

Affected Programs: BadgerCare Plus, Medicaid

To: Blood Banks, Dentists, Dispensing Physicians, Federally Qualified Health Centers, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Changes for Diabetic Supplies

Effective for dates of service on and after June 1, 2010, the following changes will occur for diabetic supplies:

- Healthcare Common Procedural Coding System (HCPCS) procedure codes will no longer be accepted. To receive reimbursement, providers are required to indicate National Drug Codes on prior authorization requests and claims for all diabetic supplies.
- ForwardHealth is establishing preferred and non-preferred diabetic blood glucose meters and test strips.

Wisconsin Medicaid and BadgerCare Plus Rate Reform Project

In response to 2009-2011 biennial budget targets, the Department of Health Services, along with representative industry stakeholders, undertook the Medicaid and BadgerCare Plus Rate Reform project. The changes described in this *ForwardHealth Update* are a result of the Rate Reform Project.

Changes to Diabetic Supplies

Effective for dates of service (DOS) on and after June 1, 2010, the following changes apply to certain diabetic supplies:

- Healthcare Common Procedural Coding System (HCPCS) procedure codes and modifiers will no longer be accepted on claims for diabetic supplies with two exceptions:

- ✓ HCPCS codes may be submitted on claims if a member has an approved prior authorization (PA) on file with ForwardHealth.
- ✓ HCPCS codes may be submitted on a Medicare Part B crossover claim.
- ForwardHealth is establishing preferred and non-preferred diabetic blood glucose meters and blood glucose test strips, which will result in the following changes to coverage of diabetic supplies:
 - ✓ Establishing or changing quantity limits for supplies.
 - ✓ Establishing a Quick Reference document for preferred and non-preferred diabetic supplies.
 - ✓ Establishing diagnosis restrictions for diabetic supplies.
 - ✓ Establishing PA criteria for non-preferred diabetic supplies.
- To receive reimbursement for diabetic supplies, National Drug Codes (NDCs) must be indicated on claims submitted using the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Format Version 5.1 (NCPDP 5.1) transaction, the Provider Electronic Solutions (PES) software, or the Noncompound Drug Claim form, F-13072 (10/08).

Changes in policy for diabetic supplies affect members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus

Core Plan, and Medicaid. Diabetic supplies are not covered for members enrolled in SeniorCare.

Only diabetic supplies listed in this *Update* are affected by these policy changes. For a complete list of affected HCPCS procedure codes, providers may refer to Attachment 1 of this *Update*.

Policies and procedures not specifically listed in this *Update* remain unchanged.

Note: Nursing homes are not affected by the changes described in this *Update*. All diabetic supplies are included in the Nursing Home daily rate and are not separately reimbursable for nursing home providers.

New Policies for Diabetic Supplies

The following diabetic supplies will have preferred products and non-preferred products. Non-preferred products will require PA. The following preferred and non-preferred diabetic supplies will also have quantity limits and diagnosis restrictions:

- Blood glucose meters.
- Blood glucose test strips.

The following is a list of preferred manufacturers for blood glucose meters and blood glucose testing strips:

- Abbott.
- Bayer.
- Home Diagnostics, Inc.
- Lifescan.
- Roche.

Not all blood glucose meters and blood glucose test strips provided by a preferred manufacturer are preferred products. For a complete list of preferred and non-preferred diabetic supplies, providers may refer to the new Diabetic Supply List — Quick Reference on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

If a member is currently using non-preferred diabetic supplies, providers should switch members to a preferred

product if medically appropriate. If it is medically necessary for the member to remain on a non-preferred diabetic supply, providers should submit a PA request. To receive PA for non-preferred products, members are required to try and fail on at least one product by each of the preferred manufacturers.

Submitting Prior Authorization Requests for Non-preferred Diabetic Supplies

Providers may submit PAs for non-preferred products. Providers are required to submit a PA request using the Prior Authorization Drug Attachment for Diabetic Supplies form, F-00239 (04/10). Prior authorization requests may be submitted using the ForwardHealth Portal, via fax, or by mail to the following address:

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

For PA requests submitted by fax or mail, the following information must be submitted:

- A Prior Authorization Request Form (PA/RF), F-11018 (10/08).
- Prior Authorization Drug Attachment for Diabetic Supplies.
- Any supporting documentation.

Refer to the Attachment 2 for PA/RF completion instructions and Attachments 3 and 4 for the Prior Authorization Drug Attachment for Diabetic Supplies completion instructions and form.

Note: The Prior Authorization Drug Attachment for Diabetic Supplies does not replace the Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (10/08). The PA/DMEA should continue to be submitted for products not listed in this *Update*, when appropriate.

Non-preferred diabetic supplies are not covered for members enrolled in the Benchmark Plan or the Core Plan. Prior authorization requests submitted for non-preferred diabetic supplies for members enrolled in the Benchmark Plan or the Core Plan will be returned to the providers unprocessed. Members do not have appeal rights regarding returned PA requests for noncovered diabetic supplies.

Current Approved Prior Authorizations

Current approved PAs will be honored until their expiration date or until December 31, 2010, whichever is earlier. The HCPCS procedure code on the approved PA must continue to be indicated on professional claims for services for which a PA request has been approved. Effective for DOS on and after January 1, 2011, an NDC must be indicated on all claims and PA requests for diabetic supplies.

Diagnosis-Restricted Diabetic Supplies

The following diabetic supplies will be diagnosis restricted:

- Batteries for blood glucose meters.
- Blood glucose calibrator solutions and chips.
- Blood glucose meters.
- Blood glucose test strips.
- Insulin syringes.
- Lancets.
- Lancet devices.
- Pen needles.
- Reagent strips.

The following are allowable diagnosis codes for diabetic supplies and must be indicated on claims and PA requests if medically appropriate:

- 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled).
- 250.01 (Diabetes mellitus without mention of complication; type I [juvenile type], not stated as uncontrolled).

- 250.02 (Diabetes mellitus without mention of complication; type II or unspecified type, uncontrolled).
- 250.03 (Diabetes mellitus without mention of complication; type I [juvenile type], uncontrolled).
- 648.00 (Diabetes mellitus of mother, complicating pregnancy, childbirth or the puerperium unspecified as to episode of care).
- 648.03 (Antepartum diabetes mellitus).
- 648.04 (Postpartum diabetes mellitus).
- 648.80 (Abnormal glucose tolerance of mother, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care).
- 648.83 (Abnormal glucose tolerance of mother, antepartum).

Diabetic supplies are not covered for members who do not have a diagnosis in the allowable diagnosis list.

Quantity Limits

Effective for DOS on and after June 1, 2010, diabetic supplies have the following quantity limits.

Quantity Limits for Diabetic Supplies	
Batteries for meters	4 per month
Blood glucose meters	1 per every 2 years
Control solution	1 per month
Insulin pen needles	200 per month
Insulin syringes	200 per month
Lancets	200 per month
Lancet devices	1 per six months
Reagent strips	200 per month
Test strips	200 per month

Providers may dispense up to the allowed quantity to members, but may not exceed the quantity limit without requesting a quantity limit override. To request an override of quantity limits for diabetic supplies, providers may contact the Drug Authorization and Policy Override (DAPO) center at (800) 947-9627, option 7.

When calling the DAPO Center to request a policy override, the following information must be provided to the DAPO Center:

- Member information including member ID and date of birth.
- Provider information including the pharmacy and the prescriber's National Provider Identifier.
- Prescription information including the diabetic supply, NDC, directions for use, etc.
- Diagnosis and current diabetes medication regimen.
- Number of times per day the member is testing his or her blood sugar (using his or her blood glucose monitor).
- The reason for the override request.

For Type I diabetics, the following are examples when providers may request a quantity limit policy override for diabetic supplies:

- If the member is an uncontrolled Type 1 diabetic with episodes of hypoglycemia and is being treated by an endocrinologist or has been referred to the primary care provider by an endocrinologist.
- If the member is using an insulin pump.
- If the member is using a continuous glucose monitoring system.

For Type II diabetics, an example of when providers may request a quantity limit policy override for diabetic supplies is if the member is using sliding scale insulin and the override is medically warranted. Requests for quantity limit policy overrides for Type II diabetics will not be granted unless there is sufficient medical evidence to warrant the override.

All benefit plans are allowed to request quantity limit overrides. If a quantity limit exception is not approved, the service is considered noncovered and there are no appeal rights due to service limitation policy.

Claims Submission and Adjustment Requests for Diabetic Supplies

Claim Submissions

Effective for DOS on and after June 1, 2010, providers are required to indicate NDCs on claims for diabetic supplies with two exceptions:

- There is an approved PA on file.
- The claim is a Medicare Part B crossover claim.

Claims must be submitted in the NCPDP 5.1 transaction, PES software, or a Noncompound Drug Claim form.

Approved Prior Authorization on File

If a member has an approved PA on file with ForwardHealth and the PA was approved with a HCPCS code, providers should continue to submit a professional claim with the approved HCPCS code. For example, if a provider received an approved PA on April 3, 2010, with a HCPCS procedure code and submits a claim on August 4, 2010, the provider should *not* change the HCPCS procedure code to an NDC.

Medicare Part B Crossover Claims

If Medicare Part B denies a claim for diabetic supplies provided to a dual eligible member that is covered by BadgerCare Plus or Medicaid, the provider may submit a claim for those services directly to ForwardHealth. Medicare Part B-denied crossover claims must be submitted to ForwardHealth with an NDC.

Claims that are paid by Medicare Part B and fail to cross over must be submitted on the 1500 Health Insurance Claim form with the appropriate HCPCS code.

Claim Adjustments

Adjustment requests for claims submitted must reflect the manner in which the claim was originally processed. For example, if a provider submitted a claim on April 3, 2010, with a HCPCS procedure code and adjusts the

claim on August 4, 2010, the provider should *not* change the HCPCS procedure code to an NDC.

Copayments for Diabetic Supplies

Copayment for diabetic supplies will be \$0.50 per prescription for all benefit plans with no monthly or annual limits. For example, if a member had one prescription for two boxes of lancets, the copayment would be \$0.50 and one prescription for one box of syringes, the copayment would be \$0.50. The member's total copayment would then be \$1.00.

New Claim Information for Durable Medical Equipment and Disposable Medical Supply Providers

Information below is new claim information for durable medical equipment and disposable medical supplies providers and a reminder for pharmacy providers.

Point-of-Sale Claims

BadgerCare Plus and Medicaid use a voluntary pharmacy point-of-sale (POS) electronic claims management system for fee-for-service members. The POS system enables providers to submit electronic claims for legend, over-the-counter drugs, and diabetic supplies in an online, real-time environment.

The POS system verifies member enrollment and monitors policy. Within seconds of submitting a real-time claim, these processes are completed and the provider receives an electronic response indicating payment or denial of the claim.

National Council for Prescription Drug Programs 5.1 Telecommunication Standard Format

BadgerCare Plus and Medicaid use the NCPDP 5.1 transaction for electronic claim submissions. Using this format, providers are able to do the following:

- Initiate new claims and reverse and resubmit previously paid real-time claims.

- Submit individual claims or a batch of claims for the same member within one electronic transmission.
- Submit claims for Pharmaceutical Care.
- Submit claims for compound drugs.

Paper Claim Submission

Providers may submit paper claims for diabetic supplies to ForwardHealth. Paper claims are processed through the pharmacy system but do not furnish real-time claim responses. Providers who submit paper claims will receive claim status on a provider's remittance information. To submit paper claims to ForwardHealth, providers should complete the Noncompound Drug Claim form.

Submit completed Noncompound Drug Claim on paper claim forms for diabetic supplies payment to the following address:

ForwardHealth
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

Provider Electronic Solutions Software

ForwardHealth offers electronic billing software at no cost to providers. The PES software allows providers to submit NCPDP 1.1 batch format pharmacy transactions, reverse claims, and check claim status. To obtain PES software, providers may download it from the ForwardHealth Portal or may request it from the EDI Helpdesk.

National Drug Codes

Wisconsin Medicaid and BadgerCare Plus cover Food and Drug Administration-approved drugs for which the manufacturer has signed a rebate agreement.

The NDC is an 11-digit, three-segment number for a drug. The NDC is divided into the following segments:

- The first segment — a five-digit labeler code that identifies any firm that manufactures, repacks, or

distributes the drug. (Repackaged drugs are not covered).

- The second segment — a four-digit code that identifies the drug's strength, dose, and formulation.
- The third segment — a two-digit code that identifies the package size.

In most cases, if an NDC is 10 digits or less, providers are required to indicate a preceding zero in the segment(s) with less than the required number of digits. If the labeler code begins with a number that is greater than or equal to one, the preceding zero may need to be indicated in the second or third segment. In other cases, providers may need to indicate a zero at the end of a segment.

Providers may use the Drug Search Tool on the Pharmacy page of the Portal at www.forwardhealth.wi.gov/ to verify the arrangement of the segments of a specific NDC. Providers may also contact Provider Services at (800) 947-9627 or refer to the NDC and HCPCS crosswalk on Noridian Administrative Services Web site at <https://www.dmepdac.com/crosswalk/index.html>. Providers are required to indicate an appropriate NDC on PA requests.

For More Information

Providers may refer to the Preferred Diabetic Supply List — Quick Reference on the Pharmacy page of the Portal for the complete list of preferred and non-preferred diabetic supplies. Providers should monitor the quick reference for changes to the preferred and non-preferred diabetic supplies.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid 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. Medicaid and BadgerCare Plus HMOs 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). 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

HCPCS Procedure Codes for Diabetic Supplies That Are Not Reimbursable

Effective for dates of service (DOS) on and after June 1, 2010, the following Healthcare Common Procedure Coding System (HCPCS) procedure codes will no longer be accepted on claims for diabetic supplies with two exceptions. HCPCS codes may be submitted on claims if a member has an approved prior authorization on file with ForwardHealth or if reimbursement was issued on a Medicare Part B crossover claim.

Procedure Code	Description
A4215	Needle, sterile, any size, each
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips, TYPE II Diabetics
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips, TYPE I Diabetics
A4256	Normal, low and high calibrator solution/chips
A4258	Spring-powered device for lancet, each
A4258	Insulin pen
A4259	Lancets, per box of 100, Type II Diabetics
A4259	Lancets, per box of 100, Type I Diabetics
E0607	Home blood glucose monitor
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
S8490	Insulin syringes (100 syringes, any size)

ATTACHMENT 2

Prior Authorization Request Form (PA/RF)

Completion Instructions for Pharmacy 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 (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. 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 and the Prior Authorization/Drug Attachment (PA/DGA), F-11049, 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 the process type 131 — Drugs. The process type is a three-digit code used to identify a category of service requested.

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 the 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 prescribing provider's NPI.

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, *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 National Drug Code (NDC) for each service/procedure/item requested.

Element 19 — Modifiers

Enter the modifier(s) corresponding to the service code listed if a modifier is required.

Element 20 — POS

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

Element 21 — Description of Service

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

Element 22 — QR

Enter the appropriate quantity (e.g., 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).

ATTACHMENT 3

Prior Authorization Drug Attachment for Diabetic Supplies Completion Instructions

(A copy of the “Prior Authorization Drug Attachment For Diabetic Supplies Completion Instructions” is located on the following pages.)

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FORWARDHEALTH PRIOR AUTHORIZATION DRUG ATTACHMENT FOR DIABETIC SUPPLIES 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 service.

Prior authorization requests for diabetic supplies 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 Diabetic Supplies form, F-00239, to request PA for diabetic supplies. 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 on the ForwardHealth Portal, providers may access www.forwardhealth.wi.gov/.
- 2) 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.
- 3) 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).

SECTION I — MEMBER 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.

Element 3— Date of Birth

Enter the member's date of birth in MM/DD/CCYY format.

SECTION II — 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 4 — Name — Prescriber

Enter the name of the prescriber.

Element 5 — Prescriber National Provider Identifier

Enter the prescribing provider's National Provider Identifier for prescriptions for non-controlled substances.

Element 6 — Address — Prescriber

Enter the complete address of the prescriber's practice location, including the street, city, state, and ZIP+4 code.

Element 7 — Telephone Number — Prescriber

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

SECTION III — DIABETIC SUPPLY INFORMATION

Element 8 — Name of Non-preferred Meter

Enter the name of the non-preferred blood glucose testing meter.

Element 9 — Name of Non-preferred Test Strips

Enter the name of the non-preferred blood glucose test strips.

SECTION IV — CLINICAL INFORMATION

Include diagnostic and clinical information explaining the need for the product requested. In Elements 11 through 15, check "yes" to all that apply.

Element 10 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description.

Element 11

Indicate whether or not the member has Type I diabetes.

Element 12

Indicate whether or not the member has Type II diabetes.

Element 13

Indicate whether or not the member has gestational diabetes.

Element 14

Indicate whether or not the member is using an insulin pump. If yes, indicate the manufacturer or type of insulin pump.

Element 15

Indicate whether or not the member is using a continuous glucose monitoring system. If yes, indicate the manufacturer or type of continuous glucose monitoring system.

Element 16

Indicate whether or not the member has a medical condition that requires the use of a specialized meter. If yes, indicate the condition.

Element 17

Indicate whether or not the member has tried and failed on a product from each of the preferred manufacturers. If yes, indicate each product name, the dates of use, and the reason for failure.

Element 18

Indicate whether or not the member has a medical condition that prevents the use of a preferred manufacturer. If yes, indicate why the member cannot use the preferred manufacturer.

SECTION V — AUTHORIZED SIGNATURE

Element 19 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 20 — Date Signed

Enter the month, day, and year the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request, F-11075, was signed (in MM/DD/CCYY format).

SECTION VI — ADDITIONAL INFORMATION

Element 21

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

ATTACHMENT 4

Prior Authorization Drug Attachment for Diabetic Supplies

(A copy of the “Prior Authorization Drug Attachment for Diabetic Supplies” is located on the following pages.)

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FORWARDHEALTH
PRIOR AUTHORIZATION DRUG ATTACHMENT FOR DIABETIC SUPPLIES

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Diabetic Supplies Completion Instructions, F-00239A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/forms/index.htm.spage for the completion instructions.

SECTION I — MEMBER INFORMATION

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

2. Member Identification Number

3. Date of Birth

SECTION II — PRESCRIBER INFORMATION

4. Name — Prescriber

5. Prescriber National Provider Identifier

6. Address — Prescriber (Street, City, State, ZIP+4 Code)

7. Telephone Number — Prescriber

SECTION III — DIABETIC SUPPLY INFORMATION

8. Name of Non-preferred Meter

9. Name of Non-preferred Test Strips

SECTION IV— CLINICAL INFORMATION

10. Diagnosis Code and Description

11. Does the member have a diagnosis of Type I diabetes? Yes No

12. Does the member have a diagnosis of Type II diabetes? Yes No

13. Does the member have a diagnosis of gestational diabetes? Yes No

14. Is the member using an insulin pump? Yes No

If yes, indicate the manufacturer or type of insulin pump.

15. Is the member using a continuous glucose monitoring system? Yes No

If yes, indicate the manufacturer or type of continuous glucose monitoring system.

16. Does the member have a medical condition that requires the use of a specialized meter (e.g., visually impaired)? Yes No

If yes, indicate the condition in the space provided.

Continued



DT-PA087-087

SECTION IV — CLINICAL INFORMATION (Continued)

17. Has the member tried and failed on a product from each of the preferred manufacturers? Yes No

If yes, indicate each product name, dates used, and the reason for the failure.

	Product Name / Manufacturer	Approximate Dates Used	Reason for Failure
1			
2			
3			
4			
5			

18. Does the member have a medical condition that prevents the use of a preferred manufacturer? Yes No

If yes, indicate the reason the member cannot use the preferred manufacturer.

SECTION V — AUTHORIZED SIGNATURE

19. **SIGNATURE** — Prescriber

20. Date Signed

SECTION VI — ADDITIONAL INFORMATION

21. Additional diagnostic and clinical information explaining the need for the diabetic supply requested may be included below.
