

## Outcomes® MTM Program Policy and Procedure Guide

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### Restricted Use:

This document includes information, concepts, and intellectual property that is not to be duplicated, used, or disclosed in-whole or in-part for any purpose other than by contracted pharmacies in the provision of covered services.

### Introduction:

In this guide you will find instructions for documenting and billing covered services in the Outcomes Pharmaceutical Health Care® medication therapy management services (“MTMS”) pharmacy network.

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## Documenting Covered Services:

The Outcomes Encounter Worksheet is divided into three sections:

- I. Prescription Information
- II. Monitoring Information
- III. Service Documentation

### I. Prescription Information

The Encounter Worksheet accommodates the following Prescription Information fields:

#### *Patient Information*

- Patient Last Name
- Patient First Name
- Patient ID

#### *Final Rx Information*

- Final Rx Date
- Final Rx Number
- New or Refill
- Metric Quantity
- Days Supply
- Final Rx NDC
- Final Rx Prescriber ID

#### *Initial Rx Information*

- Initial Rx Date
- Initial Rx Number
- New or Refill
- Metric Quantity
- Days Supply
- Initial Rx NDC
- Initial Rx Prescriber ID

#### *Frequency of Therapy*

- 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]).

### II. Monitoring Information

The Encounter Worksheet accommodates the following Monitoring Information fields:

#### Appointment

- Date of Follow-up.
- Time of Follow-up
- Phone number to conduct Follow-up

#### Attempts

- Documentation of attempted Follow-up.
- Document Patient Refusal after 3 failed Follow-up attempts.

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### III. Service Documentation

The Encounter Worksheet accommodates the following documentation fields:

- RPh ID Number: Applies to the ID number of the providing pharmacist.
- NCPDP/NABP Number: Applies to the ID number of the pharmacy where services occurred.
- RPh Initials: Applies to the initials of the providing pharmacist.
- Date of Encounter: Applies to the date the intervention is completed and result code assigned.
- Claim Number: Applies to the number assigned to claim after electronic submission of claim.
- Indication for Service (Reason).
- Professional Service (Action).
- Outcome of Service (Result).
- Estimated Cost Avoidance.
- Encounter Notes and Estimated Cost Avoidance Rationale.

Only specific Reason-Action-Result combinations are workable within the Outcomes System. A summary of all workable Reason-Action-Result combinations and corresponding Encounter Notes guidelines for each combination have been provided. (See Table 1)

**Table 1**

Reason-Action-Result Combination	Encounter Notes Guidelines
Complex Drug Therapy (100) Comprehensive Medication Review (200) CMR with Encounter (300)  CHECKMEDS NC PROGRAM-SPECIFIC POLICY: The North Carolina Health and Wellness Trust Fund will reimburse up to a maximum of 12 Comprehensive Medication Reviews per day or 100 Comprehensive Medication Reviews per month per pharmacist.	<ol style="list-style-type: none"> <li>1. Confirmation that the service occurred face-to-face</li> <li>2. The patient's health care priority (cost, comfort, or convenience)</li> <li>3. The patient's number of disease states (names need not be included)</li> <li>4. The patient's number of medications (names need not be included)</li> <li>5. Confirmation that the patient received a master medication list at the conclusion of the service</li> </ol> <p>You have indicated that subsequent Encounters may result from this service. Please submit those Encounters after confirming the Comprehensive Medication Review claim.</p>
Complex Drug Therapy (100) Comprehensive Medication Review (200) CMR without Encounter (301)	<ol style="list-style-type: none"> <li>1. Confirmation that the service occurred face-to-face</li> <li>2. The patient's health care priority (cost, comfort, or convenience)</li> <li>3. The patient's number of disease states (names need not be included)</li> <li>4. The patient's number of medications (names need not be included)</li> <li>5. Confirmation that the patient received a master medication list at the conclusion of the service</li> </ol>
Complex Drug Therapy (100) Comprehensive Medication Review (200) Patient Refusal (380)	<ol style="list-style-type: none"> <li>1. Rationale to support the recommendation of a Comprehensive Medication Review</li> <li>2. Patient's response to recommendation</li> </ol>

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Reason-Action-Result Combination	Encounter Notes Guidelines
Cost Efficacy Management (105) Prescriber Consultation (205) Initiation of Cost Effective Drug (305)	<ol style="list-style-type: none"> <li>1. A description of the medical condition or symptom for which the patient is seeking therapy</li> <li>2. Rationale to support the pharmacist's recommendation of a more cost-effective therapy               <ol style="list-style-type: none"> <li>a. Benefit plan structure</li> <li>b. Patient request</li> <li>c. Other</li> </ol> </li> <li>3. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> </ol> <p>Correct drug name, manufacturer, quantity, and days supply must be selected to ensure an accurate calculation of the Estimated Cost Avoidance.</p> <p><i>NOTE: Dispensing an A-rated generic equivalent when state law does not require prescriber consultation does not constitute a payable claim. If special circumstances exist making a prescriber consultation necessary in order to perform the substitution, please provide supporting documentation in the Encounter Notes.</i></p>
Cost Efficacy Management (105) Prescriber Consultation (205) Prescriber Refusal (375)	<ol style="list-style-type: none"> <li>1. A description of the medical condition or symptom for which the patient is seeking therapy</li> <li>2. Rationale to support the pharmacist's recommendation of a more cost-effective therapy               <ol style="list-style-type: none"> <li>a. Benefit plan structure</li> <li>b. Patient request</li> <li>c. Other</li> </ol> </li> <li>3. The specific recommendation to the prescriber</li> </ol>
Cost Efficacy Management (105) Patient Consultation (215) Patient Refusal (380)	<ol style="list-style-type: none"> <li>1. A description of the medical condition or symptom for which the patient is seeking therapy</li> <li>2. Rationale to support the pharmacist's recommendation of a more cost-effective therapy               <ol style="list-style-type: none"> <li>a. Benefit plan structure</li> <li>b. Patient request</li> <li>c. Other</li> </ol> </li> <li>3. The specific recommendation to the patient</li> </ol>
New/Changed Prescription Therapy(110) Patient Education/Monitoring (210) Therapeutic Success (310)	<ol style="list-style-type: none"> <li>1. A description of the medical condition or symptom for which the patient is seeking therapy</li> <li>2. A description of any changes in patient reportable symptoms from the time of Patient Education to the time of Monitoring</li> <li>3. The presence or absence of adverse reactions to therapy</li> <li>4. The patient's compliance with therapy</li> <li>5. Patient questions and how they were answered</li> </ol>

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Reason-Action-Result Combination	Encounter Notes Guidelines
New/Changed Prescription Therapy(110) Patient Education/Monitoring(210) Therapeutic Failure (320)	<ol style="list-style-type: none"> <li>1. A description of the medical condition or symptom for which the patient is seeking therapy</li> <li>2. Rationale to support the pharmacist's selection of Therapeutic Failure               <ol style="list-style-type: none"> <li>a. A description of any changes in patient reportable symptoms from the time of Patient Education to the time of Monitoring</li> <li>b. The presence or absence of adverse reactions to therapy</li> <li>c. The patient's compliance with therapy</li> </ol> </li> </ol> <p>NOTE: An Encounter which results in a Therapeutic Failure often means the opportunity for further Encounters exists.</p>
New/Changed Prescription Therapy(110) Patient Education/Monitoring (210) Patient Refusal (380)	<ol style="list-style-type: none"> <li>1. If applicable, documentation of the patient's refusal of:               <ol style="list-style-type: none"> <li>i. the pharmacist's attempt to initiate education for a new or changed drug therapy</li> <li>ii. the pharmacist's attempt to complete monitoring</li> </ol> </li> <li>2. If applicable, documentation that attempts to complete the follow-up/monitoring contact with the patient were unsuccessful. This may include the following documentation:               <ol style="list-style-type: none"> <li>i. Dates and times of 3 distinct unsuccessful attempts to contact the patient over a minimum of 24 hours</li> <li>ii. Inability to reach the patient due to incorrect phone number or disconnection of phone service</li> </ol> </li> </ol>
OTC Therapy (117) Patient Education/Monitoring (210) Therapeutic Success (310)	<ol style="list-style-type: none"> <li>1. A description of the medical condition or symptom for which the patient is seeking therapy</li> <li>2. A description of any changes in patient reportable symptoms from the time of Patient Education to the time of Monitoring</li> <li>3. The presence or absence of adverse reactions to therapy</li> <li>4. The patient's compliance with therapy</li> <li>5. Patient questions and how they were answered</li> </ol> <p>If the OTC medication does not have an NDC number, please provide the medication name and strength in the Encounter Notes.</p>

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<p>OTC Therapy (117) Patient Education/Monitoring (210) Therapeutic Failure (320)</p>	<p>1. A description of the medical condition or symptom for which the patient is seeking therapy</p> <p>2. Rationale to support the pharmacist's selection of Therapeutic Failure</p> <p>a. A description of any changes in patient reportable symptoms from the time of Patient Education to the time of Monitoring</p> <p>b. The presence or absence of adverse reactions to therapy</p> <p>c. The patient's compliance with therapy</p> <p>If the OTC medication does not have an NDC number, please provide the medication name and strength in the Encounter Notes.</p>
<p>OTC Therapy (117) Patient Education/Monitoring (210) Patient Refusal (380)</p>	<p>1. If applicable, documentation of the patient's refusal of:</p> <p>i. The pharmacist's attempt to initiate education for a new or changed drug therapy</p> <p>ii. The pharmacist's attempt to complete monitoring</p> <p>2. If applicable, documentation that attempts to complete the follow-up/monitoring contact with the patient were unsuccessful. This may include the following documentation:</p> <p>i. Dates and times of 3 distinct unsuccessful attempts to contact the patient over a minimum of 24 hours</p> <p>ii. Inability to reach the patient due to incorrect phone number or disconnection of phone service</p> <p>If the OTC medication does not have an NDC number, please provide the medication name and strength in the Encounter Notes.</p>
<p>Needs Therapy (120) Prescriber Consultation (205) Initiated New Therapy (330)</p>	<p>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Needs Therapy</p> <p>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</p> <p>3. Rationale to support the ECA level selected</p> <p>The Initiated Therapy should be documented in the Final Rx information.</p>
<p>Needs Therapy (120) Prescriber Consultation (205) Prescriber Refusal (375)</p>	<p>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Needs Therapy</p> <p>2. The specific recommendation to the prescriber</p> <p>The recommended therapy should be documented in the Final Rx information.</p>

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Needs Immunization (121) Prescriber Consultation (205) Immunization Administered (331)	<ol style="list-style-type: none"> <li>1. The clinical situation that supports the selection of Needs Immunization</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation (vaccines administered via protocol should be documented as such)</li> <li>3. The date the vaccine was administered by the pharmacy or another health care provider</li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The vaccine administered should be documented in the Final Rx information.</p>
Needs Immunization (121) Prescriber Consultation (205) Prescriber Refusal (375)	<ol style="list-style-type: none"> <li>1. The clinical situation that supports the selection of Needs Immunization</li> <li>2. The specific recommendation to the prescriber</li> </ol> <p>The vaccine recommended should be documented in the Final Rx information.</p>
Unnecessary Therapy (125) Prescriber Consultation (205) Discontinued Therapy (335)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Unnecessary Therapy</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>3. Rationale to support the ECA level selected</li> </ol> <p>The Unnecessary Therapy should be documented in the Final Rx information.</p>
Unnecessary Therapy (125) Prescriber Consultation (205) Prescriber Refusal (375)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Unnecessary Therapy</li> <li>2. The specific recommendation to the prescriber</li> </ol> <p>The recommended Unnecessary Therapy should be documented in the Final Rx information.</p>
Suboptimal Drug Selection (130) Prescriber Consultation (205) Changed Drug (340)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Suboptimal Drug Selection</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>3. Rationale to support the ECA level selected</li> </ol> <p>The Suboptimal Drug should be documented in the Initial Rx information. The newly initiated therapy should be documented in the Final Rx information.</p>

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Reason-Action-Result Combination	Encounter Notes Guidelines
Suboptimal Drug Selection (130) Prescriber Consultation (205) Discontinued Therapy (335)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Suboptimal Drug Selection</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>3. Rationale to support the ECA level selected</li> </ol> <p>The Suboptimal Drug should be documented in the Initial Rx information. The Discontinued Therapy should be documented in the Final Rx information.</p>
Suboptimal Drug Selection (130) Prescriber Consultation (205) Prescriber Refusal (375)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Suboptimal Drug Selection</li> <li>2. The specific recommendation to the prescriber</li> </ol> <p>The Suboptimal Drug should be documented in the Initial Rx information.</p>
Insufficient Dose/Duration (135) Prescriber Consultation (205) Increased Dose/Duration (345)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Insufficient Dose/Duration</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>3. Rationale to support the ECA level selected</li> </ol> <p>The Insufficient Dose/Duration should be documented in the Initial Rx information. The Increased Dose/Duration should be documented in the Final Rx information.</p>
Insufficient Dose/Duration (135) Prescriber Consultation (205) Prescriber Refusal (375)	<ol style="list-style-type: none"> <li>1. The patient-reportable symptoms or clinical situation that support(s) the selection of Insufficient Dose/Duration</li> <li>2. The specific recommendation to the prescriber</li> </ol> <p>The Insufficient Dose/Duration should be documented in the Initial Rx information.</p>
Adverse Drug Reaction (140) Prescriber Consultation (205) Altered Regimen/Changed Drug (350)	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Adverse Drug Reaction</li> <li>2. If applicable, the type of allergic reaction that reasonably and foreseeably would have occurred had the therapy been dispensed as written (based on patient history)</li> <li>3. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The original medication should be documented in the Initial Rx information. The newly initiated therapy should be documented in the Final Rx information.</p>

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Reason-Action-Result Combination	Encounter Notes Guidelines
<p>Adverse Drug Reaction (140) Prescriber Consultation (205) Decreased Dose/Duration (355)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Adverse Drug Reaction</li> <li>2. If applicable, the type of allergic reaction that reasonably and foreseeably would have occurred had the therapy been dispensed as written (based on patient history)</li> <li>3. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The original dose/duration should be documented in the Initial Rx information. The Decreased Dose/Duration should be documented in the Final Rx information.</p>
<p>Adverse Drug Reaction (140) Prescriber Consultation (205) Prescriber Refusal (375)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Adverse Drug Reaction</li> <li>2. If applicable, the type of allergic reaction that reasonably and foreseeably would have occurred had the therapy been dispensed as written (based on patient history)</li> <li>3. The specific recommendation to the prescriber</li> </ol> <p>The medication to which the patient has experienced or may experience an Adverse Drug Reaction should be documented in the Final Rx information.</p>
<p>Drug Interaction (145) Prescriber Consultation (205) Altered Regimen/Changed Drug (350)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Drug Interaction</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>3. Rationale to support the ECA level selected</li> </ol> <p>The original therapy should be documented in the Initial Rx information. The newly initiated therapy should be documented in the Final Rx information.</p>
<p>Drug Interaction (145) Prescriber Consultation (205) Decreased Dose/Duration (355)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Drug Interaction</li> <li>2. The specific recommendation to the prescriber and the prescriber's response to the recommendation</li> <li>3. Rationale to support the ECA level selected</li> </ol> <p>The original dose/duration should be documented in the Initial Rx information. The Decreased Dose/Duration should be documented in the Final Rx information.</p>

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Reason-Action-Result Combination	Encounter Notes Guidelines
<p>Drug Interaction (145) Prescriber Consultation (205) Prescriber Refusal (375)</p>	<p>1. The patient reportable symptoms or clinical situation that support(s) the selection of Drug Interaction 2. The specific recommendation to the prescriber</p> <p>Both medications involved in the interaction should be listed—one in the Initial Rx information and one in the Final Rx information.</p>
<p>Excessive Dose/Duration (150) Prescriber Consultation (205) Decreased Dose/Duration (355)</p>	<p>1. The patient reportable symptoms or clinical situation that support(s) the selection of Excessive Dose/Duration 2. The specific recommendation to the prescriber and the prescriber's response to the recommendation 3. Rationale to support the ECA level selected</p> <p>The original dose/duration should be documented in the Initial Rx information. The Decreased Dose/Duration should be documented in the Final Rx information.</p>
<p>Excessive Dose/Duration (150) Prescriber Consultation (205) Prescriber Refusal (375)</p>	<p>1. The patient reportable symptoms or clinical situation that support(s) the selection of Excessive Dose/Duration 2. The specific recommendation to the prescriber</p> <p>The Excessive Dose/Duration should be documented in the Final Rx information.</p>
<p>Overuse (155) Patient Consultation (215) Altered Compliance (360)</p>	<p>1. The patient reportable symptoms or clinical situation that support(s) the selection of Overuse 2. The specific recommendation made to the patient and the patient's response 3. Rationale to support the pharmacist's selection of Altered Compliance: a. Improved patient reportable symptoms attributable to use of therapy as directed b. Decreased patient reportable toxicity attributable to use of therapy as directed c. Patient's receipt of refill is within an appropriate interval, defined as <math>\pm 20\%</math> of the days supply dispensed (i.e. within 6 days for a 30 day dispensed supply) for one month 4. Rationale to support the ECA level selected</p> <p>The Overused medication should be documented in the Final Rx information.</p>

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Reason-Action-Result Combination	Encounter Notes Guidelines
<p>Overuse (155) Patient Consultation (215) Patient Refusal (380)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Overuse</li> <li>2. The specific recommendation made to the patient</li> <li>3. Rationale to support the pharmacist's selection of Patient Refusal               <ol style="list-style-type: none"> <li>a. If applicable, documentation of the patient's refusal of:                   <ol style="list-style-type: none"> <li>1. the pharmacist's attempt to initiate a compliance consultation</li> <li>2. the pharmacist's attempt to complete monitoring</li> </ol> </li> <li>b. If applicable, documentation that appropriate compliance with therapy is not evident upon follow-up</li> </ol> </li> </ol> <p>The Overused medication should be documented in the Final Rx information.</p> <p>NOTE: An Encounter which results in continued patient non-compliance often means the opportunity for further Encounters exists.</p>
<p>Underuse (160) Patient Consultation (215) Altered Compliance (360)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Underuse</li> <li>2. The specific recommendation made to the patient and the patient's response</li> <li>3. Rationale to support the pharmacist's selection of Altered Compliance:               <ol style="list-style-type: none"> <li>a. Improved patient reportable symptoms attributable to use of therapy as directed</li> <li>b. Decreased patient reportable toxicity attributable to use of therapy as directed</li> <li>c. Patient's receipt of refill is within an appropriate interval, defined as <math>\pm 20\%</math> of the days supply dispensed (i.e. within 6 days for a 30 day dispensed supply) for one month</li> </ol> </li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The Underused medication should be documented in the Final Rx information.</p>

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<p>Underuse (160) Patient Consultation (215) Patient Refusal (380)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Underuse</li> <li>2. The specific recommendation made to the patient</li> <li>3. Rationale to support the pharmacist's selection of Patient Refusal including documentation of at least one of the following:               <ol style="list-style-type: none"> <li>a. If applicable, documentation of the patient's refusal of:                   <ol style="list-style-type: none"> <li>1. the pharmacist's attempt to initiate a compliance consultation</li> <li>2. the pharmacist's attempt to complete monitoring</li> </ol> </li> <li>b. If applicable, documentation that appropriate compliance with therapy is not evident upon follow-up</li> </ol> </li> </ol> <p>The Underused medication should be documented in the Final Rx information.</p> <p>NOTE: An Encounter which results in continued patient non-compliance often means the opportunity for further Encounters exists.</p>
<p>Administration/Technique (165) Patient Consultation (215) Altered Admin/Technique (365)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Administration/Technique</li> <li>2. The specific recommendation made to the patient and the patient's response</li> <li>3. Rationale to support the pharmacist's selection of Altered Admin/Tech:               <ol style="list-style-type: none"> <li>a. Improved patient reportable symptoms attributable to use of therapy as directed</li> <li>b. Decreased patient reportable toxicity attributable to use of therapy as directed</li> <li>c. Patient's description or demonstration of self-administration is consistent with directions for use and the patient commits to administer accordingly</li> </ol> </li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The medication associated with inappropriate Administration/Technique should be documented in the Final Rx information.</p>

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Reason-Action-Result Combination	Encounter Notes Guidelines
<p>Administration/Technique (165) Patient Consultation (215) Patient Refusal (380)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Administration/Technique</li> <li>2. The specific recommendation made to the patient</li> <li>3. Rationale to support the pharmacist's selection of Patient Refusal               <ol style="list-style-type: none"> <li>a. If applicable, documentation of the patient's refusal of:                   <ol style="list-style-type: none"> <li>1. the pharmacist's attempt to initiate a compliance consultation</li> <li>2. the pharmacist's attempt to complete monitoring</li> </ol> </li> <li>b. If applicable, documentation that appropriate compliance with therapy is not evident upon follow-up</li> </ol> </li> </ol> <p>The medication associated with inappropriate Administration/Technique should be documented in the Final Rx information</p> <p>NOTE: An Encounter which results in continued patient non-compliance often means the opportunity for further Encounters exists.</p>
<p>Overuse (155) Patient Consultation (215) Altered Admin/Technique (365)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Overuse</li> <li>2. The specific recommendation made to the patient and the patient's response</li> <li>3. Rationale to support the pharmacist's selection of Altered Admin/Tech:               <ol style="list-style-type: none"> <li>a. Improved patient reportable symptoms attributable to use of therapy as directed</li> <li>b. Decreased patient reportable toxicity attributable to use of therapy as directed</li> <li>c. Patient's description or demonstration of self-administration is consistent with directions for use and the patient commits to administer accordingly</li> </ol> </li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The Overused medication should be documented in the Final Rx information.</p>

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Reason-Action-Result Combination	Encounter Notes Guidelines
<p>Underuse (160) Patient Consultation (215) Altered Admin/Technique (365)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Underuse</li> <li>2. The specific recommendation made to the patient and the patient's response</li> <li>3. Rationale to support the pharmacist's selection of Altered Admin/Tech:               <ol style="list-style-type: none"> <li>a. Improved patient reportable symptoms attributable to use of therapy as directed</li> <li>b. Decreased patient reportable toxicity attributable to use of therapy as directed</li> <li>c. Patient's description or demonstration of self-administration is consistent with directions for use and the patient commits to administer accordingly</li> </ol> </li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The Underused medication should be documented in the Final Rx information.</p>
<p>Administration/Technique (165) Patient Consultation (215) Altered Compliance (360)</p>	<ol style="list-style-type: none"> <li>1. The patient reportable symptoms or clinical situation that support(s) the selection of Administration/Technique</li> <li>2. The specific recommendation made to the patient and the patient's response</li> <li>3. Rationale to support the pharmacist's selection of Altered Compliance:               <ol style="list-style-type: none"> <li>a. Improved patient reportable symptoms attributable to use of therapy as directed</li> <li>b. Decreased patient reportable toxicity attributable to use of therapy as directed</li> <li>c. Patient's receipt of refill is within an appropriate interval, defined as <math>\pm 20\%</math> of the days supply dispensed (i.e. within 6 days for a 30 day dispensed supply) for two consecutive months</li> </ol> </li> <li>4. Rationale to support the ECA level selected</li> </ol> <p>The medication associated with inappropriate Administration/Technique should be documented in the Final Rx information.</p>

Result codes applicable to any Reason-Action code combination:

- Three Attempts – Unable to Reach (379): Applies to a situation where a pharmacist has attempted to reach a patient or prescriber at least three times without success.
- Invalid TIP (395): Applies ONLY to a Targeted Intervention Program (TIP®) claim where the result is invalid.

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#### **IV. Estimated Cost Avoidance**

With each claim, the pharmacist must document an Estimated Cost Avoidance or “ECA” level. The Outcomes System accommodates nine ECA choices (described below). For examples of an Encounter Note for each ECA level, please see Appendix A.

##### **Level 1: Improved Quality of Care**

Applies to all completed patient education/monitoring whether therapeutic success or failure, all Comprehensive Medication Reviews, and all other interventions that do not result in any reasonable and foreseeable cost avoidance.

##### **Level 2: Drug Product Costs**

Applies to cost-efficacy management in combination with prescriber consultations that result in changes in prescribed therapy.

##### **Level 3: Additional Physician Visit**

Applies to a drug therapy problem identified and resolved by the pharmacist for which it is reasonable and foreseeable that the patient would have visited a physician if not addressed by the pharmacist.

##### **Level 4: Additional Prescription Order**

Applies to a drug therapy problem identified and resolved by the pharmacist for which it is reasonable and foreseeable that the patient would have obtained a new prescription order if not addressed by the pharmacist.

##### **Level 5: Emergency Room Visit**

Applies to a drug therapy problem identified and resolved by the pharmacist for which it is reasonable and foreseeable that the patient would have needed to visit the ER if not addressed by the pharmacist.

##### **Level 6: Hospital Admission**

Applies to a drug therapy problem identified and resolved by the pharmacist for which it is reasonable and foreseeable that the patient would have been admitted to the hospital if not addressed by the pharmacist.

##### **Level 7: Life Threatening**

Applies to a drug therapy problem identified and resolved by the pharmacist for which it is reasonable and foreseeable that the patient would have faced a life threatening situation if not addressed by the pharmacist.

**Prescriber/Patient Refusal:** Applies to situations where prescriber refuses drug therapy problem recommendation or patient refuses comprehensive medication review, education/monitoring, medication change, or compliance recommendation.

**See Previous Claim:** Applies to situations where multiple claims are linked to a single ECA episode.

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### Billing Covered Services:

Outcomes MTM claims are collected via the Outcomes website at [www.getoutcomes.com](http://www.getoutcomes.com). Claim submission involves the following process:

- I. Provider Logon
- II. Get Patient Information
- III. Claim Submission

#### I. Provider Logon

Provider Logon requires the following steps:

- Go to [www.getoutcomes.com](http://www.getoutcomes.com).
- Select LOGIN located in the upper left portion of the page.
  - Enter LOGIN ID using one of the three following options:
    - Outcomes Pharmacist ID Number (2 letter state abbreviation plus license number of provider pharmacist).
    - National Provider Identification (NPI) Number
    - Email Address
  - Enter Password.
- Select LOGIN.
- Select the pharmacy where services were provided.
- From “Dashboard”, select the “Claim Submission” tab on the left.

#### II. Get Patient Information

To begin claim submission, first access patient information from system:

- Enter patient ID in the dialog box and select SUBMIT.
- Patient Last Name, First Name, Gender, and Date of Birth fields will populate automatically if the patient ID number matches to the Outcomes database. If the patient ID is not found, double-check format. Be sure to include two-digit patient code to the end of patient ID.
- In some Outcomes programs, patients must be added to the Outcomes system before claim submission may be completed. When this is necessary:
  - Select the “Patients” tab on the left.
  - Select “Add a Patient” under “Patients” on the left.
  - Select the appropriate group to which to add the patient.
  - Provide patient information, as requested.

#### III. Claim Submission

To submit claim, complete the following steps:

- Complete Encounter Date, Indication for Service, Professional Service, Outcome of Service, and Estimated Cost Avoidance level.
- Complete Encounter Notes and ECA Rationale as well as required Prescription Information.
- A confirmation screen will appear. Verify accuracy of information and confirm the claim to complete claim submission.
- Claims must be confirmed within 14 days after the Date of Encounter.

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### Quality Assurance:

Outcomes contracts with a third-party quality assurance entity to ensure that claims are documented according to established Policies and Procedures.

### I. Claim Status Categories

- **Pending:** This status indicates that the claim has been marked for submission by the provider but has not been confirmed by the provider as a claim to be reviewed for approval.
- **Confirmed:** This status indicates that the claim has been submitted and confirmed by the provider and that the claim is ready to be reviewed for approval.
- **Review/Resubmit:** This status indicates that the claim has been submitted and confirmed by the provider, but that the claim is incomplete and requires further attention by the provider.
- **Rejected:** This status indicates that the claim has been submitted and confirmed by the provider, but the claim cannot be approved.
- **Approved:** This status indicates the claim has been submitted and confirmed by the provider and that the claim has been approved.
- **Paid:** This status indicates the claim has been approved and that any corresponding payment has transacted.

The following general criteria may be required for an Outcomes MTM claim to be granted a claim status of “Approved”:

- The service must be covered by the designated Outcomes group.
- The service must be provided to, or on behalf of, an eligible patient.
- The pharmacist of record must be an approved provider of the service, practicing at a site with a signed provider contract on file with Outcomes Pharmaceutical Health Care.
- The service must have been performed directly by the pharmacist submitting the claim or a registered pharmacy intern directly under the pharmacist’s supervision.
- The Reason, Action, and Result of the service must be rational and consistent with information obtained from the patient, a patient caregiver, the prescriber, or the pharmacy’s records.
- The Reason-Action-Result combination must be workable. (See Table 1)
- The Encounter Notes must meet requirements for specific Reason-Action-Result combination. (See Table 1)

### II. ECA Level Approval Criteria

With each claim, the submitting pharmacist should consider what health care utilization was “Reasonable and Foreseeable” in the absence of the pharmacist intervention. The pharmacist should select the ECA Level corresponding to the highest level of health care utilization that is “Reasonable and Foreseeable”.

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A “Reasonable and Foreseeable” ECA Level is said to occur if a reasonable person could anticipate the avoided outcome to occur had no pharmacist intervention taken place. There is no particular fixed probability associated with the test – only that the avoided outcome is foreseeable enough that a reasonable person would take action to avoid the outcome from occurring.

### **III. Claim Distribution**

The detection and resolution of drug therapy problems, with corresponding documentation of Estimated Cost Avoidance (ECA), is central to the Outcomes MTM program. As such, Outcomes reserves the right to reject any claim submitted by a pharmacy provider—even when all documentation requirements have been met—when the provider fails to document a reasonable number of claims at ECA Levels 2-7. For example, a pharmacy submitting an unreasonably high number of ECA Level 1 claims, such as Comprehensive Medication Review or Patient Education/Monitoring claims, without documentation of a reasonable number of ECA Level 2-7 claims, may experience rejection of the ECA Level 1 claims during the quality assurance process or system access restriction.

### **General Information:**

Below is a list of general guidelines and tips for the provision, documentation, billing, and administration of Outcomes MTM services:

- Use one Encounter Worksheet per claim. A single patient with multiple interventions will require the use of multiple claim worksheets.
- All interventions require a Reason, an Action, and a Result. A drug therapy problem identified but not resolved is not a billable event.
- Upon identification of a drug therapy problem, participating pharmacists should contact the prescriber or the prescriber’s staff directly, rather than via the patient. Drug therapy problems resolved via requesting the patient to “talk to your doctor about this...” are not billable. Where required by law or otherwise appropriate, participating pharmacists should discuss drug therapy problems with patients prior to consulting the prescriber.
- Participating pharmacists should include a drug and dosage recommendation when contacting a prescriber to request an order change due to cost-efficacy reasons or an identified drug therapy problem.
- Participating pharmacists must comply at all times with all applicable Federal, State and local patient privacy laws and regulations including the Health Insurance Portability and Accountability act of 1996 (HIPAA) and any accompanying regulations, revisions and updates thereto.
- All claims require back-up documentation to be retained on-site for 10 years, or as otherwise required by Outcomes Pharmaceutical Health Care.

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- All claims must be submitted electronically within 14 days of the Date of Encounter unless granted an exception from an authorized Outcomes administrator.
- Prescription information for OTC medications not found in the Outcomes System should be submitted using the NDC number, 66666-6666-66. The Encounter Notes should indicate the specific OTC medication involved.
- Prescription information for compounded medications not found in the Outcomes System should be submitted using the NDC number, 99999-9999-99. The Encounter Notes should indicate the specific compounded medication involved.
- When possible, pharmacy-specific patient lists are loaded and available after login to the Outcomes system. These patient lists include:
  - Patients who have received prescription dispensing services at the pharmacy
  - Patients who have been added to the Outcomes system (necessary in some Outcomes programs) at the pharmacy
  - Patients who have received MTM services at the pharmacy
  - Patients who have been referred to the pharmacy
- While pharmacists are required to deliver MTM services, pharmacy technicians and student pharmacists can serve in many important supporting roles.
  - Potential pharmacy technician roles:
    - Identify eligible patients
    - Prompt the pharmacist to deliver a covered MTM service
    - Organize and schedule Medication Check-Ups and monitoring appointments
    - Electronically bill for claims via the Outcomes system (to access the system, technicians must use the Pharmacist ID number, NCPDP number, and password associated with the pharmacist who delivered the service)
  - Potential student pharmacist roles:
    - In addition to the above technician roles, students can deliver covered MTM services under the direct supervision of an Outcomes-trained pharmacist
    - To access the system to document and bill for services provided, student pharmacists must use the Pharmacist ID number, NCPDP number, and password associated with the pharmacist who supervised and approved the service for billing
    - The integrity of the service billed is the responsibility of the supervising pharmacist
- OTC Therapy Discontinuation
  - A recommendation for discontinuation of an OTC product should be documented as:
    - Reason – OTC Therapy (117)
    - Action – Patient Education/Monitoring (210)

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- Result – Therapeutic Success (310) or Therapeutic Failure (320), or Patient Refusal (380)
- The monitoring component of this intervention would involve follow- up with the patient, either face-to-face or via telephone, to ensure the member has successfully discontinued therapy without complications.
- **Prior Authorization Process**
  - **Second CMR Requests**
    - Requests for a second CMR will be addressed by the Clinical Services Department. Please submit your request by either calling Outcomes at 877.237.0050 or emailing [info@getoutcomes.com](mailto:info@getoutcomes.com). Requests will be processed within two business days and the pharmacist will be notified regarding approval status.
    - Requests will be approved if the pharmacist can communicate a clear rationale for delivering a second CMR in a given 12-month period. Reasons for a second CMR may include, but are not limited to, a new diagnosis which significantly impacts a patient’s medication therapy regimen, a recent hospitalization or other transitions of care which result in significant medication regimen changes.
  - **Phone-Based CMR Requests**
    - Requests for phone-based CMR will be addressed by the Clinical Services Department. Please submit your request by either calling Outcomes at 877.237.0050 or emailing [info@getoutcomes.com](mailto:info@getoutcomes.com). Requests will be processed within two business days and the pharmacist will be notified regarding approval status.
    - Requests will be approved if the pharmacist can communicate a clear need for delivering a CMR via telephone. Reasons for a phone-based CMR may include, but are not limited to, patient immobility or unreasonable distance for patient or pharmacist to travel for face-to-face CMR.
    - Phone-Based CMR Requests will not be approved for the CheckMeds NC program.
- **Patient Opt-Out Procedures**
  - An MTM eligible patient may refuse or decline individual services without having to disenroll from the MTM program. However, if an MTM eligible patient requests to disenroll from the MTM program entirely, please contact the Outcomes MTM Support Center at 877.237.0050. Outcomes will notify the plan of the disenrollment.

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### Outcomes Services in Institutional Living Quarters and Other Unique Circumstances:

For unique circumstances, determining which covered services for which an Outcomes-covered patient is eligible presents a challenge for MTM Centers. For example, Outcomes-covered patients who reside in long-term care facilities or other types of institutional living quarters are eligible for a limited menu of covered services. Similarly, Outcomes-covered patients whose medications are administered by someone other than the patient may also only be eligible for select covered services. In these unique circumstances, to determine if a patient is eligible for a covered service, please see the table below. ("X" indicates the service is covered for that specific patient population.)

	Comprehensive Medication Review	Prescriber Consultations	Patient Compliance Consultations	Patient Education & Monitoring
Medication dosing/administration responsibility is that of the...				
Patient	X	X	X	X
Patient's Family Member/Friend	X	X	X	X
Facility Staff Member/Health Care Professional		X		
Federal/state law requires review of patient's medications at mandated interval				
NO	X	X	X	X
YES		X	X	X

### Humana RxMentor Focused Program

Members enrolled in the RxMentor Focused program are eligible for TIP services around a specific medication such as a cost efficacy management interventions and additional interventions including prescriber consultations, patient compliance consultations and patient education/monitoring services after completion of the TIP. Members enrolled in the RxMentor Focused Program are not eligible for a once-annual CMR. Services for medications beyond those related to the medication initiated as a result of the TIP are also not covered in this program.

### Pleio GoodStart Program

The Pleio GoodStart program focuses on the first 100 days of therapy and includes a combination of services provided by local pharmacists and customized patient support services provided by the GoodStart Support Team. Patients enrolled in the GoodStart program are eligible for compliance assessment TIP services around a specific medication and follow-up interventions pertaining to the sponsored medication. Members enrolled in the GoodStart program are not eligible for a once-annual CMR or cost efficacy management interventions.

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## Appendix A. Sample Encounter Notes

### Level 1 Improved Quality of Care

Example Note: Patient was prescribed amoxicillin for otitis media. Followed up 3 days later and mother said that child is no longer pulling at ear and is sleeping through the night again. No diarrhea or GI problems reported and mother intends to complete full 7 days of therapy. There were no additional questions.

### Level 2 Drug Product Costs

Example Note: Patient presented to pharmacy with a new prescription for a non-preferred brand-name proton pump inhibitor in the patient's formulary. Patient had not previously tried any of the preferred H2RA agents in the plan. Physician was contacted with recommendation to switch to ranitidine 150mg BID. Physician agreed with recommendation and order was changed.

### Level 3 Additional Physician Visit

Example Note: Patient came to pharmacy for a refill of niacin, extended-release. When counseling the patient it was discovered that patient was experiencing flushing to the extent that patient did want to continue therapy. Recommended aspirin therapy 30 minutes prior to niacin dose for flushing. Patient agreed to try this additional therapy. Contacted physician to notify and physician agreed with recommendation. Physician visit was avoided because patient intended to discontinue therapy and seek new therapy by scheduling an appointment with the physician.

### Level 4 Additional Prescription Order

Example Note: Patient was prescribed amoxicillin to treat sinus infection. Penicillin allergy on patient profile. Patient said allergy resulted in a body wide rash and the patient forgot to mention it to prescriber. Contacted prescriber and recommended changing therapy to erythromycin, prescriber agreed and a new prescription was ordered. Without intervention the patient may have experienced the rash, contacted the prescriber and been given additional therapy to treat the rash and a new antibiotic prescription.

### Level 5 Emergency Room Visit

Example Note: Patient came in for albuterol refill on weekend evening and complained of worsening shortness of breath. Reviewed inhaler technique with patient and provided spacer. Contacted patient the next morning and patient reported much improved breathing and reduced coughing during night. Without intervention to check patient inhaler technique, poor technique would have continued and patient would have presented to emergency room with asthma attack due to physicians office being closed over the weekend.

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**Level 6 Hospital Admission**

Example Note: Patient presented to the pharmacy with a prescription for cimetidine to treat symptoms of reflux. Noted a potential drug interaction with patient's current order for cyclosporine to prevent transplant rejection. Contacted physician and recommended an order change to ranitidine. Physician agreed and order was changed. Without intervention patient may have experienced the beginning of organ rejection and been hospitalized.

**Level 7 Life Threatening**

Example Note: Patient presented prescription for sulfamethoxazole/trimethoprim. Profile shows a previous severe anaphylactic type reaction to sulfa therapy. Contacted physician and recommended a change in therapy to azithromycin. Physician agreed with recommendation and order was changed. Had order been dispensed as written another severe anaphylactic type reaction may have occurred with life threatening potential.

**Prescriber/Patient Refusal**

Example Note: Patient presented a new prescription order for pravastatin. Educated patient about new therapy and scheduled a monitoring call with the patient for three days later. Called patient for follow-up but there was no answer. Messages were left for the patient to call on three occasions 11/22 10:00am, 11/23 10am and 11/23 3pm. The patient did not return the calls.

**See Previous Claim**

Example Note: Patient came to the pharmacy for a refill of albuterol to treat asthma symptoms. Patient had been refilling the albuterol inhaler every two weeks. Determined the patient had not recently filled their prescriptions for a long-acting beta-2 agonist or an inhaled corticosteroid. Counseled the patient on appropriate use of all three medications. Patient had previously visited the ER for severe acute asthma attacks. Intervention avoided this situation happening again. Follow-up with patient two weeks later indicated that patient is now using all three medications. (This example would allow one claim for underuse of the long-acting beta-2 agonist, one claim for underuse of the inhaled corticosteroid and one claim for overuse of albuterol. The three claims combined resulted in avoidance of the same event – a Level 5 ER Visit. The claim number for the first claim will be referenced as the Previous Claim in the two subsequent claims rather than Level 5 being selected all three claims).

## Appendix B. Glossary of Terms

Action - The Professional Service associated with an Outcomes claim.

CMR with Encounter (300) - Applies to the completion of a Comprehensive Medication Review that results in an additional intervention being conducted due to the identification of a cost-efficacy issue or a drug therapy problem. (Result code).

CMR without Encounter (301) - Applies to the completion of a Comprehensive Medication Review that does not result in an additional intervention being conducted due to the identification of a cost-efficacy issue or a drug therapy problem. (Result code).

Complex Drug Therapy (100) - Typically applies to the presentation of a patient taking multiple medications, unless specified otherwise for a group on the Plan Specification document. The Plan Specification document can be found on the Outcomes webpage ([www.getoutcomes.com](http://www.getoutcomes.com)) under Home>Pharmacists>Provider Sign-up>View Plan Specifications. (Reason code).

Compliance: Administration/Technique (165) - Applies to the presentation of a patient who has demonstrated inappropriate administration/technique of a drug product and as a result is non-compliant. (Reason code).

Compliance: Altered Admin/Technique (365) - Applies to the altering of a patient's behavior to become compliant with a drug therapy that had previously been administered with inappropriate technique. (Result code).

Compliance: Altered Compliance (360) - Applies to the altering of a patient's behavior to become compliant with a drug therapy that they had previously been overusing or underusing. (Result code).

Compliance: Overuse (155) - Applies to the presentation of a patient who has demonstrated overuse of a drug product and as a result is non-compliant. (Reason code).

Compliance: Underuse (160) - Applies to the presentation of a patient who has demonstrated underuse of a drug product and as a result is non-compliant. (Reason code).

Comprehensive Medication Review (CMR) (200) - Applies to comprehensive review of a patient's drug profile to identify any cost-efficacy issues or drug therapy problems. (Action code).

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Cost Efficacy Management (105) - Applies to the presentation of an order for a drug product where a more cost-effective therapeutic alternative is available. (Reason code).

Efficacy: Changed Drug (340) - Applies to the prescriber approval of a pharmacist recommendation to change a drug order that has suboptimal efficacy. (Result code).

Efficacy: Increased Dose/Duration (345) - Applies to the prescriber approval of a pharmacist recommendation to change a drug order that has a dose or duration insufficient to be effective. (Result code).

Efficacy: Insufficient Dose/Duration (135) - Applies to the presentation of an order to initiate or continue drug therapy at a dose or duration insufficient to be effective. (Reason code).

Efficacy: Suboptimal Drug Selection (130) - Applies to the presentation of an order to initiate or continue drug therapy with suboptimal efficacy. (Reason code).

Indications: Discontinued Therapy (335) - Applies to the prescriber approval of a pharmacist recommendation to discontinue a drug order that is not indicated. (Result code).

Indications: Initiated New Therapy (330) - Applies to the prescriber approval of a drug therapy change following a pharmacist recommendation to initiate a drug order due to an untreated indication for prescription therapy. (Result code).

Indications: Needs Therapy (120) - Applies to the presentation of a patient with an untreated indication for prescription therapy. (Reason code).

Indications: Unnecessary Therapy (125) - Applies to the presentation of an order to initiate or continue drug therapy that is not indicated. (Reason code).

Initiation of Cost Effective Drug (305) - Applies to the prescriber approval of a more cost effective drug following a pharmacist recommendation to change a drug order due to a cost-efficacy issue. (Result code).

Invalid TIP (395) - Applies to a Targeted Intervention Program (TIP) claim where the result is invalid. (Result code)

New/Changed Prescription Therapy (110) - Applies to the presentation of an order to initiate new or changed prescription therapy. (Reason code).

OTC Therapy (117) - Applies to the presentation of a patient with an untreated indication for over-the-counter therapy. (Reason code).

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Patient Consultation (215) - Applies to consulting a patient to address a drug therapy problem. (Action code).

Patient Education/Monitoring (210) - Applies to patient education and monitoring of a drug therapy. Minimum patient education includes information related to the name of the drug, therapeutic class, directions for use, side effects, warnings, storage requirements, missed dose actions, and appropriate written material. Minimum patient monitoring includes collecting information about change in patient-reportable symptoms, side effects, compliance, and additional patient questions. (Action code).

Patient Refusal (380) - Applies to the patient refusal to participate in a Comprehensive Medication Review, receive Patient Education/Monitoring, permit a physician consultation on cost-efficacy issues, or alter compliance-related behavior. (Result code).

Pending (399) - Applies to an intervention where the result cannot yet be determined. (Result code)

Pending-Patient Response (396) - Applies to a patient intervention that is pending patient response. (Result code)

Pending-Prescriber Response (397) - Applies to a prescriber intervention that is pending prescriber response. (Result code)

Pending-Pharmacist Action (398) - Applies to an intervention that has been initiated but is pending further pharmacist action. (Result code)

Prescriber Consultation (205) - Applies to consulting a prescriber to recommend a drug order change due to either a cost-efficacy issue or drug therapy problem. (Action code).

Prescriber Refusal (375) - Applies to the prescriber refusal of a pharmacist recommendation to change a drug order due to either a cost-efficacy issue or a drug therapy problem. (Result code).

Reason - The Indication for Service associated with an Outcomes claim.

Result - The Outcome of Service associated with an Outcomes claim.

Safety: Adverse Drug Reaction (140) - Applies to the presentation of a drug order with an adverse reaction risk significant enough to render the therapy unsafe, including side effects and allergic or idiosyncratic reactions. (Reason code).

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Safety: Altered Regimen/Changed Drug (350) - Applies to the prescriber approval of a pharmacist recommendation to change a drug order with an adverse reaction or drug interaction risk significant enough to render the therapy unsafe. (Result code).

Safety: Decreased Dose/Duration (355) - Applies to the prescriber approval of a pharmacist recommendation to change a drug order that has a dose or duration too excessive to be safe. (Result code).

Safety: Drug Interaction (145) - Applies to the presentation of a drug order with a drug interaction risk significant enough to render the therapy unsafe. (Reason code).

Safety: Excessive Dose/Duration (150) - Applies to the presentation of an order to initiate or continue drug therapy at a dose or duration too excessive to be safe. (Reason code).

Therapeutic Failure (320) - Applies to a monitoring situation whereby a pharmacist has determined that a patient's condition(s) are unresolved, unstable, or worsened as a result of drug therapy. (Result code).

Therapeutic Success (310) - Applies to a monitoring situation whereby a pharmacist has determined that a patient's condition(s) are resolved or stabilized as a result of drug therapy. (Result code).

Three Attempts - Unable to Reach (379) - Applies to a situation where a pharmacist has attempted to reach a patient or prescriber at least three times without success. (Result Code)

**OUTCOMES  
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HEALTH CARE**

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