify the DAPO Center within 14 days of receiving the letter to inactivate the PA.

If a prescriber or his or her designee calls the DAPO Center to request PA and the clinical criteria for the PA are *not* met, the caller will be informed that the PA request is not approved because it does not meet the clinical criteria. If the prescriber chooses to submit additional medical documentation for consideration, he or she may submit the PA request to ForwardHealth for review by a pharmacist. The prescriber is required to submit a PA/RF and the Prior Authorization Drug Attachment for Synagis® form with the additional medical documentation. Documentation may be submitted to ForwardHealth through the Portal or by fax or mail.

Submitting Prior Authorization Requests on the Portal, by Fax, or Mail

Prescribers may also submit PA requests for Synagis® on the Portal, by fax to (608) 221-8616, or by mail to the following address:

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

If a prescriber or his or her designee chooses to submit a paper PA request for Synagis® by fax or mail, the following must be completed and submitted to ForwardHealth:

- Prior Authorization Request Form.
- Prior Authorization Drug Attachment for Synagis.
- Supporting documentation, as appropriate.

The Prior Authorization Fax Cover Sheet, F-1176 (10/08), is available on the Forms page of the Portal for providers submitting the forms and documentation by fax.

For the 2009-2010 treatment season, PA requests for Synagis® may be submitted beginning September 15, 2009. Prior authorization requests for Synagis® for

subsequent treatment seasons may be submitted beginning September 15 of each year.

Prior authorization requests for Synagis® submitted through the Portal or by mail or fax will not be processed as 24-hour drug PA requests because providers may call the DAPO Center to obtain an immediate decision about a PA request.

Refer to Attachments 1 and 2 of this *Update* for the Prior Authorization Drug Attachment for Synagis® completion instructions and form. Prescribers are reminded that they are required to sign and date each PA request form when submitting the request on paper. If prescribers call the DAPO Center to obtain PA, they may complete, sign, and date the PA request form and keep it in a member's medical record.

Providers may refer to Attachment 3 for the PA/RF completion instructions for physician services. Prior authorization requests for Synagis® submitted on paper should indicate "117" in Element 2 of the PA/RF.

Prior Authorization Amendments

If a member's weight changes, resulting in a change in Synagis® dosage during a treatment season, prescribers are required to amend an approved PA for the appropriate dose. Prior authorization requests may be amended through the following:

- By calling the DAPO Center.
- On the Portal.
- By submitting a Prior Authorization Amendment Request, F-11042 (10/08), to ForwardHealth by mail or fax.

Prescribers are required to indicate the following on PA amendment requests for Synagis®:

- The member's most recent weight.
- The date the member's weight was measured.
- The new Synagis® dose calculation.

Providers may refer to the Online Handbook for more information about PA amendments.

Clinical Criteria

To be approved, PA requests must document that the member meets the following clinical criteria:

- For chronic lung disease, the member is a child younger than 24 months of age at the start of the RSV season with chronic lung disease who requires medical therapy (i.e., supplemental oxygen, bronchodilators, diuretics, or corticosteroid therapy) within six months of the start of the RSV season. In this case, a maximum of five doses of Synagis® will be approved.
- For congenital heart disease, the member is a child younger than 24 months of age at the start of the RSV season with hemodynamically significant cyanotic or acyanotic congenital heart disease and is receiving medication to control congestive heart failure, has moderate to severe pulmonary hypertension, or has cyanotic heart disease. In this case, a maximum of five doses of Synagis® will be approved.
- For immunocompromised children, the member is a child younger than 24 months of age at the start of the RSV season with a severe immunodeficiency (i.e., severe combined immunodeficiency [SCID] or advanced acquired immunodeficiency syndrome [AIDS]). In this case, a maximum of five doses of Synagis® will be approved.

To be approved, PA requests for pre-term infants must document that the member meets the following clinical criteria:

- The member is an infant born before 29 weeks gestation (i.e., zero days through 28 weeks, six days) who is less than 12 months of age at the start of the RSV season. In this case, a maximum of five doses of Synagis® will be approved.
- The member is an infant born at or greater than 29 weeks gestation but less than 32 weeks gestation (i.e., 29 weeks, zero days through 31 weeks, six days) who

is less than 6 months of age at the start of the RSV season. In this case, a maximum of five doses of Synagis® will be approved.

- The member is an infant born at or greater than 32 weeks gestation but less than 35 weeks gestation (i.e., 32 weeks, zero days through 34 weeks, six days) *and* has the following risk factors:
  - ✓ The member is less than 3 months of age at the start of the RSV season or is born during the RSV season with at least one of the following risk factors:
    - o Infant attends child care.
    - o Infant has siblings younger than 5 years of age.
  - ✓ The member should receive prophylaxis only until he or she reaches 3 months of age. The member should only receive a maximum of three monthly doses; many members will receive only one or two doses until they reach 3 months of age.
- The member is an infant born before 35 weeks gestation (i.e., 34 weeks, six days) who is less than 12 months of age at the start of the RSV season with either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions. In this case, a maximum of five doses of Synagis® will be approved.

Prior authorization requests will be approved only for the Synagis® treatment season of November through March. ForwardHealth will not approve more than five doses of Synagis® per season.

Pharmacy Claims

Effective for DOS on and after October 15, 2009, ForwardHealth will enddate National Drug Codes (NDCs) for Synagis® in ForwardHealth interChange. Therefore, pharmacy providers will no longer be able to submit claims for Synagis® using the real-time Point-of-Sale system. Instead, claims for Synagis® must be submitted *only* on the 837 Health Care Claim: Professional (837P) or the 1500 Health Insurance Claim Form with *Current Procedural Terminology* (CPT) procedure code 90378 (Respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each) and the appropriate quantity indicated.

Claims may no longer be submitted with an NDC using National Council for Prescription Drug Programs Telecommunication Standard Format Version 5.1 or the Noncompound Drug Claim form, F-13072 (10/08).

Pharmacy providers should indicate modifier "U1" on claims for Synagis® to obtain reimbursement for the dispensing fee.

Professional Claim Submission

Claims for Synagis® must be submitted using the 837P transaction or the 1500 Health Insurance Claim Form. Prescribers and pharmacy providers are required to indicate CPT procedure code 90378 and the appropriate unit(s) that indicates administered dosage on each claim submission. To comply with the requirements of the Deficit Reduction Act of 2005, the NDC of the drug dispensed, the quantity, qualifier, and unit dispensed must also be indicated on claims for Synagis®.

For Synagis®, one unit equals 50 mg. The dose should be indicated on the claim as the number of 50 mg units administered. Providers should obtain the dose from the appropriately sized vial of Synagis® and indicate the corresponding NDC on claims. For example, a 155 mg calculated dose is equal to four units of Synagis®.

Dosage Criteria

The following table includes the weight range, the rounded calculated Synagis® dose, and the number of 50 mg units of Synagis® and is used for the adjudication of PA requests to determine the allowed billing units.

Weight Range (in kg)	Synagis® Calculated Dose	Number of Units*
Up to 3.6 kg	0-54 mg	1
3.7 to 7.3 kg	55mg - 104mg	2
7.4 to 10.6 kg	105mg - 154mg	3

10.7 to 14.0 kg	155mg - 204mg	4
14.1 to 17.3 kg	205mg - 254mg	5
17.4 to 21.0 kg	255mg - 304mg	6

* Units are a 50 mg dose.

Obtaining Provider-Administered Drugs Reminder

To ensure the content and integrity of the drugs administered to members, providers are required to obtain all drugs that will be administered in their offices. The dose may be ineffective if a member is given a drug to be administered by the provider for which storage, handling, and care instructions apply and the instructions are followed incorrectly. Providers may obtain a provider-administered drug from the member's pharmacy provider if the drug is transported directly from the pharmacy to the prescriber's office. Providers may also obtain a drug to be administered in the provider's office from a drug wholesaler. Pharmacy providers should *not* dispense a drug to a member if the drug will be administered in the provider's office.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate MCO. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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). The 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 *www.forwardhealth.wi.gov/*.

P-1250

ATTACHMENT 1
Prior Authorization Drug Attachment for Synagis®
Completion Instructions

(A copy of the "Prior Authorization Drug Attachment for Synagis® Completion Instructions" is located on the following pages.)

(This page was intentionally left blank.)

FORWARDHEALTH
PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS®
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 (DHS 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 services.

Prior authorization requests for Synagis® submitted on paper require the use of this form. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization Drug Attachment for Synagis® form, F-00142, to request PA for Synagis®. Prescribers are required to retain a completed copy of the form.

Prescribers may submit PA requests on a PA drug attachment form in one of the following ways:

1) For requests submitted through the Drug Authorization and Policy Override Center, prescribers may call (800) 947-9627.

2) For requests submitted on the ForwardHealth Portal, prescribers can access *www.forwardhealth.wi.gov/.*

3) For paper PA requests by fax, prescribers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA Drug Attachment form to ForwardHealth at (608) 221-8616.

4) For paper PA requests by mail, prescribers should submit a PA/RF and the appropriate PA drug attachment form to the following address:

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

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

The following table includes the weight range, the rounded calculated Synagis® dose, and the number of 50 mg units of Synagis® and is used for the adjudication of PA requests to determine the allowed billing units.

Weight Range (in kg)	Synagis® Calculated Dose	Number of Units*
Up to 3.6 kg	0 - 54 mg	1
3.7 to 7.3 kg	55 mg - 104 mg	2
7.4 to 10.6 kg	105 mg - 154 mg	3
10.7 to 14.0 kg	155 mg - 204 mg	4
14.1 to 17.3 kg	205 mg - 254 mg	5
17.4 to 21.0 kg	255 mg - 304 mg	6

* Units are a 50 mg dose.

SECTION I — MEMBER AND PROVIDER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

Element 3 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format.

Element 4 — Name — Prescriber
Enter the name of the medical practitioner prescribing the medication for PA.

Element 5 — National Provider Identifier (NPI) — Prescriber
Enter the medical practitioner's 10-digit National Provider Identifier (NPI).

Element 6 — Address — Prescriber
Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 7 — Telephone Number — Prescriber
Enter the telephone number, including area code, of the prescriber.

Element 8 — Name — Billing Provider
Enter the name of the billing provider. Prescribers who are certified by Wisconsin Medicaid should indicate their name and NPI as the billing provider on the PA request. Prescribers who are not certified by Wisconsin Medicaid should indicate on the PA request the name and NPI of the Wisconsin Medicaid-certified billing provider (e.g., clinic) with which they are affiliated.

Element 9 — NPI — Billing Provider
Enter the billing provider's NPI.

SECTIONS II A, II B, II C, or II D

Providers are required to complete *one* of either Section II A, II B, II C, or II D *or* Section V for a PA request to be considered for approval. Providers should indicate the reason for administration of Synagis®. Under the appropriate condition, check the boxes that apply to the member's medical condition. Include the last date of therapy treatment in the chronic lung disease section. For a pre-term infant, the gestational age at delivery must be included.

SECTION II A — CLINICAL INFORMATION FOR CHRONIC LUNG DISEASE

Element 10
Indicate whether or not the member is a child younger than 24 months of age at the start of the respiratory syncytial virus (RSV) season with chronic lung disease who required bronchodilator, corticosteroid, diuretic, or supplemental oxygen therapy within six months of the start of the RSV season.

SECTION II B — CLINICAL INFORMATION FOR CONGENITAL HEART DISEASE

Element 11
Indicate whether or not the member is a child younger than 24 months of age at the start of the RSV season who has hemodynamically significant cyanotic or acyanotic congenital heart disease and is receiving medication to control congestive heart failure, has moderate to severe pulmonary hypertension, or has cyanotic heart disease.

SECTION II C — CLINICAL INFORMATION FOR IMMUNOCOMPROMISED CHILDREN

Element 12
Indicate whether or not the member is a child younger than 24 months of age at the start of the RSV season with a severe immunodeficiency (i.e., severe combined immunodeficiency [SCID] or advanced acquired immunodeficiency syndrome [AIDS]).

SECTION II D — CLINICAL INFORMATION FOR PRE-TERM INFANTS

Element 13
Indicate the pre-term infant's gestational age at delivery in weeks and days. Check the appropriate box to indicate the member's clinical condition.

Element 14
Indicate whether or not the first dose of Synagis® was administered when the child was hospitalized. Indicate the date the first dose was administered. If the first dose of Synagis® was administered when the child was hospitalized, indicate the date the first dose was administered in MM/DD/CCYY format.

Element 15 — Current Weight — Member
Enter the current weight of child in kilograms.

Element 16 — Date Member Weighed
Enter the date the child was weighed.

Element 17 — Calculated Dosage of Synagis®
Enter the monthly dose of Synagis® in milligrams needed based on the calculation of 15 milligrams per kilogram of body weight.

SECTION IV — AUTHORIZED SIGNATURE

Element 18 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 19 — Date Signed — Prescriber
Enter the month, day, and year the form was signed by the prescriber in MM/DD/CCYY format.

SECTION V — ADDITIONAL INFORMATION

Element 20
Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

SECTION VI — INTERNAL USE ONLY
This section is for internal use only.

ATTACHMENT 2
Prior Authorization Drug Attachment for Synagis®

(A copy of the "Prior Authorization Drug Attachment for Synagis®" is located on the following pages.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-00142 (09/09)

STATE OF WISCONSIN
DHS 107.10(2), 152.06(3)(h), Wis. Admin. Code
DHS 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS®

Instructions: Type or print clearly. Refer to the Prior Authorization Drug Attachment for Synagis® Completion Instructions, F-00142A, for more information.

Providers may call the Drug Authorization and Policy Override Center at (800) 947-9627 with questions.

SECTION I — MEMBER AND PROVIDER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number	3. Date of Birth — Member
4. Name — Prescriber	5. National Provider Identifier (NPI) — Prescriber
6. Address — Prescriber (Street, City, State, ZIP+4 Code)	7. Telephone Number — Prescriber
8. Name — Billing Provider	9. NPI — Billing Provider

Providers are required to complete *one* of either Section II A, II B, II C, or II D (depending on the member's medical condition) for a prior authorization (PA) request to be considered for approval.

SECTION II A — CLINICAL INFORMATION FOR CHRONIC LUNG DISEASE

10. The member is a child younger than 24 months of age at the start of the respiratory syncytial virus (RSV) season with chronic lung disease who required one of the therapies below within six months of the start of the RSV season. (Chronic lung disease is not asthma, croup, recurrent upper respiratory infections, chronic bronchitis, chronic bronchiolitis, or a history of previous RSV infections.) ❑ Yes ❑ No

    Check all therapies below that the member has tried within the past six months.

    ❑ Bronchodilator ❑ Corticosteroid ❑ Diuretic ❑ Supplemental Oxygen

SECTION II B — CLINICAL INFORMATION FOR CONGENITAL HEART DISEASE

11. The member is a child younger than 24 months of age at the start of the RSV season with hemodynamically significant cyanotic or acyanotic congenital heart disease and is receiving medication to control congestive heart failure, has moderate to severe pulmonary hypertension, or has cyanotic heart disease. ❑ Yes ❑ No

SECTION II C — CLINICAL INFORMATION FOR IMMUNOCOMPROMISED CHILDREN

12. The member is a child younger than 24 months of age at the start of the RSV season with a severe immunodeficiency (i.e., severe combined immunodeficiency [SCID] or advanced acquired immunodeficiency syndrome [AIDS]). ❑ Yes ❑ No

SECTION II D — CLINICAL INFORMATION FOR PRE-TERM INFANTS

13. Indicate the pre-term infant's gestational age at delivery (in weeks and days).

    _____ Weeks _____ Days

Continued

SECTION II D — CLINICAL INFORMATION FOR PRE-TERM INFANTS (Continued)

Check one:

- ❑ The member is an infant born before 29 weeks gestation (i.e., zero days through 28 weeks, six days) who is less than 12 months of age at the start of the RSV season.
- ❑ The member is an infant born at or greater than 29 weeks gestation to less than 32 weeks gestation (i.e., 29 weeks, zero days through 31 weeks, six days) who is less than 6 months of age at the start of the RSV season.
- ❑ The member is an infant born at or greater than 32 weeks gestation to less than 35 weeks gestation (i.e., 32 weeks, zero days through 34 weeks, six days) and has at least one of the following risk factors: (Check all that apply.)
  - ❑ The infant attends daycare.
  - ❑ The infant has siblings younger than 5 years of age.
- ❑ The member is an infant born before 35 weeks gestation (i.e., 34 weeks, six days) who is less than 12 months of age at the start of the RSV season with either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions.

SECTION III — ADMINISTRATION INFORMATION

14. Was the first dose of Synagis® administered when the child was hospitalized? ❑ Yes ❑ No

If yes, indicate the date of administration in the space provided. (No more than five doses will be authorized, inclusive of any hospital-administered doses.)

15. Current Weight — Member (In kilograms)	16. Date Member Weighed

17. Calculated Dosage of Synagis® (15 milligrams per kilogram of body weight)

SECTION IV — AUTHORIZED SIGNATURE

18. **SIGNATURE** — Prescriber	19. Date Signed — Prescriber

SECTION V — ADDITIONAL INFORMATION

20. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

SECTION VI — INTERNAL USE ONLY

Number of units (50 mg) per dose: _____

Number of doses approved: _____

Initial units (50 mg) approved: _____

Dates of approval: _____ to _____

ATTACHMENT 3
Prior Authorization Request Form (PA/RF) Completion Instructions for Physician Services

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 (DFS 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. The use of this form is mandatory to receive PA of certain procedures/services/items. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests, along with all applicable service-specific attachments, including the Prior Authorization/Physician Attachment (PA/PA), F-11016, the Prior Authorization/"J" Code Attachment (PA/JCA), F-11034, and the Prior Authorization Drug Attachment for Synagis®, F-00142, by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth
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 — PROVIDER INFORMATION

Element 1 — HealthCheck "Other Services" and Wisconsin Chronic Disease Program (WCDP)
Enter an "X" in the box next to HealthCheck "Other Services" if the services requested on the Prior Authorization Request Form (PA/RF), F-11018, are for HealthCheck "Other Services." Enter an "X" in the box next to Wisconsin Chronic Disease Program (WCDP) if the services requested on the PA/RF are for a WCDP member.

Element 2 — Process Type
Enter processing type "117" to indicate physician services, including family planning clinics, rural health clinics, and federally qualified health centers. The processing type is a three-digit code used to identify a category of services requested. Prior authorization requests will be returned without adjudication if no processing type is indicated.

Element 3 — 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 4 — Name and Address — Billing Provider
Enter the name and complete address (street, city, state, and ZIP+4 code) of the billing provider. Providers are required to include both the ZIP code and four-digit extension for timely and accurate billing. The name listed in this element must correspond with the billing provider number listed in Element 5a.

Element 5a — Billing Provider Number
Enter the National Provider Identifier (NPI) of the billing provider. The NPI in this element must correspond with the provider name listed in Element 4.

Element 5b — Billing Provider Taxonomy Code
Enter the national 10-digit alphanumeric taxonomy code that corresponds to the NPI of the billing provider in Element 5a.

SECTION II — MEMBER INFORMATION

Element 6 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth identification card or Wisconsin's Enrollment Verification System (EVS) to obtain the correct number.

Element 7 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format.

Element 8 — Address — Member
Enter the complete address of the member's place of residence, including the street, city, state, and ZIP code. If the member is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 9 — Name — Member
Enter the member's last name, followed by his or her first name and middle initial. 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 10 — Gender — Member
Enter an "X" in the appropriate box to specify male or female.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 11 — Diagnosis — Primary Code and Description
Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested.

Element 12 — Start Date — SOI (not required)

Element 13 — First Date of Treatment — SOI (not required)

Element 14 — Diagnosis — Secondary Code and Description
Enter the appropriate secondary ICD-9-CM diagnosis code and description relevant to the service/procedure requested, if applicable.

Element 15 — Requested PA Start Date
Enter the requested start date for service(s) in MM/DD/CCYY format, if a specific start date is requested.

Element 16 — Rendering Provider Number
Enter the NPI of the provider who will be performing the service or prescribing the drug *only* if the NPI is different from the NPI of the billing provider listed in Element 5a.

Element 17 — Rendering Provider Taxonomy Code
Enter the national 10-digit alphanumeric taxonomy code that corresponds to the provider who will be performing the service or prescribing the drug *only* if this code is different from the taxonomy code listed for the billing provider in Element 5b.

Element 18 — Procedure Code
Enter the appropriate *Current Procedural Terminology* (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code for each service/procedure/item requested.

Element 19 — Modifiers
Enter the modifier(s) corresponding to the procedure code listed if a modifier is required.

Element 20 — POS
Enter the appropriate place of service (POS) code designating where the requested service/procedure/item would be provided/performed/dispensed.

Element 21 — Description of Service
Enter a written description corresponding to the appropriate CPT code or HCPCS code for each service/procedure/item requested.

Element 22 — QR
Enter the appropriate quantity (e.g., number of services, days' supply) requested for the procedure code listed.

Element 23 — Charge
Enter the provider's usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1.0," 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 provider *Terms of Reimbursement* issued by the Department of Health Services.

Element 24 — Total Charges
Enter the anticipated total charges for this request.

Element 25 — Signature — Requesting Provider
The original signature of the provider requesting/performing/dispensing this service/procedure/item must appear in this element.

Element 26 — Date Signed
Enter the month, day, and year the PA/RF was signed (in MM/DD/CCYY format).