

Reimbursement for Pharmaceutical Care

How to utilize the Wisconsin Medicaid/SeniorCare system

by Elizabeth DeVore, PharmD, RPh

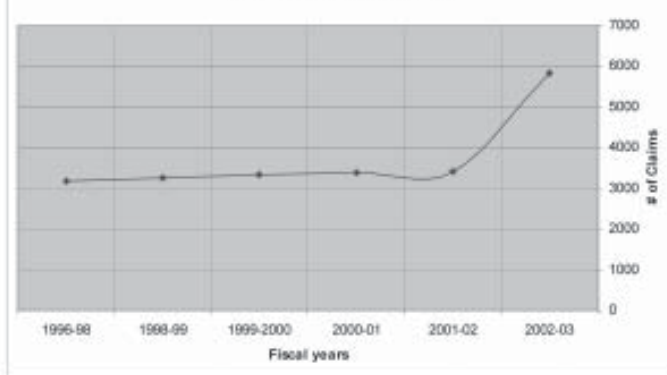
A unique opportunity exists for pharmacists practicing in Wisconsin to receive reimbursement for pharmaceutical care practices that are commonly provided on a daily basis. Providing care to patients that enhances the effectiveness of drug therapy beyond the distribution of a drug product is commonly referred to as pharmaceutical care. Pharmacists have successfully demonstrated their ability to provide safe and effective pharmaceutical care through numerous pilot projects in recent years. Some noteworthy projects include APhA's Project Impact: Hyperlipidemia; The Lakeshore Project conducted in Two Rivers, Wisconsin; and the Iowa Medicaid Pharmaceutical Case Management Program. In addition, the Wisconsin Medicaid system began a pilot program in March of 1996 to provide payment to pharmacists for providing specific patient interventions. The program was soon implemented as the first statewide real-time pharmaceutical care billing system in the country on July 1, 1996.

The number of claims submitted to the Medicaid and SeniorCare systems has nearly doubled since the program's inception. However, the growth process was slow, as illustrated in Figure 1. Also, despite the recent increase in claims, pharmacists currently submit pharmaceutical care claims for less than one percent of the total pharmacy claims processed through Wisconsin Medicaid and SeniorCare. These utilization numbers underscore the opportu-

nity that still exists for Wisconsin pharmacists to demonstrate their ability to provide pharmaceutical care. Utilization of the pharmaceutical care billing system should be viewed as a professional opportunity as well as a potential for income. Monetary reimbursement is certainly a viable incentive for pharmacies to provide pharmaceutical care services. Pharmacies providing these services received an average reimbursement of \$20 per claim in addition to payment for the drug product during the 2003 fiscal year. So, how can your pharmacy take advantage of this unique reimbursement opportunity? This article will outline three simple steps needed for your participation.

The claims are structured very much like a typical drug utilization review claim. Each claim has a "reason," an "action," and a "result." The "reason" can be best

FIGURE 1. CLAIMS GROWTH RATE



thought of as the problem that is identified by the pharmacist upon evaluating a patient's drug therapy. The pharmacist then takes an "action" to resolve or address the identified problem. The "result" of the intervention can be described as the impact on the drug product the patient receives.

The following example illustrates the three parts of a claim. A patient presents the pharmacist with a request for a refill

of her tramadol. Upon review of the patient's profile, the pharmacist discovers the request is 14 days earlier than expected. The original prescription was written instructing the patient to use one tablet twice daily. The patient states her physician instructed her verbally to take one tablet four times daily. The pharmacist contacts the provider, and a new prescription is obtained with different directions. In this example, the "reason" for intervention was an early refill request. The "action" taken by the pharmacist was to contact the patient's provider. The "result" was the receipt of a new prescription with new directions for use. These three components, once completed, can be documented and submitted for reimbursement at a rate based on the amount of time the pharmacist spent on the intervention.

To begin submitting claims for reimbursement, one simply needs to understand and act on the following three concepts.

1.) Understand what interventions/ services can be submitted for reimbursement.

Countless situations arise daily in which pharmacists exercise their skills in an effort to ensure that patients receive safe and effective drug therapy. While performing this function, why not recognize existing opportunities for additional payment for services? Specific examples of problems within general categories of potential interventions are outlined in Table 1. (Note that some problems may be identified under multiple intervention types.) This table may be helpful as a quick reference for pharmacists to identify potential "reasons" for pharmaceutical care claims when working with individual patients. In addition, a worksheet is provided in the *Wisconsin Medicaid Pharmacy Provider Handbook* to guide pharmacists through possible "reasons" for interventions. (See Appendix on page 24.) Not only are the listed interventions opportunities for pharmaceutical care billing, but they are also an essential part of a pharmacist's drug therapy evaluation.

2.) Develop a system to document how the interventions or services were provided.

We've all heard the phrase, "If you didn't document it, it didn't happen." Pharmaceutical care billing is a prime example of the need for accurate documentation.

TABLE 1.

Intervention	Unnecessary Drug	Wrong Drug	Dosing	Adverse Reaction	Compliance	Additional Drug	Other
Problem	Possible drug misuse	Suboptimal regimen	High dose	Patient complaint/symptom	Late refill	Drug recommended (new diagnosis)	Asthma teaching
	Therapeutic duplication	Suboptimal dose form	Low dose	Additive toxicity	Early refill	Suboptimal regimen	Generic substitution
	Forgery possible	Drug allergy	Insufficient quantity	Drug-drug interaction	Medication management		IV drug detected incompatibility
	Possible drug abuse or diversion	Side-effect precaution necessary	Excessive duration	Drug allergy	In-home management		Product selection opportunity (cost savings)
			Excessive quantity	Unintended pharmacological response	Lab test needed		Side-effect precaution necessary

TABLE 3. WISCONSIN MEDICAID MAXIMUM PHARMACEUTICAL CARE LEVEL OF SERVICE DEFINITIONS

Level 10 <i>Traditional or Unit Dose (UD) Dispensing Fee</i>	<i>Basic Prescription Service — No Pharmaceutical Care (PC) Provided</i> — Meets all dispensing requirements including record keeping, profiles prospective Drug Utilization Review (DUR), and counseling. No Pharmaceutical Care (PC) coding required.
Level 11 <i>PC Dispensing Fee</i> (1-5 minutes, excluding documentation time)	<i>Pharmaceutical Care, Level I</i> — Compliant with all dispensing requirements including record keeping, prospective DUR, and counseling. In addition to the basic service requirements, a PC chart must be maintained plus additional PC provided, usually requiring less than six minutes of the pharmacist's time. Requires intended use/diagnosis for all drugs prescribed for this patient and <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) diagnosis code for each PC intervention submitted.
Level 12 <i>PC Dispensing Fee</i> (6-15 minutes, excluding documentation time)	<i>Pharmaceutical Care, Level II</i> — Compliant with all basic dispensing requirements including record keeping, prospective DUR, and counseling. In addition to the basic service requirements, a PC chart must be maintained plus additional PC provided, requiring six to 16 minutes of the pharmacist's time. Requires intended use/diagnosis for all drugs prescribed for this patient and ICD-9-CM diagnosis code for each PC intervention submitted.
Level 13 <i>PC Dispensing Fee</i> (16-30 minutes, excluding documentation time)	<i>Pharmaceutical Care, Level III</i> — Compliant with all basic dispensing requirements including record keeping, prospective DUR, and counseling. In addition to the basic service requirements, a PC chart must be maintained plus additional PC provided requiring 16 to 30 minutes of the pharmacist's time. Requires intended use/diagnosis for all drugs prescribed for this patient and ICD-9-CM diagnosis code for each PC intervention submitted.
Level 14 <i>PC Dispensing Fee</i> (31-60 minutes, excluding documentation time)	<i>Pharmaceutical Care, Level IV</i> — Compliant with all basic dispensing requirements including record keeping, prospective DUR, and counseling. In addition to the basic service requirements, a PC chart must be maintained plus additional PC provided requiring 31 to 60 minutes of the pharmacist's time. Requires intended use/diagnosis for all drugs prescribed for this patient and ICD-9-CM diagnosis code for each PC intervention submitted.
Level 15 <i>PC Dispensing Fee</i> (Over 60 minutes, excluding documentation time)	<i>Pharmaceutical Care, Level V</i> — Compliant with all basic dispensing requirements including record keeping, prospective DUR, and counseling. In addition to the basic service requirements, a PC chart must be maintained plus additional PC provided requiring more than 60 minutes of the pharmacist's time. Requires intended use/diagnosis for all drugs prescribed for this patient and ICD-9-CM diagnosis code for each PC intervention submitted. This PC pays at Level 14.

TABLE 2.

Reason Code:	ER (20)	Definition:	Result Code, Definition	Levels, Fees, Pharmaceutical Care (PC) Codes	Required Documentation and Limits (Providers must maintain a PC profile and include the following documentation. This documentation must be made available to Wisconsin Medicaid when requested.)
M0 (22) PE (25)	<p>Prescriber contacted. Verbal or written communication to the recipient by a pharmacist to enhance the recipient's knowledge about the condition under treatment, or to develop skills and competencies related to its management.</p>	<p>1C (12) 1D (13) 1F (15) 1K (18) 2A (30) 3M (80) 3K (85)</p>	<p>Order filled with different dose. Order filled with different directions. Order filled with different quantity. Order filled with different dosage form. Order not filled. Compliance aid developed. Instructions understood.</p>	<p>Level-Fee 11-\$9.45 12-\$14.68 13-\$22.16 14-\$22.16 15-\$22.16</p> <hr/> <p>Allowed PC dispensing fee code combinations: ER-M0-1C+ ER-M0-1D+ ER-M0-1F+ ER-M0-1K+ ER-M0-2A ER-PE-2A ER-PE-3M+ ER-PE-3K+</p> <p>+ Requires linked drug NDC, same DOS.</p>	<p>Document: Date of intervention. Professional time spent on intervention (minutes). Exclude documentation time. Time spent on documentation (minutes). Identify drug. Dates for previous two refills. Expected date for this refill. Number of days early, percent early on days' supply. Determine reason for early refill request. Outcome, including summary of any communication, with prescriber and recipient. Changes made to drug(s), dose, frequency, directions, or quantity prescribed. Indicate if the intervention was for safety, efficacy, compliance, or cost savings-only purposes. ICD-9-CM for diagnosis, disease, or intended use of medication involved in the submitted intervention. R.Ph. identity.</p> <p>Limits: A maximum of four Reason ER (20) PC dispensing fees per recipient, per year. Result code 2A (30) may only be indicated when a replacement drug is not prescribed. A PC dispensing fee may not be claimed under this code if the early refill is determined to be due to something other than a compliance problem (e.g., recipient leaving town, early refill for convenience, lost medication). Max PC dispensing fee: Level 13 on Action Code M0, level 12 on Action Code PE.</p>

Early refill.
-Compliance problem suspected.
-Refill before 75% of previous prescription should be consumed, based on predicted days' supply (abuse not suspected).
-Do not use this code if abuse is suspected or documented. See Reason code DM (65).

Wisconsin Medicaid Pharmaceutical Care Worksheet for Payable Codes

Providers may use the following tables to assist in determining billing codes for Pharmaceutical Care (PC) dispensing fees. Not all code combinations are recognized as PC activities and not all recognized PC activities result in allowable PC dispensing fees. Pharmaceutical Care codes are only billable when they represent activity beyond that required under Omnibus Budget Reconciliation Act of 1987 (OBRA '87) and OBRA '90 and when they deal with issues of patient compliance, safety, or efficacy that result in a positive outcome.

Reason for provision of Pharmaceutical Care		
<input type="checkbox"/>	AD (60)	Additional Drug Recommended
<input type="checkbox"/>	AN (10)	Forgery Possible (Prescription Authentication) √
<input type="checkbox"/>	AR (61)	Adverse Drug Reaction √
<input type="checkbox"/>	AT (40)	Additive Toxicity
<input type="checkbox"/>	CD (71)	Chronic Disease Mgt - Asthma
<input type="checkbox"/>	CS (63)	Patient Complaint/Symptom
<input type="checkbox"/>	DA (41)	Drug Allergy
<input type="checkbox"/>	DD (44)	Drug-Drug Interaction
<input type="checkbox"/>	DI (45)	IV Drug Incompatibility
<input type="checkbox"/>	DM (65)	Possible Drug Misuse √
<input type="checkbox"/>	ER (20)	Early Refill √
<input type="checkbox"/>	EX (21)	Excessive Quantity
<input type="checkbox"/>	HD (23)	High Dose
<input type="checkbox"/>	LD (33)	Low Dose
<input type="checkbox"/>	LK (66)	Lock-in Recipient √
<input type="checkbox"/>	LR (25)	Late Refill (Under Use) √
<input type="checkbox"/>	MN (30)	Insufficient Duration
<input type="checkbox"/>	MX (22)	Excessive Duration √
<input type="checkbox"/>	NN (80)	Unnecessary Drug √
<input type="checkbox"/>	NS (32)	Insufficient Quantity
<input type="checkbox"/>	PS (17)	Product Selection Opportunity
<input type="checkbox"/>	RE (84)	Suspected Environmental Risk (In-home Management)
<input type="checkbox"/>	SC (83)	Suboptimal Compliance
<input type="checkbox"/>	SE (95)	Side-Effect Precaution (Side Effect) √
<input type="checkbox"/>	SF (34)	Suboptimal Dose Form
<input type="checkbox"/>	SR (36)	Suboptimal Regimen
<input type="checkbox"/>	TD (59)	Therapeutic Duplication
<input type="checkbox"/>	TN (85)	Lab Test Needed √
<input type="checkbox"/>		Not Billable For Nursing Home Residents

Action taken by pharmacist		
<input type="checkbox"/>	AS (20)	Patient Assessment
<input type="checkbox"/>	CC (21)	Coordination of Care
<input type="checkbox"/>	M0 (22)	MD Contacted (Prescriber Consulted)
<input type="checkbox"/>	MR (23)	Medication Review
<input type="checkbox"/>	PE (25)	Patient Education
<input type="checkbox"/>	R0 (29)	R.Ph. Consult Other Contacted
<input type="checkbox"/>	RT (30)	Recommend Lab Test
<input type="checkbox"/>	TC (15)	Payer/Processor Contacted
<input type="checkbox"/>	TH (12)	Therapeutic Product Interchange*
		* Action Requires Prescriber Authorization

Result of action		
<input type="checkbox"/>	1C (12)	Filled, Different Dose
<input type="checkbox"/>	1D (13)	Filled, Different Directions
<input type="checkbox"/>	1E (14)	Filled, Different Drug
<input type="checkbox"/>	1F (15)	Filled, Different Quantity
<input type="checkbox"/>	1K (18)	Filled, Dose Form Change
<input type="checkbox"/>	2A (30)	NOT Filled
<input type="checkbox"/>	3K (85)	Instructions Understood
<input type="checkbox"/>	3M (80)	Compliance Aid Developed (Distribution System)

Level	
<input type="checkbox"/>	11 0 through 5 minutes
<input type="checkbox"/>	12 6 through 15 minutes
<input type="checkbox"/>	13 16 through 30 minutes
<input type="checkbox"/>	14 31 through 60 minutes
<input type="checkbox"/>	15 61+ minutes

Use alphanumeric values for real-time and paper claims. Pharmaceutical Care cannot be billed through electronic media claims.

Each time a claim is submitted, documentation of the three steps, "reason, action, result," is required in order to receive payment. The worksheet provided by Wisconsin Medicaid (Appendix) is one option to begin the documentation process in your pharmacy. However, this worksheet lacks the complete information about required documentation and limits to each intervention. An additional documentation worksheet is available in Appendix 5 of the *Pharmacy Provider Handbook*, but lacks any specific codes and may therefore result in combinations that are not eligible for reimbursement. A more helpful document is provided in the *Wisconsin Medicaid Pharmacy Handbook* in which each possible reason for intervention is outlined in Appendix 7: an example of the format is shown in Table 2. The intervention outlined in this example is of an early refill request. The format is structured around the "reason, action, result" system described earlier. Work through Table 2 by thinking about the patient who arrived in the pharmacy earlier in this article requesting a refill for tramadol 14 days earlier than expected. In the column on the far right of the table,

all the points can be documented based on the events that transpired after the request was made. Specific requirements and limitations for use are also outlined for each potential intervention. These tables are the most complete source of information about potential claims and may be helpful in guiding pharmacists through the documentation in order to ensure payable code combinations are used and limitations are not exceeded.

3.) Submit the documented pharmaceutical care interventions as claims for payment.

After payable combinations are chosen based on the "reason, action, and result" of the intervention, the amount of the pharmacist's time spent determines the amount of reimbursement. Table 2 illustrates the selection of the level of service provided and the corresponding reimbursement amount appropriate to each intervention. Table 3 outlines the five levels of service based on minutes of pharmacist's time. The documented claims should then be sent to Wisconsin Medicaid for payment. Claims can be submitted either through an online real-time system or by using the noncompound drug form and submitting a paper claim. Instruc-

tions for filing a noncompound drug form are outlined clearly in the *Wisconsin Medicaid Pharmacy Handbook*.

NONCOMPOUND DRUG FORM AND OTHER FORMS ARE AVAILABLE AT [HTTP://DHFS.WISCONSIN.GOV/MEDICAID2/HANDBOOKS/PHARMACY/INDEX.HTM](http://DHFS.WISCONSIN.GOV/MEDICAID2/HANDBOOKS/PHARMACY/INDEX.HTM)

By simply following these three outlined steps, your pharmacy will be ready to experience another avenue of reimbursement for interventions that pharmacists provide on a daily basis. How many times today did you encounter one of the potential reasons listed in the appendix to this article? Challenge your pharmacy to investigate the easiest way to begin submitting claims today!

A CD-ROM version of the pharmacy provider handbook will be provided quarterly to pharmacies unless otherwise arranged. Paper copies of the forms may be obtained in lieu of a CD-ROM by contacting Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883. ●

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