

WISCONSIN AIDS/HIV DRUG ASSISTANCE PROGRAM (ADAP) BILLING INSTRUCTIONS

Online submission of claims to the ADAP is currently not available. The Universal Drug Claim Form (UDCF) is used as the standard mechanism for billing the ADAP. **Pharmacies may also submit claims in a printed format other than the UDCF, only if the claim form provides all data requested in the UDCF.**

Following are the essential items that need to be on the UDCF (or other comparable form):

- ✓ Submit Claim to — Please enter, ***Wisconsin AIDS/HIV Drug Assistance Program***, or ADAP
- ✓ Client Name
- ✓ Client ID (Social Security Number with a “Z” prefix).
- ✓ Pharmacy Name and Address
- ✓ Date of Prescription
- ✓ Prescription Number
- ✓ Quantity Dispensed
- ✓ Days Supply
- ✓ National Drug Code (Labeler No., Product No., & Pkg.) — Include each portion independently in the appropriate section. Include all of the digits of the NDC Number (including 0's). Claim forms with incomplete NDCs will be returned.
- ✓ Name of Drug
- ✓ Name of prescribing physician.
- ✓ Signature of pharmacist or employee
- ✓ Ingredient Cost — Enter the ADAP allowable payment rate, found in the ADAP drug-pricing table. If the ADAP is only responsible for a copayment, please adjust the allowable rate to reflect the amount of the copayment owed. **Note: Clinic pharmacies that purchase drugs at Public Health Service (PHS) pricing levels should bill the ADAP only for acquisition costs.**
- ✓ Dispensing Fee — Enter current dispensing fee, which is listed in the ADAP drug-pricing table.
- ✓ Total Price — Add Ingredient Cost to Dispensing Fee.
- ✓ Ded Amount — Enter the amount already paid PER MEDICATION by the client's insurance or other source of medication coverage. If the client has insurance, but insurance did not pay on the claim, enter one of the following codes in "Ded Amt" for

each medication to correspond to the reason insurance did not pay and attach the insurance rejection notice for the drugs:

- Charges applied to insurance deductible
- Charges not covered by insurance
- Medications not covered by insurance
- Insurance not effective during dates of service on claim
- Other, indicate reason via note attached to claim.
- If ADAP records show that the client has insurance coverage, but there is neither an amount nor one of the rejection codes indicated in the "Ded Amt" space, the claim will be returned to you with a request to bill the clients' insurance.

✓ Balance — Indicate amount for which you are billing the ADAP.

- Incomplete claims may result in payment delays.
- ADAP approval letters pre-authorize a specific pharmacy store to serve a specific client (based on the client's choice at the time of application and/or recertification). ADAP payment is not guaranteed unless your store has received such an approval letter. Please contact the ADAP at (800) 991-5532 if you need to verify that a client is eligible and that your pharmacy is the authorized provider.
- ADAP payment is not guaranteed for prescriptions that provide more than a 30-day supply of medication, unless prior authorization has been received by the ADAP at (800) 991-5532.
- Payment will be denied if prescriptions for the same drug are dispensed more than once every 30 days without prior authorization.
- The Wisconsin Medicaid Program pays for all medications covered by the ADAP. Wisconsin Medicaid must be billed first if the client has Medicaid.
- If an individual has private health insurance, the pharmacy should bill insurance first. The ADAP should be billed only for the amount (copay and/or deductible) that the pharmacy has been authorized by the ADAP to bill. For benefit coordination assistance, call the ADAP, (800) 991-5532.

SUBMISSION OF CLAIMS

Like the Medicaid program, pharmacies can not bill clients for the difference between their usual and customary charges and the reimbursement rate they receive from the ADAP. Unlike the Medicaid program, ADAP clients are not to be assessed \$3.00 copay per prescription.

Retain one copy of the completed UDCF for your records and send the original in the confidential, pre-stamped, pre-addressed envelope provided or mail to:

Rosa Carollo-French
Division of Public Health
P. O. Box 2659
Madison, WI 53701-2659

If you use your own envelopes to mail the claims to us, please write or stamp confidential on the envelope. If you have any billing related or client eligibility questions, please contact Rosa Carollo-French at (608) 266-2357.

Your participation in the ADAP is appreciated.