

To:

Pharmacies

Blood Banks

Dispensing
PhysiciansHMOs and Other
Managed Care
ProgramsVIPs and
Subscribersin Columbia,
Dane, Dodge,
Green, Iowa,
Jefferson,
Lafayette,
Rock, Sauk,
and Walworth
Counties

Ulcer treatment drug and other insurance monitoring changes in Point of Sale pilot counties

Monitoring of ulcer treatment drugs

Wisconsin Medicaid is changing its monitoring of ulcer treatment drug policy in the ten pharmacy Point of Sale (POS) pilot counties. For claims received on and after August 4, 1999, ulcer treatment drug monitoring will be changed in the following ways:

- Cimetidine, Ranitidine, and Sucralfate will no longer require prior authorization (PA).
- Pepcid and Axid will continue to require PA, which may be obtained through Specialized Transmission Approval Technology Prior Authorization (STAT-PA).
- Proton pump inhibitors and combination ulcer treatment drugs will have diagnosis restrictions.

During the POS pilot, claims for Cimetidine, Ranitidine, and Sucralfate will require a diagnosis code to be billed. This diagnosis code requirement is in place during the pilot to allow Cimetidine, Ranitidine, and Sucralfate to remain PA drugs outside of the pilot counties. Any valid diagnosis code is acceptable in the diagnosis field for these three drugs.

Page 4 of this Update contains tables that list drugs that require PA, drugs that can be approved through STAT-PA, and diagnosis-restricted drugs. This page replaces page 16 of

the POS training handouts. The diagnosis code table on pages 5 and 6 of this Update is a list of drugs with their corresponding brand name, diagnosis codes, and disease descriptions. This table replaces pages 17 and 18 of the POS training handouts.

Proton pump inhibitors and combination ulcer treatment drugs have been added to the list of diagnosis-restricted drugs. Prior authorization is required for these drugs when they are being requested for use outside of approved diagnosis ranges. You may obtain PA for proton pump inhibitors and combination ulcer treatment drugs through STAT-PA.

For more information, call Provider Services at (800) 947-9627 or (608) 221-9883.

Monitoring of other insurance

Wisconsin Medicaid will begin monitoring specific other insurance for drug claims received on and after September 8, 1999, in the POS pilot counties. A claim will be denied when Wisconsin Medicaid has verified information that a recipient's private health insurance policy covers drugs for the identified carriers. You are required to bill private a HMO, specified private insurance, and Medicare prior to billing Wisconsin Medicaid fee-for-service. If a recipient is enrolled in a Medicaid HMO, you are required to bill that HMO.

Pages 8 through 10 of this Update is a list of insurance carriers, providing the carrier code, name, address, and telephone number.

These pages replace pages 28 through 30 of the POS training handouts.

For more information, call Provider Services at (800) 947-9627 or (608) 221-9883.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For more information, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at www.dhfs.state.wi.us/medicaid.

Return to: EDS 6406 Bridge Road Madison, WI 53784-0002	ICN (DO NOT WRITE IN THIS SPACE)
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1. PROVIDER NAME AND ADDRESS	2. PROVIDER NUMBER	Wisconsin Medicaid COMPOUND DRUG CLAIM FORM
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RECIPIENT INFORMATION				
3. MEDICAID NUMBER	4. LAST NAME	5. FIRST NAME	6. SEX	7. DATE OF BIRTH

CLAIM INFORMATION					
8. PRESCRIBER NUMBER	9. DATE PRESCRIBED	10. DATE FILLED	11. REFILL	12. DAYS SUPPLY	13. QUANTITY
14. PRESCRIPTION NUMBER	15. POS	16. DIAGNOSIS CODE	17. LEVEL OF SERVICE		

COMPOUND INGREDIENTS							
1.	INGREDIENT NDC	METRIC DECIMAL QUANTITY	INGREDIENT COST	13.	INGREDIENT NDC	METRIC DECIMAL QUANTITY	INGREDIENT COST
2.			\$	14.			\$
3.			\$	15.			\$
4.			\$	16.			\$
5.			\$	17.			\$
6.			\$	18.			\$
7.			\$	19.			\$
8.			\$	20.			\$
9.			\$	21.			\$
10.			\$	22.			\$
11.			\$	23.			\$
12.			\$	24.			\$

21. TOTAL CHARGES	\$
22. O.C. AMOUNT	\$
23. PATIENT PAID	\$
24. NET BILLED	\$

18. CERTIFICATION I certify the services and items for which reimbursement is claimed on this claim form were provided to the above named recipient pursuant to the prescription of a licensed physician, podiatrist, or dentist. Charges on this claim form do not exceed my (our) usual and customary charge for the same services or items when provided to persons not entitled to receive benefits under Wisconsin Medicaid. I understand that any payment made in satisfaction of this claim will be derived from federal and state funds and that any false claims, statements or documents, or concealment of a material fact may be subject to prosecution under applicable federal or state law. PHARMACIST'S OR DISPENSING PHYSICIAN'S SIGNATURE _____ DATE _____	19. PRIOR AUTHORIZATION NUMBER 20. O.C.
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PLACE OF SERVICE (POS)	DESCRIPTION
00	PHARMACY
01	HOME (IV-IM SERVICES ONLY)
07	SKILLED CARE FACILITY
08	SUB-ACUTE CARE FACILITY
10	OUTPATIENT (DOCTOR'S OFFICE)

Prior Authorized/Diagnosis Restricted Drugs

PA Drugs	
Alpha- 1 Proteinase Inhibitors	Other Use Fertility Drugs
Anorexiant	Other Use Impotence Drugs
Enteral Nutrition Products	Schedule III and IV Stimulants
Human Growth Hormone	Unlisted Drugs
Non-rebated Drugs	

NOTE: Submit paper PA request forms for these PA drugs.

Stat-PA Drugs	
Pepcid/Axid	Proton-pump inhibitors when requested for use outside of approved diagnosis ranges

Diagnosis-Restricted Drugs	
Alglucerase	Interferon Beta 1b (Betaseron)
Colony Stimulating Factors	Legend Smoking Cessation Drugs
Epoetin	Mupirocin (Impetigo diagnosis only)
Interferon Alpha (all groups)	Muromonab and other monoclonal antibodies
Interferon Beta 1a (Avonex)	Prenatal Vitamins
Combination Ulcer Treatment Drugs	Proton Pump Inhibitors

NOTE: Submit paper PA request forms when drug is being requested for use outside of approved diagnosis ranges, except for proton pump inhibitors.

DIAGNOSIS CODE TABLE

Drug Name	Brand Name	Diagnosis Code	Disease Description
Lansoprazole	Prevacid	04186 2515 53019 53081 5368	H. Pylori infection Zollinger-Ellison syndrome Erosive esophagitis Gastroesophageal reflux Gastric hypersecretory conditions
Omeprazole	Prilosec	04186 2515 53019 53081 5368	H. Pylori infection Zollinger-Ellison syndrome Erosive esophagitis Gastroesophageal reflux Gastric hypersecretory conditions
Cimetidine	Tagamet	Any valid code	
Famotidine	Pepcid	2026 2374 2515 53081 5310-5319 5320-5329 5330-5339 5368	Mastocytosis, systemic Multiple endocrine adenoma Zollinger-Ellison syndrome Gastroesophageal reflux Gastric ulcer Duodenal ulcer Peptic ulcer Hypersecretory conditions
Nizatidine	Axid	2026 2374 2515 53081 5310-5319 5320-5329 5330-5339 5368	Mastocytosis, systemic Multiple endocrine adenoma Zollinger-Ellison syndrome Gastroesophageal reflux Gastric ulcer Duodenal ulcer Peptic ulcer Hypersecretory conditions
Ranitidine	Zantac	Any valid code	
Misoprostol	Cytotec	E9356	NSAID induced gastric ulcer NSAID induced duodenal ulcer
Sucralfate	Carafate	Any valid code	
Diclofenac/ Misoprostol	Arthrotec	E9356	NSAID induced gastric ulcer NSAID induced duodenal ulcer
Lansoprazole/ Antibiotic	Prevpac	04186	H. Pylori infection
Ranitidine/ Bismuth	Tritec	04186	H. Pylori infection
Algluterase	Ceredase, Cedezyme	2727	Gaucher's Disease

Drug Name	Brand Name	Diagnosis Code	Disease Description
Epoetin	Epogen, Procrit	042 585 2399	Anemia from AIDS Renal failure Malignancy
Interferon Alfa 2A	Roferon-A	07054 1729 1760-1769 2024 2028 2030 2051 2337 2339	Chronic hepatitis C w/o hepatic coma Malignant melanoma Kaposi's sarcoma Hairy cell leukemia Non-hodgkin's lymphoma Multiple myeloma Chronic myelocytic leukemia Bladder carcinoma Renal cell carcinoma
Interferon Alfa 2B	Intron A	07811 1729 1760-1769 2024 2028 2030 2337 2339	Condylomata acuminata Malignant melanoma Kaposi's sarcoma Hairy cell leukemia Non-hodgkin's lymphoma Multiple myeloma Bladder carcinoma Renal cell carcinoma
Interferon Alfa N3	Alferon N	07811	Condylomata acuminata
Interferon Gamma 1B	Actimmune	2881	Chronic granulomatous disease
Interferon Alfacon 1	Infergen	07054	Chronic hepatitis C w/o hepatic coma
Interferon Alfa 2B/ Ribavirin	Rebitron	07054	Chronic hepatitis C w/o hepatic coma
Interferon Beta 1A	Avonex	340	Multiple sclerosis
Interferon Beta 1B	Betaseron	340	Multiple sclerosis
Filgrastim	Neupogen	2880	Agranulocytosis/Neutropenia
Sargramostim	Leukine	205	Myeloid leukemia
Mupirocin	Bactroban 2%	684	Impetigo
Muromonab CD3	Orthoclone OKT-3	9968	Organ transplant rejection
Bupropion	Zyban	3051	Nicotine dependence treatment
Nicotine	Prostep, Habitrol	3051	Nicotine dependence treatment
Legend Prenatal Vitamins		V22-V229 V23-V239 V241	Normal pregnancy High risk pregnancy Lactating

Private HMO Billing

- When you are not contracted with the recipient's private HMO, you may not bill Medicaid for the service. Recipients should be redirected to a contracted provider of the private HMO, in accordance with Wisconsin Administrative Code 106.03(7)(k).
- When you receive a Medicaid denial due to private HMO coverage, you will bill the private HMO for the drug(s) dispensed. Once a response is received from the private HMO, you will do one of the following:
 - ✓ Indicate a 2 in the "Other Coverage Code" field when the private HMO issues payment that does not completely reimburse your usual and customary charge. You must also indicate the payment amount in the other payor amount field.
 - ✓ Indicate a 5 in the "Other Coverage Code" field when the private HMO denies coverage of the drug or the billed amount does not exceed coinsurance or deductible amounts.
 - ✓ Indicate a 5 in the "Other Coverage Code" field when the recipient resides outside the private HMO service area.

Private Health Insurance Billing

- When you receive a private health insurance denial due to Medicare eligibility, you must bill Medicare first when the drug dispensed is a Medicare covered drug. If the drug is not Medicare covered, bill Medicaid with a 0 in the "Other Coverage Code" field.
- When you receive a Medicaid denial due to private health insurance, you will:
 - ✓ Bill the private health insurance.
- You may use "Other Coverage Codes" to bypass Medicaid monitoring of health insurance once a denial has been received by using one of the following:
 - ✓ Indicate a 0 in the "Other Coverage Code" field when private health insurance denies coverage.
 - ✓ Indicate a 2 in the "Other Coverage Code" field when private health insurance issues payment that does not completely reimburse your usual and customary charge. You must also indicate the payment amount in the other payor amount field.
- If you are unable to bill private health insurance for any of the following reasons, you may bypass Medicaid monitoring of health insurance by indicating a 4 in the "Other Coverage Code" field.
 - ◆ The recipient denies coverage or will not cooperate.
 - ◆ The provider knows the service in question is not covered by the insurance plan.
 - ◆ The insurance plan failed to respond to initial and subsequent claim submissions.
 - ◆ Insurance plan will only issue payment directly to the subscriber.
 - ◆ The provider does not contract with the recipient's private health insurance plan.
 - ◆ Total billed amount is less than \$10.00.

Note: This document is not intended to be all inclusive and is subject to change with provider notification based on the experiences of the POS pilot. The POS pilot allows DHCF and providers to communicate with each other regarding coordination of benefit policies specific to pharmacy billing.

Private HMO Carrier Codes

A83	PruCare HMO	Suite 325, 600 Holiday Plaza Dr.	Matteson	IL	60443	708/671-5454
B20	Heritage National Health Plan	909 Third Ave.	Moline	IL	61249	309/765-1200
B37	MetLife Health Care Network	PO Box 5520	Maitland	FL	32751	800/638-4150
B70	Butterworth HMO	Suite 500, 2025 E. Beltline	Grand Rapids	MI	49546	616/942-0954
B72	First Plan HMO	1010 Fourth St.	Two Harbors	MN	55616	218/834-7209
24K	Greater LaCrosse Health Plan	PO Box 38	LaCrosse	WI	54602	800/472-1719
E29	Q Care	c/o WPS, PO Box 8190	Madison	WI	53708	608/221-5076
H25	Health Partners HMO	Claims Dept., PO Box 1289	Minneapolis	MN	55440	800/444-4558
H54	PruCare HMO	PO Box 2883	Houston	TX	77001	
I18	Valley Health Plan	PO Box 3128	Eau Claire	WI	54702	715/832-3235
J31	Medical Associates HMO	PO Box 5002	Dubuque	IA	52004	800/747-8900
K63	Heritage National Health Plan	630 E. Jefferson	Rockford	IL	61107	815/227-1720
M14	DeanCare HMO	PO Box 56099	Madison	WI	53705	800/279-1301
M31	HMO of Wisconsin	840 Carolina St.	Sauk City	WI	53583	608/643-2491
M98	PrimeCare	PO Box 3153	Milwaukee	WI	53201	800/879-0071
Q63	Humana, Inc	PO Box 740047	Louisville	KY	40201	800/289-0906
Q75	Mayo Clinic Health Plan	Suite 401, 21 1 st St., SW	Rochester	MN	55902	507/284-1700
Q85	HMO Chicago	1 S. Walker Way	Chicago	IL	60606	312/424-4460
R84	Clinicare	3401 N. Perryville Rd.	Rockford	IL	61114	815/654-3600
R95	Physicians Plus HMO	PO Box 2078	Madison	WI	53701	608/282-8900
U17	HMO Illinois	233 N. Michigan Ave.	Chicago	IL	60601	
U34	FHP of Illinois	PO Box 35809	Colorado Springs	CO	80935	800/325-7498
W03	Atrium Health Plan	PO Box 64338	St. Paul	MN	55164	800/535-4041
W65	Health Reach HMO	PO Box 7873	Madison	WI	53707	
X80	Family Health Plan	Suite 2050, 8500 Normandale Lake	Bloomington	MN	55437	
Y46	Network Health Plan	PO Box 568	Menasha	WI	54952	800/826-0940
Y59	Met Life HMO	PO Box 945530	Maitland	FL	32794	800/638-4150
Z05	United Health of Wisconsin	PO Box 507	Appleton	WI	54913	800/236-6440
Z72	Wisconsin Health Fund	PO Box 601	Milwaukee	WI	53201	414/771-5600
Z73	Unity Health Plan	University Plus Network, PO Box 610	Sauk City	WI	53583	800/362-3307
063	Employers Health Plan HMO	Attn: Claims Division	Green Bay	WI	54344	800/558-4444

Private HMO Carrier Codes (continued)

09I	Rockford Health Plans	3401 Perryville Rd.	Rockford	IL	61114	815/654-3600
090	Compcare	1515 N. RiverCenter Dr.	Milwaukee	WI	53212	800/472-5811
091	Security Health Plan	1000 N. Oak Ave.	Marshfield	WI	54449	715/387-5621
092	Group Health Coop SC Wisconsin	Attn: Claims, PO Box 44971	Madison	WI	53744	608/251-4156
093	Group Health Coop Eau Claire	PO Box 3217	Eau Claire	WI	54702	715/836-8552
109	Family Health Plan Coop	11524 W. Theo Trecker, PO Box 44260	Milwaukee	WI	53214	414/256-0006
11K	Coordinated Care	2040 W. Wisconsin Ave, PO Box 2973	Milwaukee	WI	53201	414/345-4600
28I	Superior Health Services	PO Box 860	Woodruff	WI	54568	800/454-8814
33B	Keystone Health Plan	PO Box 898812	Camp Hill	PA	17011	717/763-3458
36I	Compass Health Care HMO	Suite 720, 9801 W. Higgins	Rosemont,	IL	60018	847/685-2273
56G	Gunderson Lutheran Health Plan	1836 South Ave.	La Crosse	WI	54601	800/897-1923
57F	MercyCare Insurance Co.	PO Box 2770	Janesville	WI	53547	800/895-2421
60B	Humana Health Plan	Beverly Health Center, 9831 S. Western Ave.	Chicago	IL	60643	312/445-3500
712	Blue Plus	PO Box 64179	St. Paul	MN	55164	800/382-2000
80C	Managed Health Services	2040 W. Wisconsin Ave., PO Box 2973	Milwaukee	WI	53201	414/345-4600
84A	Medica Choice HMO	PO Box 169061	Duluth	MN	55816	800/373-8335

Other Health Insurance Carrier Codes

M73	Provantage	PO Box 846	Brookfield	WI	53005	800/784-0881
Z27	Employers Health Insurance Co.	Attn: Claims Division	Green Bay	WI	54344	800/558-4444
046	WPS/Provantage	PO Box 846	Brookfield	WI	53005	414/784-4600
085	Blue Cross Blue Shield of Wisconsin	1515 N. RiverCenter Dr.	Milwaukee	WI	53212	800/242-9030
70G	Provantage Blue Cross Blue Shield	PO Box 846	Brookfield	WI	53005	414/784-4600
23I	PrimeCare/DPS	Mail Route 2086, PO Box 4999	International Falls	MN	56649	
385	PCS	PO Box 52175	Phoenix	AZ	85072	602/391-4600
G14	Great West Life & Annuity	Suite 11-150, 6250 River Rd.	Rosemont	IL	60015	800/355-8457
L82	Aetna Pharmacy Mgt Claim Support	Suite 2400, 901 Marquette Ave.	Minneapolis	MN	55402	612/594-6250
46C	Wausau/DPS	Mail Route 2086, PO Box 4999	International Falls	MN	56649	800/233-8065
F03	AARP Health Care Options	PO Box 13999	Philadelphia	PA	19187	800/523-5800
28E	Paid Prescriptions	PO Box 700	Parsippany	NJ	07054	800/841-2760
J48	Cigna	PO Box 2100	Bourbonnais	IL	60914	800/664-4288

Other Health Insurance Carrier Codes (continued)

287	Unicare	200 Berkley St.	Boston	MA	02117	617/580-2251
029	Mutual of Omaha	Mutual of Omaha Plaza	Omaha	NE	68175	800/327-8870
K36	Cigna HealthCare	PO Box 10370	Des Moines	IA	50306	515/223-9600
64H	Provantage/AMS	PO Box 846	Brookfield	WI	53005	414/784-4600
65I	Community Health Plan of Wisconsin	PO Box 14039	Milwaukee	WI	53217	800/378-5234
74D	Time Insurance/DPS	Mail Route 2086, PO Box 4999	International Falls	MN	56649	800/233-8065
403	PCS	PO Box 52175	Phoenix	AZ	85072	602/391-4357
51D	United HealthCare	218A Bullsboro Dr.	Newnan	GA	30263	
M82	Caremark Prescription Service	PO Box 686005	San Antonio	TX	78268	210/521-3000
C81	Cigna HealthCare	PO Box 29000	Atlanta	GA	30359	404/681-7000
962	Cigna HealthCare	32 Valley St., Level D	Bristol	CT	06010	800/345-9458
J60	Midwest Security	1150 Springhurst Dr., PO Box 19035	Green Bay	WI	54307	800/236-2515
039	Fortis Health	501 W. Michigan, PO Box 624	Milwaukee	WI	53201	414.271-3011