This *Update* has been revised since its original publication. Effective for dates of service on and after January 1, 2012, procedure code J1725 is required on claims for alpha hydroxyprogesterone caproate (17P) compound injection and Makena injection. Refer to pages 2 and 4 of this *Update* for revised information.

ForwardHealth
Wisconsin serving you

Update
November 2011

No. 2011-69

Affected Programs: BadgerCare Plus, Medicaid
To: Hospital Providers, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Changes to Alpha Hydroxyprogesterone Caproate (17P) Compound Injection Policy and New Makena Injection Policy

Effective for dates of service on and after November 15, 2011, changes will be made to the alpha hydroxyprogesterone caproate (17P) compound injection policy and Makena injection will be a covered service.

Alpha Hydroxyprogesterone Caproate (17P) Compound Injection

The alpha hydroxyprogesterone caproate (17P) compound injection is a covered service and is reimbursed fee-for-service for members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and Wisconsin Medicaid, including members enrolled in state-contracted HMOs. The 17P compound injection is not covered for members in the BadgerCare Plus Core Plan and the BadgerCare Plus Basic Plan.

As a reminder, the 17P compound injection is a provider-administered drug and must be administered by a medical professional. Members may not self-administer a 17P compound injection. For more information about provider-administered drugs, providers may refer to the Pharmacy and Physician service areas of the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

Note: Pharmacy providers cannot submit claims for 17P compound injections.

Attestation Form Revision

The Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections form, F-00286, has been revised. A revised copy of the form and completion instructions can be found in Attachments 1 and 2 of this *ForwardHealth Update*. Providers may begin using the revised form immediately, but providers must use the revised form dated 11/11 for dates of service (DOS) on and after November 15, 2011. Previous versions of the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections must no longer be used on and after November 15, 2011.

Clinical Criteria

Effective for DOS on and after November 15, 2011, the clinical criteria for coverage of 17P compound injection has been revised. All the following criteria must be met:

- The member must be pregnant with a singleton pregnancy.
- The member must have had a previous pre-term delivery (i.e., a spontaneous birth before 37 weeks gestation).
- The 17P compound injection treatment must be initiated between week 16 to week 20 of gestation and continue through 37 weeks gestation or delivery, whichever is first.

- The claim must be submitted using *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code V23.41 (Pregnancy with history of preterm labor).

Claims Submission

ForwardHealth has revised procedures for submitting claims for 17P compound injections. Effective for dates of receipt on and after November 15, 2011, regardless of DOS, the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections is no longer required to be submitted with each claim for 17P compound injections.

Providers are required to complete the revised Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections form dated 11/11 prior to giving the first injection. The Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections form no longer needs to be completed for each injection. A copy of the completed form must be kept in the member's medical record. Providers should no longer submit the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections form to ForwardHealth.

Effective for DOS on and after November 15, 2011, Healthcare Common Procedure Coding System (HCPCS) procedure code Q2042 (Injection, Hydroxyprogesterone Caproate, 1mg) and the National Drug Code (NDC) of the bulk powder used to compound the 17P injection must be indicated on professional claims for the 17P compound injection.

Effective for DOS on and after January 1, 2012, HCPCS procedure code J1725 (Injection, hydroxyprogesterone caproate, 1 mg) and the NDC of the bulk powder used to compound the 17P injection must be indicated on professional claims for the 17P compound injection.

Procedure code J3490 (Unclassified Drugs) and the NDC of the bulk powder used to compound the 17P injection must continue to be indicated on claims for 17P compound injections submitted with DOS before November 15, 2011. Claims for DOS before November 15, 2011, will also no longer require the Attestation to Administer Alpha Hydroxyprogesterone Caporate (17P) Compound Injections form to be submitted; instead, a copy of the completed form must be kept in the member's medical record.

As a reminder, NDCs for provider-administered drugs must be indicated in the shaded area of Elements 24A-24G on the 1500 Health Insurance Claim Form. The NDC must be accompanied by an NDC qualifier, unit qualifier, and units. Providers should indicate the appropriate NDC of the drug that was dispensed that corresponds to the HCPCS procedure code on claims for provider-administered drugs. If an NDC is not indicated on the claim, or if the NDC indicated is invalid, the claim will be denied.

For claims received on and after November 15, 2011, regardless of the date of service, the name of the person administering the injection will no longer be required on claims for 17P compound injections.

Claims for 17P compound injections may now be submitted electronically; therefore, paper claims for 17P compound injections will be subject up to a $1.10 reimbursement reduction per claim.

As a reminder, one dose of 17P compound injection equals 250 mg. Therefore, providers should enter "250" as the quantity on claims. Providers are required to indicate the appropriate unit(s) on each claim submission. Claims for 17P compound injection may only be submitted if the drug has been administered.

The 17P compound injection is a diagnosis-restricted drug. Diagnosis code V23.41 is the only allowable diagnosis for 17P compound injection. Claims submitted with a diagnosis other than the allowable diagnosis indicated will be denied.

Previously Denied Claims

For DOS between September 1, 2009, and November 15, 2011, providers may resubmit claims for 17P compound injections that were denied for either of the following reasons:

- The Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections form was not attached.
- The name of the person who administered the injection was not documented on the same detail line as the procedure code.

Denied claims for the above reasons with a DOS within the 365-day timely filing limit may be resubmitted through the normal claims submission process without the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections form. Previously denied claims with a DOS that exceeds the timely filing limit must be submitted through the timely filing appeals process. Timely filing appeals requests for previously denied 17P compound injection claims must be received by ForwardHealth on or before January 31, 2012.

Submitting Timely Filing Appeals Requests for Denied Claims

When submitting timely filing appeals requests for denied claims for 17P compound injection, providers are required to submit the following:

- A legible claim or adjustment request.
- A properly completed Timely Filing Appeals Request, F-13047 (10/08), for each group of affected claims.

Providers may submit a single timely filing appeals request per batch of claims that are beyond the timely filing deadline. When completing the Timely Filing Appeals Request form, providers should check the "ForwardHealth reconsideration" box and write in the blank space provided, "17P compound injection resubmission — Update 2011-69."

Providers may refer to the Timely Filing Appeals chapter in the Claims section of their service-specific area of the Online Handbook on the Portal for more information about timely filing appeals.

Reimbursement

Effective for DOS on and after November 15, 2011, the maximum allowable reimbursement rate for 17P compound injection is $25.00 per 250 mg injection.

Providers may be reimbursed for the administration of 17P compound 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 17P compound injection is $3.31.

Reimbursement rates are subject to change. Providers may refer to the maximum allowable fee schedule on the Portal for the most current reimbursement rates.

Makena Injection

Effective for DOS on and after November 15, 2011, Makena injections will be covered for Standard Plan, Benchmark Plan, and Medicaid members, and will be reimbursed fee-for-service for all members, including members enrolled in a state contracted HMO. Makena injections are not covered for members in the Core Plan and Basic Plan.

Makena is a provider-administered drug and must be injected by a medical professional. Members may not self-administer Makena injections. For more information about provider-administered drugs, providers may refer to the pharmacy and physician service areas of the Online Handbook on the Portal.

Note: Pharmacy providers cannot submit claims or attestation requests for Makena injections.

Attestation to Administer Makena Injections

A new attestation form has been developed for Makena, titled the Attestation to Administer Makena Injections, F-

00508 (11/11). A copy of the Attestation to Administer Makena Injections form and completion instructions can be found in Attachments 3 and 4.

Effective for DOS on and after November 15, 2011, Makena injections may be covered if all of the following occur:

- Prescribers complete the Attestation to Administer Makena Injections before beginning treatment. If a member has begun treatment with Makena before November 15, 2011, the prescriber should complete the Attestation to Administer Makena Injections before the first Makena injection after November 15, 2011. Prescribers will only be reimbursed for Makena injections administered on and after November 15, 2011.
- Prescribers complete a Prior Authorization Request Form (PA/RF), F-11018 (10/08), and indicate process type 117.
- Prescribers submit the Attestation to Administer Makena Injections with the PA/RF to ForwardHealth by fax at (608) 221-8616 or by mail to the following address:

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

- Prescribers receive an approved decision notice from ForwardHealth.

Beginning in January 2012, providers may submit the Attestation to Administer Makena Injections and PA/RF to ForwardHealth on the Portal.

The Attestation to Administer Makena Injections will be valid for up to a 21-week course of therapy.

Prescribers may backdate the start date on the PA/RF up to 14 days prior to the date the PA/RF and Attestation to Administer Makena Injections is received by ForwardHealth but no earlier than November 15, 2011.

Clinical Criteria

The following are clinical criteria for coverage of Makena injections. All the following criteria must be met:

- The member has experienced difficulty with prior use of 17P compound injection or the member has a medical reason that prevents the use of 17P compound injection.
- The member must be pregnant with a singleton pregnancy.
- The member must have had a previous pre-term delivery (i.e., spontaneous birth before 37 weeks gestation).
- The Makena injection treatment must be initiated between week 16 to week 20 of gestation and continue through 37 weeks gestation or delivery, whichever is first.
- The claim must be submitted with ICD-9-CM diagnosis code V23.41 (Pregnancy with history of preterm labor).

Claim Submission

Effective for DOS on and after November 15, 2011, procedure code Q2042 (Injection, Hydroxyprogesterone Caproate, 1mg), modifier U1, and the NDC for Makena injection must be indicated on professional claims for Makena injections. The addition of the U1 modifier identifies the brand Makena injection and will ensure the provider receives a brand reimbursement rate.

Effective for DOS on and after January 1, 2012, procedure code J1725 (Injection, hydroxyprogesterone caproate, 1 mg), modifier U1, and the NDC for Makena must be indicated on professional claims for Makena injections.

As a reminder, NDCs for provider-administered drugs must be indicated in the shaded area of Elements 24A-24G on the 1500 Health Insurance Claim Form. The NDC must be accompanied by an NDC qualifier, unit qualifier, and units. Providers should indicate the appropriate NDC of the drug that was dispensed that corresponds to the HCPCS procedure code on claims for provider-administered drugs. If

an NDC is not indicated on the claim, or if the NDC indicated is invalid, the claim will be denied.

One dose of Makena equals 250 mg. Therefore, providers should enter "250" as the quantity. Providers are required to indicate the appropriate unit(s) on each claim submission. Claims for Makena injection may only be submitted if the drug has been administered.

Makena injection is a diagnosis-restricted drug. Diagnosis code V23.41 is the only allowable diagnosis. Claims submitted with other diagnosis other than the allowable diagnosis indicated will be denied.

Reimbursement

The maximum allowable reimbursement rate for Makena injection is $687.50 per 250 mg injection.

Providers may be reimbursed for the administration of Makena injection by indicating procedure code 96372 on the claim. The rate for administering Makena injection is $3.31.

Reimbursement rates are subject to change. Providers may refer to the maximum allowable fee schedule on the Portal for the most current reimbursement rates.

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.

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

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

FORWARDHEALTH

ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE CAPROATE (17P) COMPOUND 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 Caproate (17P) Compound Injections form, F-00286, is mandatory when administering the alpha hydroxyprogesterone caproate (17P) compound injection. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Completion of the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections is required. A copy of the completed form must be kept in the member's medical record.

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 — Name — Prescriber
Enter the name of the prescriber.

Element 4 — National Provider Identifier (NPI) — Prescriber
Enter the 10-digit National Provider Identifier of the prescriber.

Element 5 — 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 6 — Prescriber Attestation Documentation
The provider is required to read the attestation information of the form. By signing and dating Elements 7 and 8, the provider attests to the information in Element 6.

Element 7 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 8 — Date Signed
Enter the month, day, and year the form was signed in MM/DD/CCYY format.

ATTACHMENT 2
Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections

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

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-00286 (11/11)

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

FORWARDHEALTH

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

Instructions: Type or print clearly. Before completing this form, read the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound 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.

Completion of the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections is required. A copy of the completed form must be kept in the member's medical record. Providers may call Provider Services at (800) 947-9627 with questions.

A 17P compound injection is a provider-administered drug and must be administered by a medical professional. Members may not self-administer a 17P compound injection.

1. Name — Member (Last, First, Middle Initial)	2. Member Identification Number
3. Name — Prescriber	4. National Provider Identifier (NPI) — Prescriber
5. Diagnosis Code and Description	

6. Prescriber Attestation Documentation

By my signature below, I hereby attest that:

- The member is pregnant with a singleton pregnancy.
- The member has had a previous pre-term delivery (i.e., a spontaneous birth before 37 weeks gestation).
- The 17P compound injection treatment is being initiated between weeks 16 to week 20 of gestation and will continue through 37 weeks gestation or delivery, whichever is first.
- The member has a diagnosis of V23.41 (Pregnancy with history of preterm labor).

7. **SIGNATURE** — Prescriber	8. Date Signed

ATTACHMENT 3
Attestation to Administer Makena Injections Completion Instructions

(A copy of the "Attestation to Administer Makena Injections Completion Instructions" is located on the following pages.)

FORWARDHEALTH
ATTESTATION TO ADMINISTER MAKENA 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 or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

The use of this form is mandatory when requesting Attestation for Makena Injections. 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.

Prescribers are required to complete and sign the Attestation to Administer Makena Injections, F-00508. Providers are required to attach the completed Attestation to Administer Makena Injections to a Prior Authorization Request Form (PA/RF), F-11018, and send the forms to ForwardHealth. Prescribers are required to retain a completed copy of the form.

Prescribing providers may submit the attestation request to ForwardHealth by fax at (608) 221-8616 or by mail to the following address:

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

Prescribing 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. 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 — PRESCRIBER 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 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 member experienced difficulty with prior use of a 17P compound injection or whether or not the there is a medical reason that prevents the use of a 17P compound injection. Explain in the space provided the difficulty with the prior use of a 17P compound injection or the medical reason that prevents the member from receiving treatment with a 17P compound injection.

SECTION IV — PRESCRIBER ATTESTATION DOCUMENTATION

Element 10 — Prescriber Attestation Documentation
The provider is required to read the attestation information of the form. By signing and dating Elements 11 and 12, the provider attests to the information in Element 10.

Element 11 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 12 — Date Signed
Enter the month, day, and year the form was signed in MM/DD/CCYY format.

ATTACHMENT 4
Attestation to Administer Makena Injections

(A copy of the "Attestation to Administer Makena Injections" is located on the following pages.)

FORWARDHEALTH
ATTESTATION TO ADMINISTER MAKENA INJECTIONS

Instructions: Type or print clearly. Before completing this form, read the Attestation to Administer Makena Injections Completion Instructions, F-00508A. 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 an approved decision notice for Attestation to Administer Makena Injections before submitting professional claims. Providers may call Provider Services at (800) 947-9627 with questions.

Makena must be injected by a medical professional. Members may not self-administer the Makena injection.

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 member experienced difficulty with prior use of 17P compound injection or a medical reason that prevents the member from receiving treatment with 17P compound injection? ❑ Yes ❑ No

Explain in the space provided the difficulty with the prior use of the 17P compound injection or the medical reason that prevents the member from receiving treatment with 17P compound injection.

Continued

SECTION IV — PRESCRIBER ATTESTATION DOCUMENTATION

10. Prescriber Attestation Documentation

By my signature below, I hereby attest that:

- The member has experienced difficulty with prior use of the 17P compound injection or a medical reason that prevents the member from receiving treatment with 17P compound injection.
- The pregnancy is a singleton pregnancy.
- The member has had a previous pre-term delivery (i.e., spontaneous birth before 37 weeks gestation).
- Makena injection treatment is being initiated between week 16 to week 20 of gestation and will continue through 37 weeks gestation or delivery, whichever is first.
- The member has a diagnosis of V23.41 (Pregnancy with history of preterm labor).

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