FORWARDHEALTH

ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE CAPROATE (17P) COMPOUND INJECTIONS AND MAKENA 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 (Wis. Admin. Code § DHS 104.02[4]).

Under Wis. Stats. § 49.45(4), 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 and Makena Injections form, F-00286, is mandatory when administering the 17P compound injection or Makena injection. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements.

Providers should retain a copy of the attestation in the member's medical record. Do not submit a copy to ForwardHealth, unless requested.

SECTION I — MEMBER INFORMATION

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 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format.

SECTION II — PRESCRIBER INFORMATION

Element 4 — Name — Prescriber
Enter the name of the prescriber.

Element 5 — National Provider Identifier — Prescriber
Enter the 10-digit National Provider Identifier of the prescriber.

Element 6 — Address — Prescriber
Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 7 — Telephone Number — Prescriber
Enter the telephone number, including area code, of the prescriber.

SECTION III — CLINICAL INFORMATION

Element 8 — Diagnosis Code and Description
Enter the appropriate and most-specific *International Classification of Diseases* (ICD) diagnosis code and description most relevant to the drug requested. The ICD diagnosis code must correspond with the ICD description. The diagnosis code indicated must be an allowable diagnosis code.

SECTION IV — PRESCRIBER ATTESTATION DOCUMENTATION

Element 9 — Prescriber Attestation Documentation
The provider is required to read the attestation information of the form. By signing and dating Elements 10 and 11, the provider attests to the information in Element 9.

Element 10 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 11 — Date Signed
Enter the month, day, and year the form was signed in MM/DD/CCYY format.