



Update

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Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: Blood Banks, Dentists, 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 to Prior Authorization for Drugs and Diabetic Supplies Resulting from Implementation of the National Council for Prescription Drug Programs Telecommunication Standard Version D.0

This *ForwardHealth Update* introduces important changes to prior authorization (PA) for drugs and diabetic supplies resulting from the transition to Health Insurance Portability and Accountability Act of 1996-named National Council for Prescription Drug Programs (NCPDP) telecommunication standard version D.0.

Separate *Updates* will announce the effective dates for changes related to NCPDP version D.0 implementation, including information about when to begin submitting the revised PA forms and changes to claims for compound and noncompound drugs.

This *ForwardHealth Update* introduces important changes to prior authorization (PA) for drugs and diabetic supplies resulting from the transition to Health Insurance Portability and Accountability of 1996 (HIPAA)-named National Council for Prescription Drug Programs (NCPDP) version D.0 telecommunication standard.

Changes indicated in this *Update* will apply to PA requests submitted on the ForwardHealth Portal, on paper, or via the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. Changes will also apply to

NCPDP P2 (reversal), P3 (inquiry), and P4 (request) transactions.

A separate *Update* will announce the dates when the use of the new forms and instructions will be required.

Changes indicated in this *Update* apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, Medicaid, and SeniorCare.

Patient Location Code Will Change to Place of Service

With the implementation of NCPDP version D.0, the Patient Location (307-C7) field has been redefined as the Place of Service (POS) (307-C7) field with a new set of values. For all federal legend drugs, over-the-counter drugs, and diabetic supplies, ForwardHealth accepts the following POS code values:

- 01 — Pharmacy.
- 13 — Assisted Living Facility.
- 14 — Group Home.
- 32 — Nursing Facility.
- 34 — Hospice.

- 50 — Federally Qualified Health Center.
- 65 — End-Stage Renal Disease Treatment Facility.
- 72 — Rural Health Clinic.

Revised Drug Prior Authorization, Attestation, and Emergency Supply Request Forms

As a result of the change from the patient location field to the POS field, ForwardHealth will revise the following PA forms:

- Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger, F-00402 (10/11).
- Expedited Emergency Supply Request, F-00401 (10/11).
- Prior Authorization Drug Attachment for Alpha-1 Proteinase Inhibitor, F-11056 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request, F-11075 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Antiemetics, Cannabinoids, F-00194 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Ankylosing Spondylitis, F-11304 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Crohn's Disease, F-11305 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Plaque Psoriasis, F-11306 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Psoriatic Arthritis, F-11307 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Rheumatoid Arthritis (RA) and Polyarticular Juvenile RA, F-11308 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Elidel® and Protopic®, F-11303 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Fentanyl Mucosal Agents, F-00281 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs, F-11092 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Migraine Agents, F-00280 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, F-11077 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Capsules and Tablets, F-11078 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Suspensions and Orally Disintegrating Tablets, F-00433 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Diabetic Peripheral Neuropathy (DPN), F-00285 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Fibromyalgia, F-00282 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Generalized Anxiety Disorder (GAD), F-00283 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Major Depressive Disorder (MDD), F-00284 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Stimulants and Related Agents, F-11097 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Suboxone and Buprenorphine, F-00081 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Symlin, F-00080 (10/11).
- Prior Authorization/Preferred Drug List (PA/PDL) for Zetia or Vytorin, F-00279 (10/11).

Providers may refer to the Forms page of the Providers area of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the revised forms and completion instructions. Revised forms and completion instructions will be available on the Portal after September 30, 2011.

Revised Prior Authorization Request Form Instructions

ForwardHealth will revise Element 20 of the Prior Authorization Request Form (PA/RF) Completion Instructions for Prescribers for Drugs and the Prior Authorization Request Form (PA/RF) Completion Instructions for Pharmacy Services and Diabetic Supplies. Prescribers or pharmacy providers should indicate the appropriate POS code in Element 20, *not* a patient location code.

For revised completion instructions, providers may refer to the Prior Authorization section, Forms and Attachments chapter of the Dental, Pharmacy, Physician, and Podiatry service areas of the Online Handbook for the topic titled “Prior Authorization Request Form Completion Instructions for Prescribers for Drugs” (topic #7797) and Prior Authorization section, Forms and Attachments chapter of the Pharmacy, Disposable Medical Supply, and Durable Medical Equipment services areas of the Online Handbook for the topic titled “Prior Authorization Request Form Completion Instructions for Pharmacy Services and Diabetic Supplies” (topic #4619).

Note: The topic number may be entered into the Search and the Advanced Search fields of the Online Handbook to locate the corresponding topic.

Revised STAT-PA System Instructions for Drugs

ForwardHealth has revised the STAT-PA system instructions. Providers may refer to the Forms page of the Providers area of the Portal for the revised forms and completion instructions.

National Council for Prescription Drug Programs Version D.0 Prior Authorization Transaction Changes

ForwardHealth accepts the following NCPDP transactions: P2 reversal, P3 inquiry, and the P4 request. These transactions enable providers to reverse a PA, inquire about PA status, or submit a PA request. Changes to the P2, P3,

and P4 transactions will occur with implementation of the NCPDP version D.0 standard. Providers may refer to the HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet in the Hot Topics area of the Portal for more information about changes to P2, P3, and P4 transactions.

P2 Reversal

To reverse a PA (i.e., change the PA to an inactive status) using the P2 transaction, then all of the following must be true:

- The provider is the original provider who submitted the PA.
- The PA is in one of the following statuses:
 - ✓ Approved: The PA request was approved.
 - ✓ Returned — Provider Review: The PA request was returned to the provider for correction or for additional information.
 - ✓ Pending — Fiscal Agent Review: The PA request is being reviewed by the fiscal agent.
 - ✓ Pending — State Review: The PA request is being reviewed by the state.
 - ✓ Suspended — Provider Sending Information: The PA request was submitted via the ForwardHealth Portal and the provider indicated they will be sending additional supporting information on paper.
- None of the services on an approved PA have been used.

P3 Inquiry

Providers may inquire about PAs they have previously submitted and receive PA information from ForwardHealth by submitting a P3 inquiry transaction. ForwardHealth recommends indicating the PA number, if known, when submitting a P3 inquiry. If a PA number is not included on the P3 inquiry, the most recent matching PA number will be reported.

P4 Request

Providers may submit an initial PA request using the P4 request transaction; however, this will not result in a real-

time approval. The P4 request transaction does not allow providers to submit the required clinical information needed to adjudicate the PA request.

After submitting a PA request via the P4 transaction, providers will receive a real-time response indicating whether the transaction is accepted or rejected. If the transaction is rejected, the response will indicate reject reason(s), and providers can correct and submit a new PA request using the P4 transaction.

An accepted P4 transaction with a captured response status will include a PA number. The PA request will be placed in a status of “Pending — Fiscal Agent Review.”

Uploading Additional Documentation

Once providers receive the PA number, they may upload additional documentation (e.g. the PA attachment, supporting clinical information) for the pending PA through the Portal. For information regarding uploading documentation via the Portal, refer to the Prior Authorization section of the Online Handbook.

After receiving the additional documentation, ForwardHealth will adjudicate the PA request and send the provider either a decision notice or a returned provider review letter.

Returned Provider Review Letter

Once the PA request is in a Pending — Fiscal Agent Review status, ForwardHealth will review the request and, if the additional documentation has not been submitted, will send providers a returned provider review letter indicating the information required to adjudicate the request. Prior authorization requests cannot be adjudicated until ForwardHealth receives the additional information.

After receiving a returned provider review letter, providers should submit the additional information through the Portal, fax, or mail if they have not already done so. Providers have 30 calendar days from the date on the returned provider review letter to submit the additional information or the PA

request will become inactive. After a PA request has become inactive, providers can submit a new request using the P4 transaction.

Refer to the Prior Authorization section of the Online Handbook for additional PA information.

Prior Authorization Response Transactions

The NCPDP has further defined appropriate use of reject codes. As a result, following implementation on October 14, 2011, providers may see revised and more specific reject code descriptions used to further define errors on P2, P3, and P4 transactions. In addition, the Additional Message Information field (526-FQ) that is currently used to communicate reject reasons will no longer be available or used.

Denied Prior Authorization Requests

If a PA is denied during adjudication, providers can submit a new request for the service using the P4 transaction; however, they are required to submit the original denied PA request, additional supporting clinical documentation, and medical justification via the Portal, fax, or mail following the submission guidelines in the Prior Authorization section of the Online Handbook.

Amended or Returned Prior Authorization Requests

If an approved PA needs to be amended or if ForwardHealth returns a PA request and indicates that additional information is required, the provider can correct the error(s), send additional documentation, or resubmit the PA request or amendment request via the Portal, fax, or mail. For information about amending and resubmitting PA requests, refer to the Prior Authorization section of the Online Handbook.

Changing

A PA number consists of 10 digits containing valuable information about the PA request (i.e., the media used to submit the PA request, the year, the Julian date, and the internal ForwardHealth sequence number). With the

implementation of the P4 transaction, the description for one of the media types used to submit the PA request is changing. Media type 7 will now be used to specify an Electronic Data Interchange (EDI) transaction, which would indicate either an NCPDP D.0 P4 transaction or a HIPAA X12 5010 278 Health Care Services Review — Request for Review and Response (278) transaction. For more information about PA numbers, refer to the Prior Authorization section of the Online Handbook for the topic titled “Prior Authorization Numbers” (topic #4383).

Data Dictionary and External Code Lists

ForwardHealth follows the NCPDP July 2007 Data Dictionary and the September 2010 External Code List. ForwardHealth will notify providers if new versions of the data dictionary or external code list will be supported. Providers should *not* begin using other versions of the data dictionary or external code list on transactions exchanged with ForwardHealth until ForwardHealth announces the adoption and effective date of the new versions.

Valid Code Sets

National Council for Prescription Drug Programs PA transactions having an invalid code intended to be from one of the national code sets, whether the code is in a required or non-required field, will be rejected. This requirement to use only valid codes applies to all NCPDP PA transactions received on and after October 15, 2011.

For More Information

Providers may refer to the following *Updates* for more information about NCPDP version D.0 implementation:

- The September 2011 *Update*, titled “Effective Dates for the Implementation of HIPAA Version 5010 Standard and the NCPDP Telecommunication Standard Version D.0.”
- The September 2011 *Update*, titled “Changes to Claims for Drugs and Diabetic Supplies Resulting from Implementation of the National Council for Prescription Drug Programs Telecommunication Standard Version D.0.”

Providers may refer to the HIPAA Version 5010 and NCPDP Version D.0 Electronic Transaction Standards page of the Portal for the most current information about version 5010 and version D.0 implementations.

Background on HIPAA Accredited Standards Committee X12 Version 5010 and National Council for Prescription Drug Programs Version D.0

Effective January 1, 2012, changes to HIPAA and NCPDP standards will impact electronic, paper, and ForwardHealth Portal transactions exchanged with ForwardHealth. All covered entities (e.g., health plans, health care clearinghouses, and health care providers) will be required to begin using the new Accredited Standards Committee (ASC) X12 version 5010 and NCPDP version D.0 standards.

Refer to the HIPAA ASC X12 Version 5010 and NCPDP Version D.0 Implementation Page on the Portal for more information.

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 (MCO). Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

Members who are enrolled in the Wisconsin Chronic Disease Program only are not enrolled in MCOs.

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/.

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