How to Bill a Blood Pressure Monitor on the ForwardHealth Portal

- A patient presents with a prescription for an Automated Blood Pressure Monitor (or staff flags patient as eligible patient for BP monitoring at home and obtains a prescription from the patient’s prescriber).
- The prescription needs to contain the prescriber name, NPI and Diagnosis (DX) code.
- Log into the Forward Health Portal.
  - Submit Professional Claim
    - Enter member ID # and hit tab
    - Enter Total Charge (the pharmacy Usual & Customary amount)
    - Click Diagnosis
    - Enter DX code (without decimal point) in box 1
    - From/To DOS is the date the patient received the meter
    - Procedure code: A4670
    - DX code pointer: 1
    - Units: 1
    - Charge: must be same Usual & Customary amount entered above
    - Place of Service: 01 (pharmacy)
    - Rendering Provider: prescriber NPI number, click search and select prescriber
  - Submit

- Here is a link to the Durable Medical Equipment Index that identifies all allowable HCPCS codes and Medicaid Fee-for-Service reimbursement including automated blood pressure monitors.

  - Blood pressure cuffs and automatic blood pressure monitors are covered through Wisconsin Medicaid Fee-for-Service without Prior Authorization. The product must be medically necessary. There is not a diagnosis restriction for reimbursement.
  - Pharmacies do not need to be Medicaid enrolled as a DME vendor to submit these claims.
  - It is important to ensure Medicaid eligibility:
    - Check patient eligibility on the ForwardHealth portal and/or:
    - Run a Medicaid test claim in your dispensing software system
  - All providers have up to one year to bill; therefore:
    - Ask the patient if they have a blood pressure monitor covered by Medicaid from another provider.
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- Consider calling the DAPO center to ensure that the patient hasn’t received a blood pressure monitor from another entity recently. This helps to ensure your payment without a PA.
  - Medicaid HMOs must cover the same procedure codes as Fee-for-Service. Prior authorization utilization and reimbursement may be different. If a provider is working with a specific Wisconsin Medicaid HMO, they should contact the specific Medicaid HMO for further information.
  - Note: Senior Care members are not eligible for this benefit.
  - The pharmacy is required to have a prescription on file for this. See below for a fax template to customize or consider developing a collaborative practice agreement with specific practices.

- Pharmacies can also bill through Part B vendors as done for other DME supplies:
  BIN#: 004766  
  PCN: WIDME  
  ID: patient Medicaid ID

- Cost sharing for DME is as listed in this table from the DME Index:

<table>
<thead>
<tr>
<th>Item Max Fee</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00 - $10.00</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10.01 - $25.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>$25.01 - $50.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>$50.01 and up</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

- Rental equipment is not subject to copayment, but rental payments do count towards the max fee of the item, and copayment is required if the equipment is later purchased.

- Self Measurement of Blood Pressure materials are available here:
  - Website
  - Flyer
  - Webinar
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ForwardHealth Portal Screen Shots

![Professional Claim](image1)

![Diagnosis](image2)

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# How to Bill a Blood Pressure Monitor on the ForwardHealth Portal

<table>
<thead>
<tr>
<th>Line Number</th>
<th>From Date of Service</th>
<th>To Date of Service</th>
<th>Procedure Code</th>
<th>Mod1</th>
<th>Mod2</th>
<th>Mod3</th>
<th>Mod4</th>
<th>Status</th>
<th>Units</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02/17/2020</td>
<td>02/17/2020</td>
<td>A4670</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PAY</td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>

- **Rendering Provider**: [Search]
- **Referring Provider 1**: [Search]
- **Referring Provider 2**: [Search]
- **Ordering Provider**: 1213904891 [Search]

**Status**: PAY

- **Allowed Amount**: $63.90
- **CoPay Amount**: $0.00

**Professional Service Description**

![Image of ForwardHealth Portal interface showing billing details for a blood pressure monitor.](image-url)
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Dear Prescriber:

Your patient is eligible to receive a Blood Pressure Monitor through their insurance for at-home use. Please review the following order, sign if in agreement, and fax to XXX-XXX-XXXX.

If you have any questions, please contact me at XXX-XXX.

Thank you for your time.

Sincerely,

Pharmacist Name

<table>
<thead>
<tr>
<th>Patient:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
</tr>
</tbody>
</table>

Rx: **Automated Blood Pressure Monitor**

Use as directed for at-home blood pressure monitoring.

Qty: 1

DX:___________________________

NPI/DEA#__________________________

MD Signature:__________________________

Refill prn