



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 801

TO: Iowa Medicaid Physicians
FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise
DATE: May 28, 2009
SUBJECT: Physician Billing for Pharmaceutical Case Management (PCM) Services
EFFECTIVE: **May 1, 2009**

The purpose of this informational letter is to update physician offices on new billing codes for Pharmaceutical Case Management (PCM) services rendered to Iowa Medicaid members. When this program was originally implemented, physicians were instructed to use the following "W" codes: *W3100, W3200, W3300, W3400*.

Background: the Iowa Medicaid Pharmaceutical Case Management (PCM) program benefits a subset of Medicaid eligible patients at very high risk of experiencing adverse effects from their medications. PCM provides an opportunity for physicians and pharmacists to closely manage the total medication regimens of these patients with complex pharmaceutical needs. If you have any questions about this program, becoming a PCM provider or determining patient eligibility, please contact Linda Pierick at 725-1340 (calling from the Des Moines metro area) or 1-800-383-1173.

However, since these "W" codes are not HIPAA-compliant, nor subject to CMS exemptions allowing their continued use, they have been replaced with the following HIPAA-compliant "HCPCS" code, the fee for which is also indicated:

- **S0220 - Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes (\$35.00)**

It is noted that this is not a perfect fit for the description of these services but there is no better fitting code otherwise available exclusively for physicians, for PCM services. It is acknowledged that the patient may not be present when this service is performed as this process may consist of an individual review with a recommendation(s) to the pharmacy. **Physicians should *ONLY* use this PCM code if that is the *ONLY* service for which they are billing on any given date of service, for a given Medicaid member.** If, on the other hand, physicians provide PCM services as part of a broader "evaluation and management" (E/M) service, such as an office visit, they should not bill for the PCM services separately, as the PCM service in that regard would be considered part of the broader E/M service.

For the purpose of rendering PCM services to Iowa Medicaid members, physicians should **immediately** begin using HCPCS Code S0220, as follows:

	Reimbursement Maximum	Maximum Number of Payments	Bill HCPCS Code(s)	Units
Initial Assessment	\$70	One Initial Assessment/Patient	S0220	1 or 2
Problem Follow- Up	\$35	Four Problem Follow- Up/Patient every 12 months	S0220	1
New Problem	\$35	Two New Problem/Patient every 12 months	S0220	1
Preventative Follow-Up	\$35	One Preventative Follow-Up/ patient every 6 months	S0220	1

This new HCPCS code has been made effective for dates of service back to January 1, 2008 going forward. Please note the old “W” codes will be end-dated effective May 31, 2009. However, providers are strongly encouraged to discontinue use of the W codes immediately.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members within federal requirements. If you have any questions, please contact IME Provider Services at 1-800-338-7909, locally (in Des Moines) at 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us.