

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Well Woman Program

To: Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Policy Changes for Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena Injections

Changes are being made to policy for alpha hydroxyprogesterone caproate (17P) compound injections and Makena injections. The changes include revisions to clinical criteria and attestation forms, effective for dates of service on and after April 1, 2014.

Alpha Hydroxyprogesterone Caproate (17P) Compound and Makena Injections

Both the alpha hydroxyprogesterone caproate (17P) compound injection and the Makena injection are covered services and are reimbursed fee-for-service for members enrolled in BadgerCare Plus and Wisconsin Medicaid, including members enrolled in state-contracted HMOs.

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

Note: Pharmacy providers may not submit claims for 17P compound injections or Makena injections.

Providers should continue to use the existing attestation forms and clinical criteria and to follow existing attestation

processes for 17P compound injections or Makena injections for members beginning treatment on dates of service (DOS) prior to April 1, 2014. For members beginning 17P compound injections or Makena injections on DOS on and after April 1, 2014, the revised clinical criteria apply and a revised attestation form must be used.

Revised Clinical Criteria

Effective for DOS on and after April 1, 2014, the following revised clinical criteria must be met for coverage of a 17P compound injection or a Makena injection:

- The member is pregnant with a singleton pregnancy with normal cervical length and has a history of prior spontaneous pre-term birth. A spontaneous pre-term birth is defined as a spontaneous (i.e., not indicated) birth occurring after 20 weeks gestation and before 37 weeks gestation.
- Optimally, the 17P compound injections or Makena injections are initiated between week 16 to week 24 gestation and may continue through week 37 gestation or delivery, whichever is first.

Attestation Forms Combined

Effective for DOS on and after April 1, 2014, the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Injections form, F-00286, and the Attestation to Administer Makena Injections form, F-00508,

have been revised and combined into one form. A copy of the new Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena Injections form, F-00286 (04/14), and completion instructions may be found in Attachments 1 and 2 of this *ForwardHealth Update*. Providers are required to use the revised form for DOS on and after April 1, 2014. Previous versions of the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Injections form and the Attestation to Administer Makena Injections form may not be used for DOS on and after April 1, 2014.

Claim Submission Procedures

Providers are required to complete the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena Injections form prior to the first injection, and a copy of the completed form must be kept in the member's medical record. Providers are not required to submit the form to ForwardHealth.

The 17P compound injection and the Makena injection are gender- and age-restricted and are only reimbursed for females between 12 and 60 years of age. The 17P compound injection and the Makena injection are also diagnosis-restricted. The *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code V23.41 (Pregnancy with history of pre-term labor) must be present on claims for 17P compound injection or Makena injection. Claims without this diagnosis code will be denied.

Claim Submission for 17P Compound Injections

For 17P compound injections, the following must be indicated on the 1500 Health Insurance Claim Form:

- A quantity of 250 mg for a single DOS.
- Procedure code J1725 (Injection, hydroxyprogesterone caproate, 1 mg).
- The National Drug Code (NDC) and description from the bulk powder used to compound the 17P compound injection.

For more information about submitting 17P compound injection claims, providers may refer to the Online Handbook on the Portal.

Claim Submission for Makena Injections

To be reimbursed for Makena injections, the following must be indicated on the 1500 Health Insurance Claim Form:

- A quantity of 250 mg for a single DOS.
- Procedure code J1725 (Injection, hydroxyprogesterone caproate, 1 mg).
- Modifier U1.
- The NDC from product administered.

Existing Approved Decision Notices for Makena

Decision notices made prior to April 1, 2014, approving Makena injections for a member will continue to be honored by ForwardHealth. Members may continue to receive Makena injections under an approved decision notice until the quantity approved is exhausted, the decision notice expires, or the member delivers, whichever occurs first.

For more information about submitting Makena injection claims, providers may refer to the Online Handbook on the Portal.

Services Must Meet Program Requirements

This *Update* provides information about ForwardHealth program requirements related to 17P compound injections and Makena injections. ForwardHealth may deny or recoup payment for services that fail to meet program requirements.

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.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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 and Makena Injections Completion
Instructions

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

FORWARDHEALTH
**ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE CAPROATE (17P)
COMPOUND INJECTIONS AND 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, 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 and Makena Injections form, F-00286, is mandatory when administering the 17P compound injection or Makena 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.

Providers should retain a copy of the attestation in the member's medical record. Do not submit a copy to ForwardHealth, unless requested.

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 — 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.

SECTION IV — PRESCRIBER ATTESTATION DOCUMENTATION

Element 9 — Prescriber Attestation Documentation

The provider is required to read the attestation information of the form. By signing and dating Elements 10 and 11, the provider attests to the information in Element 9.

Element 10 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 11 — 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 and Makena Injections

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

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

Instructions: Type or print clearly. Before completing this form, read the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena 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 keep a completed and signed Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena Injections form in the member's medical record. Do not submit a copy to ForwardHealth, unless requested. Providers may call Provider Services at (800) 947-9627 with questions.

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

Note: Pharmacy providers may not submit claims for 17P compound injections or Makena injections.

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 — Prescriber

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

7. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION

8. Diagnosis Code and Description

SECTION IV — PRESCRIBER ATTESTATION DOCUMENTATION

9. Prescriber Attestation Documentation

By my signature below, I hereby attest that the following clinical criteria are met:

Current singleton pregnancy and a history of prior spontaneous pre-term birth in a member with normal cervical length in the current pregnancy. A spontaneous preterm birth is defined as a spontaneous (i.e., not indicated) birth occurring after 20 weeks gestation and before 37 weeks gestation.

10. **SIGNATURE** — Prescriber

11. Date Signed
