

Wisconsin Medicaid Pharmaceutical Care Dispensing Fee Documentation

Providers may use any format to document Pharmaceutical Care (PC), but that format must include all the same information as this form.

Patient Name: _____	Medicaid ID No.: _____
Pharmacy Name: _____	Medicaid Provider ID No.: _____
<p>You must establish and document your usual and customary fee structure for PC services billed to non-Medicaid patients. Indicate your usual and customary non-Medicaid charge for this PC service.</p>	
PC Code: _____	U/C Charge: _____
Date PC Completed: _____	

Reason:	Provide details about the intervention. Describe problem(s) and rationale or basis for initiating intervention. Include all drugs, Drug Utilization Review alerts, or problems encountered when attempting to dispense the prescription. Document assessment and plan for care.
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Action:	Provide details about specific action(s) performed to resolve the problem(s), including identification of all contacts.
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Result:	Provide details about the outcome of the intervention.
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Level Prof. Intervention Time: _____ minutes (exclude doc time) Documentation Time: _____ minutes	Pharmacist's Name: _____
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List prescribed drug(s) involved in intervention (include discontinued or unfilled prescriptions).

Drug Name and Strength	Quantity	Refills	ICD-9-CM	Filled-Yes/No

If the PC Result code is 1C, 1D, 1E, 1F, 1K, or 2A, complete the following:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Changed dose (before/after) _____ | <input type="checkbox"/> Changed quantity (before/after) _____ |
| <input type="checkbox"/> Changed frequency (before/after) _____ | <input type="checkbox"/> Changed directions (before/after) _____ |
| <input type="checkbox"/> Discontinued or not-filled order _____ | <input type="checkbox"/> Other charge, specify _____ |

List additional service(s), if any, resulting from this PC intervention, e.g., new drug(s), lab service, M.D. office visit, etc.
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