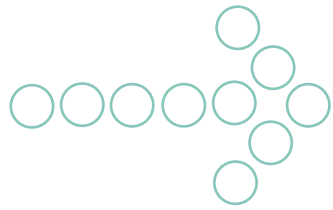


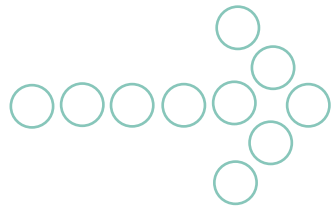
Professional Claim Submission Training for the Medication Therapy Management Benefit

September 2012



Introduction

The Medication Therapy Management (MTM) benefit is part of a national trend in health care that reimburses pharmacists for value-added services that assist members in managing their medications, resulting in improved health care outcomes in a cost-effective manner.



Introduction (Cont.)

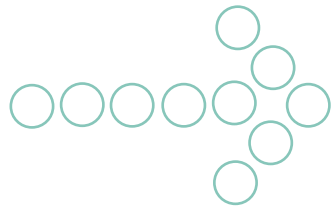
The MTM benefit:

- Was introduced in the August 2012 *ForwardHealth Update* (2012-39), titled "Medication Therapy Management Benefit."
- Will soon reside in the Medication Therapy Management chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/.



Introduction (Cont.)

Purpose of today's training: To review professional claim submission options for billing MTM services and to demonstrate how to build and submit a professional claim on the ForwardHealth Portal.



Procedure Codes and Modifiers

Two types of MTM services:

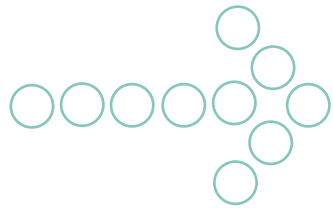
- Intervention-based services.
- Comprehensive Medication Review and Assessment (CMR/A) services.



Procedure Codes and Modifiers (Cont.)

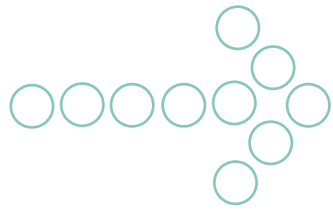
Both types of MTM services use the following procedure codes:

- 99605.
- 99606.
- 99607.



Procedure Codes and Modifiers (Cont.)

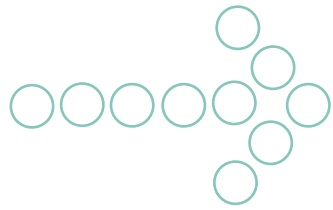
The difference between billing intervention-based services and CMR/A services becomes apparent when describing the modifiers used with the three procedure codes.



Procedure Codes and Modifiers (Cont.)

Procedure codes submitted for intervention-based services must be submitted with one of the following modifiers:

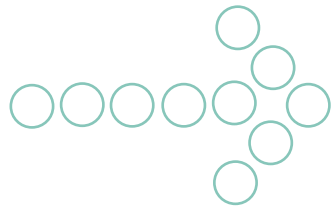
- U1 (Cost-Effectiveness Intervention).
- U2 (Three-Month Supply Intervention).
- U3 (Dose/Dosage Form/Duration Change Intervention).
- U4 (Focused Adherence Intervention).



Procedure Codes and Modifiers (Cont.)

Intervention-based service modifiers (Cont.):

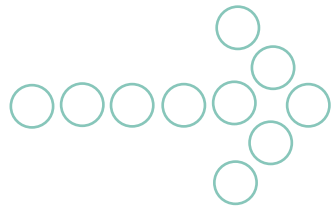
- U5 (Medication Addition Intervention).
- U6 (Medication Deletion Intervention).
- U7 (Medication Device Instruction Intervention).
- U8 (In-Home Medication Management Intervention).



Procedure Codes and Modifiers (Cont.)

Procedure codes submitted for CMR/A services must be submitted with one of the following modifiers:

- UA (The initial assessment of a member who is at high risk of experiencing medical complications due to his or her drug regimen).
- UB (Follow-up assessment of a member who is experiencing medical complications due to his or her drug regimen and has already received an initial assessment by the pharmacy).



Professional Claim Submission Options

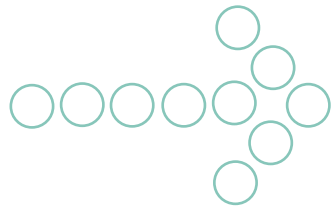
There are four professional claim submission options:

- Direct Data Entry (DDE) through the ForwardHealth Portal.
- 837 Health Care Claim: Professional (837P) transaction.
- Provider Electronic Solutions (PES) software.
- 1500 Health Insurance Claim Form.



Direct Data Entry Through the Portal

DDE is an online application that allows providers to submit an individual claim or adjust a claim through the secure Provider area of the Portal.



Direct Data Entry Through the Portal (Cont.)

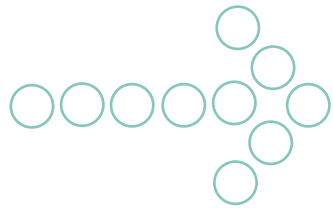
Advantages:

- Ready-to-use.
- Real-time results.
- Automatic quality checks.
- The ForwardHealth Portal Helpdesk ([866] 908-1363) is available for technical assistance.



Direct Data Entry Through the Portal (Cont.)

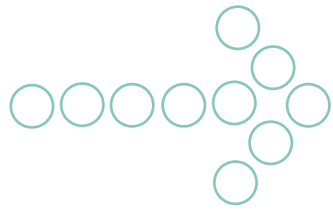
DEMONSTRATION



Direct Data Entry Through the Portal (Cont.)

For more information regarding the submission of professional claims through the Portal, refer to the Provider home page for links to the following:

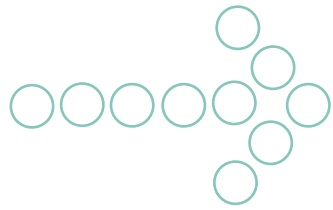
- Portal User Guides.
- Portal Fundamentals training, available either as a pre-recorded Webcast or as a real-time Web-based training.



837 Health Care Claim: Professional Transaction

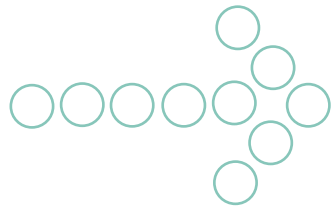
The 837P is the federal, Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant professional claim transaction. It is primarily used by the following:

- Provider organizations that have their own information technology staff.
- Billing service companies that are under contract with providers to submit their claims.



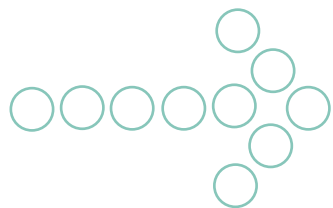
837 Health Care Claim: Professional Transaction (Cont.)

For technical information regarding the 837P, refer to the Trading Partner home page of the Portal for a link to the companion guides, where you will find the “Instructions Related to 837 Health Care Claim: Professional (837P) Transaction Based on ASC X12 Implementation Guide” companion guide, P-00265.



Provider Electronic Solutions Software

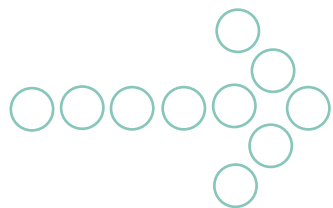
The Division of Health Care Access and Accountability offers PES software, which is electronic billing software, at no cost to providers. To obtain PES software, providers may download it from the Trading Partner area of the Portal.



Provider Electronic Solutions Software (Cont.)

In addition to being free, providers using the PES software are able to do the following:

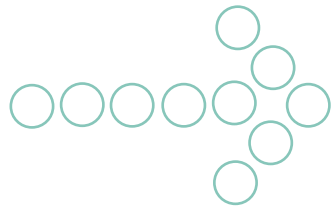
- Perform a quality check on their claims before submission.
- Submit batch claims to ForwardHealth.
- Call the Electronic Data InterChange (EDI) Helpdesk at (866) 416-4979 for assistance in installing and using the PES software.



Provider Electronic Solutions Software (Cont.)

For more information regarding the submission of professional claims through PES, refer to the following resources:

- PES training, available either as a pre-recorded Webcast or as a real-time Web-based training.
- The PES software, PES Manual, and Provider Electronic Solutions Trading Partner Testing Packet, P-13482, available on the Trading Partner area of the Portal.



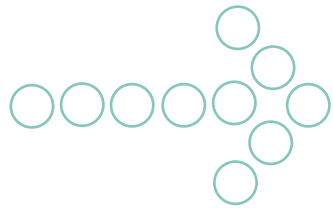
1500 Health Insurance Claim Form

The 1500 Health Insurance Claim form is the national paper claim form used for billing professional services.



1500 Health Insurance Claim Form (Cont.)

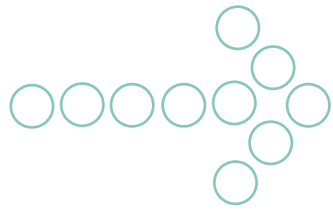
The one advantage of the 1500 Health Insurance Claim Form is that providers do not need Internet access to submit claims.



1500 Health Insurance Claim Form (Cont.)

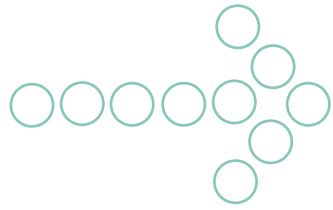
Among the many disadvantages to using the 1500 Health Insurance Claim Form are the following:

- Provider reimbursement is reduced by \$1.10 per claim.
- Paper claims must be mailed to ForwardHealth, requiring postage and delaying submission.
- Claims do not undergo automatic quality checks, so paper claims typically have higher denial rates.



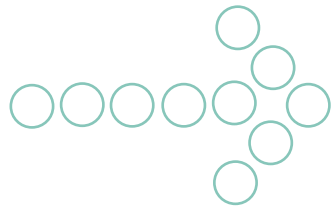
1500 Health Insurance Claim Form (Cont.)

To be successful using the 1500 Health Insurance Claim Form, follow the ForwardHealth claim form completion instructions to complete the form, not the instructions found on the form itself.



1500 Health Insurance Claim Form (Cont.)

Refer to Attachment 3 of *Update 2012-39* for the 1500 Health Insurance Claim Form completion instructions and to Attachments 4 and 6 for samples of completed claims.



Thank You

Thank you for viewing Professional Claim Submission Training for the Medication Therapy Management Benefit.