

NONCOMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program (WCDP) 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 ForwardHealth 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 requests, or processing provider claims for reimbursement.

The Noncompound Drug Claim form, F-13072, is used by ForwardHealth and is mandatory when submitting paper claims for noncompound drugs. Failure to supply the information requested by the form may result in denial of payment for the services.

To avoid denial or inaccurate claim payment, use the following claim form completion instructions. Enter all required data on the claim form in the appropriate element. Do not include attachments unless instructed to do so. All elements are required unless "optional" or "not required" is indicated. For Elements 15, 17, 19, 21, 23, and 26, refer to the ForwardHealth Payer Sheet: National Council for Prescription Drug Programs (NCPDP) Version D.0, P-00272, on the ForwardHealth Portal for tables and accepted values.

ForwardHealth members receive an identification card upon being determined eligible. Always verify a member's enrollment before providing nonemergency services by using Wisconsin's Enrollment Verification System (EVS) to determine if there are any limitations on covered services.

For questions regarding these instructions, providers may contact Provider Services at (800) 947-9627.

Note: Submit claims for non-drug items, such as clozapine management services, disposable medical supplies, durable medical equipment, and enteral nutrition products, on the 1500 Health Insurance Claim Form or the 837 Health Care Claim: Professional transaction using nationally recognized five-digit procedure codes.

For Medicaid, BadgerCare Plus, and SeniorCare members, return the form to the following address:

ForwardHealth
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

For WCDP members, return the form to the following address:

Wisconsin Chronic Disease Program
PO Box 6410
Madison WI 53716-0410

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider

Enter the name of the billing provider.

Element 2 — National Provider Identifier

Enter the National Provider Identifier (NPI) of the billing provider.

Element 3 — Address — Provider

Enter the address, including the street, city, state, and ZIP+4 code of the billing provider.

SECTION II — MEMBER INFORMATION

Element 4 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters.

Element 5 — Name — Member

Enter the member's name from the member's ForwardHealth identification card. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 6 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 7 — Sex — Member

Enter "0" for unspecified, "1" for male, or "2" for female.

Element 8 — Copay Exempt

Indicate whether or not a nursing facility member enrolled in the BadgerCare Plus Standard Plan or Wisconsin Medicaid is exempt from copayment for drugs on the date of discharge from a nursing facility.

SECTION III — CLAIM INFORMATION

Element 9 — Prescriber Number

Enter a valid NPI for the prescriber.

Element 10 — Date Prescribed

Enter the date shown on the prescription in MM/DD/CCYY format.

Element 11 — Date Filled

Enter the date that the prescription was filled or refilled in MM/DD/CCYY format.

Element 12 — Refill

Enter the refill indicator. The first two digits of the refill indicator is the refill being billed. This must be "00" if the date prescribed equals the date filled. The second element is the total refills allowed (e.g., the second refill of a six-refill prescription would be "02/06.") A non-refillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 13 — NDC

Enter the 11-digit National Drug Code (NDC) or the ForwardHealth-assigned 11-digit procedure code for the item being billed. (Use the NDC indicated on the product.)

Element 14 — Days' Supply

Enter the days' supply of medication that has been dispensed for the member. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Element 15 — Quantity

Enter the metric decimal quantity in the specified unit of measure according to the ForwardHealth Drug File. Quantities billed should be rounded to two decimal places (i.e., nearest hundredth).

Element 16 — Prescription Number

Enter the prescription number. Each drug billed must have a unique prescription number.

Element 17 — Drug Description (Optional)

Element 18 — Special Packaging Indicator

Enter a value of "4" (custom packaging) or "5" (multi-drug compliance packaging) to indicate that repackaging has occurred for non-unit dose drugs. Any other valid value indicated in this field will not be used to determine reimbursement for repackaging.

Element 19 — Dispense As Written

Enter the appropriate one-digit NCPDP Dispense As Written (DAW) code. Refer to the payer sheet for a list of DAW codes.

Element 20 — Place of Service

Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Element 21 — Diagnosis Code

This element is required when billing for a drug for which ForwardHealth requires a diagnosis or when billing for Pharmaceutical Care (PC) services. If the diagnosis of the drug is different from that of the PC services, enter the diagnosis code of the drug from the *International Classification of Diseases, Ninth Revision, Clinical Modification* coding structure. Enter all digits of the diagnosis code, including the preceding zeros.

Element 22 — Level of Effort

This element is required when billing for PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for PC information. Enter the NCPDP code that corresponds with the time required to perform the PC service. Refer to the payer sheet for a list of level of effort codes.

Element 23 — Reason for Service

This element is required when billing for Drug Utilization Review (DUR) or PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for DUR and PC information and the payer sheet for applicable PC values.

Element 24 — Professional Service

This element is required when billing for DUR or PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for DUR and PC information and the payer sheet for applicable PC values.

Element 25 — Result of Service

This element is required when billing for DUR or PC services. Refer to the Pharmacy page of the ForwardHealth Online Handbook for DUR and PC information and the payer sheet for applicable PC values.

Element 26 — Other Coverage Code

ForwardHealth is usually the payer of last resort for program-covered services. (Refer to the Pharmacy page of the ForwardHealth Online Handbook for more information about Coordination of Benefits.) Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

If a member has Medicare and other insurance coverage, the provider is required to bill both prior to submitting a claim to ForwardHealth. Enter one of the NCPDP other coverage (OC) codes that best describe the member's situation. Refer to the payer sheet for a list of other coverage codes.

Element 27 — Charge

Enter the total charges for this claim.

Element 28 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 26 indicates "2."

Note: Pharmacies may also include the Medicare-paid amount in this field for claims that fail to automatically crossover from Medicare to ForwardHealth within 30 days.

Element 29 — Patient Paid Amount

When applicable for SeniorCare claims, enter the member's out-of-pocket expense due to OC, including Medicare Part B or D and/or commercial health insurance. Do not enter an expected copayment for Wisconsin Medicaid, BadgerCare Plus, SeniorCare, or WCDP.

Element 30 — Net Billed

Enter the balance due by subtracting the OC amount and the patient paid amount from the amount in Element 27.

Element 31 — Certification

The provider is required to read the certification information of the form. By signing and dating Element 32 and Element 33, the provider attests to the certification information in Element 31.

Element 32 — Signature — Pharmacist or Dispensing Physician

The pharmacist or dispensing physician is required to complete and sign this form.

Note: The signature may be computer generated or stamped.

Element 33 — Date Signed

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