

17-P Progesterone Injection Additional Reimbursement Program

Providers Can Earn \$50 for Each Patient Treated

The 17-P (17 alpha-hydroxyprogesterone caproate) compound injection is a covered benefit for members enrolled in CommunityConnect HealthPlanSM. The compound is available through and only reimbursable for sterile compounding pharmacies. The ForwardHealth requirements for coverage must be followed and the claim submitted to ForwardHealth for reimbursement. Additional information about the injection and related claims can be found on the ForwardHealth website; copy and paste this link into your browser:

[https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=50&s=2&c=61&nt=Alpha%20Hydroxprogesterone%20\(17P\)%20Caproate%20Compound%20Injection&adv=Y](https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=50&s=2&c=61&nt=Alpha%20Hydroxprogesterone%20(17P)%20Caproate%20Compound%20Injection&adv=Y).

In addition to the reimbursement from ForwardHealth, effective February 1, 2011, CommunityConnect will initiate a reimbursement program that will pay providers \$50 for each appropriate course of treatment with the 17-P injection for pregnant CommunityConnect members enrolled in the BadgerCare Plus plan. The purpose and goal of this reimbursement program: To improve the health of our members' babies by decreasing the number of women experiencing preterm birth, through proactive preventive measures.

Studies support the benefit of weekly 17-P injections in reducing the risk of recurrent spontaneous preterm birth. These intramuscular injections are administered weekly starting at 16 weeks and continuing until 36 weeks or delivery, whichever comes first. The use of 17-P in singleton pregnancies of women with a previous spontaneous preterm birth is supported by the American Congress of Obstetricians and Gynecologists¹.

17-P Reimbursement Request Form

Please use the attached 17-P Reimbursement Request form to request the \$50 reimbursement—complete all information to avoid delays.

Important: The form serves only as a request for the additional \$50 reimbursement for the use of 17P. Prior to faxing the form, you must have completed the ForwardHealth Attestation to Administer Alpha Hydroxyprogesterone (17P) Caproate Injections form per the state of Wisconsin's requirement for coverage.

Faxing the Form to CommunityConnect

Please fax your completed 17-P Reimbursement Request form to **1-877-471-6658**. If you have questions about the form or the process, call us at **1-877-471-6656**.

Submitting a Claim for Reimbursement

Once you have faxed the 17-P Reimbursement Request form to us, **submit a claim to CommunityConnect using the following code combination: diagnosis code V23.41 plus CPT code 96372 with modifier "TH."** This code combination must be billed for the

first injection only, as the additional \$50 reimbursement will be given only once per course of treatment. When billing this code combination at first injection, you will receive \$50 in addition to the reimbursement for injection. To avoid having your claim delayed or denied, please use this exact code combination, including the diagnosis code, CPT code, and “TH” modifier. Subsequent injections should be billed according to usual state billing guidelines.

For More Information

The 17-P Reimbursement Request form is also available on CommunityConnect’s website; the link is on the **Forms and Tools** page. If you need more information about the 17-P Reimbursement Program, contact the Provider Service Call Center at **1-877-350-6074**.

¹Society for Maternal Fetal Medicine Publications Committee. ACOG Committee Opinion Number 419 October 2008 (replaces no. 291, November 2003). Use of progesterone to reduce preterm birth. Obstet Gynecol 2008; 112:963.

17-P Reimbursement Payment Request

(17 alpha-hydroxyprogesterone caproate)

The state of Wisconsin requirements must be followed to qualify for additional reimbursement from CommunityConnect HealthPlan. Submit the pharmacy charges to ForwardHealth. **This form serves only as a request for an additional reimbursement from CommunityConnect.** Please fax your completed form to **1-877-471-6658**. If you have questions, call **1-877-471-6656**.

Provider Information

Provider Name (please print): _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____
 Specialty: Obstetrics Family Medicine MFM/Perinatology Other: _____
 Tax Identification Number (TIN): _____ National Provider Identifier (NPI) Number: _____

Patient/Member Information

Patient/Member Name: _____ Date of Birth: _____
 Medicaid ID Number: _____ Member Plan ID Number: _____
Phone Numbers (please list all options so that we may contact your patient, when it's necessary for us to do so):
 Home: _____ Work: _____
 Cell: _____ Other: _____
Address:
 Address: _____
 City: _____ State: _____ ZIP Code: _____

Pregnancy Information and History

G T P A L Note: A = abortions both spontaneous and medically induced
 Due Date (EDC): _____ Experiencing Preterm Labor: Yes No
 Singleton Pregnancy Multiple Pregnancy Gestational Age of First Injection: _____
 Planned Date(s) of Injection: _____ Number of Injections Planned: _____
 Previous spontaneous singleton preterm birth between 20 – 36 6/7 weeks: Yes No
 Other pertinent clinical information: _____

17-P Criteria and Information

Please sign below to confirm you have submitted the state-required attestation form for the patient identified above to receive 17-P injection(s).

Authorized Representative's Signature: _____

CommunityConnect HealthPlanSM Use Only

Reimbursement Payment Approved 17-P Reimbursement Approval Number: _____
 Reimbursement Payment Denied Reason for Denial: _____

This authorization is based on medical necessity only and will be contingent upon eligibility and benefits. This is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Please call the number at the top of this form if this member has any additional medical or behavioral health needs.