

Education & Monitoring MTM Billing Form 1



REASON: New/Changed Medication Therapy-OTC
ACTION: Patient Education/Monitoring
RESULT: Therapeutic Success, Therapeutic Failure, Patient Refusal

Pharmacists Name _____ Pharmacy Phone (____) _____

Pharmacist ID (WA + last 5 # of license) _____ Pharmacists Outcomes Password _____

Pharmacy Name/Location _____ Pharmacy NABP _____

PRESCRIPTION INFORMATION				MONITORING			
Patient Info/Rx Info				Attempts		Appointment	
<small>Patient ID Number</small> _____ <small>Patient Birth Date</small> _____ <small>Patient First Name</small> _____ <small>Patient Last Name</small> _____ <small>Patient Full Name</small> _____				1 ___/___/___ at ___:___ a.m./p.m. 2 ___/___/___ at ___:___ a.m./p.m. 3 ___/___/___ at ___:___ a.m./p.m. <small>Document Patient Refusal after 3 attempts</small>		___/___/___ ___:___ a.m. / p.m. (___) ___ - ___	
<small>Final Rx Date</small> _____ <small>Final Rx Metric</small> _____ <small>Metric Qty</small> _____ <small>Days Supply</small> _____ <small>Final Rx National Drug Code</small> _____ <small>Final Rx Prescriber ID</small> _____ <small>Labeler</small> _____ <small>Product</small> _____ <small>Pkg</small> _____				Initial Rx Info			
<small>Initial Rx Date</small> _____		<small>Initial Rx Number</small> _____		<small>N</small> _____	<small>R</small> _____	<small>Metric Qty</small> _____	<small>Days Supply</small> _____
				Frequency of Therapy			
				<input type="checkbox"/> Acute <input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic			

ENCOUNTER DOCUMENTATION	Date of Encounter	Claim Number
	Y Y Y Y M M D D	_____

I. Indication For Service (Reason)	II. Professional Service (Action)	III. Outcome Of Service (Result)
New/Changed Prescription Therapy 110	Patient Education/Monitoring 210	Therapeutic Success (Resolved/Stable) 310
OTC Therapy 117	Patient Education: Monitoring:	Therapeutic Failure (Unresolved/Worse) 320
		Patient Refusal 380

IV. Estimated Cost Avoidance		
<input checked="" type="checkbox"/> Level 1 Improved Quality of Care	<input type="checkbox"/> Level 4 Additional Prescription Order	<input type="checkbox"/> Level 7 Life Threatening
<input type="checkbox"/> Level 2 Drug Product Costs	<input type="checkbox"/> Level 5 Emergency Room Visit	<input type="checkbox"/> Prescriber/Patient Refusal
<input type="checkbox"/> Level 3 Additional Physician Visit	<input type="checkbox"/> Level 6 Hospital Admission	<input type="checkbox"/> See Previous Claim # _____

V. Encounter Notes And Estimated Cost Avoidance Rationale

Patient Education:

Name of Drug Storage Requirements

Therapeutic Class Missed Dose Actions

Directions for Use Written Material

Side Effects/Warnings Set Monitoring Appointment

Monitoring:

Monitor Symptoms

Monitor Side Effects

Monitor Compliance

Patient Question & Answer

- Describe medical conditions or symptoms for which the patient is seeking therapy.
- Describe changes in patient reportable symptoms from the time of Patient Education to the time of monitoring.
- Were there adverse reactions to therapy? YES NO If yes, explain _____
- How was patient's compliance with therapy? Compliant Noncompliant If noncompliant, explain _____
- List patient questions and how they were answered.
- If the OTC medication does not have an NDC, provide the medication name and strength.

Other Notes:

Monitoring Questions

How have initial signs and symptoms changed?
 Have any new health problems developed?
 Explain how you have been using the medication.
 Have you missed any doses?
 Are you satisfied with your drug therapy?
 What other questions or concerns do you have?

For Therapeutic Failure, describe

Changes in symptoms from Patient Education to Monitoring follow-up

Presence/absence of adverse reactions

Patient's compliance with therapy

Alternative Documentation Form created by the:

 Washington State Pharmacy Association

For In-House Use Only. Do not fax this form to Outcomes. Claims must be billed Online at www.getoutcomes.com.

OUTCOMES ENCOUNTER PROGRAM DOCUMENTATION FORM

INSTRUCTIONS FOR USE

This form is used to document services provided in the Outcomes Encounter Program. Claims are collected via the Outcomes website at:
www.getoutcomes.com

PROVIDER LOGON

From the getoutcomes.com home page, select the "Log in" tab from the top of any page and enter the following information:

Pharmacist ID Number: Input the 2 letter state abbreviation plus the license number of the PHARMACIST providing the Encounter service [i.e. IA12345].

NCPDP/NABP Number: Input the NABP or NCPDP number for the PHARMACY at which the Encounter service was performed.

Password: Input the password for the PHARMACIST providing the Encounter service.

PATIENT INFORMATION

Patient information is accessed via the Patient ID field when submitting a claim through the website. In most cases, the ID number is found on the patient's benefit card (this number is not always the cardholder's social security number) and, in most cases, is followed by the patient's two-digit person code [i.e. 12345678901]. After entering the ID number, select Get Patient Info. This will fill in patient-specific information.

PRESCRIPTION INFORMATION

Final Rx: The information in this area reflects the primary drug involved in the Encounter being billed. If the Encounter involves a change in therapy from one agent to another, the dispensed prescription information is entered here.

Initial Rx: If the Encounter involves a change in therapy from one agent to another, the initial prescription information is entered here. Fields to complete in this area are: Date dispensed, Rx number [when applicable], New vs. Refill, Metric quantity, Days supply, NDC code, and Prescriber DEA number.

Frequency of Therapy: Indicate the anticipated frequency of the Final Rx.

- Acute [only a single course of therapy anticipated to treat condition (i.e. acyclovir to treat chicken pox)]
- Intermittent [occasional courses of therapy anticipated to treat condition (i.e. acyclovir to treat recurrent herpes outbreaks)]
- Chronic [ongoing therapy anticipated to treat condition (i.e. acyclovir used for herpes suppression)]

ENCOUNTER DOCUMENTATION

Indication for Service [Reason]: Indicate which reason code best describes the Encounter performed.

- Complex Drug Therapy
- Cost Efficacy Management
- New or Changed Prescription Therapy
- OTC Therapy
- Drug Therapy Problem Detected [select from 10 subcategories]
- Other [use if the reason for the Encounter does not fit any of the subheadings; must thoroughly explain Encounter in notes]

Professional Service [Action]: Select an action code that corresponds within the same color path as the reason.

- Comprehensive Medication Review (CMR)
- Prescriber Consultation
- Patient Education and Monitoring [both Patient Education and Monitoring must occur for service to be covered]
- Patient Consultation [corresponds with Cost Efficacy Management patient refusals and compliance-related Encounters]

Outcome of Service [Result]: Select a result code that corresponds within the same color path as the selected reason and action codes.

- CMR with or without Encounter
- Initiation of Cost Effective Drug
- Therapeutic Success [Condition Resolved or Condition Stable]
- Therapeutic Failure [Condition Unresolved or Condition Worsened]
- Drug Therapy Problem Resolved [select from 8 subcategories]
- Patient Refusal [use if the patient declines services or if the patient cannot be contacted for services]
- Prescriber Refusal [use if the prescriber declines a recommendation to alter drug therapy]
- Other: [use if the reason for the Encounter doesn't fit any of the subheadings; must explain Encounter fully in the notes]

When documenting a "Result" code under Drug Therapy Problem Resolved, the "Result" code must correspond with the **bolded subcategory** indicated under Drug Therapy Problem Detected "Reason" code.

*For example: If the Drug Therapy Problem Detected is under **Efficacy** (i.e. Suboptimal Drug Selection), the choices for Drug Therapy Problem Resolved are also listed under **Efficacy** (i.e. Changed Drug or Increased Dose/Duration)*

Estimated Cost Avoidance: Indicate the level of the Estimated Cost Avoidance, in your professional judgment, which has occurred due to the encounter performed. The dollar value will be assigned by Outcomes. The Encounter Claims will be audited to assure reasonable and foreseeable cost avoidance measurements [choose only 1].

- Level 1 Improved Quality of Care [Encounter improved health care quality with no direct avoided costs calculated]
- Level 2 Drug Product Costs [Encounter resulted in reduced or avoided drug product costs]
- Level 3 Additional Physician Visit [Encounter resulted in an avoided physician visit]
- Level 4 Additional Prescription Order [Encounter resulted in an avoided prescription order (includes physician visit costs)]
- Level 5 Emergency Room Visit [Encounter resulted in an avoided emergency room visit]
- Level 6 Hospital Admission [Encounter resulted in an avoided hospitalization]
- Level 7 Life Threatening [Encounter resulted in an avoided life threatening event (includes hospitalization costs)]
- Prescriber/Patient Refusal [Encounter resulted in no direct avoided costs due to patient or prescriber refusal]
- See Previous Claim # [used when 2 or more Encounter Claims are linked to a single Estimated Cost Avoidance]

Encounter Notes And Estimated Cost Avoidance Rationale: Provide a thorough description of what occurred during the Encounter and the rationale behind the Estimated Cost Avoidance level chosen.