

COMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible Wisconsin Medicaid, BadgerCare Plus, and SeniorCare 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 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 Compound Drug Claim form is used by ForwardHealth and is mandatory when submitting paper claims for compound 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, and 18, refer to the ForwardHealth Payer Sheet: National Council for Prescription Drug Programs (NCPDP) Version D.0 on the ForwardHealth Portal for tables and accepted values.

ForwardHealth members receive a ForwardHealth 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.

Return the completed form to the following address:

ForwardHealth
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

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 — Days' Supply

Enter the days' supply of medication that has been prescribed 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 14 — Quantity Dispensed

Enter the metric decimal quantity reflecting the total number of compound units dispensed.

Note: The quantity may not always equal the total of compound ingredient quantities.

Element 15 — Prescription Number

Enter the prescription number for the entire compound.

Element 16 — Place of Service

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

Element 17 — Diagnosis Code

This element is required when billing for any drug within the compound in which ForwardHealth requires a diagnosis. 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. Refer to the Pharmacy page of the ForwardHealth Online Handbook for more information about covered services and reimbursement.

Element 18 — Level of Effort

Enter the NCPDP level of effort code that corresponds with the time required to prepare the compound. Refer to the payer sheet for a list of level of effort codes.

SECTION IV — COMPOUND INGREDIENTS

Indicate up to 25 compound ingredients using the following guidelines:

Ingredient NDC	Indicate the 11-digit National Drug Code (NDC) for the item being billed. (Use the NDC indicated on the product.)
Ingredient Quantity	Indicate the exact fractional metric quantity for the component ingredient used in the compound. Quantity billed should be rounded to two decimal places (i.e., nearest hundredth).
Ingredient Cost	Indicate the cost for the component ingredient used in the compound. The charge should represent the provider's usual and customary fee for the compound component.

Element 19 — Other Coverage Code

ForwardHealth is usually the payer of last resort for program-covered services. 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 codes that best describe the member's situation. Refer to the payer sheet for a list of other coverage codes.

Element 20 — Charge

Enter the total charges for this claim.

Element 21 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the other coverage code indicated in Element 19 is "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 22 — Patient Paid Amount

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

Element 23 — Net Billed

Enter the balance due by subtracting the other coverage amount and the patient paid amount from the amount in Element 20.

Element 24 — Certification

The provider is required to read the certification information of the form. By signing and dating Element 25 and Element 26, the provider attests to the certification information in Element 24.

Element 25 — 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 26 — Date Signed

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