



Investigating the Impact of Perinatal Psychiatry Access Programs on Treatment Participation: Using Medicaid Claims to Assess Participation

1/12/2021

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PCORI ELM

 *Evaluating Lifelines4Moms*

Motivation

**(1) Consider health care services received by an individual:
Does it meet the standards set forth by your organization?
What percent of the patients meet those standards?**

**(2) Does your perinatal psychiatry access program improve
treatment engagement of Medicaid-insured women and other
perinatal individuals?**

Administrative data

- Pros: Readily available, standardized, less burdensome to collect, large sample population
- Cons: Limited to info recorded for billing purposes, varying degrees of clinical detail

Electronic clinical data

- Pros: Reduced cost of accessing clinical info from the EHR or medical device
- Cons: Data extraction requires expertise, time, and money; paper notes for point of care documentation are still the norm at some facilities

Instruments/PROMs

- Pros: Validated and tested
- Cons: May be proprietary, potential bias due to varying participation rates between sites

Medical Records

- Pros: Clinically relevant data, may be coded to allow for electronic submission
- Cons: Time-intensive abstraction (unless automated, as with eQMs), not as widely available as claims data)

Patient Experience Surveys

- Pros: Established way of collecting patient perspective; structured
- Cons: Limited scope, may be labor-intensive and costly to implement

Registries

- Pros: Detailed clinical info in structured fields, may be available for electronic upload
- Cons: High cost of use, typically limited to specific clinical areas; data requirements vary between registries

Motivation

(1) Consider health care services received by an individual: Does it meet the standards set forth by your organization? What percent of the patients meet those standards?

(2) Does your perinatal psychiatry access program improve treatment engagement of Medicaid-insured women and other perinatal individuals?

Medicaid claims can provide relevant evidence.

Objective: Facilitate a discussion of these circumstances within the context of perinatal care.

(1) Consider health care services received by an individual: Does it meet the standards set forth by your organization?

In principle...

All her health care encounters can be tracked by a bill, recording every diagnosis, procedure, prescriptions filled and service dates, allowing us to calculate if her care meets benchmarks.

Treatment participation and utilization derived from billing data will be reliable and valid because

- (1) If the provider does not bill, revenues will be lost,
- (2) If the provider bills more than what is provided, it is fraud.

Studying Medicaid data will generate evaluations with large population-based samples [i.e., all Medicaid-insured women and other perinatal individuals]

Location	Percent of Births Financed by Medicaid	Time Period Reported
United States	N/A	N/A
Alabama	50%	2018
Alaska	52%	2018
Arizona	52%	2017
Arkansas	68%	2018
California	51%	2016
Colorado	45%	2017
Connecticut	44%	2019
Delaware	45%	2017
District of Columbia	36%	2017
Florida	57%	2017
Georgia	51%	2017
Hawaii	N/A	N/A
Idaho	32%	2017

Source: <https://www.kff.org/state-category/medicaid-chip/>

Strengths of Claims Based Approaches for Program Evaluation

Number of women covered

+

Capturing data without any primary data collection for
such large numbers (with no loss to follow up)

+

Validity of utilization data

Caveats?

Second Principle

Elements of claims data are reliable only when those elements are required for reimbursement (denoted by *).

Prescription Information	
Claim Type*	P - PHARMACY CLAIMS
Prescription #*	<input type="text"/>
Date Dispensed*	<input type="text"/>
Date Prescribed*	<input type="text"/>
New/Refill*	<input type="text"/>
Days Supply*	0
Dispense/Written*	0 - No Product Selection Indicated
Prior Auth Number	<input type="text"/> [Search]
Diagnosis	<input type="text"/> [Search]
Diagnosis Code Qualifier	01 - International Classification of Diseases (ICD9) - Code
Route of Administration	<input type="text"/>

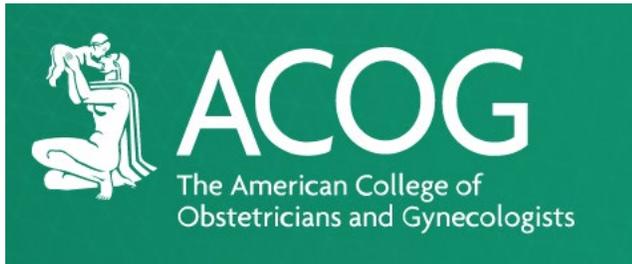
Case Study: Preterm birth is associated with increased risk of postpartum depression – targeted intervention may be beneficial. Can I identify the population from claims?

There are codes to indicate preterm or low birth weight.

Claims will not capture all infants born preterm or with low birthweight, **only the subset who require medical care** due to complications of prematurity or intrauterine growth retardation.

You will miss many mothers, dealing with difficult infant temperaments, which is associated with higher likelihood of postpartum depression.

Case Study: What percent of patients have an indicator for depression screening in their billing history?



Practice
Management

| Coding

| Coding Library

If the physician is providing the global obstetrical service, then no reimbursement, do not bill.

However, if the physician diagnoses depression, you may report it separately since the global package was valued for uncomplicated care.

Else, report CPT code **96160** for Edinburgh Postnatal Depression Screening

For HPQ-9, use 96161 or 96127

If an an automated electronic psychological or neuropsychological test was used, use 96146, confirm with payer.

...

Physicians should check with their specific payers.

Third Principle

Measures derived from billing data will be valid only when the patient is eligible for Medicaid throughout the observation period.



40 weeks



12 Months

Index Date

If the patient was enrolled in Medicaid 120 days before birth date, there is no reliable way of identifying the first prenatal visit data.

Medicaid Enrollment
{Index Date - 120 days}



40 weeks



12 Months

Index Date



Claims based
Quality Measures are
defined accordingly

Exhibit PPC-CH.2. Trends in the Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2012–2014 (n = 27 states)

Rate	FFY 2012	FFY 2013	FFY 2014
Mean	79.1	79.5	79.4
Median	83.4	83.2	84.2
25th Percentile	71.7	71.8	74.4
75th Percentile	88.7	87.8	86.4

If the patient was enrolled in Medicaid 120 days before birth date, there is no reliable way of identifying the first prenatal visit data.



**How many women
lose benefits after
60 days?**

40 weeks



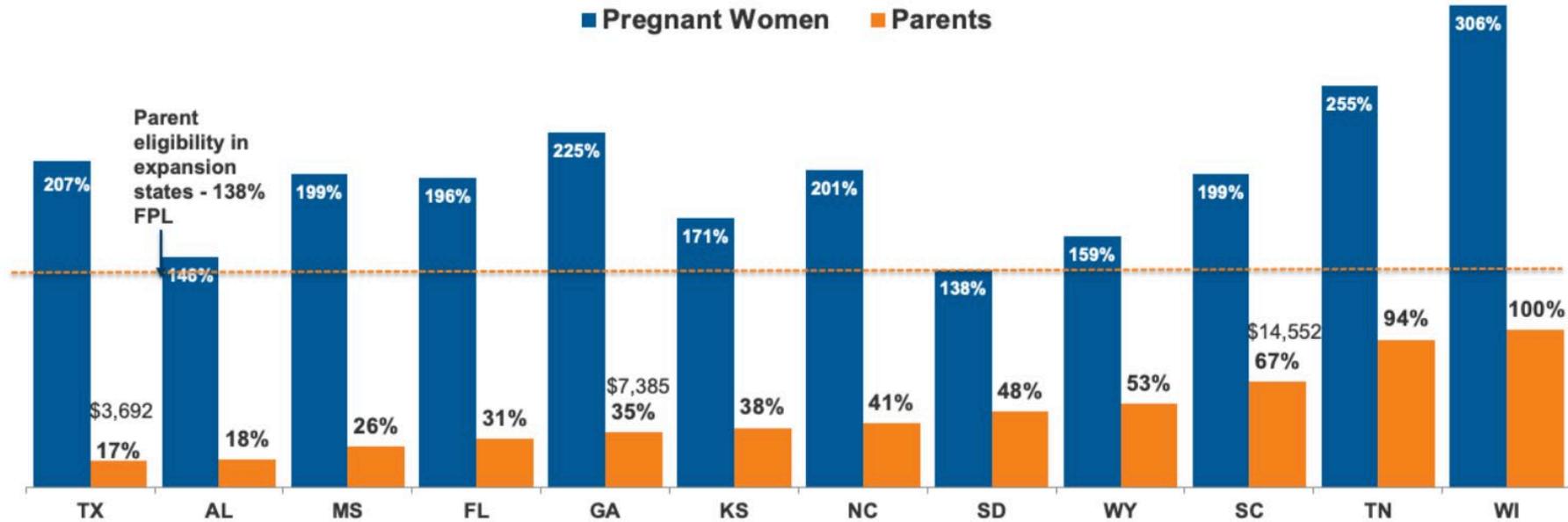
12 Months

Index Date

Figure 1

Medicaid Eligibility Is Much More Restrictive for Parents than Pregnant Women, Particularly in States that Have Not Expanded Medicaid

Medicaid eligibility thresholds for pregnant women compared to parents, 2020



NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child option. For "Parents," eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2020, the FPL was \$21,720 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2020.



Even with these limitations, it is a powerful approach to calculate treatment participation.

Behavioral Health HEDIS measures that rely on claims

Antidepressant Medication Management (AMM)

- *Effective Acute Phase Treatment*
- *Effective Continuation Phase Treatment*

Follow-Up after Hospitalizations or ED visits for

- *Mental Health*
- *Alcohol or Other Drug (AOD) Abuse or Dependence*

Diabetes and CVD Screening for people with SMI

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

1. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QJAL 123456 02 10 17										15. OTHER DATE QJAL QL MM DD YY 02 21 17					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 02 10 17 TO 02 22 17																			
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE x Smith, Jane MD										17a 17a 21-02215464					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 02 11 17 TO 02 21 17					17b NPI 25-1987531														
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Additional claim information															20. OUTSIDE LAB? \$ CHARGES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1000.00																			
11. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) a525.10 B. b525.00 C. c525.10 D. d545.54 e522.20 F. f524.22 G. g454.20 H. h545.56 i541.22 J. j542.21 K. k654.10 L. l585.56															22. RESUBMISSION CODE ORIGINAL REF. NO. ABC123 origrefno123456					23. PRIOR AUTHORIZATION NUMBER priorauth123465														
A. DATE(S) OF SERVICE From To MM DD YY MM DD YY										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER					E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPST/ Family Plan	I. ID. QJAL	J. RENDERING PROVIDER ID. #								
02 10 17 02 10 17										21		1C		99201 01 02 03 04					1		125.00		1	H	NPI 25-1987555									
02 10 17 02 10 17										A33		2C		11400 21 22 23 24					2		100.00		2	H	NPI 25-1234567									
02 10 17 02 10 17										44		3C		640 31 32 33 34					3		10.50		1	3	NPI 25-2121212									
02 11 17 02 11 17										44		4C		99444 41 42 43 44					4		40.40		4	H	NPI 25-4141414									
02 11 17 02 12 17										55		5C		11451 51 52 53 54					5		55.00		5	H	NPI 25-5454542									
02 12 17 02 13 17										66		6C		11478 61 62 63 64					6		66.00		6	H	NPI 25-6565656									
24. FEDERAL TAX I.D. NUMBER 7-1234567					SSN BIN <input type="checkbox"/> <input checked="" type="checkbox"/>					26. PATIENT'S ACCOUNT NO. AC-549879					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ 396.90					29. AMOUNT PAID \$ 200.00					30. Rsvd for NUCC Use				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Signature of physician 02/28/2017 DATE															32. SERVICE FACILITY LOCATION INFORMATION Facility name 112 Facility Road Newtown, SC 88765 a. 32-216649a b. 32-245165b										33. BILLING PROVIDER INFO & PH# (800) 111-2222 Facility name Billing Provider Info 33 Billing Provider Street Billingstown NC 66554 a. 33-216649a b. 33-245165b									

PHYSICIAN OR SUPPLIER INFORMATION

CMS-1500 Sample

Most entries are alpha-numerical

One encounter can produce more than one claim

How to access data?

Obtain data from CMS

- Data are cleaner, well documented.
- Data quality issues are analyzed and reported.
- Data access procedures are established and documented.
- Data come in lag. State specific fields are lost.
- There is an organization whose mission is to help you find, request and use the data (consultation, workshops, online webinars and videos, knowledgebase articles, national conferences).

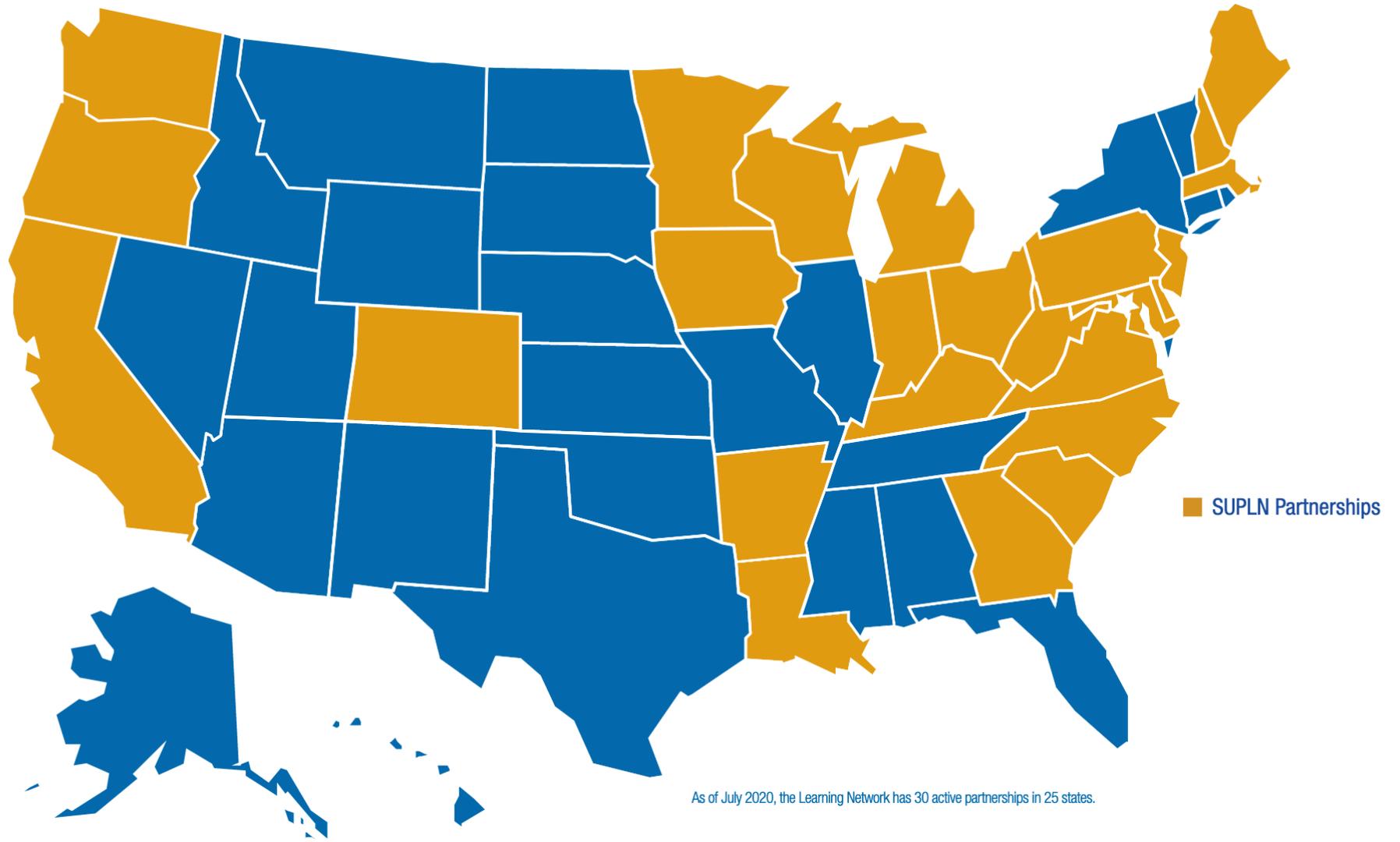


Obtain data from States

- Data are current, including state specific codes and fields.
- Documentation could be hard to locate.
- States may not prioritize partnerships, or, may not have the resources to de-identify the files to share with outside organizations.

Potential Access Point for State Data

Existing
partnerships
between
Medicaid
policymakers
and their
resident state
or state-related
university
research teams



Even with these limitations, it is a powerful approach to calculate treatment participation.

Behavioral Health HEDIS measures that rely on claims

Antidepressant Medication Management (AMM)

- *Effective Acute Phase Treatment*
- *Effective Continuation Phase Treatment*

Follow-Up after Hospitalizations or ED visits for

- *Mental Health*
- *Alcohol or Other Drug (AOD) Abuse or Dependence*

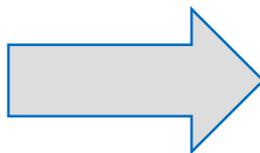
**Potential
treatment
engagement
measures**

Diabetes and CVD Screening for people with SMI

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

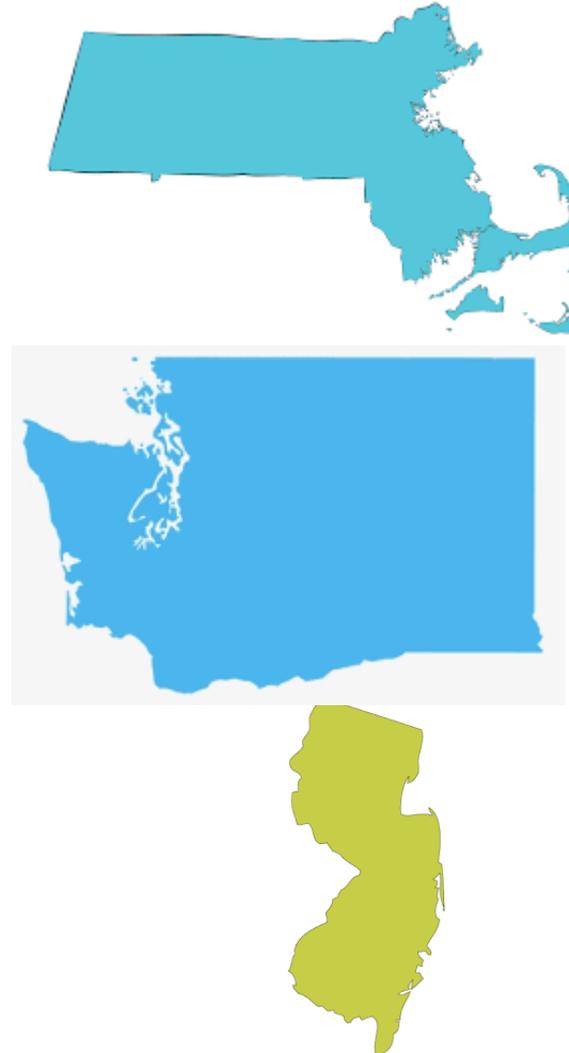
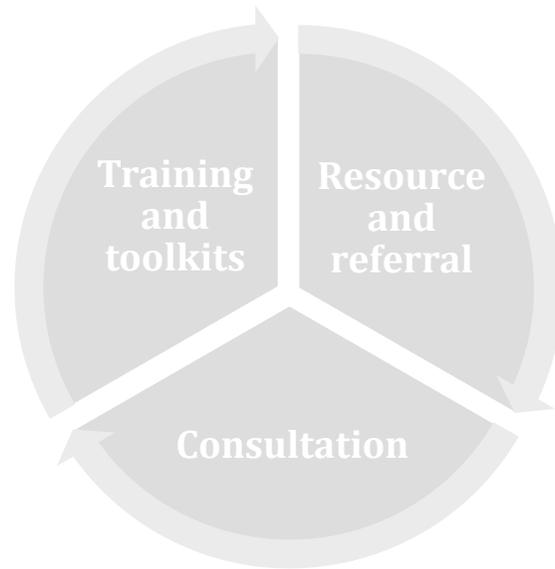
Evaluating Lifelines4Moms

Our PCORI-funded study, Evaluating Lifelines4Moms [ELM], will **evaluate the** comparative effectiveness of Perinatal Psychiatry Access Programs (MA, WA) and Referral Programs (NJ) on perinatal treatment engagement and quality



First, we will characterize program components, timelines and state policy context in 3 states using semi-structured interview and document review

Perinatal Psychiatry Access Programs



Second, we will evaluate variation in the reach and utilization of these Access Programs using programmatic data collected by the Access and Referral Programs

Program Type	Massachusetts	Washington	New Jersey
Perinatal Psychiatry Access Program	✓	✓	
Referral Program	✓		✓

Third, we will examine the comparative effectiveness of program components on access to and quality of perinatal mental health treatment for Medicaid-insured women using administrative claims data

Program Type	Massachusetts	Washington	New Jersey
Perinatal Psychiatry Access Program	✓	✓	
Referral Program			✓

PCORI ELM Study: Dates of Analysis

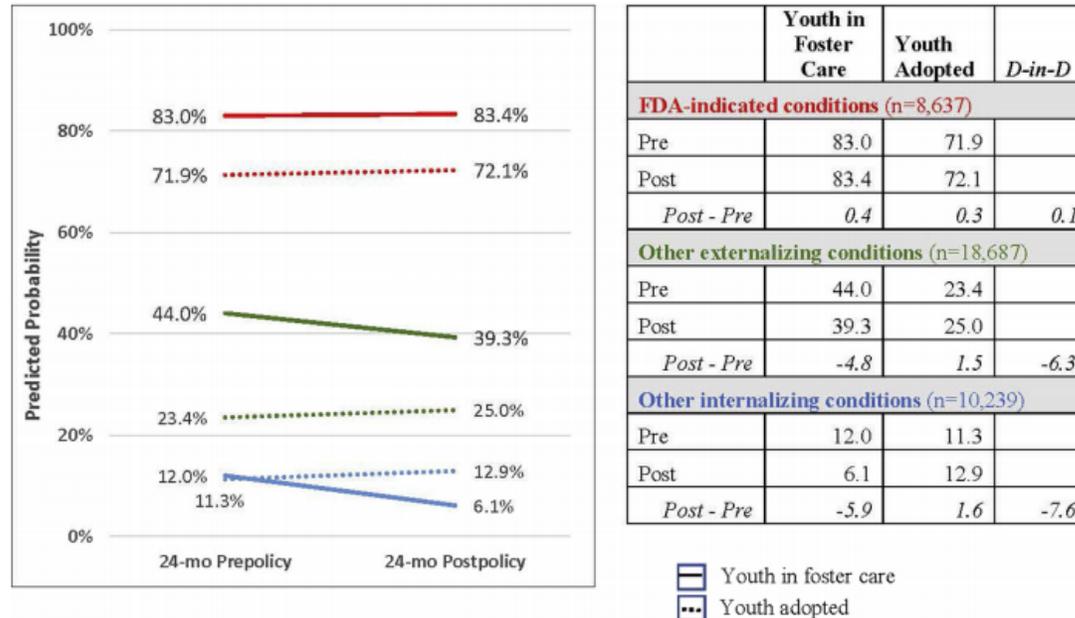
Medicaid Analytic eXtract (MAX) and MassHealth Data Availability		
Project Year	MAX data available	MassHealth data available
2020	2001-2016	2009-2018
2021	2001-2017	2009-2018
2022	2001-2018	2009-2018

Claims-based Measures

Claims-based Metrics of Potential Relevance				
Measure	Claims Files			
	PS ¹	OT ²	IP ³	RX ⁴
Access				
Any outpatient mental health services use		X		
Any psychosocial therapeutic service		X		
Quality of Psychopharmacology				
Recommended dosage for depression medications		X		
Receipt of follow-up care within 30 days of anti-depressant treatment ⁹⁷		X		X
Psychotropic polypharmacy				X
Quality of Mental Healthcare Service Utilization				
Psychiatric emergency department visits		X	X	
Follow-up after psychiatric hospitalization		X	X	
Patient/Treatment Characteristics, Setting, Provider Sector				
Demographics. Gender, race/ethnicity, age, basis of Medicaid eligibility.	X			
Hierarchical Diagnostic Classification (HDC).	X	X		
Psychiatric/Substance Abuse Comorbidities. Past & current diagnoses.			X	
¹ Personal Summary file; ² Other Services file; ³ Inpatient file; ⁴ Prescription drug file				

What can we expect?

FIGURE 2 Change in Average Predicted Probabilities of Any Antipsychotic Medications Dispensing After Implementation of a Medicaid Managed Care Organization for Youths in Foster Care



Note: FDA = US Food and Drug Administration. Difference-in-difference estimator (D-in-D) is statistically significant at $p < .05$. FDA-indicated conditions include bipolar disorder, schizophrenia, autism, and developmental and intellectual disorders. Other externalizing conditions include conduct disorder, disruptive behavioral disorder, and attention-deficit/hyperactivity disorder (ADHD) (without FDA-indicated conditions). Other internalizing conditions include mood disorders or adjustment disorders (without FDA-indicated or externalizing conditions).

* $p < .05$.

Mackie, T. I., Cook, S., Crystal, S., Olfson, M., & Akincigil, A. (2020). Antipsychotic use among youth in foster care enrolled in a specialized managed care organization intervention. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(1), 166-176.

Leveraging social marketing tools, our partnerships with Postpartum Support International, Lifeline4Moms, and our advisory board members, we will tailor dissemination to:

1. Patients with lived experiences, their families and providers.
2. State-specific policymakers and agencies
3. Federal policymakers and agencies [CDC, HRSA, PCORI, among others]



Questions?



Thank you

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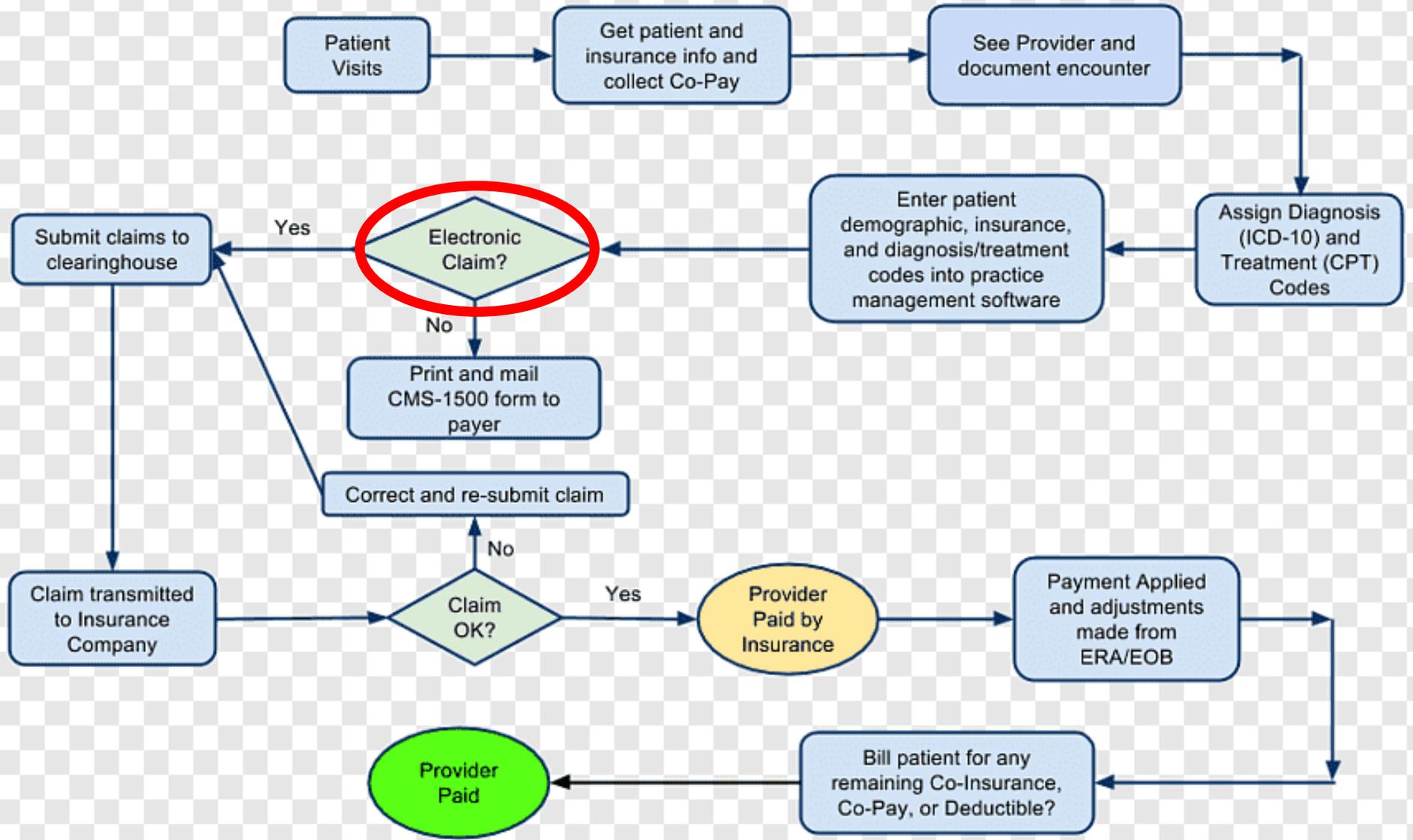
Thomas Mackie
thomas.mackie@rutgers.edu

Supplemental Slides

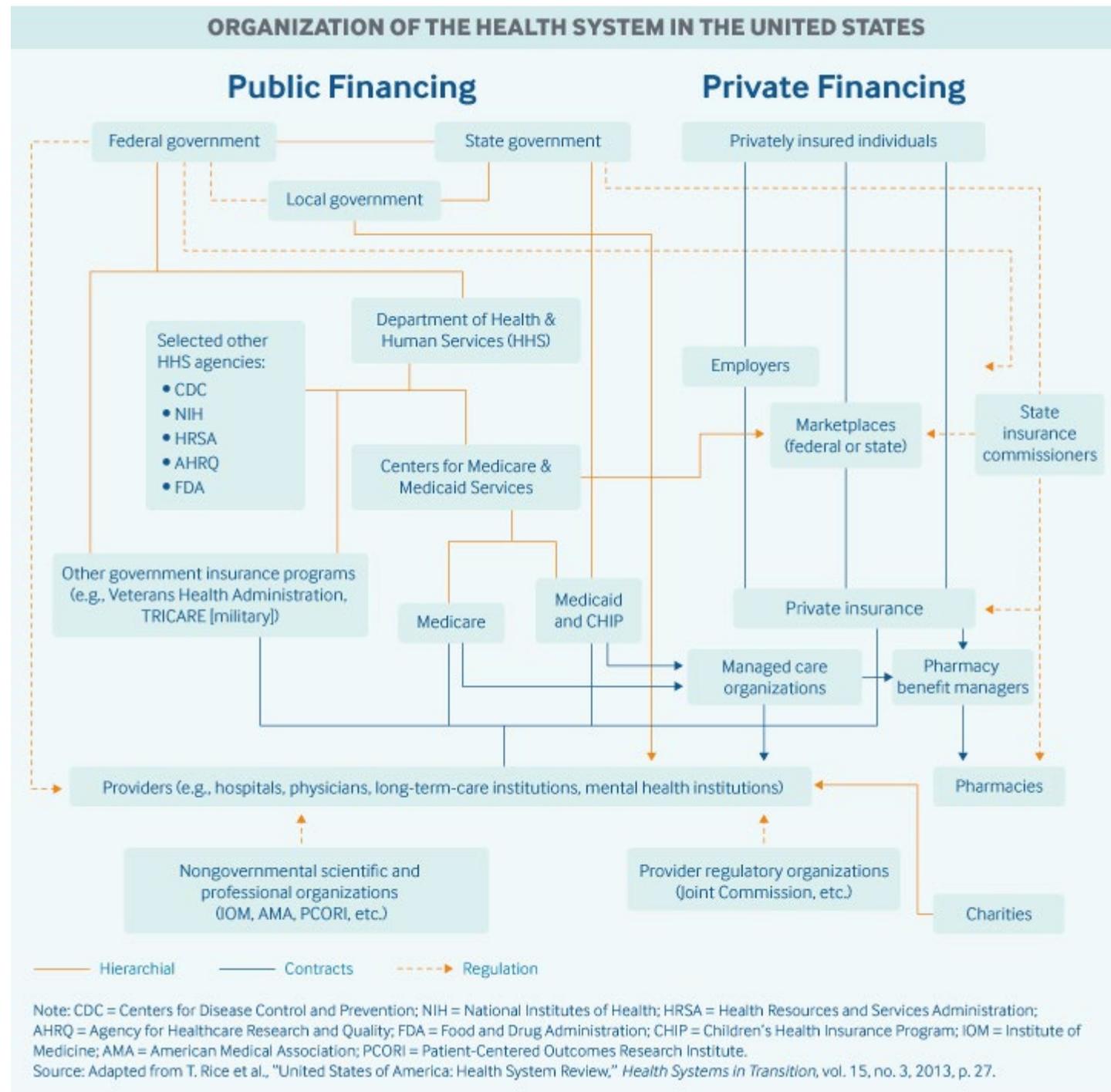
Continue to educate your team on the strengths and limitations of Medicaid claims-based dataset

- Research Data Assistance Center
 - Data Files, Data Quality Reports, Training, and Workshops
 - <https://www.resdac.org/online-learning>
- National Commission on Quality Assurance
 - HEDIS Perinatal Depression Measure, <https://www.ncqa.org/hedis/>
- Articles of potential interest:
 - Crystal, S., Akincigil, A., Bilder, S., & Walkup, J. T. (2007). Studying prescription drug use and outcomes with Medicaid claims data strengths, limitations, and strategies. *Medical care*, 45(10 SUPPL), S58.
 - Kozhimannil, K. B., Adams, A. S., Soumerai, S. B., Busch, A. B., & Huskamp, H. A. (2011). New Jersey's efforts to improve postpartum depression care did not change treatment patterns for women on Medicaid. *Health Affairs*, 30(2), 293-301.

What is a claim?



US Health Care System



CMS-1450 (UB-04)

1 NAME AND PHYSICAL ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED													2 REMIT-TO NAME AND ADDRESS OF FACILITY WHERE PAYMENT IS TO BE MADE TO													3a PAT. CNTL. #			FACILITY ASSIGNED PATIENT #			4 TYPE OF BILL		
																										b. MED. REC. #			SAME AS ON THE MEDICARE CARD			131		
																										5 FED. TAX NO.			6 STATEMENT COVERS PERIOD FROM			7 THROUGH		
																										123456789			00/00/00			00/00/00		
8 PATIENT NAME						a PATIENT'S COMPLETE NAME						9 PATIENT ADDRESS						a PATIENT'S COMPLETE STREET ADDRESS																
b												b PATIENTS CITY						c ST		d ZIP CODE		e												
10 BIRTHDATE				11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28					29 ACCT STATE	30												
00/00/0000				X	00/00/00		00 00		00 00		01																							
31 OCCURRENCE CODE			32 OCCURRENCE DATE			33 OCCURRENCE CODE			34 OCCURRENCE DATE			35 OCCURRENCE SPAN FROM			THROUGH			36 OCCURRENCE SPAN FROM			THROUGH			37										
a 1-4			00/00/00									b 1-4			00/00/0000			00/00/0000																
38													39 VALUE CODES CODE			AMOUNT			40 VALUE CODES CODE			AMOUNT			41 VALUE CODES CODE			AMOUNT						
													a						b						c									
													b						c						d									
42 REV. CD.				43 DESCRIPTION								44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49										
1 0510				CLINIC								99215				00/00/00		1		100.00														
2																																		
3																																		
4																																		
5																																		
6																																		
																								36										

CMS-1500

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 00 MM 00 DD 00 YY				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE 00 MM 00 DD 00 YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NAME REFERRING OR ORDERING PHYSICIAN				17a. NPI INDIVIDUAL NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. RESERVED FOR LOCAL USE				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. LEAVE BLANK							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)				23. PRIOR AUTHORIZATION NUMBER LEAVE BLANK				24. A. DATE(S) OF SERVICE To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #							
1. 000.00				3. 000.00				1 09 29 2013 09 30 2013 21 99232 AQ 1,2 100.00 2 NPI INDIVIDUAL NPI							
2. E000.00				4. V00.00				2 2							
3				5				3 NPI							
4				6				4 NPI							
5				7				5 NPI							
6				8				6 NPI							
25. FEDERAL TAX I.D. NUMBER SSN EIN 12-3456789 <input type="checkbox"/> <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 100.00			
29. AMOUNT PAID \$				30. BALANCE DUE \$				31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION NAME/ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED			
33. BILLING PROVIDER INFO & PH # ()				a. NPI				b. NPI				37			

CMS-1500

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input checked="" type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) PATIENT'S SSN	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT'S COMPLETE NAME		3. PATIENT'S BIRTH DATE 00 00 00 M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) PATIENT'S COMPLETE ADDRESS		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY PATIENT'S CITY		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
STATE ST		Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/>	
ZIP CODE PATIENT'S ZIP		CITY STATE	
TELEPHONE (Include Area Code) (PATIENT'S PHONE		ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
11. INSURED'S POLICY GROUP OR FECA NUMBER PATIENT'S SSN		a. INSURED'S DATE OF BIRTH 00 00 00 M <input type="checkbox"/> F <input type="checkbox"/>	
b. EMPLOYER'S NAME OR SCHOOL NAME NAME HERE		b. EMPLOYER'S NAME OR SCHOOL NAME NAME HERE	
c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A&B		c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A&B	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	

CARRIER
PATIENT AND INSURED INFORMATION

How to submit a pharmacy web claim

Click on "Claims," then "Pharmacy." The following screen will appear:

The screenshot shows the 'Pharmacy Claim' submission form in the InetChange system. The form is divided into several sections: Billing Information, Prescription Information, Submission/Clarification Codes, Charges, Detail, CDB, and Claim Status Information.

Billing Information: Includes fields for ICN, Provider ID (NPI), Client ID* (with search), Last Name, First Name, MI, Date of Birth, Patient Gender Code* (0 - Unknown), Patient Residence, Prescriber ID (with search), Prescriber Name, Pregnancy (Unknown), Emergency (No), Nursing Facility, Insurance Denied, and Other Coverage Code (00 - NOT SPECIFIED BY PATIENT).

Prescription Information: Includes Claim Type* (P - PHARMACY CLAIMS), Prescription #*, Date Dispensed*, Date Prescribed*, New/Refill*, Days Supply* (0), Dispense/Written* (0 - No Product Selection Indicated), Prior Auth Number (with search), Diagnosis (with search), Diagnosis Code Qualifier (01 - International Classification of Diseases (ICD9) - Code), and Route of Administration.

Submission/Clarification Codes: Includes three dropdown menus for codes (all set to 0 - Not Specified), Patient Location (Not specified), Rendering Physician (with search), Signature, Basis of Cost (Not specified), Plan Payment Amount, and Other Coverage Code (00 - NOT SPECIFIED BY PATIENT).

Charges: Shows Total Charges (\$0.00), TPL Amount (\$0.00), Usual and Customary (\$0.00), Gross Amount Due (\$0.00), Ingredient Cost Submitted, and Dispensing Fee (\$0.00).

DUR Overrides: Includes Intervention (Not Specified), Outcome (Not Specified), and Conflict Code (Not Specified).

Detail: A table with columns Item, NDC Code, Quantity, and Allowed Amount. The table shows one item with a quantity of 0 and an allowed amount of \$0.00. Below the table are fields for Item, Quantity*, NDC Code* (with search), Charges* (\$0.00), Allowed Amount (\$0.00), and Adjustment Reason Code (with search).

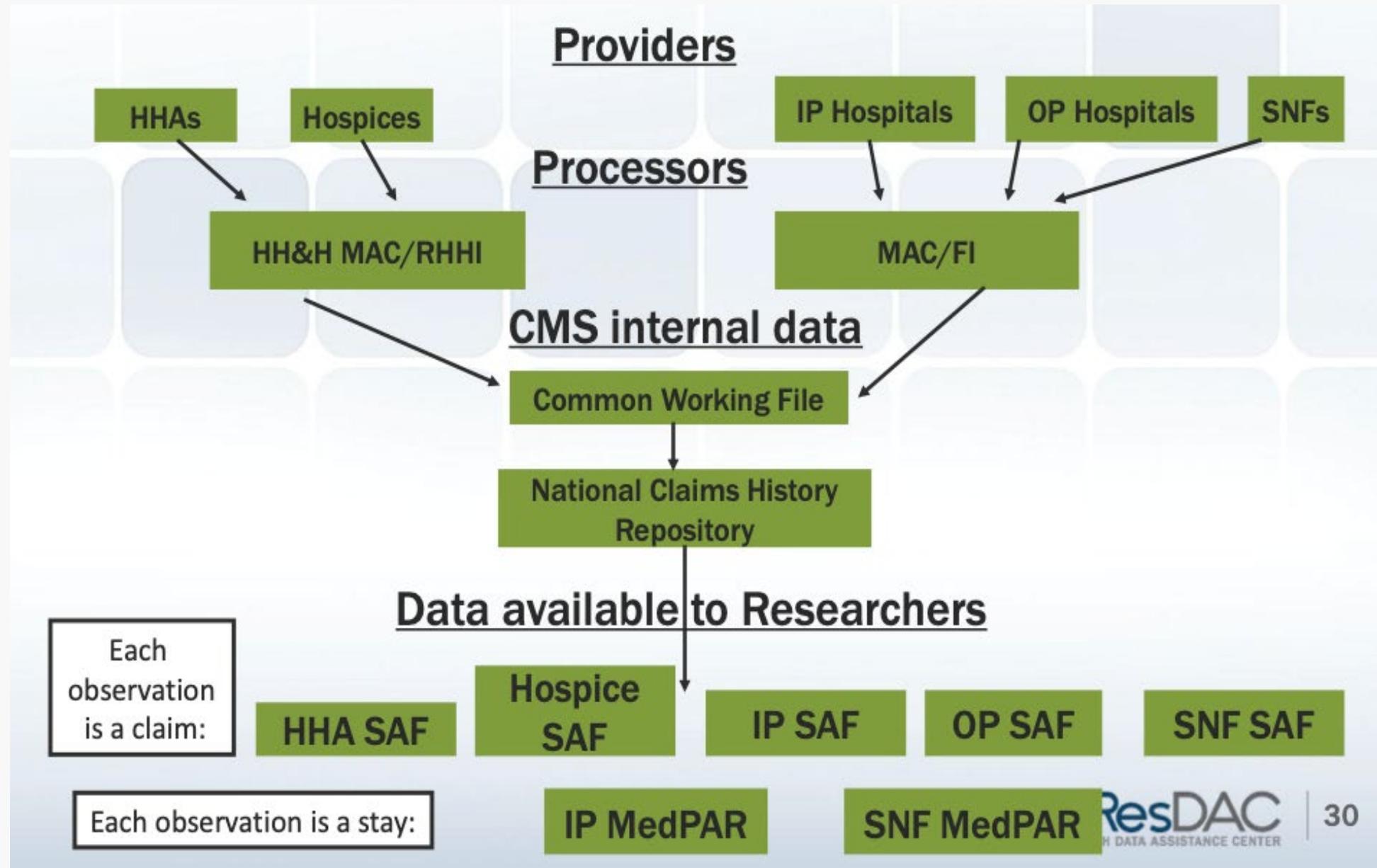
CDB: A section for other payer information with the message "*** No rows found ***". It includes fields for Other Payer Payer ID, Other Payer ID Qualifier (0 - Not Specified), Other Payer Coverage Type (00 - Not Specified), Other Payer Reject Code, Other Payer Amount Paid, Other Payer Amount Paid Qualifier, and Other Payer Date.

Claim Status Information: Shows Claim Status as 'Not Submitted yet'.

Navigation buttons for 'submit' and 'cancel' are located at the bottom right of the form.

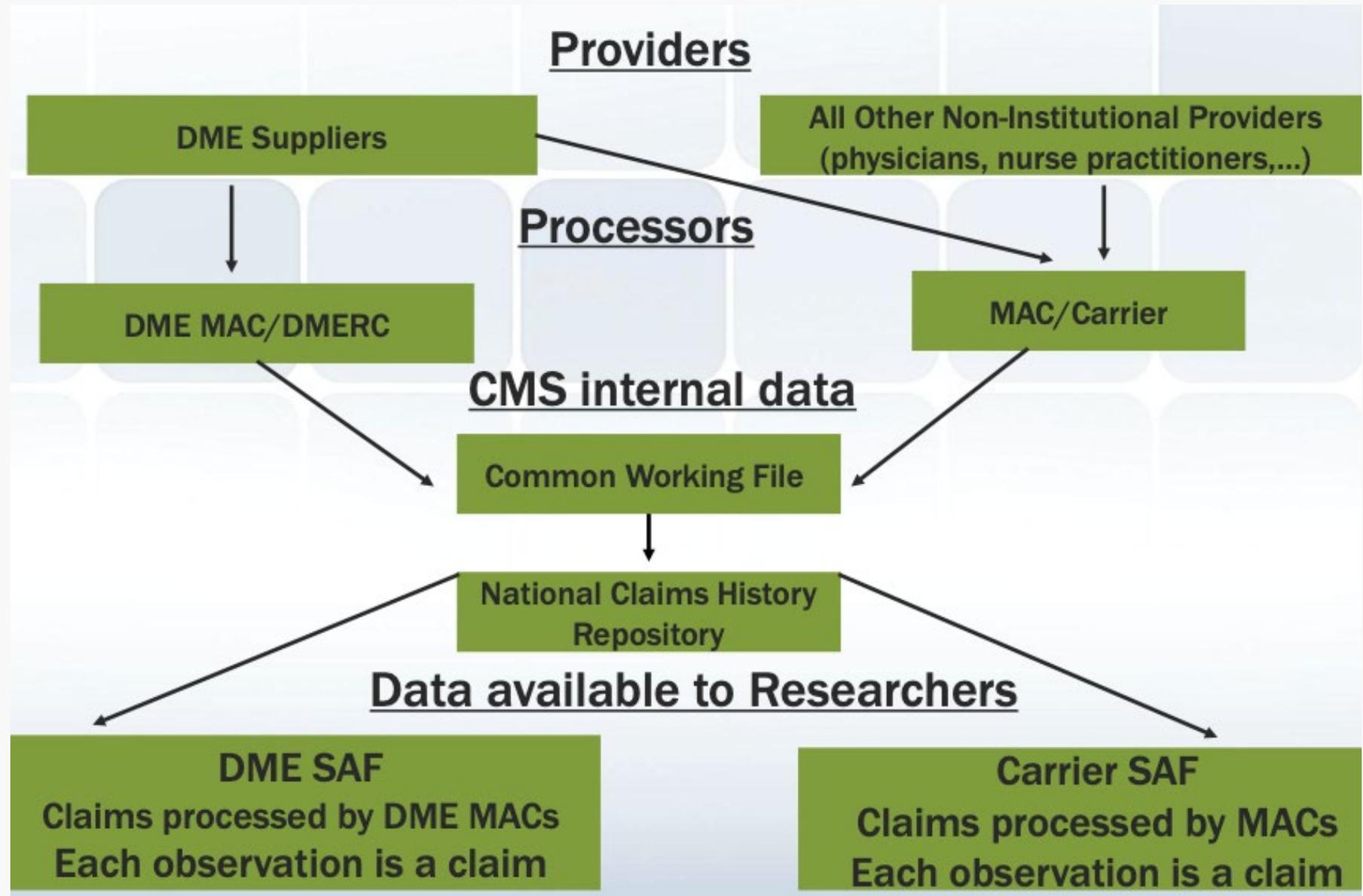
**From the
UB-04
Form**

**To
Medicare
Research
Claims
Data**



**From the
CMS1500
Form**

**To
Medicare
Research
Claims
Data**



Guidance documents are abundant



UB-04 Billing Instructions
Updated October 2016

National Uniform Claim Committee



1500 Health Insurance Claim Form
Reference Instruction Manual
for Form Version 02/12

July 2020

Important Safety Information | Full Prescribing Information | Patient Website

Xofigo
radium Ra 223 dichloride

Important Safety Information
Warnings and Precautions:
• **Bone Marrow Suppression:** In the phase 3 ALSYMPCA trial, 2% of patients in the Xofigo arm experienced bone marrow failure or ongoing pancytopenia, compared to no patients treated with placebo. There were two deaths due to bone marrow failure. **Continue reading below.**

PRESCRIBE XOFIGO | ESTABLISH AND MAINTAIN YOUR TREATMENT CENTER | ADMINISTER XOFIGO | COORDINATE PATIENT CARE

Overview | About Xofigo | Getting Patients Started | Dosing & Administration | **Coding & Billing** | Patient Support | Nurse Support

Best Practices | Coding | Billing for Freestanding Centers | **Billing for Hospital Outpatient Settings** | Coverage | MAC Coverage

XOFIGO BILLING FOR HOSPITAL OUTPATIENT SETTINGS^a

Xofigo and the associated services provided in a hospital outpatient setting are billed on the UB-04 claim form or its electronic equivalent.

Guidance on filling out the UB-04 claim form
Click on the dark gray circles below to reveal information.

LINE NO.	DESCRIPTION	ICD-9-CM CODE	ICD-9-PCS CODE	QD	QW	QO	QX	QY	QZ	UNIT	AMOUNT	PAID	REMARKS
0344	Therapeutic radiopharmaceuticals	A9606								100			
0510	Clinic visit (Radiopharmaceutical therapy, by intravenous administration)	79101								1			

Helpful Web Resources

- **Form CMS 1500 processing manual**
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf>
- **Form CMS 1450 processing manual**
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>
- **Medicare Claims Processing Manual**
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>