Pharmacy

Prior Authorization

wisconsin Medicaid and BadgerCare

Wisconsin Medicaid and BadgerCare Information for Providers

Department of Health and Family Services

Pharmacy Quick-Reference Page

Pharmacy Point-of-Sale (POS) Correspondents

For questions regarding Medicaid policies and billing, please call:
(800) 947-9627 or (608) 221-9883; select "2" when prompted.

Hours available: 8:30 a.m. to 6:00 p.m. Monday, Wednesday, Thursday, and Friday.
9:30 a.m. to 6:00 p.m. Tuesday.
Not available on weekends or holidays.

Clearinghouse, Switch, or Value-Added Network (VAN) Vendors

For transmission problems, call your switch, VAN, or clearinghouse vendor:

- Healtheon/WebMD switching services: (800) 433-4893.
- Envoy switching services: (800) 333-6869.
- National Data Corporation switching services: (800) 388-2316.
- QS1 Data Systems switching services: (864) 503-9455 ext. 7837.

Electronic Media Claims (EMC) Help Desk

For any questions regarding EMC (tape, modem, and interactive software), please call:
(608) 221-4746 Ext. 3037 or 3041.

Hours available: 8:30 a.m. to 4:30 p.m. Monday through Friday.
Not available on weekends or holidays.

Wisconsin Medicaid Web Site

www.dhfs.state.wi.us/medicaid/

- Pharmacy handbook, replacement pages, and *Wisconsin Medicaid and BadgerCare Updates* on-line and available for viewing and downloading.
- Pharmacy POS information.

Fax Number for Prior Authorization (PA)

(608) 221-8616

Paper PA requests may be submitted by fax.

Specialized Transmission Approval Technology — PA (STAT-PA) System Numbers

For PCs:
(800) 947-4947
(608) 221-1233
Available from 8:00 a.m. to 11:45 p.m., seven days a week.

For touch-tone telephones:
(800) 947-1197
(608) 221-2096
Available from 8:00 a.m. to 11:45 p.m., seven days a week.

For the Help Desk:
(800) 947-1197
(608) 221-2096
Available from 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding holidays.

Important Telephone Numbers

Wisconsin Medicaid's Eligibility Verification System (EVS) is available through the following resources to verify checkwrite information, claim status, prior authorization status, provider certification, and/or recipient eligibility.

Service	Information available	Telephone number	Hours
Automated Voice Response (AVR) System (Computerized voice response to provider inquiries.)	Checkwrite Info. Claim Status Prior Authorization Status Recipient Eligibility*	(800) 947-3544 (608) 221-4247 (Madison area)	24 hours a day/ 7 days a week
Personal Computer Software and Magnetic Stripe Card Readers	Recipient Eligibility*	Refer to Provider Resources section of the All-Provider Handbook for a list of commercial eligibility verification vendors.	24 hours a day/ 7 days a week
Provider Services (Correspondents assist with questions.)	Checkwrite Info. Claim Status Prior Authorization Status Provider Certification Recipient Eligibility*	(800) 947-9627 (608) 221-9883	Policy/Billing and Eligibility: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Pharmacy/DUR: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)
Direct Information Access Line with Updates for Providers (Dial-Up) (Software communications package and modem.)	Checkwrite Info. Claim Status Prior Authorization Status Recipient Eligibility*	Call (608) 221-4746 for more information.	7:00 a.m. - 6:00 p.m. (M-F)
Recipient Services (Recipients or persons calling on behalf of recipients only.)	Recipient Eligibility Medicaid-Certified Providers General Medicaid Information	(800) 362-3002 (608) 221-5720	7:30 a.m. - 5:00 p.m. (M-F)

*Please use the information exactly as it appears on the recipient's identification card or EVS to complete the patient information section on claims and other documentation. Recipient eligibility information available through EVS includes:

- Dates of eligibility.
- Medicaid managed care program name and telephone number.
- Privately purchased managed care or other commercial health insurance coverage.
- Medicare coverage.
- Lock-In Program status.
- Limited benefit information.

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Preface

The Wisconsin Medicaid and BadgerCare Pharmacy Handbook is issued to pharmacy providers who are Wisconsin Medicaid certified. It contains information that applies to *fee-for-service* Medicaid providers. The Medicaid information in the handbook applies to both Medicaid and BadgerCare.

Wisconsin Medicaid and BadgerCare are administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing (DHCF) is directly responsible for managing Wisconsin Medicaid and BadgerCare. BadgerCare extends Medicaid coverage to uninsured children and parents with incomes at or below 185% (as of January 2001) of the federal poverty level and who meet other program requirements. BadgerCare recipients receive the same health benefits as Wisconsin Medicaid recipients and their health care is administered through the same delivery system.

Medicaid and BadgerCare recipients enrolled in state-contracted HMOs are entitled to at least the same benefits as fee-for-service recipients; however, HMOs may establish their own requirements regarding prior authorization, billing, etc. If you are an HMO network provider, contact your managed care organization regarding its requirements. Information contained in this and other Medicaid publications is used by the DHCF to resolve disputes regarding covered benefits that cannot be handled internally by HMOs under managed care arrangements.

Verifying Eligibility

Wisconsin Medicaid providers should always verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. Wisconsin Medicaid's Eligibility Verification System (EVS) provides eligibility information that providers can access a number of ways.

Refer to the Important Telephone Numbers page at the beginning of this section for detailed information on the methods of verifying eligibility. If you are billing a pharmacy claim through real-time Point-of-Sale (POS), eligibility verification is part of the claims submission process.

Handbook Organization

The Pharmacy Handbook consists of the following sections:

- Claims Submission.
- Covered Services and Reimbursement.
- Drug Utilization Review and Pharmaceutical Care.
- Pharmacy Data Tables.
- Prior Authorization.

In addition to the Pharmacy Handbook, each Medicaid-certified provider is issued a copy of the All-Provider Handbook. The All-Provider Handbook includes the following subjects:

- Claims Submission.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Prior Authorization.
- Provider Certification.
- Provider Resources.
- Provider Rights and Responsibilities.
- Recipient Rights and Responsibilities.

Legal Framework of Wisconsin Medicaid and BadgerCare

The following laws and regulations provide the legal framework for Wisconsin Medicaid and BadgerCare:

Federal Law and Regulation

- Law: United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
- Regulation: Title 42 CFR Parts 430-456 — Public Health.

Wisconsin Law and Regulation

- Law: Wisconsin Statutes: Sections 49.43-49.497 and 49.665.
- Regulation: Wisconsin Administrative Code, Chapters HFS 101-108.

Handbooks and *Wisconsin Medicaid and BadgerCare Updates* further interpret and implement these laws and regulations.

Handbooks and *Updates*, maximum allowable fee schedules, helpful telephone numbers and addresses, and much more information about Wisconsin Medicaid and BadgerCare are available at the following Web sites:

www.dhfs.state.wi.us/medicaid
www.dhfs.state.wi.us/badgercare

Medicaid Fiscal Agent

The DHFS contracts with a fiscal agent, which is currently EDS, to provide health claims processing, communications, and other related services.

Obtaining Prior Authorization

For some drugs that do require PA, providers may submit PA requests through the Wisconsin Specialized Transmission Approval Technology — Prior Authorization (STAT-PA) system. Other drugs require paper PA requests.

Wisconsin Medicaid has the authority to require prior authorization (PA) for certain drug products under HFS 107.10(2), Wis. Admin. Code, and the federal Omnibus Budget Reconciliation Acts of 1990 and 1993 (OBRA `90 and `93).

Most drugs do not require PA. For some drugs that do require PA, providers may submit PA requests through the Wisconsin Specialized Transmission Approval Technology — Prior Authorization (STAT-PA) system. Other drugs require paper PA requests. Refer to Appendices 13 and 15 of this section for approval criteria for STAT-PA and paper drugs and drug categories.

Refer to the Prior Authorization section of the All-Provider Handbook for general information on obtaining PA, including emergency situations, appeal procedures, supporting materials, retroactive authorization, recipient loss of eligibility midway through treatment, and PA for providers from other states.

The Wisconsin STAT-PA System

The Wisconsin STAT-PA system is a PA system that allows Medicaid-certified pharmacy providers to request and receive PA electronically, rather than on paper, for certain drugs. The Wisconsin STAT-PA system can be accessed in the following ways and at the following times:

- Personal computer, available 8:00 a.m. to 11:45 p.m., seven days a week.
- Touchtone telephone, available 8:00 a.m. to 11:45 p.m., seven days a week.
- Help desk, available 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding holidays.

Providers are allowed to submit up to 25 PA requests per connection if using a personal computer and five PA requests per connection for touchtone telephone and help desk queries. Refer to Appendix 1 of this section for instructions on how to use the Wisconsin STAT-PA system.

Wisconsin STAT-PA is available for the following drugs only:

- Certain ulcer treatment drugs.
- Brand name non-steroidal anti-inflammatory drugs (NSAIDs [Cyclooxygenase-2 (COX-2) and Non-COX-2]).
- Alpha-1 Proteinase inhibitor (Prolastin).
- C-III and C-IV stimulants.
- Anti-obesity drugs.
- Angiotensin converting enzyme (ACE) inhibitors.

Refer to Appendix 13 of this section for drug classes that allow PA approval through STAT-PA. Also refer to Appendices 2 through 6 of this section for *optional* drug-specific worksheets which provide guidelines for using the STAT-PA system.

Follow-Up to a STAT-PA Request

A STAT-PA request will be approved or returned. Providers will receive a STAT-PA receipt confirmation notice both during the transaction and by mail for any STAT-PA request submitted, whether it was approved or returned.

When the PA request is *approved*:

- A PA number is assigned at the end of the transaction.
- The grant and expiration dates are indicated.
- The days' supply allowed is indicated.
- The claim may be billed immediately.

When the STAT-PA request is *returned*:

- A PA number is assigned at the end of the transaction.
- The STAT-PA system indicates the reason for the return.
- The STAT-PA system indicates that more clinical documentation is required and the provider may submit a paper PA request (using the same PA number) for reconsideration.

For reconsideration, please submit on paper:

- The Prior Authorization Request Form (PA/RF). List the PA number assigned to the returned STAT-PA on the front of the PA/RF in the description field.
- The Prior Authorization Drug Attachment (PA/DGA) for legend drugs. This must include additional clinical information either on the form or accompanying it (e.g., copies of peer-reviewed medical literature) to substantiate the physician's reason for requesting a particular drug for the given diagnosis.
- A fax number, if available.

Special STAT-PA Circumstances

Dispensing STAT-PA Drugs When the STAT-PA System is Unavailable

If the STAT-PA system is down or unavailable, a provider may still dispense STAT-PA approvable drugs. If a provider dispenses a new prescription for these drugs, the following steps must be taken:

1. Ask to see the recipient's Forward, temporary, or Presumptive Eligibility card, and verify eligibility. This may be done by submitting a real-time claim for the drug or by using one of the other eligibility verification methods.
2. Determine that the diagnosis is appropriate.
3. Determine that the recipient is not taking any other legend drug in the same category. (The prospective Drug Utilization Review system may identify therapeutic duplications at other pharmacies.)
4. Dispense up to a 14-day supply of the drug product.
5. Request PA from the STAT-PA system when it is available. A PA request may be backdated up to four days.
6. If the STAT-PA request is returned, submit a paper PA request within 14 days of dispensing along with documentation supporting what was done in steps 2-5 of this process.

A provider who uses a billing service may find that claims for these situations are denied when PA has been granted after the dispensing date, but the PA number was not included on that original claim. In these situations, the provider must resubmit the claim and include the PA number for reimbursement.

If the STAT-PA system is down or unavailable, a provider may still dispense STAT-PA approvable drugs.

In an emergency (i.e., a situation where services necessary to prevent the death or serious impairment of the health of the individual are required), PA is never required to provide medically necessary services. When drugs are dispensed in an emergency situation, providers must submit a paper claim that includes attached Special Handling documentation indicating the nature of the emergency. However, PA must be obtained for any subsequent refills. (Refer to the Covered Services section of this handbook for Special Handling information.)

Change From One Ulcer Treatment Drug or Angiotensin Converting Enzyme Inhibitor to Another

When a prescription for one ulcer treatment drug or ACE Inhibitor is changed to another ulcer treatment drug or ACE Inhibitor, the first PA must be enddated in order to obtain approval of the new drug. To do this, providers should call the STAT-PA Help Desk for assistance through the process. The provider holding the original PA will be notified in writing that the PA has been enddated. A new PA number and a confirmation notice will be sent to the provider requesting PA.

Paper Prior Authorization

Obtaining Forms

Sample PA/RFs, PA/DGAs for legend drugs and enteral nutrition products, and completion and submittal instructions for each form can be found in Appendices 7 through 11 of this section.

Obtain PA/RFs by calling Provider Services at (800) 947-9627 or (608) 221-9883 or by writing to:

Wisconsin Medicaid
Form Reorder
6406 Bridge Road
Madison, WI 53784-0003

Please specify the form being requested and the number of forms desired. Reorder forms are included in the mailing of each request for forms.

Providers can either photocopy the PA/DGA forms located in Appendices 10 and 11 of this section or download the forms from the Wisconsin Medicaid Web site. Go to *www.dhfs.state.wi.us/medicaid/* and click on Provider Handbooks, then Pharmacy.

Submitting Forms by Mail or Fax

By mail:
Send all completed paper PA forms to:

Wisconsin Medicaid
Prior Authorization
Suite 88
6406 Bridge Road
Madison, WI 53784-0088

By fax:
Drug PA requests may also be submitted by fax to Wisconsin Medicaid at the following number: (608) 221-8616. To avoid delayed adjudication, do not fax and mail duplicate copies of the same PA request forms. Further guidelines for requesting PA by fax can be found in Appendix 12 of this section.

Follow-Up to a Paper Prior Authorization Request

A PA request submitted to Wisconsin Medicaid may be approved, returned, or denied.

When the PA request is approved:

- The "approved" box is checked.
- The grant and expiration dates are indicated.
- A signature and a date signed are indicated.
- A specific days' supply is indicated.

When a PA request is returned:

- The "return" box is checked.
- An explanation for the return is given.

A PA request is returned because additional information is needed or because information on the PA request must be corrected. A returned PA request is not the same as a denied request. Providers should correct or add the missing information to the original PA request and resubmit it to Wisconsin Medicaid.

When the PA request is denied:

- The "denied" box is checked and an explanation is given.
- A signature and date signed are indicated.

Requests for services which have been previously denied must be resubmitted on a new PA/RF with additional documentation that justifies the need for reconsideration of the PA request.

Requests for services which have been previously denied must be resubmitted on a new PA/RF with additional documentation that justifies the need for reconsideration of the PA request.

Covered Rebated Drug Categories That Require Paper Prior Authorization Requests

Wisconsin Medicaid requires paper PA for certain drug categories produced by manufacturers who signed drug rebate agreements with the Health Care Financing Administration (HCFA) in order to determine medical necessity. A list of these drug categories requiring PA can be found in the Covered Services and Reimbursement section of this handbook.

Request PA for covered rebated drug categories by submitting a paper PA/RF and a PA/DGA for legend drugs. The prescription documentation must be valid on the grant date of the PA request. Refer to Appendices 8, 10, and 11 of this section for a sample PA/RF and for PA/DGA forms for photocopying.

Covered Non-Rebated Drugs That Require Paper Prior Authorization Requests

Certain drugs require paper PA because their manufacturer did not sign a rebate agreement with HCFA. (Refer to the Covered Services and Reimbursement section of this handbook for a list of these non-rebated drugs). To request PA for these drugs, providers must submit a paper PA/RF, a PA/DGA for legend drugs, and a statement of medical necessity *and* cost effectiveness for these specific brand drugs.

Documentation of Medical Necessity and Cost Effectiveness

The statement of medical necessity required for PA requests for non-rebated drugs must include the prescriber's conclusion that the non-rebated drug is the only available and medically appropriate product for treating the recipient, and the details of the recipient's clinical experience which led to that conclusion. The documentation of the recipient's clinical experience may include:

- A copy of the recipient's medical record documenting the dates and clinical details of therapeutic failures and the specific companies and generic products involved.
- A copy of the documentation provided by the prescriber about the recipient's experience of therapeutic failure with a generic product of one or more manufacturers.
- A prescriber's documentation of the recipient's blood levels showing that the blood levels were substantially lower when using a generic drug than when using the brand name drug.
- A copy of the recipient's records showing that other drug products within the same therapeutic class of drugs have been ruled out because previous clinical trials with that recipient produced ineffective or unsafe results (e.g., allergic response).
- A prescriber's documentation showing how some unique characteristic (e.g., dosage form, pharmaceutical formulation, therapeutic indication) of the drug prescribed is essential to assure the recipient receives specific medically necessary and cost effective treatment.

The following sample prescriber statements are *not* sufficient by themselves as documentation of medical necessity and cost effectiveness:

- "The recipient becomes ill on the generic drug."
- "The recipient is convinced that only the brand name drug will work for him."
- "Only the brand name drug is effective."
- "The recipient insists that the generic drug is ineffective."
- "It is my professional opinion that this recipient requires the brand name drug for his condition. Generic versions are unacceptable in the patient's treatment as they provide no benefit to him."

The statement of medical necessity required for PA requests for non-rebated drugs must include the prescriber's conclusion that the non-rebated drug is the only available and medically appropriate product for treating the recipient.

Other Services Requiring Paper Prior Authorization

Prior Authorization for HealthCheck "Other Services"

Medically necessary services that are not otherwise covered by Wisconsin Medicaid may be covered if the following conditions are met:

- The recipient is under 21 years of age.
- The provider verifies that a comprehensive HealthCheck screening has been performed within the previous 365 days.
- The service is allowed under the Social Security Act as a "medical service."

Prior authorization is required for diagnosis-restricted drugs when the uses are *outside* of approved diagnoses.

- The service is "medically necessary" and "reasonable" to correct or improve a condition or defect.
- The service is noncovered under the current Medicaid State Plan.
- A service currently Medicaid covered is not appropriate to treat the identified condition.

Most HealthCheck "Other Services" require PA*. To request PA:

- Submit a completed PA/RF, PA/DGA, and verification that a HealthCheck screen was completed within the last 365 days.
- Indicate at the top of the PA/RF that the request is for HealthCheck "Other Services." Do not indicate a procedure code on the PA/RF.

If the service is approved, Wisconsin Medicaid assigns a procedure code for the service on the PA request. These procedure codes are then billed on a HCFA 1500 claim form.

**Note:* Refer to the Pharmacy Data Tables section of this handbook for a list of HealthCheck "Other Services" drugs that do not require PA (but still require evidence of a HealthCheck screening).

A PA request is considered for approval if the request includes a statement or indication from the screener that a comprehensive HealthCheck screen was performed. Documentation that a comprehensive HealthCheck screening occurred may be provided by the screener through use of the HealthCheck Verification Card or on the prescription. This documentation must be signed by the screener and must indicate the date of the screen, which must have been performed within one year from the date of receipt of the PA request by Wisconsin Medicaid.

Additional information documenting the individual's need for the service and the appropriateness of the service being delivered may be requested from the provider.

Refer to the Covered Services and Reimbursement section of this handbook for further information on HealthCheck "Other Services."

Diagnosis-Restricted Drugs

Prior authorization is required for diagnosis-restricted drugs when the uses are *outside* of approved diagnoses. For these drugs, pharmacies are required to list diagnoses on the claim. Diagnosis-restricted drugs do not require PA if being used to treat certain diagnoses.

The table in Appendix 14 of this section lists diagnosis-restricted drug categories and the corresponding diagnosis codes and disease descriptions. If providers use an unapproved diagnosis code for that drug, the claim will be denied and providers will get a message* that a paper PA request is required.

Note: If the claim was submitted through electronic media claims or on paper, the message will appear in the provider's Remittance and Status Report.

Claims using diagnosis codes are monitored by Division of Health Care Financing (DHCF) auditors. A provider is expected to have reasonable, readily retrievable documentation to verify the accuracy of the diagnosis for the original prescription. This documentation must show the diagnosis was provided by the prescription, someone in the prescriber's office, or by the recipient. The diagnosis should be reasonably comprehensive, not just the single word definition of the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code.

Submission of peer-reviewed medical literature to support the proven efficacy of the requested use of the drug is required for PA outside of the diagnosis restriction.

Prior Authorization Response Time

24-Hour Response

For most drugs, Wisconsin Medicaid responds by fax or telephone to the provider's paper PA request within 24 hours of the receipt of the request. The response consists of an acknowledgment that the PA request was received by Wisconsin Medicaid.

Weekend and Holiday Processing

Paper PA requests received by Wisconsin Medicaid Monday through Friday (except holidays) are handled as follows:

- If the request is received before 1 p.m. central time, Wisconsin Medicaid makes an attempt to notify the provider by telephone or fax within 24 hours.
- If the request is received after 1 p.m. central time, Wisconsin Medicaid makes an attempt to notify the provider by telephone or fax on the next regular business day.

Exceptions to the 24-Hour Response

Wisconsin Medicaid responds within 24 hours except when:

- The PA request contains insufficient, incorrect, or illegible information so that Wisconsin Medicaid cannot identify the requesting provider or determine that the requested service requires a 24-hour response.
- The PA request does not have the provider's telephone or fax number.
- Wisconsin Medicaid makes three unsuccessful attempts to contact the provider by telephone or fax within 24 hours of receiving the PA request.

Backdating Prior Authorizations

Under most circumstances, PA is needed *before* performing services to receive Medicaid reimbursement. However, in the case of recipient retroactive eligibility, authorization may be granted retroactively. Refer to the Prior Authorization section of the All-Provider Handbook for more information on backdating PA.

For most drugs, Wisconsin Medicaid responds by fax or telephone to the provider's paper PA request within 24 hours of the receipt of the request.

Appendix

Appendix 1
STAT-PA System Instructions

The Wisconsin Specialized Transmission Approval Technology — Prior Authorization (STAT-PA) system is an electronic PA system that allows Medicaid-certified pharmacy providers to receive PA electronically rather than by mail or fax. Providers answer a series of questions and receive an immediate response of an approved or returned PA.

Providers communicate with the Wisconsin STAT-PA system by entering requested information on a personal computer screen, a touch-tone telephone keypad, or by calling a STAT-PA help desk correspondent. Providers must have their eight-digit Medicaid provider number to access the Wisconsin STAT-PA system.

The Wisconsin STAT-PA system is available to all pharmacy providers by calling one of the following telephone numbers:

Personal Computers	Touch-tone Telephones	Help Desk
(800) 947-4947 (608) 221-1233 Available from 8:00 a.m. to 11:45 p.m., seven days a week.	(800) 947-1197 (608) 221-2096 Available from 8:00 a.m. to 11:45 p.m., seven days a week.	(800) 947-1197 (608) 221-2096 Available from 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding holidays.

How to Use Wisconsin STAT-PA

Wisconsin STAT-PA complements the current PA process by eliminating the paperwork involved for several classes of drugs. Wisconsin STAT-PA allows the provider to answer a series of questions in order to receive an immediate response of an approved or returned PA. Providers need the following information to begin using the STAT-PA software:

- Eight-digit Medicaid provider number.
- Recipient's 10-digit Medicaid identification number.
- 11-digit National Drug Code (NDC).
- Type of service code.
- Prescriber's Drug Enforcement Administration (DEA) number.
- *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code.
- Place of service code.
- Requested grant date or date of service.
- Days' supply/quantity.

Refer to Appendices 2 through 6 of this section for optional drug-specific worksheets that can be used as guidelines for the information needed to request PA for STAT-PA authorized drugs.

Personal Computer Users

Providers enter the PA information into the STAT-PA software provided by Wisconsin Medicaid. To access the STAT-PA software and user manual from the Wisconsin Medicaid Web site at *www.dhfs.state.wi.us/medicaid/*, providers should:

- Select "Provider Publications" from the main menu.
- Scroll down and select "STAT-PA."
- Follow the steps indicated to ensure proper installation of the STAT-PA software.

This software and user manual may also be obtained electronically through Wisconsin Medicaid's Bulletin Board System, EDS-EPIX (Searchlight). Instructions for downloading the STAT-PA software and user manual from EDS-EPIX can be found at the end of this appendix. Providers who are unable to access the Bulletin Board through their personal computer may request software by calling the STAT-PA Help Desk at (800) 947-1197 or (608) 221-2096.

Once all data have been entered, the provider transmits the electronic request to Wisconsin Medicaid by using a modem and telephone line. The telephone number to use is (800) 947-4947 or (608) 221-1233. Refer to the STAT-PA User Manual for more information on how to transmit the electronic request.

STAT-PA processes the information and, in minutes, generates an electronic confirmation transaction that displays directly on the provider's personal computer screen. The transaction shows:

- What the provider requested.
- The procedure code that was authorized.
- The assigned PA number.
- Grant and expiration dates.

Helpful Hints For PC Users

1. Once the provider is connected to STAT-PA, the provider is given 40 seconds to respond to requested data. If the provider is making changes to a field, the provider is then given 90 seconds to respond before being disconnected.

2. The provider is limited to 25 transactions per connection.

3. When entering the requested date of service of the PA, the date of service may be up to 31 calendar days in the future. This allows recipients to have PA requests processed so there are no lapses in their medication.

4. The decimal point for diagnosis codes is not required when entering a STAT-PA request.

5. In the event the STAT-PA system is unavailable at the time the prescription order is filled, the PA request may be backdated up to four calendar days.

6. Providers are assigned a PA number for the request at the end of a completed transaction. Providers are reminded to use and retain the STAT-PA-assigned PA number for claims submission, or if advised to submit a PA request on paper if more clinical documentation is needed.

Note: When submitting a paper PA request, please include a fax number, if available, on the request.

Telephone Users

Call (800) 947-1197 or (608) 221-2096. Providers will then be connected directly with the STAT-PA system.

When the system answers, it will ask a series of questions that providers answer by entering the information on the telephone keypad. Use the optional worksheets found in Appendices 2 through 6 of this section as guidelines for the information needed to request PA for STAT-PA authorized drugs.

Note: When using a touch-tone telephone to enter the Medicaid provider number, recipient identification number, procedure code, type of service code, ICD-9-CM diagnosis code, place of service code, requested grant date, and quantity, always press the pound (#) sign to mark the end of the data just entered. The pound (#) sign signals the system that the provider has finished entering the data requested and ensures the quickest response from the system.

Providers may be asked to enter alphabetic data, which can be entered by using the asterisk (*) key. For example, a provider is asked to enter a prescriber's DEA number. The first two characters in the prescriber's DEA number are alpha characters; therefore, the provider presses the single asterisk (*) followed by the two digits that indicate the letter. The first digit is the number on the keypad where the letter is located, and the second digit is the position of the letter on that key. For example:

Prescriber's DEA number: A B 1 2 3 4 5 6 7 entered as *21 *22 1 2 3 4 5 6 7

Alphabet Key:

A=*21	G=*41	M=*61	S=*73	Y=*93
B=*22	H=*42	N=*62	T=*81	Z=*12
C=*23	I =*43	O=*63	U=*82	
D=*31	J=*51	P=*71	V=*83	
E=*32	K=*52	Q=*11	W=*91	
F=*33	L=*53	R=*72	X=*92	

Note: Refer to the Claims Submission section of this handbook for default codes if the DEA number cannot be obtained.

Once all data have been entered completely, STAT-PA begins to process the information and, in minutes, indicates the PA number and, if approved, the authorized level of service (LOS).

Once familiar with the STAT-PA system, providers may enter the PA information in the designated order immediately — there is no need to wait for the full voice prompt. Providers may key information at any time, even when the system is relaying information. The system automatically proceeds to the next function.

Helpful Hints For Telephone Users

1. The provider is given three attempts at each field to correctly enter the requested data.

2. Failure to enter any data within three minutes ends the telephone connection.

3. The provider is limited to five transactions per connection.

4. When entering the requested date of service of the PA, the date of service may be up to 31 calendar days in the future. This allows recipients to get prescription orders filled early so there are no lapses in their medication.

5. In the event the STAT-PA system is unavailable at the time the prescription order is filled, the PA request may be backdated up to four calendar days.

6. Providers are assigned a PA number for the request at the end of a completed transaction. Use and retain the STAT-PA-assigned PA number for claims submission or, if advised, submit a PA request on paper if more clinical documentation is needed.

Note: When submitting a paper PA request, please include a fax number, if available, on the request. This will enable Wisconsin Medicaid to reply to that number.

7. The decimal point for diagnosis codes is not required when entering a STAT-PA request.

STAT-PA Help Desk Users

Providers who do not have a touch-tone telephone or a personal computer may call the STAT-PA help desk. The help desk correspondent has the personal computer software to access STAT-PA and enters the required data requested from the provider. For the help desk, call (800) 947-1197 or (608) 221-2096.

The STAT-PA help desk is available to all pharmacy providers using STAT-PA. Providers may use the help desk to order software for a personal computer or to report difficulties with the system.

Refer to Appendices 2 through 6 of this section for optional drug-specific worksheets that can be used as guidelines for the information needed to request PA for STAT-PA authorized drugs.

Once all data have been entered completely, STAT-PA begins to process the information and, in minutes, indicates the PA number and, if approved, the authorized LOS.

Helpful Hints For Help Desk Users

1. If the provider is unable to provide the necessary information to the help desk correspondent, the provider is asked to call back with the necessary information.

2. The provider is limited to five transactions per connection.

3. When asked to give the requested date of service of the PA, the date of service may be up to 31 calendar days in the future. This allows recipients to get prescription orders filled early so there are no lapses in their medication.

4. In the event the STAT-PA system is unavailable at the time the prescription order is filled, the PA request may be backdated up to four calendar days.

5. Providers are assigned a PA number for the request at the end of the completed transaction. Use and retain the STAT-PA-assigned PA number for claims submission or, if advised, to submit a PA request on paper if more clinical documentation is needed.

Note: When submitting a paper PA, please include a fax number, if available, on the request.

6. Providers needing to enddate a PA request due to a change in a prescription may do so through the help desk. The help desk correspondent will assist the provider through this process.

Note: The provider holding the original PA is notified in writing that a PA has been enddated.

Documentation Information

Providers are required to retain the assigned PA number for:

- Use in claims submission, if approved.
- Submission of a paper PA request when more clinical documentation is needed.

Regardless of what STAT-PA method is used, providers will receive, by mail, a confirmation notice indicating the assigned PA number and the STAT-PA decision. This confirmation notice should be maintained as a permanent record of the transaction. Providers must also maintain all documentation that supports medical necessity, claim information, and delivery of equipment in their records for a period not less than five years.

Downloading STAT-PA software and user manual from the EDS-EPIX bulletin board

1. If this is the first time you will be installing STAT-PA software on your computer, we recommend that you create a directory on your hard drive specifically for your STAT-PA software. To do this, type the following command at the C:\ prompt in DOS:

   MD STAT PA [ENTER]

2. Set up your communications software to dial EDS-EPIX. Along with the telephone number, you may need to program your software to dial with the following settings:

Phone Number:	(608) 221-8824	Stop Bits:	1
Baud Rate:	14,400 (maximum)	Duplex:	Full
Parity:	None	Protocol:	ZMODEM (recommended)
Data Bits:	8	Terminal Emulation:	ANSI

Note: These settings are standard for most communication software packages.

3. Dial into EDS-EPIX. Before your initial login, you will be asked if you have a color screen. Select Y/N/Disable, whichever is appropriate for your system.

4. Next you will be asked your name. You may enter your name and register as a new user or you may login as follows:

   Enter your name, or type NEW or GUEST

5. Press [ENTER] to continue through EDS-EPIX news and review new user help information until you reach the Main Menu.

6. At the EDS-EPIX Main Menu choose “Files — Download/Upload Files” by typing “F” to continue to the EDS-EPIX Files System Menu.

7. Next select “6-Files — STAT-PA Software” by typing “6”[ENTER]. Press [ENTER] again when prompted to list filenames available for downloading. Select “N” when asked to display long file descriptions.

Appendix 1
continued

8. To tag a file for downloading select "Tag" [ENTER]. At the next screen, type the letter indicated under the TAG column that corresponds to the file you want to receive. When done, press [ENTER]. You will be returned to the Files System Menu.

   Use the following guideline to decide which files you need to download:
   A. STATEXTD.EXE — If you have already installed STAT-PA on your computer but are getting memory-related error messages, you might need this file.
   B. STATSOFT.EXE — If you have never installed STAT-PA on your computer, you will need this file.
   C. STATUPDT.EXE — If you have already installed STAT-PA on your computer but you need the latest version of the software, you will need this file.

9. At this point you may select "Xpronto-Changer Xfer Protocol" to choose your download protocol if you haven't done so already. We recommend that you select "Zmodem" as your protocol.

10. Choose "Download — Receive Files from BBS (Bulletin Board System)" by typing "D" [ENTER]. When asked if you wish to select the tagged file(s), choose "Y." You will be asked if you want to automatically disconnect after your download. Choose "Yes," "No," or "Quit," accordingly. The bulletin board is now ready to send the file. Next you will need to tell your PC to receive a file. If you are unsure of how to do this, please refer to the user manual that came with your communication software package.

11. When you have downloaded your file(s) and disconnected from EDS-EPIX (either by automatically disconnecting or choosing "G — Good-bye" from the Menu), quit your communication software. Exit to your DOS prompt.

12. Go to the subdirectory you specified as your download path to find the downloaded file. If you did not specify a subdirectory, the file will go to your communications software default directory (most likely your C drive).

13. Follow the appropriate step(s) indicated below to install the downloaded file(s):

    STATEXTD.EXE
    - Copy the STATEXTD.EXE file to your STAT-PA directory.
    - At the DOS command prompt, type the name of the file without the ".EXE" extension:
      STATEXTD [ENTER]

    STATSOFT.EXE
    - Copy the STATSOFT.EXE file to your STAT-PA directory.
    - At the DOS command prompt, type the name of the file without the ".EXE" extension:
      STATSOFT [ENTER]

    STATUPDT.EXE
    - Copy the STATUPDT.EXE file to your STAT-PA directory.
    - At the DOS command prompt, type the name of the file without the ".EXE" extension:
      STATUPDT [ENTER]

14. The files with the .DOC extension are your manuals. These files are ASCII DOS text files. To print these files, use the DOS Print command: PRINT [filename]. The file will be printed on the device you specify.

15. If you have any questions about the EDS-EPIX bulletin board, please contact the electronic media claims unit at (608) 221-4746, **ext. 3037 or 3041***.

***Extensions 3037 and 3041 for the Electronic Media Claims (EMC) department are no longer valid. Please select (zero) for assistance and ask to be transferred to the EMC department.**

Appendix 2
STAT-PA Drug Worksheet:
Ulcer Treatment Drug (Histamine 2 Antagonist) (for photocopying)

See the next page for the optional STAT-PA drug worksheet for the ulcer treatment drug .

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STAT-PA Drug Worksheet:
Ulcer Treatment Drug (Histamine 2 Antagonist)

This worksheet is to be used by pharmacists or dispensing physicians only!
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)

Generic Histamine 2 antagonists have NO RESTRICTIONS as to either diagnosis codes or prior authorization (PA). As with all innovator drugs, prescribers must write "Brand Medically Necessary" on all hard copies of the prescriptions and on each new nursing facility order sheet. There are also no restrictions on injectable ulcer treatment drugs.

The current drug is Axid (Nizatidine).

REMINDER: *The Specialized Transmission Approval Technology — PA (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number: _____

Recipient Medicaid Identification Number: _____

Recipient Name: _____

National Drug Code (NDC)/Procedure Code of Product Requested: _____

Type of Service: _D_ Prescriber's Drug Enforcement Administration (DEA) Number: _____

Diagnosis Code: _____ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: _____

Date of Service: _____ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested: _____

STAT-PA Request Checklist
ALL information must be checked within each category in order to be processed electronically.

A. Has the recipient been tried on prescription strength ranitidine and/or cimetidine for a minimum of one month and therapy failed, or has the recipient had an adverse drug reaction?

1. If yes, approve PA request for up to 365 days.
2. If no, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

Other missing information may also necessitate manual processing.

OVER

As the pharmacist, you have learned of this diagnosis or reason for use when:

____ a. The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
____ b. The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
____ c. The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number:_____

Grant Date:_____ Expiration Date: _____

Number of Days Approved:_____

This is a New Prior Authorization Request:_____

This is a Renewed Prior Authorization Request:_____

Diagnosis Code Description
Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.

Appendix 3
STAT-PA Drug Worksheet: Non-Steroidal Anti-Inflammatory Drugs (for photocopying)

See the next page for the optional STAT-PA drug worksheet for non-steroidal anti-inflammatory drugs (NSAIDs).

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STAT-PA Drug Worksheet:
Brand Name NSAIDs

This worksheet is to be used by pharmacists or dispensing physicians only!
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)

Generic non-steroidal anti-inflammatory drugs (NSAIDs) have NO RESTRICTIONS as to either diagnosis codes or prior authorization (PA). As with all innovator drugs, prescribers must write "Brand Medically Necessary" on all hard copies of the prescriptions and on each new nursing facility order sheet.

REMINDER: *The Specialized Transmission Approval Technology — PA (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number:_____

Recipient Medicaid Identification Number:_____

Recipient Name:_____

National Drug Code (NDC)/Procedure Code of Product Requested:_____

Type of Service: _D_ Prescriber's Drug Enforcement Administration (DEA) Number:_____

Diagnosis Code:_____ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: _____

Date of Service: _____ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested:_____

STAT-PA Request Checklist
ALL information must be checked within each category in order to be processed electronically.

COX-2

A. Is the NSAID being prescribed for a chronic, non-acute condition?
   1. If yes, then ask:
      a. Does the recipient have any of the following risk factors: age over 65, a history of ulcer or GI bleeding, currently taking anti-coagulants or glucocorticoids?
         1. If yes, approve PA request for up to 365 days.
         2. If no, then ask:
            a. Has the recipient tried and failed a generic NSAID or had an adverse drug reaction?
               i. If yes, approve PA request for up to 365 days.
               ii. If no, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."
   2. If no, then ask:
      a. Has the recipient tried and failed a generic NSAID or had an adverse drug reaction?
         1. If yes, approve PA request up to 365 days.
         2. If no, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

OVER

Non-COX-2

A. Has the recipient tried and failed a generic NSAID drug or had an adverse drug reaction?
   1. If yes, approve PA request up to 365 days.
   2. If no, return the PA with the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

As the pharmacist, you have learned of this diagnosis or reason for use when:

____ a. The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.

____ b. The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.

____ c. The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number:_____

Grant Date:_____ Expiration Date:_____

Number of Days Approved:_____

This is a New Prior Authorization Request:_____

This is a Renewed Prior Authorization Request:_____

Diagnosis Code Description

Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.

Appendix 4
STAT-PA Drug Worksheet: Alpha-1 Proteinase Inhibitor (Prolastin) (for photocopying)

See the next page for the optional STAT-PA drug worksheet for Alpha-1 Proteinase Inhibitor (Prolastin).

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STAT-PA Drug Worksheet:
Alpha-1 Proteinase Inhibitor (Prolastin)

This worksheet is to be used by pharmacists or dispensing physicians only!
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)

REMINDER: *The Specialized Transmission Approval Technology — Prior Authorization (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number:_____

Recipient Medicaid Identification Number: _____

Recipient Name:_____

National Drug Code (NDC)/Procedure Code of Product Requested:_____

Type of Service: _D_ Prescriber's Drug Enforcement Administration (DEA) Number:_____

Diagnosis Code:_____ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: _____

Date of Service: _____ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested: _____

STAT-PA Request Checklist
ALL information must be checked within each category in order to be processed electronically.

A. Does the recipient have clinically significant panacinar emphysema due to congenital Alpha-1-Antitrypsin deficiency?
   1. If yes, approve PA request for up to 365 days.
   2. If no, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

OVER

As the pharmacist, you have learned of this diagnosis or reason for use when:

____ a. The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
____ b. The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
____ c. The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number: _____

Grant Date: _____ Expiration Date: _____

Number of Days Approved: _____

This is a New Prior Authorization Request: _____

This is a Renewed Prior Authorization Request: _____

Diagnosis Code Description
Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.

Appendix 5
STAT-PA Drug Worksheet: C-III and C-IV Stimulants and Anti-Obesity Drugs (for photocopying)

See the next page for the optional STAT-PA drug worksheet for C-III and C-IV stimulants and anti-obesity drugs.

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STAT-PA Drug Worksheet:
C-III and C-IV Stimulants and Anti-Obesity Drugs

This worksheet is to be used by pharmacists or dispensing physicians only!
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)

REMINDER: *The Specialized Transmission Approval Technology — Prior Authorization (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number: _____

Recipient Medicaid Identification Number: _____

Recipient Name: _____

National Drug Code (NDC)/Procedure Code of Product Requested: _____

Type of Service: _D_ Prescriber's Drug Enforcement Administration (DEA) Number: _____

Diagnosis Code: _____ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: _____

Date of Service: _____ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested: _____

STAT-PA Request Checklist
ALL information must be checked within each category in order to be processed electronically.

A. Enter the recipient's height in inches using a two-digit format. For example, if the recipient's height is 5'10", enter 70.
B. Enter the recipient's weight in pounds using a three-digit format.
   1. STAT PA will then calculate the body mass index (BMI) using a formula.
      a. If BMI is > 30, the PA will be approved for a maximum of 186 days.
      b. If BMI is < 30, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

OVER

As the pharmacist, you have learned of this diagnosis or reason for use when:

____ a. The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
____ b. The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
____ c. The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number:_____

Grant Date:_____ Expiration Date:_____

Number of Days Approved:_____

This is a New Prior Authorization Request:_____

This is a Renewed Prior Authorization Request:_____

Diagnosis Code Description
Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.

Appendix 6
STAT-PA Drug Worksheet: Angiotensin Converting Enzyme Inhibitors (for photocopying)

See the next page for the optional STAT-PA drug worksheet for angiotensin converting enzyme (ACE) inhibitors.

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STAT-PA Drug Worksheet:
Brand Name ACE Inhibitors

This worksheet is to be used by pharmacists or dispensing physicians only!
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)

Generic angiotensin converting enzyme (ACE) inhibitors have NO RESTRICTIONS as to either diagnosis codes or prior authorization (PA). As with all innovator drugs, prescribers must write "Brand Medically Necessary" on all hard copies of the prescriptions and on each new nursing facility order sheet.

In addition to the generic drugs, the following brand name drugs are also available without PA restrictions:

Captopril ◆ Enalapril ◆Trandolapril ◆ Moexipril

REMINDER: *The Specialized Transmission Approval Technology — PA (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number:_____

Recipient Medicaid Identification Number:_____

Recipient Name:_____

National Drug Code (NDC)/Procedure Code of Product Requested:_____

Type of Service: _D_ Prescriber's Drug Enforcement Administration (DEA) Number:_____

Diagnosis Code:_____ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: _____

Date of Service: _____ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested: _____

STAT-PA Request Checklist

ALL information must be checked within each category in order to be processed electronically.

A. Is the patient currently stabilized or being titrated on an ACE Inhibitor other than captopril, enalapril, trandolapril, or moexipril?
   1. If yes, approve PA request for up to 365 days.
   2. If no, then ask:
      a. Has the recipient tried captopril, enalapril, trandolapril, or moexipril and had an adverse drug reaction?
         1. If yes, approve PA request up to 365 days.
         2. If no, return the PA with the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

OVER

As the pharmacist, you have learned of this diagnosis or reason for use when:

____ a. The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
____ b. The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
____ c. The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number:_____

Grant Date:_____ Expiration Date:_____

Number of Days Approved:_____

This is a New Prior Authorization Request:_____

This is a Renewed Prior Authorization Request:_____

Diagnosis Code Description
Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.

Appendix 7
Prior Authorization Request Form Completion Instructions

Element 1 — Processing Type
Enter the appropriate three-digit processing type from the list below. The "processing type" is a three-digit code used to identify a category of service requested.

131 — Drugs, Enteral Nutrition Products.
137 — 24-Hour Drug.
637 — Wisconsin Specialized Transmission Approval Technology — Prior Authorization (STAT-PA).

Element 2 — Recipient's Medicaid ID Number
Enter the recipient's 10-digit Medicaid identification (ID) number. Do not enter any other numbers or letters.

Element 3 — Recipient's Name
Enter the recipient's last name, first name, and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Element 4 — Recipient's Address
Enter the complete address (street, city, state, and ZIP code) of the recipient's place of residence. If the recipient is a resident of a nursing facility, also include the name of the nursing facility.

Element 5 — Recipient's Date of Birth
Enter the recipient's date of birth in MM/DD/YYYY format (e.g., June 18, 1942 would be 07/18/1942).

Element 6 — Sex
Enter an "X" to specify male or female.

Element 7 — Billing Provider's Name, Address, and ZIP Code
Enter the billing provider's name and complete address (street, city, state, and ZIP code). *No other information should be entered into this element since it also serves as a return mailing label.*

Element 8 — Billing Provider's Telephone Number
Enter the billing provider's telephone number, including the area code of the office, clinic, facility, or place of business.

Element 9 — Billing Provider's Wisconsin Medicaid Provider Number
Enter the billing provider's eight-digit Medicaid provider number.

Element 10 — Dx: Primary

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested for the recipient.

Note: Pharmacists need only provide a written description.

Element 11 — Dx: Secondary

Enter the appropriate ICD-9-CM diagnosis code and description additionally descriptive of the recipient's clinical condition.

Note: Pharmacists need only provide a written description.

Element 12 — Start Date of SOI (not required)

Element 13 — First Date Rx (not required)

Element 14 — Procedure Code(s)

Enter the appropriate 11-digit National Drug Code (NDC) or Wisconsin Medicaid-assigned 5-digit procedure code for each service/procedure/item requested. For Enteral Nutrition Products, enter the appropriate HCFA Common Procedure Coding System (HCPCS) code.

Note: Leave this element blank for HealthCheck "Other Services."

Element 15 — MOD

Enter the modifier corresponding to the procedure code (if a modifier is required by Wisconsin Medicaid policy and the coding structure used) for each service/procedure/item requested.

Element 16 — POS

Enter the appropriate Medicaid single-digit place of service (POS) code designating where the requested service/procedure/item would be provided/performed/dispensed.

Code	Description
0	Pharmacy
3	Doctor's Office
4	Home
7	Nursing Facility
8	Skilled Nursing Facility

Element 17 — TOS

Enter the appropriate Medicaid single-digit type of service (TOS) code for each service/procedure/item requested.

TOS Code	Description
D	Drugs

Element 18 — Description of Service

Enter a written description corresponding to the appropriate 11-digit NDC, 5-digit procedure code, or 3-digit revenue code for each service/procedure/item requested.

Note: When resubmitting a STAT-PA claim, reference the STAT-PA number in the description field on the Prior Authorization Request Form (PA/RF).

Element 19 — Quantity of Service Requested

Enter the quantity (e.g., number of units, dollar amount) requested for each service/procedure/item requested.

- Drugs — number of units or days' supply.

Element 20 — Charges

Enter your usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1," multiply the quantity by the charge for each service/procedure/item requested. Enter that total amount in this element.

Note: The charges indicated on the request form should reflect the provider's usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to the Department of Health and Social Service's *Terms of Provider Reimbursement.*

Element 21 — Total Charge

Enter the anticipated total charge for this request.

Element 22 — Billing Claim Payment Clarification Statement

An approved authorization does not guarantee payment. Reimbursement is contingent upon the recipient's and provider's eligibility at the time the service is provided and the completeness of the claim information. Payment is not made for services initiated prior to approval or after authorization expiration. Reimbursement is in accordance with Wisconsin Medicaid methodology and policy. If the recipient is enrolled in a commercial managed care program at the time a prior authorized service is provided, Wisconsin Medicaid reimbursement is only allowed if the service is not covered by the commercial managed care program and PA has been obtained.

Element 23 — Date

Enter the month, day, and year (in MM/DD/YYYY format) the PA/RF was completed and signed.

Element 24 — Requesting Provider's Signature

The signature of the provider requesting/performing/dispensing the service/procedure/item must appear in this element.

DO NOT ENTER ANY INFORMATION BELOW THE SIGNATURE OF THE REQUESTING PROVIDER — THIS SPACE IS USED BY WISCONSIN MEDICAID CONSULTANTS AND ANALYSTS.

Appendix 8
Sample Prior Authorization Request Form

MAIL TO:
E.D.S. FEDERAL CORPORATION
PRIOR AUTHORIZATION UNIT
6406 BRIDGE ROAD
SUITE 88
MADISON, WI 53784-0088

PRIOR AUTHORIZATION REQUEST FORM

PA/RF (DO NOT WRITE IN THIS SPACE)

ICN #
A.T. #
P.A. # 1234567

1 PROCESSING TYPE: 131

2 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER: 1234567890

3 RECIPIENT'S NAME (LAST, FIRST, MIDDLE INITIAL): Recipient, Ima A.

4 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE): 609 Willow, Anytown, WI 55555

5 DATE OF BIRTH: MM/DD/YYYY

6 SEX: M [ ] F [X]

8 BILLING PROVIDER TELEPHONE NUMBER: (XXX) XXX-XXXX

7 BILLING PROVIDER NAME, ADDRESS, ZIP CODE:
I.M. Provider
1 W. Williams
Anytown, WI 55555

9 BILLING PROVIDER NO.: 12345678

10 DX: PRIMARY: AIDS-related Kaposi's Sarcoma

11 DX: SECONDARY:

12 START DATE OF SOI:

13 FIRST DATE RX:

14 PROCEDURE CODE	15 MOD	16 POS	17 TOS	18 DESCRIPTION OF SERVICE	19 QR	20 CHARGES
64365050101		0	D	Panretin 0.1% gel	60 gm	XX.XX
					TOTAL CHARGE	21 XX.XX

22. An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after authorization expiration date. Reimbursement will be in accordance with Wisconsin Medical Assistance Program payment methodology and Policy. If the recipient is enrolled in a Medical Assistance HMO at the time a prior authorized service is provided, WMAP reimbursement will be allowed only if the service is not covered by the HMO.

23 MM/DD/YYYY
DATE

24 I.M. Provider
REQUESTING PROVIDER SIGNATURE

(DO NOT WRITE IN THIS SPACE)

AUTHORIZATION:

[ ] APPROVED — GRANT DATE: ____ EXPIRATION DATE: ____ PROCEDURE(S) AUTHORIZED: ____ QUANTITY AUTHORIZED: ____

[ ] MODIFIED — REASON:

[ ] DENIED — REASON:

[ ] RETURN — REASON:

DATE: ____ CONSULTANT/ANALYST SIGNATURE: ____

482-120

Appendix

Appendix 9
Prior Authorization Drug Attachment Completion Instructions For Legend Drugs and Enteral Nutrition Products

Timely determination of prior authorization (PA) is significantly increased by submitting thorough documentation. Carefully complete the appropriate Prior Authorization Drug Attachment (PA/DGA) form, attach it to the Prior Authorization Request Form (PA/RF), and submit it to:

Wisconsin Medicaid
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088

Wisconsin Medicaid's Policy/Billing Correspondence Unit can answer questions about completing the PA/RF or the PA/DGA. Contact Provider Services at (800) 947-9627 or (608) 221-9883.

Pharmacy staff may complete the PA/DGA form; however, the pharmacist must review the information and sign the PA/DGA form, verifying that the information is accurate.

Recipient Information:

Element 1 — Recipient's Last Name
Indicate the recipient's last name from the recipient's Medicaid identification (ID) card. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Element 2 — Recipient's First Name
Indicate the recipient's first name from the recipient's Medicaid ID card. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Element 3 — Recipient's Middle Initial
Indicate the recipient's middle initial from the recipient's Medicaid ID card.

Element 4 — Recipient's Wisconsin Medicaid Identification Number
Enter the recipient's 10-digit Medicaid ID number. Do not enter any other numbers or letters.

Element 5 — Recipient's Age
Indicate the age of the recipient in numerical form (e.g., 21, 45, 60).

Section A — Type of Request
Check the appropriate box indicating whether or not this product has been requested previously.

Section B — Prescription Information
If you complete this section, you do not need to include a copy of the prescription documentation used to dispense the product requested.

Section C — Clinical Information
Include diagnostic information, as well as clinical information, explaining the need for the product requested.

Source for Clinical Information:
Check the appropriate box indicating the primary source used to obtain your information.

Use:
Any of the compendial standards may be used. If an intended use is not in the drug package insert, you may want to check the United States Pharmacopeia-Drug Information (USP-DI) (this reference is most inclusive for diagnoses).

If a drug use is not listed in compendial standards, it may still be covered. Therefore, the PA/RF (found in **Appendix 8** of this section) and PA/DGA (found in **Appendices 10 and 11** of this section) must be submitted for processing and denied before you tell a recipient a particular drug is not covered by Wisconsin Medicaid.

Dose:
Any of the compendial standards may be used. If an intended use is not in the drug package insert, you may want to check the USP-DI (this reference is most inclusive for diagnosis).

Additional Information Required for Enteral Nutrition Supplements
Use the form found in **Appendix 11** of this section. Check all boxes that apply. Complete this section *only* when an enteral nutritional supplement is requested.

Signature of Pharmacist
The pharmacist must review the information and sign the PA/DGA form, verifying that the information is accurate to the best of his or her knowledge.

Appendix 10
Prior Authorization Drug Attachment For Legend Drugs (for photocopying)

See reverse side of this page for the Prior Authorization Drug Attachment (PA/DGA) for legend drugs. This form can also be downloaded from the Wisconsin Medicaid Web site, located at *www.dhfs.state.wi.us/medicaid/*.

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Mail To:
Wisconsin Medicaid
Prior Authorization
Suite 88
6406 Bridge Rd.
Madison, WI 53784-0088

PA/DGA

Prior Authorization
Drug/DMS Attachment
FOR LEGEND DRUGS

1. Complete the PA/DGA.
2. Attach to the Prior Authorization Request Form (PA/RF).
3. Mail to Wisconsin Medicaid.

Recipient Information

1	2	3	4	5
Last Name	First Name	M.I.	Identification Number	Age

Section A — Type of Request *Indicate start date requested/date prescription filled* (required) _____

❑ This prior authorization request for this drug, for this recipient, by this provider is ❑ New ❑ Renewal

Section B — Prescription Information (complete Section B *or* attach a copy of the prescription order)

Drug Name _____ Strength _____

Quantity Ordered _____ Date order issued _____

Directions for use _____

Daily Dose _____ Refills _____

Prescriber Name _____ DEA Number _____

"Brand Medically Necessary" is handwritten by the prescriber on the prescription order: ❑ Yes ❑ No

Section C — Clinical Information List the recipient's condition the prescribed drug is intended to treat. Include ICD-9-CM diagnosis codes and the expected length of need.

If requesting a renewal or continuation of a previous prior authorization approval, indicate any changes to the clinical condition, progress, or known results to date.

_____

_____

Attach another sheet if additional room is needed.

Source for Clinical Information (check one)

❑ This information was primarily obtained from the prescriber or prescription order.
❑ This information was primarily obtained from the recipient.
❑ This information was primarily obtained from some other source (specify): _____

_____

Use (check one)

❑ Compendial standards, such as the USP-DI or drug package insert, lists the intended use identified above as an
❑ accepted ❑ [bracketed] indication.
❑ The intended use above is *not* listed in compendial standards. Peer reviewed clinical literature is attached.

_____

_____

Dose (check one)

❑ The daily dose and duration are within compendial standards general prescribing or dosing limits for the indicated use.
❑ The daily dose and duration are *not* within compendial standards general prescribing or dosing limits for the intended use. Attach peer reviewed literature which indicates this dose is appropriate, or document the medical necessity of this dosing difference.

Signature _____ Date _____

Check the appropriate box:
Please notify me of approval/denial by ❑ Fax # _____ ❑ Telephone # _____ ❑ No notice needed

The pharmacist/dispenser must review information and sign and date this form!

Appendix 11
Prior Authorization Drug Attachment For Enteral Nutrition Products (for photocopying)

See the next page for the Prior Authorization Drug Attachment (PA/DGA) for enteral nutrition products. This form can also be downloaded from the Wisconsin Medicaid Web site, located at *www.dhfs.state.wi.us/medicaid/*.

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Mail To:
Wisconsin Medicaid
Prior Authorization
Suite 88
6406 Bridge Rd.
Madison, WI 53784-0088

PA/DGA

Prior Authorization
Drug/DMS Attachment
FOR ENTERAL NUTRITION PRODUCTS

1. Complete the PA/DGA.
2. Attach to the Prior Authorization Request Form (PA/RF).
3. Mail to Wisconsin Medicaid.

Recipient Information

1	2	3	4	5
Last Name	First Name	M.I.	Identification Number	Age

Section A — Type of Request

Indicate start date requested/date prescription filled (required) _____

(check one)

☐ This is an initial prior authorization request for this drug, for this recipient, by this provider.

☐ This is a request to renew or extend previously prior authorized therapy using this drug.
First PA # _____

☐ This is a request to change or add a new NDC number to a current valid PA.
PA# _____ NDC # to add _____

Section B — Prescription Information (complete Section B *or* attach a copy of the prescription order)

Drug Name _____ Strength _____

Quantity Ordered _____ Date order issued _____

Directions for use _____

Daily Dose _____ Refills _____

Prescriber Name _____ DEA Number _____

"Brand Medically Necessary" is handwritten by the prescriber on the prescription order: ☐ Yes ☐ No

Section C — Clinical Information

List the recipient's condition the prescribed drug is intended to treat. Include ICD-9-CM diagnosis for pharmaceutical care recipients. Include the expected length of need.

If requesting a renewal or continuation of a previous prior authorization approval, indicate any changes to the clinical condition, progress, or known results to date.

_____

_____

_____

_____

Attach another sheet if additional room is needed.

(Over)

Source for Clinical Information (check one)

- ☐ This information was primarily obtained from the prescriber or prescription order.
- ☐ This information was primarily obtained from the recipient.
- ☐ This information was primarily obtained from some other source (specify): _____

_____

Use (check one)

- ☐ Compendial standards, such as the USP-DI or drug package insert, list the intended use identified above as an accepted indication.
- ☐ Compendial standards, such as the USP-DI, list the intended use identified above as a [bracketed] accepted indication.
- ☐ Compendial standards, such as the USP-DI or drug package insert, list the intended use identified above as an unaccepted use.
- ☐ The intended use above is *not* listed in compendial standards. Peer reviewed clinical literature is attached or referenced. (Reference — include publication name, date, and page number.) _____

_____

_____

Dose (check one)

- ☐ The daily dose and duration are within compendial standards general prescribing or dosing limits for the indicated use.
- ☐ The daily dose and duration are *not* within compendial standards general prescribing or dosing limits for the intended use. Attach or reference peer reviewed literature which indicates this dose is appropriate, or document the medical necessity of this dosing difference. (Reference — include publication name, date, and page number.)

Additional Information Required for Enteral Nutrition Supplements

Height _____ Percentile (children only) _____

Weight _____ Percentile (children only) _____

Amount of weight loss, if any, and within what specific time span _____

(check all that apply)

- ☐ This recipient is tube fed.
- ☐ If not tube fed, number of Kcal prescribed per day ____. Percent total calories from this supplement ____%.
- ☐ This recipient can consume most normal table foods.
- ☐ This recipient can consume softened, mashed, pureed, or blenderized food.
- ☐ This recipient has a clinical condition, as indicated in Section C, which prevents him/her from consuming normal table, and softened, mashed, pureed, or blenderized foods.
- ☐ Comprehensive documentation of this recipient's condition is presented above in Section C — Clinical Information.
- ☐ This recipient is eligible for food stamps.
- ☐ This product or a similar product can be obtained from WIC.

Signature _____ Date _____

Check the appropriate box:
Please notify me of approval/denial by ☐ Fax # _____ ☐ Telephone # _____ ☐ No notice needed

The pharmacist/dispenser must review information and sign and date this form!

Appendix 12
Prior Authorization Fax Procedures

Providers may fax prior authorization (PA) requests to Wisconsin Medicaid at (608) 221-8616. Prior authorization requests sent to any Wisconsin Medicaid fax number other than (608) 221-8616 may result in processing delays.

When faxing PA requests to Wisconsin Medicaid, providers should be aware of the following:

- Faxing a PA request eliminates one to three days of mail time. However, the adjudication time of the PA request has *not* changed. All actions regarding PA requests are made within the time frames outlined in the Prior Authorization section of the All-Provider Handbook.
- Faxed PA requests must be received by 1:00 p.m., otherwise they will be considered as received the following business day. Faxed PA requests received on Saturday or Sunday will be processed on the next business day.
- After faxing a PA request, providers *should not* send the original paperwork, such as the carbon PA request form (PA/RF), by mail. Mailing the original paperwork after faxing the PA request will create duplicate PA requests in the system and may result in a delay of several days to process the faxed PA request.
- Providers should not photocopy and reuse the same PF/RF for other requests. When submitting a *new* request for PA, it must be submitted on a new PA/RF so that the request is processed under a *new* PA number. This requirement applies whether the PA request is submitted by fax or by mail.
- When resubmitting a faxed PA request, providers are required to resubmit the faxed copy of the PA request, including attachments, which includes Wisconsin Medicaid's 15-digit internal control number located on the top half of the PA/RF. This will allow the provider to obtain the earliest possible grant date for the PA request (apart from backdating for retroactive eligibility). If any attachments or additional information that was requested is received without the rest of the PA request, the information will be returned to the provider.
- When faxing information to Wisconsin Medicaid, providers *should not* reduce the size of the PA/RF to fit on the bottom half of the cover page. This makes the PA request difficult to read and leaves no space for consultants to write a response if needed or to sign the request.
- If a photocopy of the original PA request and attachments is faxed, the provider should make sure these copies are clear and legible. If the information is not clear, it will be returned to the provider.
- Refaxing a PA request before the previous PA request has been returned will create duplicate PA requests and may result in delays.
- If the provider does not indicate his or her fax number, Wisconsin Medicaid will mail the decision back to the provider.
- Wisconsin Medicaid will attempt to fax a PA request to a provider three times. If unsuccessful, the PA request will be mailed to the provider.

Appendix 13
Drug Categories Allowing Prior Authorization Approval Through the STAT-PA System

Prior authorization (PA) requests should be submitted through the Specialized Transmission Approval Technology — PA (STAT-PA) system for the following drug categories:

- Angiotensin converting enzyme (ACE) inhibitors.
- Non-steroidal anti-inflammatory drugs (NSAIDs) that are enzyme cyclooxygenase-2 (COX-2) inhibitors.
- NSAIDs that are not enzyme COX-2 inhibitors.

The following tables also list drug categories that should be submitted through STAT-PA:

Drug Category	Alpha-1-Proteinase Inhibitor, Human Systemic
Approval Criteria	Indicated for replacement therapy in recipients with emphysema, panacinar, due to congenital alpha-1-antitrypsin deficiency (treatment).
Specific Requirements	None

Drug Category	Brand Name Histamine 2 Antagonists
Approval Criteria	Indicated for ulcers, duodenal, gastric, or peptic; systemic mastocytosis; multiple endocrine adenoma; gastric hypersecretory conditions; Zollinger-Ellison syndrome; erosive esophagitis; gastroesphageal reflux disease; ulcers due to H. Pylori. • Use for these diagnoses is available through STAT-PA. • Use for any other diagnosis requires paper PA.
Specific Requirements	None

Drug Category	Weight Loss Products
Approval Criteria	Indicated as adjunctive weight-loss therapy to diet and exercise.
Specific Requirements	Documentation of recipient's height and weight.

Drug Category	Stimulants, C-III and C-IV
Approval Criteria	Indicated as an appetite suppressant in the treatment of exogenous obesity for short-term use (a few weeks) in a regimen of weight reduction based on caloric reduction.
Specific Requirements	Documentation of recipient's height and weight.

Appendix 14
Diagnosis Code Table for Diagnosis-Restricted Drugs and Drug Categories

For uses outside of the following diagnoses, prior authorization (PA) is required. Submission of peer-reviewed medical literature to support the proven efficacy of the requested use of the drug is required for PA outside of the diagnosis restriction.

Drug Name or Category	Brand Name	Diagnosis Code	Disease Description
Proton-Pump Inhibitors	Aciphex, Nexium, Prevacid, Prilosec, Protonix	E9356 04186 2515 53019 53081 5368	Non-steroidal anti-inflammatory drug (NSAID)-induced gastric ulcer NSAID-induced duodenal ulcer H. Pylori infection Zollinger-Ellison syndrome Erosive esophagitis Gastroesophageal reflux Gastric hypersecretory conditions
Misoprostol	Cytotec	E9356	NSAID-induced gastric ulcer NSAID-induced duodenal ulcer
Lansoprazole/ Antibiotic	Prevpac	04186	H. Pylori infection
Ranitidine/ Bismuth	Tritec	04186	H. Pylori infection
Alglucerase, Imiglucerase	Ceredase, Cerezyme	2727	Gaucher's Disease
Epoetin	Epogen, Procrit	042 585 2399	Anemia from acquired immune deficiency syndrome (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 PEG-Intron	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

OVER

Drug Name or Category	Brand Name	Diagnosis Code	Disease Description
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	Nicotine	3051	Nicotine dependence treatment
Legend Prenatal Vitamins		V22-V229 V23-V239 V241	Normal pregnancy Supervision of high-risk pregnancy Lactating mother

Appendix 15
Drug Products Requiring Paper Submission For Prior Authorization Approval

Drug	Alitretinoin Gel
Approval Criteria	Indicated for the self-treatment of cutaneous lesions of acquired immune deficiency syndrome (AIDS)-related Kaposi's Sarcoma (KS).
Specific Requirements	Not indicated: • When systematic anti-Kaposi's Sarcoma therapy is required (more than 10 new lesions in the prior month). • In the presence of symptomatic lymphedema. • In the presence of symptomatic pulmonary KS. • In the presence of symptomatic visceral involvement.

Drug	Drugs That May Be Used for a Condition Other Than for the Treatment of Impotence
Approval Criteria	Indicated for use for a condition other than the treatment of impotence. Documentation must indicate the medical necessity of this product over any other product available for the treatment in question.
Specific Requirements	After March 1, 1997, Wisconsin Medicaid requires prior authorization (PA) for the following drugs: Alprostadil Systemic (Prostin VR Pediatric, Vasoprost), Phentolamine Systemic (Regitine), Phentolamine Oral (Vasomax).
Noncovered Diagnoses	After March 1, 1997, Wisconsin Medicaid does not cover the following impotence drugs: Alprostadil Intracavernosal (Caverject, Edex), Urethral Suppository (Muse), Phentolamine Intracavernosal (Regitine), Yohimbine, Sildenafil (Viagra). Wisconsin Medicaid denies PA requests for the above noncovered drugs.

Drug	Enteral Nutrition Products
Approval Criteria	See the "Approval Criteria" in **Appendix 16** of this section.
Specific Requirements	Bill dual Medicare/Medicaid recipient's claims for tube fed recipients first to Medicare. If the provider is unsure whether Medicare will pay for the claim, the provider is advised to obtain an approved Medicaid PA first before dispensing the service. If Medicare denies the claim, Wisconsin Medicaid may then reimburse back to the authorized PA date. • Complete the section of the PA drug attachment for enteral nutrition products. • Use HCFA Common Procedure Coding System (HCPCS) codes instead of National Drug Code codes and bill on the HCFA 1500 claim form. Refer to **Appendix 17** of this section for billing codes for enteral nutrition products.

Drug	Fertility Enhancing Drugs
Approval Criteria	Indicated for use for conditions other than the treatment of infertility. Documentation must indicate the medical necessity of this product over any other product available for the treatment in question.
Specific Requirements	Wisconsin Medicaid may approve these drugs only for treatments other than infertility.

Drug	Human Growth Hormone (Somatrem, Somatropin, Recombinant)	Human Growth Hormone Somatropin (rDNA origin) Serostim
Approval Criteria	Indicated for growth deficiency in children.	Indicated for the treatment for AIDS wasting or cachexia.
Specific Requirements	• The prescriber must be an endocrinologist or a pediatric endocrinologist. • The recipient's age must be 20 years or under. This criterion may be waived if the skeletal age is documented to be less than 18 years. • The results of growth stimulation testing must be a value of less than 12 nanograms/ml of growth hormone.	Refer to the questionnaire in **Appendix 17** of this section that must be completed by the prescribing physician.

Appendix 16
Food Supplement Prior Authorization Guidelines

Authority	HFS 107.10(2)(c), Wis. Admin. Code, states that prior authorization (PA) is required for "all food supplement or replacement products."
Use	Medically necessary, specially formulated enteral nutrition products are used for the treatment of health conditions such as pathology of the gastrointestinal tract or metabolic disorders.
Approval Criteria	• Nasogastric or gastrostomy tube feeding. • Malabsorption diagnoses including: √ Short Bowel (Gut) Syndrome. √ Crohn's Disease. √ Pancreatic Insufficiency. • Metabolic disorders including cystic fibrosis. • Limited volumetric tolerance requiring a concentrated source of nutrition (i.e., athetoid cerebral palsy with high metabolic rate). • Severe swallowing and eating disorders where consistency and nutritional requirements can be met only using commercial nutritional supplements, including (refer below to noncovered swallowing and eating disorders): √ Dysphagia due to excoriation of oral-pharyngeal mucosa. √ Mechanical swallowing dysfunction secondary to a disease process such as: • Cancer or herpetic stomatitis. • Oral-pharyngeal trauma such as burns. • Other oral-pharyngeal tissue injury. • Weight loss, with documentation providing the following information: √ Normal weight, percentile weight, and number of pounds lost in a specified time period. √ A specific medical problem which has caused the weight loss. √ Specific reasons why a diet of normal or pureed food cannot suffice. • Failure to thrive in infants, with documentation providing the following information: √ Weight and height, percentile weight and height, and number of pounds lost, if any, in a specified time period. √ A specific medical problem or condition which has caused the failure to thrive. √ Specific reasons why a diet of formula, normal, or pureed food cannot suffice. • Conditions that are not covered by Medicare, such as products given by mouth: √ When justified by documentation indicating why normal and pureed food is not sufficient.
Noncovered Diagnoses	Wisconsin Medicaid does not grant PA for: • Food supplements used by nursing facility recipients and included in the daily rate. • Products which may be purchased in a grocery store, drug store, or other retail outlet, with food stamps or with Women, Infant, and Children (WIC) stamps. Individuals who receive food stamps or WIC assistance may be able to use these for purchasing enteral nutrition products. Noncovered swallowing and eating disorders include: • Swallowing disorders which may lead to aspiration. • Swallowing disorders which are psychosomatic in nature, as in anorexia or dementia. • Reduced appetite due to side effects of drug products, as with methylphenidate, amphetamines, appetite suppressants, etc. • Mastication problems due to dentition problems (i.e., lack of teeth).

Appendix 16
continued

Enteral Nutrition Products Billing Codes (Effective August 1, 1996)

HCPCS Code	Product Name	Units/Container (100 Cal/Unit)	DHCF MAC/Unit (100 Cal)
B4150	Attain	2.50	0.85
B4150	Choice DM	2.52	0.85
B4150	Ensure	2.54	0.85
B4150	Ensure/Fiber	2.64	0.85
B4150	Ensure High Protein	2.28	0.85
B4150	Ensure Light	2.02	0.85
B4150	Fibersource	3.00	0.85
B4150	Fibersource HN	3.00	0.85
B4150	Forta Drink Pdr (gm)	5.52	0.85
B4150	Forta Shake Pdr (gm)	3.01	0.85
B4150	Glytrol	2.50	0.85
B4150	Isocal	2.54	0.85
B4150	Isosource	3.00	0.85
B4150	Isosource HN	3.00	0.85
B4150	Jevity	2.54	0.85
B4150	Kindercal	2.52	0.85
B4150	Meritine Pdr (gm)	19.20	0.85
B4150	Nubasics	2.50	0.85
B4150	Nubasics VHP	2.50	0.85
B4150	Nubasics/fiber	2.50	0.85
B4150	Nutren 1.0	2.50	0.85
B4150	Nutren 1.0/fiber	2.50	0.85
B4150	Nutrin VHP	2.50	0.85
B4150	Osmolite	2.54	0.85
B4150	Osmolite HN	2.54	0.85
B4150	Pediasure Inf Food	2.40	0.85
B4150	Preattain	1.25	0.85
B4150	Probalance	3.00	0.85
B4150	Profiber	2.50	0.85
B4150	Promote	2.40	0.85
B4150	Promote/Fiber	2.40	0.85
B4150	Resource	2.54	0.85
B4150	Resource Diab	2.49	0.85
B4150	Resource Fruit Bevrge	1.82	0.85
B4150	Sustacal liq	2.40	0.85
B4150	Sustacal Pdr (gm)	15.21	0.85
B4151	Compleat	2.65	1.64

HCPCS: HCFA Common Procedure Coding System.
DHFS: Department of Health and Family Services.
MAC: Maximum allowed cost.

Appendix 16
continued

Enteral Nutrition Products Billing Codes (Effective August 1, 1996)

HCPCS Code	Product Name	Units/Container (100 Cal/Unit)	DHCF MAC/Unit (100 Cal)
B4151	Vitaneed	2.50	1.64
B4152	Enrich Plus	3.60	0.70
B4152	Ensure Plus	3.60	0.70
B4152	Ensure Plus HN	3.60	0.70
B4152	Isosource 1.5	3.75	0.70
B4152	Liq Nutr Plus	3.60	0.70
B4152	Magnacal	5.00	0.70
B4152	Nubasics Plus	3.75	0.70
B4152	Nutrin 1.5	3.75	0.70
B4152	Nutrin 2	5.00	0.70
B4152	Renalcal liq	5.00	0.70
B4152	Resource Plus	3.60	0.70
B4152	Respalor	3.60	0.70
B4152	Scandishake Pdr (gm)	19.98	0.70
B4152	Sustacal Plus	3.60	0.70
B4152	Twocal HN	4.80	0.70
xx033	Glucerna	2.40	1.60
xx039	Nepro Ready to use	4.80	1.00
xx044	Peptamin, Peptamin, Jr.	2.50	4.50
xx046	Pregestimil Pdr (gm)	24.00	1.30
xx049	Pulmocare	3.55	0.85
xx051	Suplena RTU	4.80	0.77
xx058	Vivonex TEN Pkt (gm)	3.00	2.83
xx064	MCT Oil	74.21	1.03
xx065	Microlipid	5.40	0.94
xx068	Polycose Pdr (gm)	14.00	0.66
xx073	Advera	3.07	0.75

Note: Call Sandmerc at (877) 735-1326 for product codes not listed here.

Appendix 17
Human Growth Hormone Serostim (Serono) Somatropin (rDNA Origin) Questionnaire (for photocopying)

See the next page for the questionnaire for human growth hormone Serostim Somatropin.

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Human Growth Hormone Serostim (Serono) Somatropin (rDNA Origin) Questionnaire

Prior Authorization Request Form (PA/RF) must be completed and signed by a physician experienced in the diagnosis and management of acquired immune deficiency syndrome (AIDS)

Please enclose separate sheets for answers requiring more space than is provided on this form.

Recipient Name_____ Recipient Medicaid Number_____

Diagnosis

1. Does this patient have human immune deficiency virus (HIV) with serum antibodies to HIV? YES ___ NO ___
2. Is the patient at least 18 years of age? YES ___ NO ___
   (must be at least 18 years of age to qualify)
3. If the patient is a female, is she pregnant or lactating? YES ___ NO ___

Current Medical Condition of the Patient

4. Does the patient have any signs or symptoms of AIDS or associated illnesses?
   YES ___ NO ___
5. Does the patient have an untreated or suspected serious systemic infection or persistent fever greater than 101 degrees Fahrenheit? YES ___ NO ___
6. Does the patient have an active malignancy other than Kaposi's Sarcoma?
   YES ___ NO ___
7. Is the patient receiving antiretroviral therapy concurrently with human growth hormone? The patient must be on an antiretroviral therapy that is approved or available under a treatment IND, and agree to continue antiretroviral medication while taking Serostim. Individuals on 3TC must also be receiving AZT.
   YES ___ NO ___
8. Individuals with documented hypogonadism may be on replacement therapy with gonadal steroids. Is this the case with this patient? YES ___ NO ___

Evidence of Wasting Syndrome

9. Patient's height _____
10. Patient's usual weight prior to diagnosis of HIV _____
11. Patient's current weight _____
12. Does the patient have an unintentional weight loss of at least 10% from baseline premorbid weight?
    YES ___ NO ___
13. Does the patient have an obstruction or malabsorption to the degree to account for the weight loss?
    YES ___ NO ___

All of the Following Procedures Are to Be Tried Before Beginning a Course of Therapy with Human Growth Hormone

14. The patient must be receiving at least 100% of estimated caloric requirement on his/her current regimen. Please include the type and use of enteral nutrition product(s) used, with weight status before and after use, how long the course of treatment was used, and why, or if the treatment was discontinued. (Individuals receiving assisted enteral or parenteral nutrition must be weight stable for at least two months or have persistent weight loss despite such interventions, and must still meet the eligibility of criterion # 12.)

_____

_____

15. A course of generally accepted therapy with megesterol acetate and/or dronabinol for appetite stimulation must have been tried. Please describe the program of treatment, and how long the treatment was used, and why the treatment was discontinued. _____

_____

16. A course of therapy using dihydrotestosterone (this has Orphan Drug Product Designation for the treatment of weight loss in HIV-positive and AIDS patients) must be tried for suitable patients. Please describe the physician's program of treatment and how long the course of treatment was, the results of the treatment, and why the treatment was discontinued. _____

_____

17. A course of therapy with a protease inhibitor, either alone or concurrently with one or more nucleosides must have been tried. Please describe the program of treatment, how long the course of therapy was, and why the treatment was discontinued. (This course of therapy should last at least 24 weeks before the planned initiation of Serostim.) _____

_____

Manufacturer's Treatment Guidelines

18. Upon completion of two weeks' treatment, please assess the patient's weight status. If the patient has no weight loss during the two-week trial, continue for an additional 10 weeks' therapy.

    Initial weight _____
    Weight after two weeks of therapy _____

19. Upon completion of two weeks treatment in cases where patient continues to lose weight, please rule out underlying causes for weight loss. If the patient is not experiencing additional condition(s) contributing to weight loss, continue for an additional four weeks' therapy. Continued weight loss precludes additional use beyond the six weeks. If patient's weight increases during the additional four-week therapy, continue for an additional six weeks' therapy.

    Weight after six weeks of therapy _____
    Weight after 12 weeks of therapy _____

20. Efficacy of this drug beyond 12 weeks has not been established. Wisconsin Medicaid may approve initial therapy only to a maximum of 12 weeks.

Physician's Signature _____ Date_____

Glossary of Common Terms

Adjustment

A modified or changed claim that was originally paid or allowed, at least in part, by Wisconsin Medicaid.

Allowed status

A Medicaid or Medicare claim that has at least one service that is reimbursable.

BadgerCare

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI to uninsured children and parents with incomes at or below 185% of the federal poverty level and who meet other program requirements. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or "crowding out" private insurance.

BadgerCare benefits are identical to the benefits and services covered by Wisconsin Medicaid, and recipients' health care is administered through the same delivery system.

CPT

Current Procedural Terminology. A listing of descriptive terms and codes for reporting medical, surgical, therapeutic, and diagnostic procedures. These codes are developed, updated, and published annually by the American Medical Association and adopted for billing purposes by the Health Care Financing Administration (HCFA) and Wisconsin Medicaid.

Crossover claim

A Medicare-allowed claim for a dual entitlee sent to Wisconsin Medicaid for possible additional payment of the Medicare coinsurance and deductible.

Daily nursing facility rate

The amount that a nursing facility is reimbursed for providing each day of routine health care services to a recipient who is a patient in the home.

Days' Supply

The estimated days' supply of tablets, capsules, fluids cc's, etc. that has been prescribed for the recipient. Days' supply is not the duration of treatment, but the expected number of days the drug will be used.

DHCF

Division of Health Care Financing. The DHCF administers Wisconsin Medicaid for the Department of Health and Family Services (DHFS) under statutory provisions, administrative rules, and the state's Medicaid plan. The state's Medicaid plan is a comprehensive description of the state's Medicaid program that provides the Health Care Financing Administration (HCFA) and the U.S. Department of Health and Human Services (DHHS), assurances that the program is administered in conformity with federal law and HCFA policy.

DHFS

Wisconsin Department of Health and Family Services. The DHFS administers the Wisconsin Medicaid program. Its primary mission is to foster healthy, self-reliant individuals and families by promoting independence and community responsibility; strengthening families; encouraging healthy behaviors; protecting vulnerable children, adults, and families; preventing individual and social problems; and providing services of value to taxpayers.

DHHS

Department of Health and Human Services. The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

The DHHS includes more than 300 programs, covering a wide spectrum of activities, including overseeing Medicare and Medicaid; medical and social science research; preventing outbreak of infectious disease; assuring food and drug safety; and providing financial assistance for low-income families.

DOS

Date of service. The calendar date on which a specific medical service is performed.

Dual entitlee

A recipient who is eligible for both Medicaid and Medicare, either Medicare Part A, Part B, or both.

EMC

Electronic Media Claims. Method of claims submission through a personal computer or mainframe system. Claims can be mailed on tape or transmitted via telephone and modem.

Emergency services

Those services which are necessary to prevent death or serious impairment of the health of the individual. (For the Medicaid managed care definition of emergency, refer to the Managed Care Guide or the Medicaid managed care contract.)

EOB

Explanation of Benefits. Appears on the provider's Remittance and Status (R/S) Report and informs Medicaid providers of the status of or action taken on their claims.

EVS

Eligibility Verification System. Wisconsin Medicaid encourages all providers to verify eligibility before rendering services, both to determine eligibility for the current date and to discover any limitations to a recipient's coverage. Providers may access recipient eligibility information through the following methods:

- Automated Voice Response (AVR) system.
- Magnetic stripe card readers.
- Personal computer software.
- Provider Services (telephone correspondents).
- Direct Information Access Line with Updates for Providers (Dial-Up).

Fee-for-service

The traditional health care payment system under which physicians and other providers receive a payment for each unit of service provided rather than a capitation payment for each recipient.

Fiscal agent

The Department of Health and Family Services (DHFS) contracts with Electronic Data Systems (EDS) to provide health claims processing services for Wisconsin Medicaid, including provider certification, claims payment, provider services, and recipient services. The fiscal agent also issues identification cards to recipients, publishes information for providers and recipients, and maintains the Wisconsin Medicaid Web site.

HCFA

Health Care Financing Administration. An agency housed within the U.S. Department of Health and Human Services (DHHS), HCFA administers Medicare, Medicaid, related quality assurance programs, and other programs.

HCPCS

HCFA Common Procedure Coding System. A listing of services, procedures, and supplies offered by physicians and other providers. HCPCS includes *Current Procedural Terminology* (CPT) codes, national alphanumeric codes, and local alphanumeric codes. The national codes are developed by the Health Care Financing Administration (HCFA) to supplement CPT codes.

HealthCheck

Program which provides Medicaid-eligible children under age 21 with regular health screenings.

ICD-9-CM

International Classification of Diseases, Ninth Revision, Clinical Modification. Nomenclature for medical diagnoses required for billing. Available through the American Hospital Association.

LOS

Level of Service. Field required when billing Pharmaceutical Care services or compound drugs indicating the time associated with the service provided.

Maximum allowable fee schedule

A listing of all procedure codes allowed by Wisconsin Medicaid for a provider type and Wisconsin Medicaid's maximum allowable fee for each procedure code.

Medicaid

Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.

The purpose of Medicaid is to provide reimbursement for and assure the availability of appropriate medical care to persons who meet the criteria for Medicaid. Medicaid is also known as the Medical Assistance Program, Title XIX, or T19.

Medically necessary

According to HFS 101.03(96m), Wis. Admin. Code, a Medicaid service that is:

a) Required to prevent, identify or treat a recipient's illness, injury or disability; and
b) Meets the following standards:
   1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability.
   2. Is provided consistent with standards of acceptable quality of care applicable to type of service, the type of provider and the setting in which the service is provided.
   3. Is appropriate with regard to generally accepted standards of medical practice.
   4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient.
   5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature.
   6. Is not duplicative with respect to other services being provided to the recipient.
   7. Is not solely for the convenience of the recipient, the recipient's family or a provider.
   8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient.
   9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

NCPDP

National Council for Prescription Drug Programs. This entity governs the telecommunication formats used to submit prescription claims electronically.

NDC

National Drug Code. An 11-digit code assigned to each drug. The first five numbers indicate the labeler code (Health Care Financing Administration [HCFA]-assigned), the next four numbers indicate the drug and strength (labeler assigned), and the remaining two numbers indicate the package size (labeler assigned).

OBRA

Omnibus Budget Reconciliation Act. Federal legislation that defines Medicaid drug coverage requirements and drug rebate rules.

OTC

Over-the-counter. Drugs that non-Medicaid recipients can obtain without a prescription.

PA

Prior authorization. The electronic or written authorization issued by the Department of Health and Family Services (DHFS) to a provider prior to the provision of a service.

POS

Place of service. A single-digit code which identifies the place where the service was performed.

POS

Point-of-Sale. A system that enables Medicaid providers to submit electronic pharmacy claims in an on-line, real-time environment.

R/S Report

Remittance and Status Report. A statement generated by the Medicaid fiscal agent to inform providers regarding the processing of their claims.

Real-time processing

Immediate electronic claim transaction allowing for an electronic pay or deny response within seconds of submitting the claim.

Real-time response

Information returned to a provider for a real-time claim indicating claim payment or denial.

STAT-PA

Specialized Transmission Approval Technology — Prior Authorization. An electronic PA system that allows Medicaid-certified pharmacy providers to request and receive PA electronically rather than by mail for certain drugs.

Switch transmissions

System that routes real-time transmissions from a pharmacy to the processor. Also called Clearinghouse or Value-Added Network (VAN) system.

TOS

Type of service. A single-digit code which identifies the general category of a procedure code.

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