
WISCONSIN MEDICAID UPDATE

DECEMBER 12, 1997

UPDATE 97-44

TO:
Community Support Programs
HMOs and Other Managed Care
Programs
Nurse Practitioners
Pharmacies
Physicians

Clozapine and Clozapine Management Changes - Effective February 1, 1998

Discontinuation of prior authorization

Effective for dates of service on and after February 1, 1998, Wisconsin Medicaid will no longer require prior authorization for clozapine and clozapine management. Clozapine and clozapine management will continue to be Medicaid-covered services.

Retrospective review for new clozapine prescriptions after February 1, 1998

Instead of prior authorization, Wisconsin Medicaid will implement a "retrospective review" to assure that providers continue to use clozapine appropriately and prudently.

Wisconsin Medicaid will implement the retrospective review for all recipients with new clozapine prescriptions dated on and after February 1, 1998, who remain on the medication for six months or longer.

The prescribing physician will receive a brief questionnaire to complete and return to Wisconsin Medicaid. Wisconsin Medicaid will review the information and notify the physician of the review's outcome. Attached is detailed information about clozapine and clozapine management requirements. Pharmacies have received the same information in recent handbook replacement pages.

Clozapine management

Effective for dates of service on and after February 1, 1998, use the three new procedure codes listed below when billing for clozapine management services. The new codes identify the amount of time and effort necessary to assure that the client has blood drawn for a white blood count:

- W8902 - No face-to-face contact between client and clozapine management provider. Client may need a telephone reminder to assure or verify the blood draw is done, but the client is able to get to the blood draw site.
- W8903 - Clozapine management provider draws blood at his/her office or at a site with multiple clients.
- W8904 - Clozapine management provider must go to client's home or elsewhere to serve the client and draw blood (only one client per site).

The Medicaid requirements for recordkeeping have not changed. All three procedure codes continue to have the same maximum reimbursement as the current procedure code W8901. Wisconsin Medicaid will discontinue procedure code W8901 as of February 1, 1998.

POH 1588

Clozapine and Clozapine Management Services

Conditions for Coverage of Clozapine Management

Pharmacies may be separately reimbursed for clozapine management services when all of the following conditions are met:

1. A physician prescribes the clozapine management services in writing if any of the components of clozapine management are provided by individuals who are not under the direct, on-site supervision of a physician. Although separate prescriptions are not required for clozapine tablets and clozapine management, the clozapine management service must be identified as a separately prescribed service from the drug itself.
2. The recipient is currently taking or has taken clozapine tablets within the past four weeks.
3. The recipient resides in a community-based (non-hospital or nursing home) setting.
4. The physician or qualified staff person has provided one or more of the components of clozapine management during the calendar week.

Clozapine is appropriate for recipients with an ICD-9-CM diagnosis between 295.10 and 295.95 *and* who have a documented history of failure of at least two psychotropic drugs. Lithium Carbonate may not be one of the two failed drugs. Reasons for the failure may include:

- No improvement in functioning level.
- Continuation of positive symptoms (hallucinations or delusions).
- Severe side effects.
- Tardive dyskinesia/dystonia.

Components of Clozapine Management

The following components are part of the clozapine management service and must be provided by the physician or by a qualified professional under the general supervision of the physician:

1. Ensure that the recipient has the required weekly white blood count testing. The provider may draw the blood or transport the recipient to a clinic, hospital, or laboratory to have the blood drawn, if necessary. The provider may travel to the recipient's residence, or other places in the community where the recipient is available, to perform this service, if necessary.

The provider's transportation to and from the recipient's home or other community location to carry out any of the required services listed here are considered part of the capitated weekly payment for clozapine management. The blood test is separately reimbursable.

2. Obtain the blood test results in a timely fashion.
3. Ensure that abnormal blood test results are reported in a timely fashion to the provider dispensing the recipient's clozapine.
4. Ensure that the recipient receives medications as scheduled and that the recipient stops taking medication when a blood test is abnormal, if this decision is made, and receives any physician-prescribed follow-up care to ensure that the recipient's physical and mental well-being is maintained.
5. Make arrangements for the transition and coordination of the use of clozapine tablets and clozapine management services between different care locations.

6. Monitor the recipient's mental status according to the care plan. The physician is responsible for ensuring that all individuals having direct contact with the recipient in providing clozapine management services have sufficient training and education. These individuals must be able to recognize the signs and symptoms of mental illness and side effects from drugs used to treat mental illness and to recognize when changes in the recipient's level of functioning need to be reported to a physician or registered nurse.
7. Keep records as described below.

Record Keeping Requirements for Clozapine Management

The provider must have a unique record for each recipient for whom clozapine management is being provided. This record may be a part of a larger record which is also used for other services, if the provider is also providing other services to the recipient. However, the clozapine management records must be clearly identified as such, and must contain the following:

1. A face sheet identifying the recipient, to include the following information:
 - Recipient's Medicaid identification number.
 - Recipient's name.
 - Recipient's current address.
 - Name, address, and telephone number of the primary medical provider (if different than the prescribing physician).
 - Name, address, and telephone number of the dispensing provider from whom the recipient is receiving clozapine.
 - Address and telephone number of other locations at which the client may be receiving a blood draw and at which the client may be located on a regular basis.
2. A care plan indicating the manner in which the provider ensures that the covered services are provided (e.g., plan indicates where and when blood will be drawn, whether recipient will pick up medications at the pharmacy or whether they will be delivered by the provider). The plan should also specify signs or symptoms that might be associated with medical conditions resulting from side effects of the drug, or other signs or symptoms related to the recipient's mental illness, which should be reported to a qualified medical professional. The plan should indicate the health care professionals to whom oversight of the clozapine management services has been delegated and indicate how often they will be seeing the recipient. The plan should be reviewed every six months during the first year of clozapine use. Reviews may be reduced to once per year after the first year of use if the recipient is stable, as documented in the record.
3. Copies of physician's prescriptions for clozapine and clozapine management.
4. Copies of laboratory results of white blood cell counts.
5. Signed and dated notes documenting all clozapine management services. Indicate date of all blood draws as well as who performed the blood draws. If the provider had to travel to provide services, indicate the travel time. Document services provided to ensure that the recipient received medically necessary care following an abnormal white blood cell count.

Physicians and pharmacies providing clozapine management services must be extremely careful not to double bill Wisconsin Medicaid for services. This may happen when the physician provides clozapine management services during the same encounter as when they provide other Medicaid-allowable physician services. In these cases, the physician must document the amount of time that was spent on the other physician service separate from the time spent on clozapine management. Regular psychiatric medication management is *not* considered a part of the clozapine management services and may, therefore, be billed separately.

Noncovered Clozapine Management Services

Wisconsin Medicaid does not cover the following as clozapine management services:

1. Clozapine management for a recipient not receiving clozapine, except for the first four weeks after discontinuation of the drug.
2. Clozapine management for recipients residing in a nursing home or hospital on the date of service.
3. Care coordination, medical services, or provider transportation not related to the recipient's use of clozapine.

Related Services Which are Reimbursed Separately from Clozapine Management

1. *White Blood Cell Count* – The white blood cell count must be performed and billed by a Medicaid-certified laboratory to receive Wisconsin Medicaid reimbursement.
2. *Recipient Transportation* – Recipient transportation to a physician's office or pharmacy is reimbursed in accordance with sec. HFS 107.23, Wis. Admin. Code. Such transportation, when provided by a specialized medical vehicle, is not covered unless the recipient has a disability. Recipient transportation by common carrier must be approved and paid for by the county agency responsible for Medicaid transportation services.

Billing for Clozapine Management

Providers must bill clozapine management services on the national HCFA 1500 claim form, electronically or on paper. Clozapine management may only be billed one time per week, regardless of the number of services provided during that week. On the HCFA 1500 claim form, indicate the claim sort indicator "P" in element 1, and a quantity of "1" in element 24G for each week of clozapine management, regardless of the actual number of services provided. Indicate the last day of the week on which a clozapine management service was provided for the date of service (element 24A).