

# ForwardHealth Portal Compound and Noncompound Drug Claim

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# User Guide

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# 1 Introduction

Providers may submit compound and noncompound drug claims directly to ForwardHealth using Direct Data Entry, an online application available through their secure provider account on the ForwardHealth Portal.

## 2 Access the Claims Page

1. Access the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

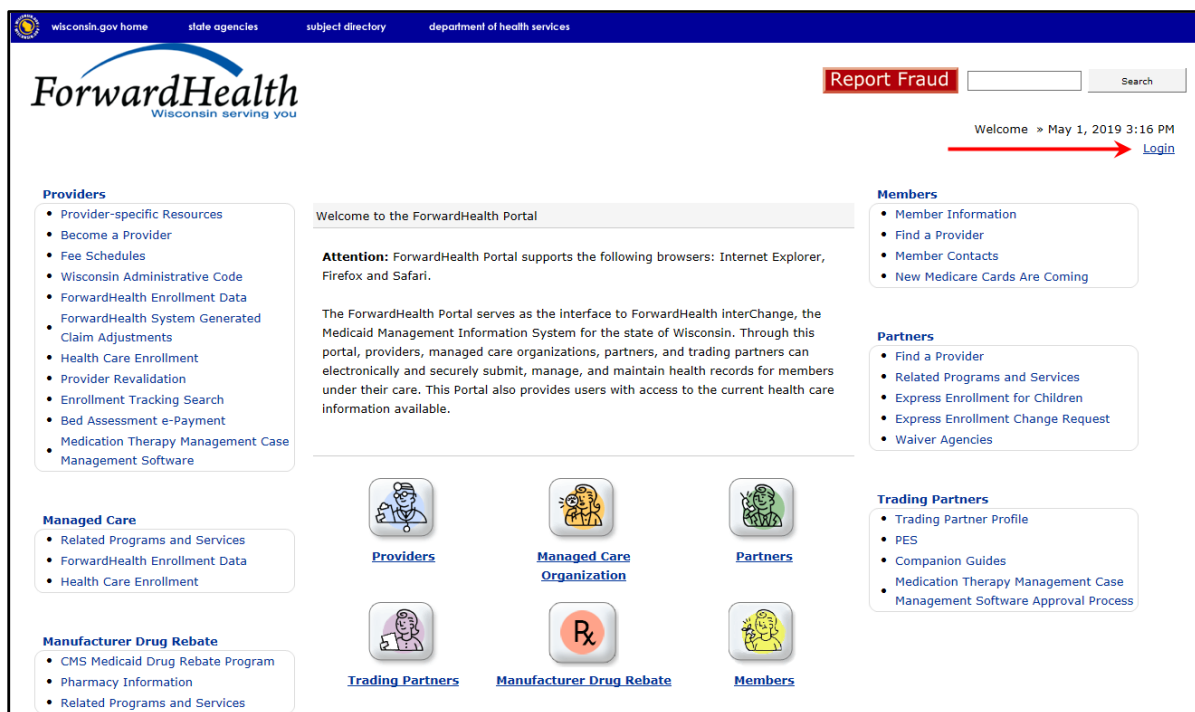


Figure 1 ForwardHealth Portal Page

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

Figure 2 ForwardHealth Portal Login

*Note:* The login box can also be accessed by clicking the Provider icon on the home page of the Portal.

3. Enter the provider's username.
4. Enter the provider's password.

5. Click **Go!** The secure Provider page will be displayed.

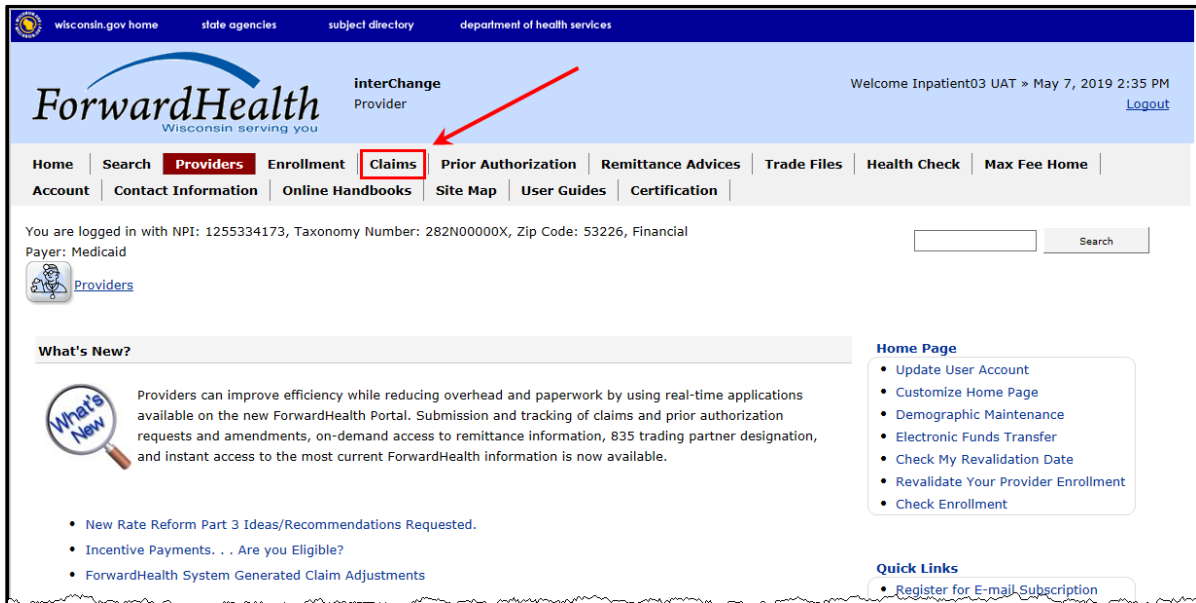


Figure 3 Secure Provider Page

6. Click **Claims** on the main menu at the top of the page. The Claims page will be displayed.

**Claims**

**Claims Submission Options**  
Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

**What would you like to do?**

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Dental Claim](#)
- [Submit Institutional Claim](#)
- [Submit Compound/Noncompound Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [WWWP Reporting Form Search](#)
- [Submit WWWP Breast Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Cervical Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Breast and Cervical Cancer Screening Activity Report](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.

**User Guides**

- [Portal User Guides](#)

Figure 4 Claims Page

# 3 Submit a Compound / Noncompound Drug Claim

1. Click **Submit Compound/Noncompound Claim** on the Claims page. The Compound/Noncompound Claim form will be displayed.

**Compound/Noncompound Claim**

**Billing Information**

ICN  Place of Service\*

Provider ID 1234567890 NPI  Sp Pkg Indicator\* 0 - Not Specified

Member ID\*  Copay Exempt

Last Name  Submission Clarification Code

First Name, MI

Date of Birth

Prescriber ID\*  [ Search ]

Other Coverage Code 1 - No Other Coverage Identified

**Prescription Information**

Claim Type\* Non-Compound

Prescription Number\*

Date Dispensed\*

Date Prescribed\*

Refills\* 0

Days Supply\* 0

Disperse as Written\* 0 - No Product Selection Indicated

**Charges**

Charges\*  \$0.00

Other Coverage Amount  \$0.00

Patient Paid  \$0.00

Dispensing Fee  \$0.00

Total Payable Amount  \$0.00

[Diagnosis](#)

**Detail**

Line Number	NDC	Quantity Dispensed	U&C
A 1		0	\$0.00

Type data below for new record.

Line Number  1 Quantity Dispensed\*  0

NDC  [ Search ] U&C\*  \$0.00

Delete Add

**DUR**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

DUR Sequence  Reason for Service Code  [ Search ]

Professional Service Code  [ Search ] Result of Service Code  [ Search ]

Level Of Effort  [ Search ]

Delete Add

**Claim Status Information**

Claim Status  Not submitted yet

Submit Cancel

Figure 5 Compound/Noncompound Claim Form

Note: Fields marked with an asterisk (\*) are required fields.

## 3.1 Billing Information Section

The screenshot shows a web form titled "Compound/Noncompound Claim" with a "Billing Information" section. The form contains the following fields and controls:

- ICN: A text input field.
- Provider ID: A text input field containing "1234567890 NPI".
- Member ID\*: A text input field.
- Last Name: A text input field.
- First Name, MI: A text input field.
- Date of Birth: A text input field.
- Prescriber ID\*: A text input field with a "[ Search ]" link to its right.
- Other Coverage Code: A dropdown menu with the selected option "1 - No Other Coverage Identified".
- Place of Service\*: A dropdown menu.
- Sp Pkg Indicator\*: A dropdown menu with the selected option "0 - Not Specified".
- Copay Exempt: A dropdown menu.
- Submission Clarification Code: A dropdown menu.

**Figure 6** Billing Information Section

Information cannot be entered in the ICN field. An internal control number (ICN) will be automatically assigned when the claim is submitted.

The National Provider Identifier (NPI) under which the user is logged in will populate the Provider ID field.

1. Enter the member's ID in the Member ID field.

*Note:* After entering the member ID, click anywhere on the gray area of the form. The Last Name, First Name, MI, and Date of Birth fields will populate with the member's information.

2. Enter the NPI of the provider who prescribed the drug or product covered by the claim in the Prescriber ID field. Users may enter an NPI in the field or search for the NPI using the adjoining Search link.
3. Select the appropriate coverage code from the Other Coverage Code drop-down menu if there is another insurance claim involved in this prescription.

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).

4. Select the appropriate place of service code designating where the requested item was provided, performed, or dispensed from the Place of Service drop-down menu.
5. Select the appropriate code indicating the dispensing dose (or special packaging indicator) from the Sp Pkg Indicator drop-down menu.
6. Select **4** from the Copay Exempt drop-down menu to indicate that the claim *is exempt* from copayment. Selecting 4 will not exempt SeniorCare or Wisconsin Chronic Disease Program (WCDP) members from copayment requirements.
7. Select the code indicating the appropriate submission clarification.



## 3.2 Prescription Information Section

Prescription Information		Charges	
Claim Type*	Non-Compound ▾	Charges*	\$0.00
Prescription Number*	<input type="text"/>	Other Coverage Amount	\$0.00
Date Dispensed*	<input type="text"/>	Patient Paid	\$0.00
Date Prescribed*	<input type="text"/>	Dispensing Fee	\$0.00
Refills*	0	Total Payable Amount	\$0.00
Days Supply*	0		
Dispense as Written*	0 - No Product Selection Indicated ▾		

[Diagnosis](#)

[Detail](#)

Figure 7 Prescription Information Section

1. Non-Compound is the default value for the Claim Type field. Select **Compound** from the Claim Type drop-down menu if the medication contains at least two ingredients.

*Note:* If the user is logged in to an account with WCDP as the financial payer, selecting Compound will disable the form.

2. Enter the prescription number in the Prescription Number field.
3. Enter the date the prescription was filled or refilled in MM/DD/CCYY format in the Date Dispensed field.

When billing unit dose services, the last date of service in the billing period must be entered.

4. Enter the date shown on the prescription in MM/DD/CCYY format in the Date Prescribed field.
5. Enter the number of refills allowed for the prescription billed.
6. Enter the number of days the medication has been prescribed for the member in the Days Supply field. The number must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").
7. Select the appropriate National Council for Prescription Drug Programs (NCPDP) Dispensed as Written code from the Dispense as Written drop-down menu.

8. Enter the total charge for the claim in the Charges field.
9. Enter the amount paid by commercial health insurance in the Other Coverage Amount field, if applicable.

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.

10. When applicable for 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, in the

Patient Paid field. Do not enter an expected copayment from Wisconsin Medicaid, BadgerCare Plus, or SeniorCare.

*Note:* The Dispensing Fee and Total Payable Amount will be automatically calculated after the claim is submitted.

### 3.3 Diagnosis Section

A diagnosis code is required when billing for any compound drug in which ForwardHealth requires a diagnosis.

1. Click the **Diagnosis** link at the bottom of the “Prescription Information” section.

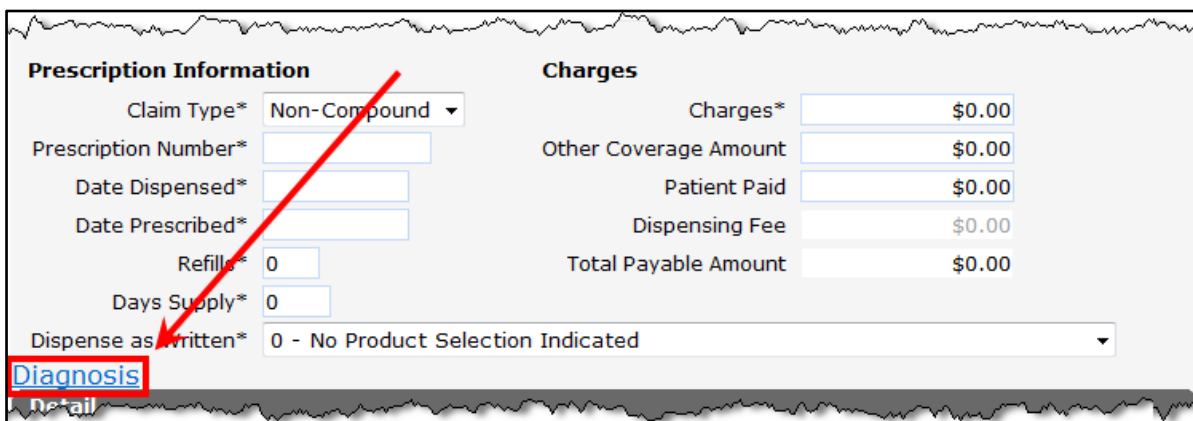


Figure 8 Diagnosis Link

The “Diagnosis” section will be displayed under the “Prescription Information” section.

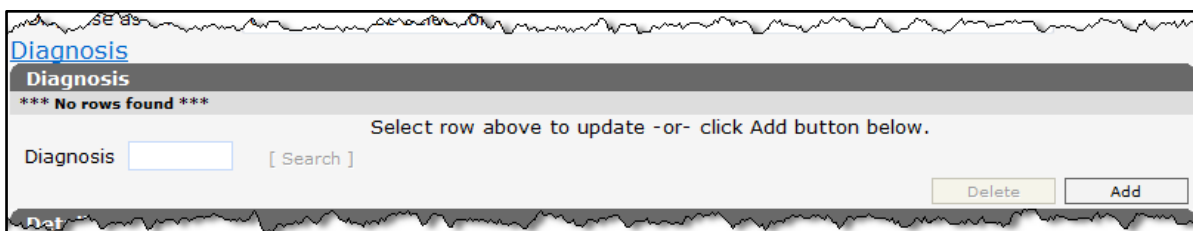


Figure 9 Diagnosis Section

2. Click **Add**. A row will be added to the top of the section, and the Diagnosis field will become active to allow information to be entered.

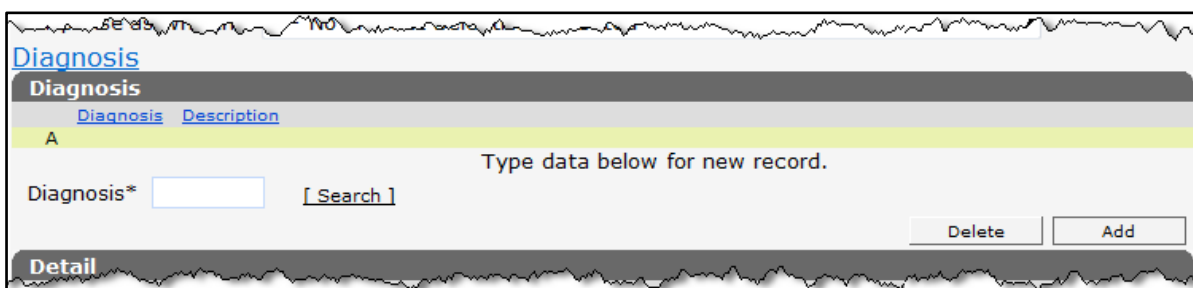


Figure 10 Diagnosis Section with Added Row

3. Enter the appropriate and most-specific *International Classification of Diseases* (ICD) diagnosis code most relevant to the member's condition in the Diagnosis field.

*Note:* Do not use a decimal point when entering a diagnosis code.

- a. To search for a code, click **Search** to the right of the Diagnosis field. The Diagnosis Search box will be displayed.

**Figure 11** Diagnosis Search Box

- b. Enter a description of the code.
  - If the entire description is unknown, enter a key word or partial description.
  - If you are unsure of the exact description, use the percent symbol (%) on either side of a word to display all descriptions containing that word.

*Note:* The ICD Version drop-down menu can be used to limit search results to either ICD-9 or ICD-10 diagnosis codes. If an ICD code set is not selected, both ICD-9 and ICD-10 diagnosis codes will be displayed.

- c. Click **Search**. Any results matching the query will be displayed in the "Search Results" section.

Diagnosis	ICD Version	Description
0261	ICD-9	STREPTOBACILLARY FEVER
034	ICD-9	STREP THROAT/SCARLET FEVER
0340	ICD-9	STREPTOCOCCAL SORE THROAT
0380	ICD-9	STREPTOCOCCAL SEPTICEMIA
0410	ICD-9	STREP INFECT IN OT CONDITION
3202	ICD-9	STREPTOCOCCAL MENINGITIS
48230	ICD-9	STREP PNEUMONIA UNSPEC
48239	ICD-9	STREP PNEUMONIA OT
A251	ICD-10	STREPTOBACILLOSIS
A40	ICD-10	STREPTOCOCCAL SEPSIS

**Figure 12** Diagnosis Search Box with Search Results Section

*Note:* Click the **Description** column heading to sort the results alphabetically. Click the heading once to sort the results in ascending order. Click the heading again to sort the results in descending order. Click **Next** or one of the page numbers at the bottom of the section to display more results.

- d. Select the applicable diagnosis code. The Diagnosis Search box will close and the selected code information will populate the Diagnosis field and the row at the top of the section.

Diagnosis	Description
A 04100	INFECTION STREPTOCOC UNSPEC

Diagnosis\*  [ Search ]

Type data below for new record.

Delete Add

Figure 13 Diagnosis Section with Populated Information

- Click **Add** to add another diagnosis code. Another row will be added to the top of the section. Enter the additional code in the Diagnosis field or search for the code.

Providers may enter up to five diagnosis codes per claim. Once five diagnosis codes have been entered, the Add button will be disabled unless a previously added row is deleted.

- To delete a diagnosis code, select the desired row and click **Delete**. A dialog box will be displayed. Click **OK** to delete the row.

### 3.4 Detail Section

Compound claims *require at least two detail lines* and may have up to 25. Once the limit is reached, the Add button will be disabled and no other lines can be added. Noncompound claims can only have one detail line.

Line Number	NDC	Quantity Dispensed	U&C
A 1		0	\$0.00

Type data below for new record.

Line Number  Quantity Dispensed\*

NDC  [ Search ] U&C\*

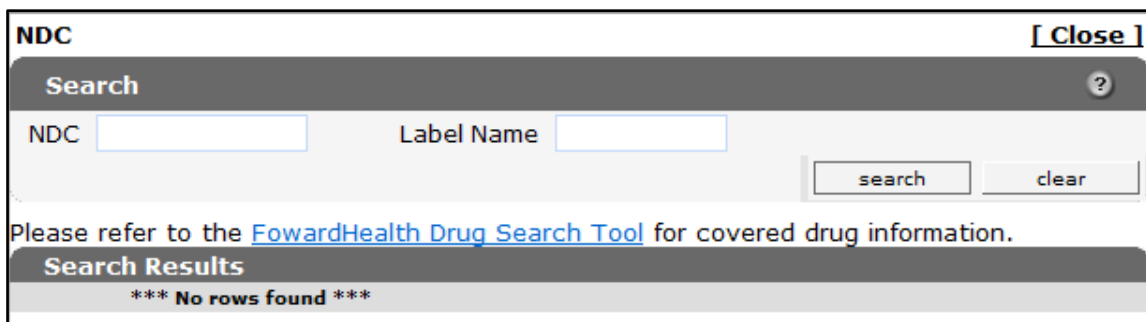
Delete Add

Figure 14 Detail Section

The Line Number field will be populated with the number of the detail currently being added.

- Enter the National Drug Code (NDC) for the dispensed drug in the NDC field.

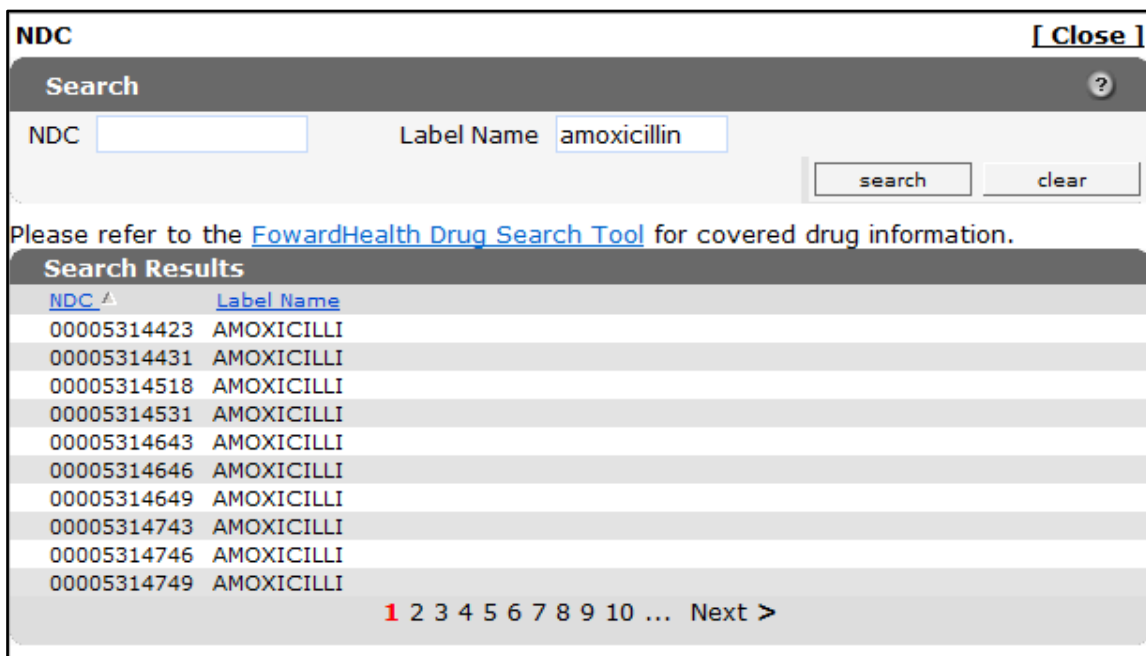
- a. Click **Search** to the right of the NDC field to search for a code. The NDC Search box will be displayed.



The screenshot shows a modal window titled "NDC" with a "[ Close ]" button in the top right corner. Below the title bar is a "Search" section with a question mark icon. It contains two input fields: "NDC" and "Label Name". To the right of these fields are "search" and "clear" buttons. Below the input fields, there is a message: "Please refer to the [ForwardHealth Drug Search Tool](#) for covered drug information." Underneath this is a "Search Results" section with a dark header and the text "\*\*\* No rows found \*\*\*".

Figure 15 NDC Search Box

- b. Enter a whole or partial label name of the drug in the Label Name field.
- c. Click **Search**. Any results matching the query will be displayed in the "Search Results" section.



The screenshot shows the same "NDC" modal window. The "Label Name" field now contains the text "amoxicillin". The "search" button is highlighted. Below the message, the "Search Results" section is expanded, showing a table with two columns: "NDC" and "Label Name". The table lists ten rows of results, all with "AMOXICILLI" in the "Label Name" column. At the bottom of the results section, there is a pagination control: "1 2 3 4 5 6 7 8 9 10 ... Next >".

NDC	Label Name
00005314423	AMOXICILLI
00005314431	AMOXICILLI
00005314518	AMOXICILLI
00005314531	AMOXICILLI
00005314643	AMOXICILLI
00005314646	AMOXICILLI
00005314649	AMOXICILLI
00005314743	AMOXICILLI
00005314746	AMOXICILLI
00005314749	AMOXICILLI

Figure 16 NDC Search Box with Search Results Section

- d. Click the row containing the applicable NDC. The NDC Search box will close and the selected code information will populate the NDC field and the row at the top of the section.

Line Number	NDC	Quantity Dispensed	U&C
A 1	00005-3144-23	0.000	\$0.00

Type data below for new record.

Line Number: 1  
 NDC: 00005314423 [ Search ]  
 Quantity Dispensed\*: 0.000  
 U&C\*: \$0.00

Buttons: Delete, Add

DUR

Figure 17 Detail Section with Populated Information

2. Enter the metric decimal quantity reflecting the total number of compound units dispensed in the Quantity Dispensed field.
3. Enter the usual and customary charge for this detail line in the U&C field.
  - To add more detail lines to a compound claim, click **Add**. A row will be added to the top of the section and users will be able to enter additional detail information (up to 25 detail lines can be added per compound claim).
  - To remove a detail line, select the desired row and click **Delete**. A dialog box will be displayed. Click **OK** to delete the row.

### 3.5 Drug Utilization Review Section

To help individual pharmacies comply with their Drug Utilization Review (DUR) responsibility, BadgerCare Plus, Medicaid, and SeniorCare developed a DUR system. The system screens certain drug categories for clinically significant potential drug therapy problems before a drug is dispensed to a member. Drug Utilization Review is applied to all BadgerCare Plus, Medicaid, and SeniorCare real-time point-of-sale claims submitted to ForwardHealth.

A noncompound claim can have up to two DUR sequences. A compound claim may only have one DUR sequence.

1. Click **Add**. A row will be added to the top of the section and the fields will become active to allow information to be entered.

The DUR Sequence field will populate with the number 1 (or the subsequent number for each DUR Sequence line added).

Figure 18 DUR Section

2. Enter the NCPDP code identifying pharmacist intervention when a conflict code has been identified or service has been rendered in the Professional Service Code field.

*Note:* For all the fields in this section, you can search for the specific NCPDP values to enter. For an example of how to search for a code using a search box, refer to [Section 3.3 Diagnosis Section, Step 3.a](#). To search for a listing of all the available codes and their descriptions, leave the search fields blank.

3. Enter the NCPDP code indicating the level of effort as determined by the complexity of decision making or resources used by a pharmacist to perform a professional service in the Level of Effort field.

*Note:* For compound claims, a code must be entered in the Level of Effort field.

4. Enter the NCPDP code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service in the Reason for Service Code field.
5. Enter the NCPDP code reflecting the action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service in the Result of Service Code field.

*Note:* To remove a DUR Sequence line, select the desired row and click **Delete**. A dialog box will be displayed. Click **OK** to delete the row.

### 3.6 Submit the Claim

The “Claim Status Information” section at the bottom of the page will indicate that the claim has not been submitted yet.

Figure 19 Claim Status Information Section

1. Ensure that information has been entered accurately in all the required fields on the Compound/Noncompound Claim form.

## 2. Click **Submit**.

If there is an error and the claim does not process, an ICN will not be assigned, an error message indicating what information needs to be corrected will be displayed at the top of the page, and the relevant field(s) will be highlighted in yellow.

The screenshot shows the 'Compound/Noncompound Claim' form. At the top, there is a search bar with 'Next Search By: ICN' and buttons for 'search', 'clear', and 'New Search'. Below this, a black banner displays the message: 'The following messages were generated: Place of Service is required.' A red arrow points from this message to the 'Place of Service\*' dropdown menu in the 'Billing Information' section, which is highlighted in yellow. Other fields include 'ICN', 'Provider ID' (1234567890), 'NPI', and 'Sp Pkg Indicator\*' (0 - Not Specified).

**Figure 20** Error Message

If the claim processes, an ICN will be assigned and the claim status will be displayed. An "EOB Information" section will be displayed at the bottom of the page. The listed Explanation of Benefits (EOB) codes explain how the claim was processed by ForwardHealth.

The screenshot displays the 'Claim Status Information' and 'EOB Information' sections. The 'Claim Status Information' section shows: Claim Status: PAY, Claim ICN: 2211279001094, Paid Date: 10/06/2014, and Paid Amount: \$85.00. The 'EOB Information' section contains a table with the following data:

Detail Number	Code	Description
0	509	The relationship between the Billed and Allowed Amounts exceeds a variance threshold. Verify billed amount and quantity billed. If correct, special billing instructions apply
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
1	9951	NDC was reimbursed at brand WAC rate.
1	7015	Late Refill prospective DUR alert
1	7001	Claim Generated An Informational ProDUR Alert

At the bottom of the EOB section, there are buttons for 'Reversal', 'Copy claim', 'Cancel', and 'Adjust'.

**Figure 21** Claim Status Information and EOB Information Sections

If the claim is denied, an EOB code(s) will explain why. Users can correct the invalid information and click **Re-submit** to resubmit the claim.

*Note:* Since there is no Save feature for the Compound/Noncompound Claim form, if a user were to leave the claim form before the claim is submitted successfully and assigned an ICN, all information will be lost.