Pharmaceutical Case Management (PCM) Billing Tool

Important Note:

Some insurance (TPL) and Medicare Part D plans already cover this type of service. For Medicaid members who have TPL or Medicare Part D the provider must show that the TPL/Medicare D does not cover this service when submitting a claim to IME. Call provider services if you have any questions about how to submit a claim in such cases: 1-800-338-7909 or 515-725-1004 (local in Des Moines).

In addition, the provider is responsible for verifying any other coverage and ongoing Medicaid eligibility – Medicaid is always "payer of last resort." If the member becomes eligible for Medicare (or other insurance) while receiving Pharmaceutical Case Management (PCM), primary coverage of the service may change.   Approval for PCM service does not guarantee that coverage of the service is with Medicaid.

Member Medicaid ID _____ (1A)

Member Name _____ (2)

Other Insurance?   Y   N (11D)   Pregnant?   If yes, write "Y-Pregnant" (19)

ICD-9 Codes: Circle all that apply (21)

CHF	428.0	Depression	311
IHD	414.0	Atrial Fibrillation	427.31
Diabetes	250.0	Osteoarthritis	715.0
HTN	401.9	GERD	530.81
Hyperlipidemia	272.4	Peptic Ulcer Disease	536.9
Asthma	493.9	COPD	496

Date of Service _____ (24A)   Place of Service: 99 (24B)

Service Delivered**:**

	Reimbursement Maximum	Maximum Number of Payments	Bill CPT Code(s)	Units
Initial Assessment	$75	On Initial Assessment/Member	99605+ 99607	1 1, 2 or 3
Problem Follow-up	$40	Four Problem Follow-ups/Member Every 12 months	99606+ 99607	1 1 or 2
New Problem	$40	Two New Problems//Member Every 12 months	99606+ 99607	1 1 or 2
Preventive Follow-up	$30	One Preventive Follow-up/Member every 6 months	99606+ 99607	1 1

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*When only one service per claim; otherwise add charges of all claims for 28 and 30

Diagnosis Code: 1 (24E)   Units: 1 (24G)

Medicaid PCM ID: _____

Pharmacist's NPI Number Required _____(24K)

Signature _____(31)

Pharmacy Name, Address, and ID Number_____(33)

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