

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

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

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

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

Element 3 — Name — Prescriber

Enter the name of the prescriber.

Element 4 — National Provider Identifier (NPI) — Prescriber

Enter the 10-digit National Provider Identifier of the prescriber.

Element 5 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis code and description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description. The diagnosis code indicated must be an allowable diagnosis code.

Element 6 — Prescriber Attestation Documentation

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

Element 7 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 8 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.