ForwardHealth
Wisconsin serving you

Update
June 2010

No. 2010-56

Affected Programs: BadgerCare Plus, Medicaid, Family Planning Waiver
To: Dispensing Physicians, Family Planning Clinics, Federally Qualified Health Centers, Hospital Providers, Nurse Midwives, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Changes to Two Provider-Administered Drug Categories Related to Reproductive Health for Females

Effective for dates of service (DOS) on and after July 1, 2010, changes will be made to the alpha hydroxyprogesterone (17P) caproate injections.

In addition, changes will be made to two provider-administered drug categories related to reproductive health for females. Changes will be made to contraceptives effective for DOS on and after August 1, 2010.

Contraceptives

Age and gender restrictions and quantity limits for certain contraceptives will apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, Medicaid, and the Family Planning Waiver.

Age and Gender Restrictions

Effective for dates of service (DOS) on and after August 1, 2010, age and gender restrictions will apply to certain contraceptives. Providers may refer to Attachment 1 of this *ForwardHealth Update* for a list of Healthcare Common Procedure Coding System (HCPCS) procedure codes for which age and gender restrictions will apply.

Providers are reminded that contraceptives for females are covered from 10 through 65 years of age.

Quantity Limits

Effective for DOS on and after August 1, 2010, new quantity limits will apply to certain contraceptives. Providers may refer to Attachment 2 for a list of contraceptives for which a quantity limit applies and the applicable quantity limit.

Claims that exceed the quantity limit will be denied with Explanation of Benefits code 1275, which states, "Quantity billed is restricted for Procedure Code."

Providers are encouraged to dispense up to a three-month supply of contraceptives listed in Attachment 2. However, members should be stabilized on the drug for at least 90 days. If a member has been stabilized on the drug, the drug may be dispensed in a three-month supply. If the member has received a three-month supply of a drug previously, the member may continue to receive the three-month supply. If a member has been stabilized on a drug and is a new ForwardHealth member, the provider may dispense a three-month supply of the drug.

ForwardHealth has created a quantity limits data table for provider-administered drugs. Providers may refer to the Physician page under Provider-Specific Resources in the Provider area of the Portal at *www.forwardhealth.wi.gov/* for the most current list of drugs for which a quantity limit applies. The data table may be revised. Providers should refer to the Physician page of the Portal frequently for changes to quantity limits.

Duplicate Claims

Claims will be denied as duplicate claims if a claim for the same contraceptive was reimbursed by ForwardHealth and the quantity allowed on the initial claim and the quantity billed on the current claim together exceed the allowed quantity limit.

If a claim is denied as a duplicate, and the member meets one of the following criteria, pharmacy providers should resubmit the claim and a completed Written Correspondence Inquiry, F-1170 (07/09), with an explanation to ForwardHealth. Examples of when duplicate claims will be reimbursed by ForwardHealth include, but are not limited to, the following:

- If the member has an appropriate medical need (e.g., the member's medications were lost or stolen, the member has requested a vacation supply).
- If the member experienced a medical problem while taking one contraceptive and was switched to another contraceptive.
- If the prescriber changed the directions for administration of the drug and did not inform the pharmacy provider.

ForwardHealth has created a quantity limits data table for physician-administered drugs. Providers may refer to the Physician page of the Portal for the most current list of drugs for which a quantity limit applies. The data table may be revised. Providers should refer to the Physician page of the Portal frequently for changes to quantity limits.

Alpha Hydroxyprogesterone (17P) Caproate Compound Injection

The alpha hydroxyprogesterone (17P) caproate compound injection is covered for members enrolled in the Standard Plan, the Benchmark Plan, and Medicaid. The compound is available through and only reimbursable for sterile compounding pharmacies.

The 17P compound must be injected by a medical professional. Members may not self-administer the 17P injection.

The following are clinical criteria for coverage of the 17P injection:

- The pregnancy must be a singleton pregnancy.
- The member must have had a previous pre-term delivery (i.e., a spontaneous birth before 37 weeks gestation).
- The 17P injection must be administered beginning at 16 weeks gestation through 37 weeks gestation or delivery, whichever is first.

Claim Submission

Effective for DOS on and after July 1, 2010, ForwardHealth has revised procedures for submitting claims for the 17P injection. Claims for the 17P injection must be submitted on paper on the 1500 Health Insurance Claim Form with the new Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections, F-00286 (06/10), as an attachment to the claim. Claims for the 17P injection can only be submitted on paper.

Claims with DOS from September 1, 2009, through May 31, 2010, do not need to be submitted with the Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections.

On the Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections, providers are required to sign and date that they have communicated to the member the criteria for coverage

of the 17P injection and that the drug is not a Food and Drug Administration (FDA)-approved drug. Providers should keep a copy of the signed and completed Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections in the member's medical record in addition to sending the completed form to ForwardHealth. The provider is required to sign and date a new Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections each time an injection is administered.

To be reimbursed for the 17P injection, the following must be indicated on the claim according to the completion instructions for the 1500 Health Insurance Claim Form:

- A quantity of 250 mg.
- Procedure code J3490 (Unclassified drugs). (*Note:* Procedure code J3490 may also be indicated on claims for other injections.)
- The National Drug Code and description from the bulk powder used to compound the 17P injection.
- The name of the person who administered the injection on the same detail line as procedure code J3490.

The 17P injection is a diagnosis-restricted drug. Diagnosis code V23.41 (Pregnancy with history of preterm labor) is the only diagnosis code that is allowable on claims for the 17P injection. Claims with other diagnosis codes indicated will be denied.

The claim for the 17P injection may be submitted to ForwardHealth by mail. The provider's usual and customary charge should be indicated on the claim.

Providers may refer to Attachments 3 and 4 for the Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections completion instructions and form.

Reimbursement

The maximum allowable rate for the 17P injection is $22.66 per injection, which does not include reimbursement for the administration of the drug.

Providers may be reimbursed for the administration of the 17P injection by indicating procedure code 96372 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) on the claim.

The rate for administering the 17P injection is $3.31.

Obtaining Provider-Administered Drugs Reminder

To ensure the content and integrity of the drugs administered to members, prescribers are required to obtain all drugs that will be administered in their offices. 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, the dose may be ineffective. Prescribers 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. Prescribers may also obtain a drug to be administered in the prescriber's office from a drug wholesaler. Pharmacy providers should not dispense a drug to a member if the drug will be administered in the prescriber's office.

ATTACHMENT 1
Age- and Gender-Restricted Contraceptive HCPCS Procedure Codes

Healthcare Common Procedure Coding System procedure codes and descriptions for age- and gender-restricted contraceptives are in the table below.

Age- and Gender-Restricted Contraceptives	
Procedure Code	**Description**
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Contraceptive supply, hormone containing patch, each
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
S4993	Contraceptive pills for birth control

ATTACHMENT 2
Quantity Limits for Contraceptives

Quantity limits for contraceptives are in the table below.

	Effective Date	End Date	New/Delete
CONTRACEPTIVE PILLS/PATCHES			
1 Patch/1 Pack Every 17 Days or 3 Patches/3 Packs Every 50 Days			
Contraceptive supply, hormone containing patch, each	8/1/2010		
Contraceptive pills for birth control	8/1/2010		
INJECTIONS			
1 Injection Every 74 Days			
Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	8/1/2010		
IMPLANTS			
1 Implant Every 3 Years			
Intrauterine copper contraceptive	8/1/2010		
Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	8/1/2010		
Etonogestrel (contraceptive) implant system, including implant and supplies	8/1/2010		

ATTACHMENT 3
Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections Completion Instructions

(A copy of the "Attestation to Administer Alpha Hydroxyprogesterone [17P] Caproate Injections Completion Instructions" is located on the following pages.)

FORWARDHEALTH

ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE (17P) CAPROATE INJECTIONS 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.

The use of the Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections form, F-00286, is mandatory when administering the alpha hydroxyprogesterone (17P) caproate injection. 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.

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. 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.

SECTION II — PRESCRIPTION INFORMATION

Element 4 — Name — Prescriber
Enter the name of the prescriber.

Element 5 — National Provider Identifier (NPI) — Prescriber
Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

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.

SECTION III — CLINICAL INFORMATION

Element 8 — Diagnosis 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 drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description. The diagnosis code indicated must be an allowable diagnosis code.

Element 9
Indicate whether or not the provider has discussed with the member the criteria for coverage of the 17P injection.

Element 10
Indicate whether or not the provider has discussed with the member that the 17P injection is a Food and Drug Administration-approved drug.

Element 11
Indicate whether or not the member has agreed to proceed with treatment based on information provided to her.

Element 12 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 13 — Date Signed
Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION IV — ADDITIONAL INFORMATION

Element 14
Include any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the drug requested may also be included here.

ATTACHMENT 4
Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections

(A copy of the "Attestation to Administer Alpha Hydroxyprogesterone [17P] Caproate Injections" is located on the following pages.)

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DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-00286 (06/10)

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

FORWARDHEALTH

ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE (17P) CAPROATE INJECTIONS

Instructions: Type or print clearly. Before completing this form, read the Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections Completion Instructions, F-00286A. Providers may refer to the Forms page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage* for the completion instructions.

Providers are required to have a completed and signed Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections before submitting professional claims. Providers may call Provider Services at (800) 947-9627 with questions.

The 17P compound must be injected by a medical professional. Members may not self-administer the 17P injection.

The following are the clinical criteria for coverage of the 17P injection:

- The pregnancy must be a singleton pregnancy.
- The member must have had a previous pre-term delivery.
- The 17P injection must be administered at 16-weeks through 37-weeks gestation or delivery, whichever is first.

SECTION I — MEMBER INFORMATION

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

2. Member Identification Number	3. Date of Birth — Member

SECTION II — PRESCRIBER INFORMATION

4. Name — Prescriber	5. National Provider Identifier (NPI) — Prescriber

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

7. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION

8. Diagnosis Code and Description

9. Has the provider discussed with the member the criteria for coverage of the alpha hydroxyprogesterone (17P) caproate injection?	❑ Yes	❑ No
10. Has the provider discussed with the member that the 17P injection is not a Food and Drug Administration-approved drug?	❑ Yes	❑ No
11. Has the member agreed to proceed with treatment based on information provided to her?	❑ Yes	❑ No

12. **SIGNATURE** — Prescriber	13. Date Signed

Continued

SECTION IV — ADDITIONAL INFORMATION

14. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may also be included here.