

**FORWARDHEALTH
NONCOMPOUND DRUG CLAIM INSTRUCTIONS**

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible Wisconsin Medicaid, BadgerCare Plus, SeniorCare, Wisconsin HIV Drug Assistance Program (HDAP), and Wisconsin Chronic Disease Program (WCDP) members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about ForwardHealth applicants and members is confidential and is only 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 mandatory when submitting paper claims to ForwardHealth for noncompound drugs. Failure to supply the information requested by the form may result in denial of payment for the services.

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

ForwardHealth members receive an ID card upon being determined eligible. Always verify a member's enrollment using Wisconsin's Enrollment Verification System (EVS) before providing nonemergency services to determine if there are any limitations on covered services. To verify enrollment for HDAP members, providers may submit a real-time claim to HDAP, use the Portal, refer to the letter received from HDAP describing the member's HDAP coverage, or call HDAP.

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; use nationally recognized five-digit procedure codes.

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

ForwardHealth
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

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

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

For HDAP members, return the completed form to the following address:

ForwardHealth
HDAP Claims and Adjustments
PO Box 8758
Madison WI 53708

SECTION I – PROVIDER INFORMATION

Item Number 1 – Name – Billing Provider

Enter the name of the billing provider.

Item Number 2 – National Provider Identifier (NPI) – Billing Provider

Enter the NPI of the billing provider.

Item Number 3 – Address – Billing Provider

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

SECTION II – MEMBER INFORMATION

Item Number 4 – Member ID Number

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

Item Number 5 – Name – Member

Enter the member's name from the member's ForwardHealth ID 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 ID card and the EVS do not match, use the spelling from the EVS.

Item Number 6 – Date of Birth – Member

Enter the member's date of birth in MM/DD/CCYY format.

Item Number 7 – Gender – Member

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

Item Number 8 – Copay Exempt

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

SECTION III – CLAIM INFORMATION

Item Number 9 – NPI – Prescriber

Enter a valid NPI for the prescriber.

Item Number 10 – Date Prescribed

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

Item Number 11 – Date Filled

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

Item Number 12 – Refill

Enter the refill indicator. The first two digits of the refill indicator reflect which refill is being billed (for example, first, second, third). The first two digits must be "00" if the date prescribed is the same as the date filled. The last two digits reflect the total refills allowed (for example, if six refills are allowed on a prescription, the last two digits would be "06.") For example, the refill indicator for the second refill of a six-refill prescription would be "02/06." and a non-refillable prescription would be "00/00." Enter "99" as the last two digits if the prescription indicates an unlimited number of refills.

Item Number 13 – National Drug Code

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.)

Item Number 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 (for example, if a prescription is expected to last for five days, enter "5").

Item Number 15 – Quantity Dispensed

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 (the nearest hundredth).

Item Number 16 – Prescription Number

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

Item Number 17 – Drug Description (Optional)

Item Number 18 – Special Package 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.

Item Number 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.

Item Number 20 – Place of Service

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

Item Number 21 – Diagnosis Code

This item number 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 appropriate and most specific International Classification of Diseases diagnosis code. Enter all digits of the diagnosis code, including the preceding zeros.

Item Number 22 – Submission Clarification Code

Enter a value of "20" to indicate that prior to providing service, the pharmacy has determined that the product being billed was purchased pursuant to Section 340B of the Public Health Act of 1992, including sub-ceiling purchases authorized by Section 340B(a)(10) and those made through the Prime Vendor Program (Section 340B[9][8]).

Item Number 23 – Other Coverage Code

ForwardHealth is usually the payer of last resort for covered services. Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (for example, commercial health insurance, HMO insurance, or Medicare).

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

Item Number 24 – Total Charges

Enter the total charges for this claim.

Item Number 25 – Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the other coverage code in Item Number 23 indicates "2."

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

Item Number 26 – Member's Out-of-Pocket Costs

On SeniorCare claims, when applicable, enter the member's out-of-pocket costs for other coverage, including Medicare Part B or D and/or commercial health insurance. Do not enter an expected copayment for Wisconsin Medicaid, BadgerCare Plus, SeniorCare, HDAP, or WCDP.

Item Number 27 – Net Billed Amount

Enter the net amount being billed by subtracting the other coverage amount in Item Number 25 and the member's out-of-pocket costs in Item Number 26 from the Total Charges amount in Item Number 24.

Item Number 28 – Provider Certification

The provider is required to read the certification information of the form. By signing and dating Item Numbers 29 and 30, the provider attests to the certification information in Item Number 28.

Item Number 29 – 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.

Item Number 30 – Date Signed

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