It is officially Spring! This is a great time for new beginnings, and Children's Community Health Plan has several exciting projects in the works! These projects include digital apps for treating low back pain and diabetes. You can find out more information on these projects in this newsletter!

**What else will you find in this issue?**

Are you looking for a list of new codes requiring prior authorizations or how to submit a corrected claim? You will find both of these items in this issue and much more!

Do you have a question that we haven't addressed? Please email us at CCHP-providernews@chw.org.

In this issue of Provider Notes:

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Meet our new leaders

Mike Boeder is new the Executive Director of Health Plan Operations at Children’s Community Health Plan (CCHP).

Mike has over 20 years of leadership experience in human services and healthcare environments and has been a senior leader with CCHP and CHHS since joining the organization in 2014 as the Director of Care4Kids. As Executive Director of Health Plan Operations, Mike has oversight of all BadgerCare Plus Medicaid and Commercial products and administration, provider relations and contracting, analytics, Care4Kids, and third-party administrator contract management for all claims processing and customer services functions. Mike works closely with CHHS Finance leadership on all financial health metrics and collaborates with local, county and state partners, in particular at Wisconsin’s Department of Health Services, to ensure CCHP is meeting and exceeding contractual and strategic service delivery goals. Mike is actively involved in our state and national health plan associations and has responsibilities for CCHP staff development and employee engagement across the organization.

Mike is a member of the Senior Management team at CCHP and is a member of CHHS Organizational Development facilitation team, a small, multidisciplinary group of health system leaders certified by the international management consulting firm Senn-Delaney, Inc. to provide organizational culture shaping sessions to all employees across the CHHS enterprise. He has a Master’s Degree in Mental Health with clinical certification and holds certificates in Mediation from the University of Wisconsin-Milwaukee and in Non-Profit Business Excellence from the University of Notre Dame.

Mike has been married to his wife Kelly for over 20 years and together they have two teenage children (Alec and Jake) and are actively involved in their community of Wauwatosa, WI. He and his family are lifelong Wisconsin residents and are big fans of Wisconsin’s professional and college sports teams and lead an active lifestyle, enjoy our
Danielle Coterel is the new Director of Commercial Product Development and Sales at Children’s Community Health Plan. Danielle joined the CCHP team in 2015 as their Project Manager to lead the implementation and rollout of the Individual and Family product, Together with CCHP. Together with CCHP is a health insurance plan for individuals and families living in southeast Wisconsin. Together with CCHP covers over 15,000 members and offers access to high-quality health care from our network of providers.

Danielle transitioned into the Product Manager role in 2017 to manage the plan’s operations including complaints and appeals, member material creation, federal and state filing processes and reporting, and oversight of TPA relationships. Together with CCHP is now in its third year of operations with expansion plans underway.

Danielle has her Master’s degree in Social Work and previous experience with community-based non-profits. Currently, Danielle is President of the Downtown Neighbors Association of Milwaukee and enjoys spending time in the community with her husband and 4-year-old Yorkie.

Zach Eckdahl is the new Health Plan Product Manager at Together with CCHP. Zach has been with CCHP since 2016 and in operations since 2018 where he has played an integral role in improving the Together with CCHP product.

His role for Together with CCHP is to help keep internal operations running smoothly and efficiently while keeping an eye on our bottom line. Zach has been in the insurance industry for 8 years and enjoys being part of a team that is continually striving to offer the best product, at an affordable price.

In his free time, Zach enjoys coaching soccer and playing when his knees allow. He is also recently engaged and the proud father of a German Shepard puppy.
CCHP has a new Clinical Services Utilization Manager, Stephanie Nitz. She began working at Children’s Community Health Plan a year ago as a UM/CM in the Clinical Services department. She has, also, worked with several insurance plans as an RN case manager and UM reviewer.

Stephanie has been married for almost 30 years and has three children. In July, she will be a grandma for the first time. She enjoys fishing, going for long walks and watching the wildlife in her backyard.

**ACAP and CCHP Tuition Scholarship**

The Association for Community Affiliated Plans (ACAP) is pleased to announce its 9th annual Scholarship Essay Contest. CCHP is also proud to offer its own $2,500 scholarship again this year!

Like previous years, the $5,000 ACAP scholarship goes towards tuition and expenses for an ACAP health plan enrollee or family member who is seeking higher education and interested in pursuing a career in health care or social services. This includes Medicaid, Care4Kids and Together with CCHP.

CCHP will select a candidate to receive CCHP’s $2,500 scholarship, and move on to the final ACAP contest as CCHP’s nominee.

We are currently accepting applications and will select one nominee to submit to ACAP. A group of independent judges, working with ACAP, will then select a national winner to receive the scholarship.

The deadline for submission to CCHP is Monday, May 6th, 2019.

**Find out more information about the scholarship**
This past Fall, CCHP surveyed providers on members access to making appointments.

CCHP would like to remind providers of the access standards:

- **Emergency Care:** For a life-threatening situation, members are instructed to go to the nearest emergency room or call 911 for immediate medical attention.
- **Urgent Care Clinic or Urgent Care Walk-in Clinic:** Member is to call PCP’s office first to see if PCP is available. Medical attention the same day, no appointment needed.
- **Non-urgent Sick Visit:** Medical attention within two calendar days of member’s notification.
- **Routine Primary Care / Routine Well-baby Visits:** Visit within 30 calendar days of member’s request.
- **Preventive Care – Immunizations, Routine Physical Exam:** Visit within 30 calendar days of member’s request.
- **High-risk Prenatal Visit Appointment:** Visit within two weeks of member’s request or within three weeks if the member’s request is with a certain doctor.
- **After-hours Access Standards — 24-Hour Accessibility:** All network providers must be available, either directly or through coverage arrangements 24 hours a day, 7 days a week, 365 days a year.
- **Primary Care Office Wait Time:** Members with scheduled appointments should be seen within 30 minutes of their check-in time.
- **Specialist Appointment:** No longer than 30 days for an appointment.
- **Behavioral Health Initial Appointment:** No longer than 10 days for an initial assessment; no longer than 30 days for members discharged from an inpatient mental health stay.
- **Behavioral Health Urgent Care:** Visit within 48 hours of member’s request.
- **Behavioral Health Routine Appointment:** Visit within 10 days of member’s request.

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**Member Rights and Responsibilities**

To promote effective health care, CCHP makes clear its expectations for the rights and responsibilities of its members, to foster cooperation among members, providers, and
Please review CCHP’s BadgerCare Plus and Together with CCHP member rights and responsibilities.

Women, Infants, and Children (WIC) program

Please, consider referring your patients for enrollment into Wisconsin's WIC program if they qualify.

According to Wisconsin's Department of Health Services, the number of pregnant women enrolled in BadgerCare Plus Medicaid has remained consistent, but the number of pregnant women enrolled in Wisconsin's WIC program has steadily declined.

What is WIC?
Wisconsin's WIC program is a supplemental food and nutrition program for low-income women, infants, and children that are at risk for nutrition-related health problems.

What are the income requirements?
The annual income qualifications for a family of four is $45,410.

Who qualifies?

- Pregnant women
- Postpartum mothers up to 6 months
- Breastfeeding mothers up to 1 year postpartum
- Infants and children up to age 5

What are the benefits?

- Children and mothers on both BadgerCare Plus Medicaid and Wisconsin's WIC program utilize preventative care services at a higher rate than families only on Medicaid.
- There are better birth outcomes, with fewer preterm and low birth-weight babies.
- It can result in improved cognitive and academic abilities.

Where can you find out more information? Wisconsin's Department of Health Services has referral forms, brochures and more information to give to your patients available on its website.
BadgerCare Plus Authorization Lists:

**Prior Authorization List:**
The Durable Medical Equipment code E2300, for power wheelchair accessories, was added to the prior authorization list with an effective date of **June 1, 2019**.

The Durable Medical Equipment code E0465, for home ventilators, was added to the prior authorization list with an effective date of **May 1, 2019**.

These behavioral health codes were added to the prior authorization list and removed from the no prior authorization list with an effective date of **March 11, 2019**: H0005 and H0047. The CPT Code H0005 refers to Alcohol and / or drug services; group counseling by a clinician. The CPT Code H0047 refers to Alcohol and / or drug abuse services, not otherwise specified.

These genetic codes were added to the prior authorization list with an effective date of **March 1, 2019**: 81163; 81164; 81165; 81166; 81173; 81174; 81177; 81178; 81179; 81180; 81181; 81182; 81183; 81184; 81185; 81186; 81187; 81188; 81189; 81190; 81204; 81233; 81234; 81239; 81271; 81274; 81284; 81285; 81286; 81289; 81305; 81312; 81329; 81336; 81337; 81518; 81595; and E0470.

Together with CCHP Authorization Lists:

- **Prior Authorization List:**
  - These skin substitute codes were added to the prior authorization list: Q4183; Q4184; Q4185; Q4186; Q4187; Q4188; Q4189; Q4190; Q4191; Q4192; Q4193; Q4194; Q4195; Q4196; Q4197; Q4198; Q4200; Q4201; Q4202; Q4203; and Q4204. This was effective March 1, 2019.
  - These Diabetic and Neuropathy Procedure Codes for DME and Foot Care, A5513 and A5514, have been added to the prior authorization list. This was effective March 1, 2019.
  - These DME codes were added to the prior authorization list: E0447 (portable...
oxygen contents), E0467 (multi-function ventilator), and L8698. Prior authorization is required if the purchase price or the monthly rental price is greater than $500. This was effective March 1, 2019.

- **Non-covered List:**
  - These codes were added to the non-covered list: A4563; C1823; C1890; C8937; C9751; C9752; C9753; L8701; L8702; J3591; G0068; G0069; G0070; G0071; G0076; G0077; G0078; G0079; G0080; G0081; G0082; G0083; G0084; G0085; G0086; G0087; G2010; G2012; A6460; A6461; J7318; J7329; L8608; M1000; M1001; M1002; M1003; M1004; M1005; M1006; M1007; M1008; M1009; M1010; M1011; M1012; M1013; M1014; M1015; M1016; M1017; M1018; M1019; M1020; M1022; M1023; M1024; M1025; M1026; M1027; M1028; M1029; M1030; M1031; M1032; M1033; M1034; M1035; M1036; M1037; M1038; M1039; M1040; M1041; M1042; M1043; M1044; M1045; M1046; M1047; M1048; M1049; M1050; M1051; M1052; M1053; M1054; M1055; M1056; M1057; M1058; M1059; M1060; M1061; M1062; M1063; M1064; M1065; M1066; M1067; M1068; M1069; M1070; M1071; T4545; V5171; V5172; V5181; V5211; V5212; V5213; V5214; V5215; and V5221. This is effective March 1, 2019.

### Postpartum Visits

CCHP is looking for feedback on postpartum visits and the postpartum incentive.

Please complete the following survey to give CCHP feedback on your patients' postpartum visits and notifying CCHP of these visits.

[Postpartum visit survey](#)

As a physician or Advanced Practice Clinician, you know how important postpartum visits are for new moms. It is a chance to follow-up with your patient to discuss:

- Their plans on getting pregnant again or using birth control
- Questions about any problems they had during pregnancy, labor or delivery
- Their feelings about being a new mom
- Managing any health conditions they may have
It is CCHP’s goal is that every new mom goes to her postpartum visit within 21-56 days (3-8 weeks) after having her child(ren). We hope with this survey we will be able to understand the barriers to postpartum visits better.

As a reminder, providers should use the CPT Category II code of 0503F (Postpartum care visit) to help meet the Quality of Care guidelines. This helps capture this compliant visit. By using this code it allows CCHP to capture compliant dates, thus decreasing the need to request medical records via fax or onsite visits.

CCHP members will receive a $40 gift card when they see their providers for a postpartum visit. Providers need to sign the incentive form so that the members can redeem them for the gift card.

Behavioral health and primary care providers exchanging medical records

CCHP encourages improvement in clinical outcomes for members by promoting and increasing communication between primary care providers and behavioral health providers.

In 2018, Children’s Community Health Plan surveyed over 150 primary care providers and behavioral health providers who provided care to CCHP members with a behavioral health diagnosis. The survey asked providers about how they share medical records to reduce barriers to care. Also, the survey asked providers to rate the accuracy and timeliness of the information exchanged between the disciplines.

The respondents did not rate the exchange of information highly and expressed the need for improvement.

- Primary care providers relayed how difficult it can be to receive discharge summaries and behavioral health records.
- Behavioral health providers noted that it could be difficult to reach medical providers due to their busy schedules.
Both disciplines shared there was a general lack of knowledge about what rules were in place for sharing information between behavioral health and primary care providers. And both ranked the timeliness of receiving records as only poor to fair.

In 2013, Wisconsin legislators passed Act 238, which standardized behavioral health and medical record confidentiality rules on forming to the Health Insurance Portability and Accountability Act (HIPAA). This legislation is intended to reduce barriers and harmonize the privacy rules that govern the exchange of medical and behavioral health records. Act 238 allows records to be shared between providers if it is meant for treatment, payment, or health care options.

“\The Wisconsin Act 238 changes state confidentiality laws on patient health care records and mental health treatment records to more closely track the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Act provides that a covered entity or a business associate of a covered entity that uses, discloses, or requests disclosure of protected health information in a mental health treatment record or patient health care record is exempt from the confidentiality requirements in both ss. 51.30 (4) (a) and (e), Stats. (relating to mental health treatment records), and 146.92, Stats. (relating to patient health care records), if the use, disclosure, or request complies with federal regulations and is made for the purposes of treatment, payment, or health care operations. The Act also provides that a covered entity that is a mental health treatment facility must comply with the notice of privacy practice requirements under federal regulations. The Act requires the Department of Health Services to make available, to all applicable health care facilities and on its Internet site, a comprehensive and accessible document written in commonly understood language that explains health information privacy rights.”

We would like to hear your stories of success and struggles with sharing information between medical and behavioral providers.

Please fill out the attached survey

CCHP's Low Back Pain program launches

CCHP is launching a free digital low back pain program for Together with CCHP and BadgerCare Plus members.
CCHP has partnered with Kiio to provide an app-based digital therapeutic program customized to CCHP and designed to engage medically appropriate individuals suffering from mechanical low back pain using evidence-based, multi-modal, and consumer-centric care.

We will be hosting a webinar soon for providers to answer questions.

All members will be receiving a postcard in the mail that describes the program.

This no-cost program is not intended to replace an evaluation by a healthcare provider.

CCHP is covering the cost of the program for all our BadgerCare Plus and Together with CCHP members that are over the age of 19-years-old. This app is an evidence-based, 24/7 convenient, digital care program. The program includes progressive exercises specific to the patient’s type of back pain, interactive digital coaching, pain education, and individual progression based on their responses. There is a care management team of professional nurses for the members that need additional assistance.

Members take an online health assessment survey during registration. This survey screens for members at risk of health conditions other than uncomplicated mechanical back pain. These members will be required to obtain permission from their doctor before they can participate in the program. They will be instructed to print and bring the release form to their healthcare provider. If a provider grants authorization he/she can submit the signed form by faxing it to Kiio.

Diabetes app

This Summer, CCHP will be introducing to its members a diabetes management app from Blue Star. This app is FDA cleared,
fully HIPAA compliant, SOC 2 Certified, and ISO 13485 Certified. It is a clinically validated digital therapeutic app with 40+ peer-reviewed publications and posters.

The app provides real-time feedback messages and insights. It engages the users to track their medications, labs, activity, nutrition, and psycho-social behavior.

Blue Star’s controlled trials show the app driving an A1C improvement of 1.7 to 2.0 points. Training opportunities for providers will be available closer to the launch date. Stay tuned!

**Z Codes: Social Determinants of Health**

Please consider including ICD 10 Z codes for patients that are experiencing social and economic circumstances that are impacting their health.

Z codes capture social and economic factors that contribute significantly to our members’ health including:

- High BMI
- Tobacco abuse
- Drug abuse
- Alcohol abuse
- Psychosocial circumstances
- Homelessness
- Family conflict
- Employment issues

Z codes allow CCHP to collect data regarding the social determinants of health in a standardized way. This information provides a greater understanding of our population and the initiatives that could be considered to improve health and quality of life for our members. Additionally, CCHP community health navigators and case managers use this information to identify and connect members to needed resources.
Social Security Cards

CCHP would like to remind providers not to email CCHP with a member's Social Security number. Please do not include any public health information in non-secure emails. Sending this information through a non-secure email is a HIPAA concern, and our internal security protection software may block the emails.

National Correct Coding Initiative

CCHP follows the National Correct Coding Initiative (NCCI) which was created by the Centers for Medicare and Medicaid. This initiative was created to stop improper coding which leads to incorrect payments.

Forward Health has implemented the NCCI to monitor all professional claims and outpatient hospital claims submitted with Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) for compliance with:

- MUE (Medically Unlikely Edits), or units-of-service detail edits.
- Procedure-to-Procedure detail edits.

MUE is the maximum units of service that a provider would claim for a single member on a single date of service for each code. Procedure-to-Procedure detail edits define pairs of codes that should not be claimed together on the same date of service.

If the claim is denied for either of these reasons, providers will receive an explanation of benefits on the remittance advice that it was denied because of NCCI.

Learn more about the National Correct Coding Initiative

Claims
Here are some tips on how to successfully submit claims:

**BadgerCare Plus Claims**
To allow for more efficient processing of claims, we ask for your cooperation with the following:

- When submitting claims use the correct and complete member number.
- Submit claims promptly. CCHP does not accept faxed claims.
- Providers are encouraged to submit claims electronically.
- CCHP asks providers to allow 45 days to pass from the date of submission before calling to check the status of claims.
- Claims must include the correct billing and rendering NPI and taxonomy. If the information submitted on the claim is different than what is registered with ForwardHealth, your claim will reject.

**Together with CCHP's Claims**
Important items to remember when submitting claims:

- Using the correct member number on the claim helps ensure correct and timely claim payments.
- Review Claims Submission's Page
  Submit claims electronically or type claims.
- Claims with eraser marks or whiteout corrections may be returned.
- Clean claims containing all required information will be processed within the required time limits.
- Use proper place-of-service codes.
- Claims must be submitted within
- Use modifier code “25” when it’s necessary to indicate that the member’s condition required a significant, separately identifiable evaluation and management service above and beyond the other procedure or service performed on the same date by the same provider.
- Bill anesthesia claims with the correct codes from the American Society of Anesthesiologists with appropriate anesthesia modifiers and time units, if applicable.
Submitting a correction to a previously processed claim may be necessary. This guide includes instructions on how to submit your corrected claim in either an electronic or paper format. Most corrected claims can be submitted using an electronic format. However, CCHP may require supporting documentation in a paper format for corrections made as a result of a coding denial.

**What is a corrected claim?**
A corrected claim is any claim that has a change to the original claim, including but not limited to:

- Changes or corrections to charges
- Procedure or diagnostic codes
- Dates of service
- Member name

**Corrected claim submittal requirements**
Corrected claims that do not include the required information listed below will be denied.

- All lines billed on the original claim must also be billed on the corrected claim, and in the same order
- All corrections require:
  - An appropriate Claim Frequency Code
  - Payer Claim Control Number (Original Claim ID)

The following examples below show what information is required.

Example 1: A corrected claim that is for a claim frequency code or payer claim control number DOES NOT require supporting documentation.
Example 2: A corrected claim that DOES require supporting documentation. Supporting documentation may still be needed for the following:

- Certain claim-edit denials related to code bundling
- New patient visits
- Global surgery
- Diagnosis
- Unlisted code

Submitters must submit claims requiring supporting documentation via the CMS-1500 or CMS-1450 form only. No electronic processing of these claims is currently supported. While CCHP can accept the paperwork (PWK) segment on an 837 transaction, we cannot guarantee it’s being used in claims processing.
CCHP asks that you submit an appeal when a corrected claim doesn’t address a claim denial. Submitters must send a completed Provider Appeal / Claim Review Request Form (available on our website); along with any more required supporting documentation. To comply with HIPAA guidelines, please submit documentation that supports the correction only.

Appeals

CCHP does not accept claims or appeals via fax.

BadgerCare Plus:
Provider appeals must be submitted using CCHP’s Provider Appeal/Claim Review Request Form. Please send one form and supporting documentation per claim review request. Mail claim appeals to:
Children’s Community Health Plan
PO Box 56099
Madison, WI 53705

Together with CCHP:
Provider appeals must be submitted using Together with CCHP Provider Appeal / Claim Request Review Form. Please send one form and the supporting documentation per claim review request. Mail claim appeals to:
Together with CCHP
ATTN: Appeals Department
P.O. Box 1997, MS 6280
Milwaukee, WI 53201-1997

Fraud, Waste, and Abuse

CCHP is required to cooperate with regulatory and law enforcement agencies in reporting any activity that appears to be suspicious. According to the law, any information that we have concerning such matters must be turned over to the appropriate governmental
Regulatory definitions

**Fraud** is defined as intentional deception or misrepresentation made by an entity or person, including but not limited to a subcontractor, vendor, provider, member, or other customers with the knowledge that the deception could result in some unauthorized benefit to a person or an entity.

Fraud includes any attempt to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the custody or control of, any health care benefit program. It includes any act that constitutes fraud under applicable state and federal laws. For example, fraud may exist when provider bills for services not rendered, and the service cannot be substantiated by documentation.

**Waste** is an act involving payment or the attempt to obtain payment for items or services where there was no intent to deceive or misrepresent, but where the outcome of poor or inefficient methods resulted in unnecessary costs to the plan.

**Abuse** is incidents or practices that are inconsistent with accepted, sound business, fiscal, or medical administrative practices. Abuse may, directly or indirectly, result in unnecessary costs to the health plan, improper payment, or payment for services that fail to meet professional standards of care or are medically unnecessary. Abuse consists of payment for items or services when there is no legal entitlement, and the recipient has knowingly misrepresented the facts to receive the benefit or payment. Abuse often takes the form of claims for services not medically necessary or not medically necessary to the extent provided. Abuse also includes practices by subcontractors, providers, members, or customers that result in unnecessary costs to the health plan. For example, abuse may exist when the provider fails to appropriately bill new and established patient office codes. The provider bills a “new” patient code both on the initial visit and subsequent visits.

**How to Report Fraud, Waste, and Abuse**

Contact the Children's Community Health Plan Special Investigations Unit online compliance reporting at ethicspoint.com, and click on:

- Under “File a New Report via EthicsPoint” enter our organization name as “CCHP” and click “Submit”
- On the next page, click the radio button indicating the CCHP associated with Children’s Hospital of Wisconsin and then click “Select Company/Institution”
Together with CCHP Pharmacy Updates

Formulary Notices

Together with CCHP’s Pharmacy services would like to notify providers of two formulary updates.

- Brand Advair Diskus will remain a covered product. Brand Advair Diskus will be available at the generic copay. However, Generic Advair Diskus will not be covered.
- Brand name Ventolin HFA will continue to be the preferred albuterol inhaler for Together with CCHP members. Albuterol HFA is currently not covered.

Valsartan recall for Together with CCHP

Aurobindo Pharma USA Inc. is recalling 38 lots of Valsartan and Amlodipine/Valsratan tablets because of an impurity found in the product. The impurity—N-nitrosodiethylamine (NDEA)—is classified as a probable human carcinogen.

For more information about this recall:

- Contact Aurobindo Pharma USA Inc. at 1-866-850-2876 for questions regarding this recall. TTY users should call 711.

Losartan recalls for Together with CCHP

Legacy Pharmaceutical Packaging LLC recalled 40 repackaged lots of Losartan...
Potassium Tablets, USP, 25 mg, 50 mg, and 100 mg. Camber Pharmaceuticals Inc. prompted this recall by issuing a voluntary nationwide recall of Losartan Tablets, USP because of an impurity found in the product. The impurity is a chemical called N-nitroso N-Methyl 4-amino butyric acid (NMBA) and is classified as a probable human carcinogen.

For more information about this recall:

- Contact Camber Pharmaceuticals at 1-866-495-1995, Monday through Friday from 8 a.m. to 4:30 p.m. TTY users should call 711.

Camber Pharmaceuticals, Inc. recalled 87 lots of Losartan because of an impurity found in the product.

For more information about this recall:

- Contact Camber Pharmaceutical’s Med Line at 1-866-495-1995 Monday through Friday from 9 a.m. to 5 p.m. TTY users should call 711.

Torrent Pharmaceuticals Limited recalled 60 lot numbers of Losartan and 54 lots of Losartan/Hydrochlorothiazide because of an impurity found in the product.

For more information about this recall:

- Contact Torrent Pharmaceuticals Limited at 1-800-912-9561 from 8 a.m. to 5 p.m. (voicemail available 24 hours a day, 7 days a week). TTY users should call 711.