

Affected Programs: BadgerCare Plus Standard Plan, Medicaid, and SeniorCare

To: Blood Banks, Dentists, Dispensing Physicians, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Organizations

Reimbursement Rate Increase for Pharmacy Providers for Therapeutic Interchange and Influenza Vaccine

Effective for dates of service (DOS) on and after October 1, 2010, the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, Medicaid, and SeniorCare will increase the reimbursement rate of the Pharmaceutical Care (PC) code for therapeutic interchange.

Effective for DOS on and after August 15, 2010, BadgerCare Plus and Medicaid will increase the reimbursement rate for pharmacy providers for the influenza vaccine. The changes described in this *ForwardHealth Update* for the influenza vaccine administration affect BadgerCare Plus and Medicaid members.

Wisconsin Medicaid and BadgerCare Plus Rate Reform Project

In response to 2009-2011 biennial budget targets, the Department of Health Services, along with representative industry stakeholders, undertook the Medicaid and BadgerCare Plus Rate Reform project. The changes to therapeutic interchange described in this *ForwardHealth Update* are a result of the Rate Reform Project.

Therapeutic Interchange

Effective for dates of service (DOS) on and after October 1, 2010, the reimbursement rate will increase for the Pharmaceutical Care (PC) code for therapeutic interchange for the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, Medicaid, and SeniorCare members. This change is an effort to increase the generic drug prescription fill rate and reduce overall program costs. Therapeutic interchange is a PC code that allows pharmacy providers to obtain enhanced PC reimbursement. The following are examples of therapeutic interchange:

- If a pharmacist contacts the prescriber and changes the prescription from a non-preferred drug on the Preferred Drug List (PDL) to a preferred PDL drug.
- If a pharmacist contacts the prescriber and changes the prescription from a brand name product to a generic or over-the-counter (OTC) product, that is its therapeutic alternative.
- If a pharmacist contacts the prescriber and changes a prescription written as “Brand Medically Necessary” to its generic equivalent.

Therapeutic interchange will be reimbursed if the pharmacy provider’s efforts result in a change in the prescription. If the prescription is not changed, a

traditional dispensing fee is available to the pharmacy provider for reimbursement.

Reason for Service code “PS” (Product selection opportunity), Professional Service code “TH” (Therapeutic interchange), Result of Service code “1E” (Orders filled with different drug), and a Level of Effort must be indicated on all noncompound drug claims for therapeutic interchange for pharmacy providers to request reimbursement for PC.

Providers may refer to the Attachment of this *ForwardHealth Update* for the therapeutic interchange reimbursement rates effective for DOS on and after October 1, 2010.

Pharmaceutical Care therapeutic interchange is reimbursable for members enrolled in the Standard Plan, the Core Plan, Medicaid, and SeniorCare. For SeniorCare members, pharmacy providers are reimbursed directly for PC at the Medicaid rate when the member is in, or has reached, the copayment level of participation. When the member has a spenddown or deductible, the pharmacy provider is required to obtain member consent for PC services prior to providing the services.

Note: Therapeutic interchange is not covered for members enrolled in the BadgerCare Plus Benchmark Plan or the BadgerCare Plus Basic Plan.

Documentation Requirements

The documentation requirements for therapeutic interchange were simplified in the June 2006 *Update* (2006-53), titled “Quantity Limits Apply to Triptans and Pharmaceutical Care Code Expansion.” As a reminder, providers are required to document the following in the member’s file or on the prescription when a PC dispensing fee for therapeutic interchange is submitted to ForwardHealth:

- The date the prescriber was contacted.
- The change to the prescription.

- The name of the person who contacted the prescriber.
- The name of the person in the prescriber’s office who authorized the change to the prescription.

Documentation for therapeutic interchange must be provided if requested by ForwardHealth. Failure to provide the previous documentation may result in recoupment of the PC dispensing fee.

Therapeutic Interchange Claim Submission Simplified

Effective for DOS on and after November 1, 2010, claim submission for therapeutic interchange has been simplified. Providers will no longer be required to indicate a valid *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code for therapeutic interchange

Claims for therapeutic interchange services may be submitted to ForwardHealth via the following:

- The Noncompound Drug Claim form, F-13072 (10/08).
- The Point-of-Sale system.
- The Direct Data Entry (DDE) on the ForwardHealth Portal at www.forwardhealth.wi.gov/.
- The Provider Electronic Solutions (PES) software.

Providers should refer to the Online Handbook on the Portal to review all PC policies and billing requirements.

Influenza Vaccine

Effective for DOS on and after August 15, 2010, ForwardHealth has increased the reimbursement rate for the influenza vaccine for pharmacy providers. The rate increase aligns the pharmacy reimbursement for the influenza vaccine to the reimbursement rate from other provider groups.

BadgerCare Plus and Medicaid will reimburse pharmacy providers for the influenza vaccine on a fee-for-service

basis, even if the member is enrolled in a state-contracted managed care organization (MCO). This exception applies to pharmacy providers only.

Pharmacy providers can only administer the influenza vaccines to members 18 years of age and older enrolled in BadgerCare Plus or Medicaid. The influenza vaccine is not covered for members enrolled in SeniorCare. Claims for dual eligible members enrolled in BadgerCare Plus or Medicaid should be submitted to their Medicare plan.

Claim Submission

One of the following *Current Procedural Terminology* (CPT) procedure codes must be indicated on claims for the influenza vaccine administered by pharmacy providers to members 18 years of age or older:

- 90656 (Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use).
- 90658 (Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use).

These are the only reimbursable influenza procedure codes available to pharmacy providers.

Procedure code 90656 will be reimbursed at a rate of \$27.54. Procedure code 90658 will be reimbursed at a rate of \$26.37.

Separate claims for the administration of the influenza vaccine are not reimbursable.

As a reminder, claims for the influenza vaccine may be submitted via the following:

- The 1500 Health Insurance Claim Form.
- The 837 Health Care Claim: Professional transaction.
- The DDE on the Portal.
- The PES software.

Note: Pharmacy providers may submit claims adjustments for procedure codes for the influenza vaccine effective for DOS on and after August 15, 2010. Any claim ForwardHealth has reimbursed can be adjusted and resubmitted on the Portal, regardless of how the claim was originally submitted. Paper adjustment requests must be submitted using the Adjustment/Reconsideration Request form, F-13046 (10/08).

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's MCO. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Reimbursement Rate Increase for Therapeutic Interchange

Effective for dates of service (DOS) on and after October 1, 2010, BadgerCare Plus Standard Plan, BadgerCare Plus Core Plan, Medicaid, and SeniorCare will increase the reimbursement for therapeutic interchange. The table below provides information about the new reimbursement rate.

Reason for Service Code	Professional Service Code	Result of Service Code	Level of Effort 11 1-5 Min	Level of Effort 12 6-15 Min	Level of Effort 13 16-30 Min	Level of Effort 14 31-60 Min	Level of Effort 15 61+ Min
PS	TH	1E	\$14.68	\$22.16	\$22.16	\$40.11	\$40.11