

FORWARDHEALTH 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.

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, but is not limited to, 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 used only 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, F-13073, is mandatory when submitting paper claims to ForwardHealth for compound 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, and 18, 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 a ForwardHealth 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.

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.

Return the completed form to the following address:

ForwardHealth
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

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 Identification 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 (e.g., July 14, 1953, would be 07/14/1953).

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 nursing facility member enrolled in BadgerCare Plus or Wisconsin Medicaid is exempt from copayment for drugs on the date of discharge from a 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 (e.g., 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 (e.g., 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 – 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”).

Item Number 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.

Item Number 15 – Prescription Number

Enter the prescription number for the entire compound.

Item Number 16 – Place of Service

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

Item Number 17 – Diagnosis Code

This Item Number is required when billing for any drug within the compound for which ForwardHealth requires a diagnosis. Enter the appropriate and most-specific *International Classification of Diseases (ICD)* diagnosis code and the description most relevant to the drug requested. The ICD diagnosis code must correspond with the ICD description. Refer to the Pharmacy service area of the ForwardHealth Online Handbook for more information about covered services and reimbursement.

Item Number 18 – Submission Clarification Code

Enter a value of “8” to indicate that the compound is for approved ingredients.

Enter a value of “20” to indicate that prior to providing service, the pharmacy has determined that at least one product being billed is purchased pursuant to rights available under 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[a][8]).

Note: By submitting a value of “20” in this field, the provider also agrees to acceptance of payment for only those ingredients covered.

(This field is not used by WCDP or ADAP providers.)

SECTION IV – COMPOUND INGREDIENTS

Indicate up to 25 compound ingredients using the following guidelines.

Ingredient National Drug Code (NDC)	Indicate the 11-digit 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 cost should represent the provider’s usual and customary fee for the compound component.

Item Number 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 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 one of the NCPDP other coverage codes that best describes the member's situation. Refer to the payer sheet for a list of other coverage codes.

Item Number 20 – Total Charges

Enter the total charges for this claim.

Item Number 21 – Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the other coverage code indicated in Item Number 19 is "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 22 – Member's Out-of-Pocket Costs

On SeniorCare claims, when applicable, enter the member's out-of-pocket costs for 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.

Item Number 23 – Net Billed Amount

Enter the net amount being billed by subtracting the other coverage amount and the member's out-of-pocket costs from the amount in Item Number 20.

Item Number 24 – Provider Certification

The provider is required to read the certification information on the form. By signing and dating Item Numbers 25 and 26, the provider attests to the certification information in Item Number 24.

Item Number 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.

Item Number 26 – Date Signed

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