

MULTIPLE SCLEROSIS STAGED ASSESSMENT TOOL FOR WWWP PROVIDERS

WWWP & MULTIPLE SCLEROSIS

Background

- The Wisconsin Well Woman Program (WWWP) covers multiple sclerosis assessment for women whose clinical presentation is very suspicious for MS. The MS services are covered effective April 2005 and are in response to a requirement in the 2003-05 State budget.
- A staged assessment is used for the MS testing: 1. Risk assessment as part of regular WWWP preventive screening visits, 2. Beginning MS assessment by a participating primary care provider, and 3. Diagnostic testing for MS by a participating MS Center. No other testing can be covered by WWWP.
- MS Centers (located in Marshfield and Madison) will provide access to donated/discounted MS treatment for WWWP enrolled women who are diagnosed with MS.
- To be eligible for the staged assessment for MS, women must be enrolled in WWWP (e.g., 35-64 years, low-income, and underinsured) and must have symptoms or signs which are clinically very suspicious for multiple sclerosis.

Additional WWWP-MS Program Guidance for Providers

“MS Assessment: Services & Rates for WWWP”

“MS & WWWP: Guidelines for Staged Assessment & Referral”

“MS Report & Referral Form for WWWP” (DPH 43021 rev. 3/06)

“MS Testing: Client Page for WWWP Providers & Coordinators”

“MS Center Contacts for WWWP Staged Assessment for MS”

All are available from WWWP at:

Phone: 608-266-8311

Web site: <http://dhfs.wisconsin.gov/womenshealth/wwwp>

Patient Education Resources on MS

National Library of Medicine, Medline Plus:

- Encyclopedia – Multiple Sclerosis (four-page overview for consumers).
<http://www.nlm.nih.gov/medlineplus/ency/article/000737.htm>

Neurology, Journal of the AAN – Patient Pages:

- “MS Treatment – Some Safety Issues to Keep in Mind” by Dr. Maria Aquilar, Feb. 2004 (two-page overview).
<http://www.neurology.org/>

National MS Society:

- “Diagnosis - the Basic Facts” (nine-page overview & description of MRI).
<http://www.nationalmssociety.org/Brochures-On%20Diagnosis.asp>

MS STAGED ASSESSMENT FOR WWWP *

* see page 3 for “Clinical Background on Multiple Sclerosis”

1. Risk Assessment during Regular Screenings for WWWP

No New Covered Service for WWWP Providers:

- Initial risk assessment for MS can be incorporated into preventive medicine office visits already covered by the WWWP (one per year).
- No new procedure codes are added for risk assessment.

Sample Questions for MS Risk Assessment:

These questions are suggestive but may not be specific for MS. They are intended to elicit a history of a clinically isolated syndrome (attack) characteristic of MS and are based on clinical literature and MS Center experience:

- Have you ever been told you have multiple sclerosis?
- Have you ever lost vision in one eye or been told you had optic neuritis?
- Have you ever had an “electric shock” sensation running through your body when bending your head forward?
- Have you ever had a band of numbness or tingling around your chest or abdomen?

No evidence-based screening test for MS is available at this time.

Criteria to Refer to Primary Care Provider for Beginning MS Assessment:

- Client reports a history of symptoms or shows clinical signs highly suspicious for having MS.
- Client reports being diagnosed or has a record of being diagnosed with MS and needs help getting treatment for MS.
- Client expresses concern about having MS and requests further evaluation.
- Client must be enrolled in WWWP and must get a beginning MS assessment from a primary care provider signed up for MS services.

To Initiate a Referral for a Beginning MS Assessment:

- Contact the Local WWWP Coordinator (for the woman’s county or tribe of residence) to locate and make a referral to a primary care provider who has signed up to do the beginning MS assessment covered by WWWP. Or
- Primary care provider who does the initial MS risk assessment as part of a regular WWWP screening visit and who has signed up to do the beginning MS assessment, can schedule a separate office visit for the beginning MS assessment (on the same or a different date of service).

The WWWP Local Coordinator list is available from:

WWWP phone: 608-266-8311

WWWP web site: <http://dhfs.wisconsin.gov/womenshealth/wwwp>

2. Beginning MS Assessment by Primary Care Provider (PCP)

What's Covered for participating Primary Care Providers:

PCPs = physicians, advanced practice nurses and physician assistants who specialize in family practice or adult/internal medicine and who are signed up to provide WWWP MS services.

- Evaluation/Management office visit for established or new patient (see list of MS Services & Rates) by PCP who has signed up for MS assessment.
- Beginning assessment for MS includes a history, review of systems, and physical exam, to identify women whose history and clinical presentation is strongly suspicious for MS and who need a referral for follow-up MS diagnostic testing by a participating MS Center. Referral criteria follow.
- Beginning MS assessment can be done on the same date of service (DOS) as a screening visit, or on a different date of service.
- MS testing and rule-out procedures are not covered for PCPs.
- Provider must give client the "MS Testing: Client Page for WWWP."
- See "MS Assessment: Services & Rates for WWWP."

Criteria to Refer to MS Center for MS Testing Covered by WWWP**:

- Neurologic symptoms or signs consistent with 1 or more Clinically Isolated Syndromes (CIS) characteristic of MS (see "Clinical Background on MS" on pages 3-5).
- Other considerations based on demographics and differential diagnosis.
- Past history of MS diagnosis and client needs help with treatment for MS.

** WWWP can only cover referrals for diagnostic testing from participating PCPs and to participating MS Centers (see separate list with contacts). Referrals must be accompanied by a "MS Report & Referral Form for WWWP" (see below).

Referrals for other neurologic conditions:

- WWWP cannot cover testing or treatment for other conditions that can mimic MS.
- Providers must refer clients to donated/discounted services for other neurologic conditions that can mimic MS.

"MS Report & Referral Form for WWWP" and participating PCPs:

- Primary care providers must complete both the Client and Primary Care sections of the "MS Report & Referral Form for WWWP" and submit a copy with their claims.
- A copy of the completed Form must be sent along with any referrals to participating MS Centers for MS diagnostic testing.
- A copy of the completed Form must also be sent to the WWWP Local Coordinator for the client's county of residence.
- MS Forms are available from the WWWP office at: 608-266-8311.

Billing for Beginning MS Assessment by participating PCPs:

- Claims can only be accepted as hard copies (electronic billing for MS services is not available at this time).
- For billing questions on MS services contact WWWP c/o Anne Dopp at 608-266-1556 or doppaw@dhfs.state.wi.us
- Submit the paper claim for covered MS services and a copy of the completed "MS Report & Referral Form for WWWP" to:
WWWP-MS
WI Division of Public Health
PO Box 2659
Madison WI 53701-2659

Clients Who Need Help Getting to MS Centers for Diagnosis:

- The National Multiple Sclerosis Society – Wisconsin Chapter can provide some assistance for WWWP women who need help getting to a regional MS Center for MS diagnostic testing (e.g., help with transportation, childcare, counseling).
- Contact the WWWP Local Coordinator for your WWWP client's county of residence, to make arrangements for available support services.

The WWWP Local Coordinator list is available from:

WWWP phone: 608-266-8311

WWWP web site: <http://dhfs.wisconsin.gov/womenshealth/wwwp>

3. MS Diagnostic Testing by MS Center

What's Covered for MS testing by participating MS Centers:

- MS diagnostic services can only be reimbursed for MS Centers that are affiliated with the National MS Society and are signed up with WWWP.
- See "MS Assessment: Services & Rates for WWWP" for the complete list of CPT codes that can be covered for participating MS Centers and WWWP-enrolled women whose clinical presentation is very suspicious for MS.
- CPT codes include: initial consultation visit, MS diagnostic tests (e.g., MRI, evoked potential tests, CSF tests), and a follow-up visit to confirm MS diagnosis and treatment or refer for non-MS services.
- WWWP will consider requests from participating MS Centers, on a case-by-case basis, to reimburse other tests that may occasionally be needed to help rule-out other conditions that can mimic MS. Contact WWWP c/o Anne Dopp at 608-266-1556 or doppaw@dhfs.state.wi.us
- Treatment and assistive devices for MS cannot be covered by WWWP.
- Diagnostic testing or treatment for other conditions that can mimic MS cannot be covered by WWWP. Clients must be referred to other donated/discounted community services.

“MS Report & Referral Form for WWWP” and participating MS Centers:

- The MS Center must complete the Client and MS Center sections of the “MS Report & Referral Form for WWWP” and submit a copy with claims.
- A copy of the completed Form (with final diagnosis and status of treatment) must be sent back to the referring primary care physician.
- MS Forms are available from WWWP at 608-266-8311.

Billing for MS Diagnostic Testing by participating MS Centers:

- Claims can only be accepted as hard copies (electronic billing for MS services is not available at this time).
- For billing questions on MS services contact WWWP c/o Anne Dopp at 608-266-1556 or doppaw@dhfs.state.wi.us
- Submit the paper claim for covered MS services and a copy of the completed “MS Report & Referral Form for WWWP” to:
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MS CENTERS PARTICIPATING IN STAGED ASSESSMENT FOR MS

Marshfield Clinic – MS Center (Marshfield)
University of Wisconsin Hospital & Clinics – MS Center (Madison)

For a contact list for each participating MS Center, please contact WWWP at:

Phone: 608-266-8311

Web: <http://dhfs.wisconsin.gov/womenshealth/wwwp>

OTHER NOTES

CLINICAL BACKGROUND ON MULTIPLE SCLEROSIS

Definition – Multiple Sclerosis

MS is an autoimmune and progressive inflammatory demyelinating disease of the central nervous system that can affect the brain, spinal cord and optic nerves.

Causes, Incidence, Risk Factors and Prognosis

- The cause of MS is unknown. Research suggests there may be multiple causative factors: autoimmune, infectious, environmental, and genetic.
- MS affects about 1 out of 1,000 people and is more common in females than males (2.5:1). MS occurs in all major racial groups, but is most common in whites.
- The usual onset of symptoms is between 20-40 years of age, but can occur at any age. Symptoms can vary with each clinical event.
- Risks include having a family history of MS (sibling or parent), and living farther from the equator (northern Europe and U.S., southern Australia).
- The patient outcome is variable, but most people with MS continue to live and work without much disability for 20 or more years.

Clinically Isolated Syndrome Characteristic of MS (CIS)

- A single neurological disturbance (attack) that is characteristic of MS and that is monosymptomatic (not accompanied by any other clinical signs or symptoms).
- Reported symptoms or observed signs last at least 24 hours.
- Excludes pseudoattacks and single paroxysmal episodes.

2 or more CIS's:

- Must be separated in time (at least 30 days between attacks 1 & 2).
- Are usually separated in space (evidence of damage to 2 or more sites in the central nervous system).

“Approximately 50-80% of individuals who present with a clinically isolated syndrome (CIS) already have lesions on MRI, consistent with prior (occult) disease activity.” (Frohman, 2003, p. 602)

CLINICAL BACKGROUND ON MULTIPLE SCLEROSIS cont'd

Initial Presenting Symptoms Characteristic of MS:

Optic Neuritis (presenting symptom in 20% of MS patients)

- Unilateral vision loss (usually central)
- May have monocular blurred vision
- Pain with eye movement
- Afferent pupillary defect
- Optic disc edema in 1/3 of patients
- Gradual recovery of vision

Internuclear Ophthalmoplegia (lesion in medial longitudinal fasciculus)

- Diplopia
- Impaired horizontal eye movements
- Nystagmus in opposite eye with lateral gaze

Sensory

- Numbness
- Paresthesias
- Lhermitte's Sign (radiating paresthesias with neck flexion)
- Non-specific aching pain

Motor

- Weakness
- Ataxia

Heat Sensitivity

Bowel/Bladder Dysfunction

Sexual Dysfunction

Depression

Fatigue

Cognitive Decline (present in 40-65% of patients)

- Processing speed, memory, concentration

Uhthoff's Phenomenon

- Heat, fatigue, infection worsens symptoms

Less Common Symptoms

- Hearing loss, facial weakness or spasm, Trigeminal neuralgia
- Slurred speech/aphasia, extrapyramidal symptoms

Physical Examination:

Cognitive ability

Emotional status

Speech and language function

Vision

- Acuity
- Visual fields
- Fundoscopic exam
- Ocular movements
- Nystagmus
- Afferent pupillary defect (swinging flashlight test)

Cranial nerve function (I – XII)

Cerebellar function

- Rapid alternating movements
- Accuracy of movements (finger-to-finger, finger-to-nose, heel-to-shin)
- Balance (Romberg, stand and hop on one foot)
- Gait
 - Spasticity (short steps, leg dragging, scissoring – thighs cross forward on each other with each step)
 - Cerebellar ataxia (wide-based stance, staggering/lurching, trunk sway)
 - Sensory ataxia (wide-based stance, feet forward and out, heel down first – then toes, patient watching ground, positive Romberg)

Sensory function

- Primary
 - superficial touch or pain
 - temperature
 - deep pressure
 - vibration
- Cortical
 - Stereognosis
 - 2-point discrimination
 - localization of stimulus

Deep tendon reflexes

Clinical signs of Upper Motor Neuron lesions

- Muscle spasticity
- Contractures
- Little to no atrophy present
- Decreased strength
- Hyperactive deep tendon reflexes
- Absent plantar reflex
- No fasciculations

Diagnosing MS

Components of the diagnosis:

- Clinical: 1 or more separate Clinically Isolated Syndromes characteristic of MS (clinical events/attacks)
- Paraclinical: results from MRI, cerebrospinal fluid analysis, evoked potentials
- Rule out alternative conditions that can mimic MS or mimic the MRI-findings associated with MS.

McDonald's Diagnostic Criteria for MS:

- Outlines the use of clinical and paraclinical findings to diagnose definite or possible MS, including the incorporation of MRI findings into diagnosis (see Frohman, 2003; and National MS Society – Tip Sheet).

“Many studies support the MRI component of the McDonald criteria by showing a strong and consistent association between the number of T2 lesions on MRI and the subsequent development of clinically definite MS among patients with CIS or optic neuritis” (U.S. Department of Health and Human Services, 2004, pp. 3-4).

Conditions that can Mimic MS or MRI White Matter Changes Seen with MS

- Age-related white matter changes
- Acute disseminated encephalomyelitis
- Behcet's disease
- Bacterial infections (syphilis, Lyme disease)
- Cerebral autosomal dominant arteriopathy, subcortical infarcts, and leukoencephalopathy
- Cervical spondylosis or stenosis
- HIV infection
- Human T-lymphotrophic virus I/II
- Ischemic optic neuropathy (arteritic and nonarteritic)
- Leukodystrophies (adrenoleukodystrophy, metachromatic leukodystrophy)
- Neoplasms (lymphoma, glioma, meningioma)
- Migraine
- Sarcoid
- Sjogren syndrome
- Stroke and ischemic cerebrovascular disease and spinal cord infarction
- Systemic lupus erythematosus, antiphospholipid antibody syndromes, and related collagen vascular disorders
- Vascular malformations
- Vasculitis (primary CNS or other)
- Vitamin B12 deficiency

CLINICAL REFERENCES

- Frohman, E.M. et al.** (2003). The Utility of MRI in Suspected MS. *American Academy of Neurology*, 61: 602-611. Available at: <http://www.neurology.org/>
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- McDonald et al.** (2001, July). Recommended diagnostic criteria for multiple sclerosis: Guidelines from the International Panel on the Diagnosis of Multiple Sclerosis, *Annals of Neurology*, 50(1): 121-7.
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- Olek, M.J.** (2003). Diagnosis of Multiple Sclerosis, *Up to Date*, Available at: <http://www.uptodate.com>
- Patel, S. J., Lundy, D.C.** (2002). Ocular Manifestations of Autoimmune Disease, *American Family Physician*, 66 (6): 991-998.
- U.S. Department of Health and Human Services – Agency for HealthCare Research & Quality.** (May 2004). Evidence Report: Criteria to Determine Disability Related to Multiple Sclerosis. Available at: <http://www.ahrp.gov/clinic/epcsums/msdissum.htm>

CLINICAL CONTENT ON MS PROVIDED BY

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DISCLAIMERS

- The information contained in this Tool is meant to serve as a guideline for WWWP providers for the staged assessment for MS for women enrolled in WWWP and whose clinical presentation is very suspicious for MS.
- This Tool is not intended to serve as a substitute for the clinical judgement of a specialist trained in disorders of the nervous system.