To: Pharmacists
Healthy Options Plans
Healthy Options Pharmacy Benefit Managers
Regional Administrators
CSO Administrators

MEMORANDUM

To: Pharmacists
Healthy Options Plans
Healthy Options Pharmacy Benefit Managers
Regional Administrators
CSO Administrators

From: Jane Beyer, Assistant Secretary
Medical Assistance Administration

Subject: Pharmacy Reimbursement for Emergency Contraceptive Pills Counseling

Effective for claims with dates of service on or after November 1, 1998, pharmacies who have pharmacists with Board of Pharmacy approved protocols to prescribe emergency contraceptive pills (ECPs) may bill the Medical Assistance Administration (MAA) fee-for-service for the counseling portion of the emergency contraception service.

Who may bill for ECP counseling?

The Board of Pharmacy provided MAA with a current list of pharmacies that have pharmacists with approved protocols for ECPs. Only those pharmacies with specified Board-approved pharmacists will receive payment from MAA for ECP counseling services.

Subsequent to November 1, 1998, newly approved ECP pharmacies must provide a cover letter requesting payment for ECP counseling services along with a copy of the pharmacist’s approved protocol certificate from the Board of Pharmacy. The request and certificate copy must be sent to:

Medical Assistance Administration
Provider Enrollment Unit
PO Box 45562
Olympia, Washington 98504-5562
How to bill for ECP counseling

Beginning November 1, 1998, pharmacies with Board-approved pharmacists may bill MAA for the ECP counseling using the following diagnosis code, state-assigned procedure code, and their usual and customary fee.

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
<th>State-Assigned Procedure Code</th>
<th>Maximum Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>V25.09</td>
<td>ECP Counseling</td>
<td>4805A</td>
<td>$13.50</td>
</tr>
</tbody>
</table>

The counseling is a service-related item, not a drug, and must be billed on a HCFA 1500 claim form. The pharmacy must use its **MAA-assigned** provider number (beginning with a “6”), not the NABP (National Association of Boards of Pharmacy) number. The prescribing provider number 9777707 must be entered in field 17a, using diagnosis code V25.09 (contraceptive management) in field 24e. A completed sample HCFA-1500 claim form is attached.

Reimbursement for emergency contraceptive pills

Contraceptive pills are reimbursable through the MAA Point of Sale (POS) prescription drug system. To receive payment, non-plan pharmacies must bill MAA fee-for-service using the specific NDC (National Drug Code) and prescribing provider number 9777707. Pharmacies who are members of, or subcontract with, managed care plans must bill the prescription cost to the plans for clients enrolled in managed care.

Attachment
Department of Health Pregnancy Risk Assessment (PRAMS) 1993194 data indicates that:
- 40 percent of all births to Washington State women were unintended at conception.
- In 1996, 42.5 percent of the births were publicly funded. Of the publicly funded births, 60 percent were, at conception, unintended pregnancies.

Using MAA data:
- In 1997, the average cost associated with Medicaid-funded maternity care was $5,255
- Total cost related to Medicaid-funded births was $166,000,000.

Medical Assistance Administration (MAA) supports unintended pregnancy prevention efforts. The Emergency Contraception Pills (ECPs) Project is increasing access to a previously little known or used unintended pregnancy prevention method!

Background:
In February 1998, following the Federal Drug Administration’s approval for ECPs, the Washington State ECPs demonstration project began a statewide marketing campaign. The project is funded by the David and Lucille Packard Foundation and implemented by the Washington State Pharmacist Association, University of Washington Department of Pharmacy, Washington State Board of Pharmacy, Elgin DDB, and Program for Appropriate Technology in Health (PATH). The project advisory committee includes legislators, physicians, and representatives from health, pharmacy, insurance and legal organizations.

The project’s purpose is to increase women’s access to ECPs, also known as the “morning after pill”, to reduce the risk of pregnancy after unprotected sexual intercourse, i.e., occurring from a condom break, after sexual assault, or any time unprotected sexual intercourse occurs. Recommended time to take ECPs is within 72 hours after unprotected sexual intercourse. Access is increased through an innovative distribution mechanism - pharmacists’ prescriptive authority.

Pharmacists gain prescriptive authority for ECPs by obtaining a prescribing sponsor, agreeing upon the drug therapy protocol, and obtaining approval from the State Board of Pharmacy.

Washington State ECP Demonstration Project/Experience to Date:
- Prior to project implementation, a pharmacist reported filling an average of one prescription a week for ECPs. That number has increased to an average of 61 per week.
- Over 2,700 ECP prescriptions were written and filled within the first 4 months of project implementation, preventing an estimated 207 pregnancies.
- Currently, over 500 pharmacists have been trained to prescribe ECPs, with 100 pharmacies participating in the project.
- The pharmacists follow ECP protocol which include counseling about options for regular contraceptive methods, potential adverse effects and follow-up care.
- A list of approved ECP providers is at http://opr.princeton.edu/ec.
ECP User Survey Results:
- 50 percent said they accessed ECPs from a pharmacy on a weekend or after 6 p.m. on a weeknight.
- 42 percent said if they had not received ECPs directly from a pharmacist, they would have done nothing except wait to see if they were pregnant.
- 82 percent of women accessing the services were between the ages of 18-35 years.
- 52 percent reported requiring ECPs due to failure of their usual contraceptive method.

Benefits of Pharmacist Prescriptive Authority for ECPs:
- Walk-in, 24-hours daily, 7-days a-week access to this time sensitive service, which is not available from other sources on weekends or weeknights after 6 p.m.
- More women are accessing this service, i.e., from an average of one a week to 61 a week.
- Risk of pregnancy was reduced when caused by other contraceptive method failure, sexual assault, or other unprotected sexual intercourse.

Barrier to ECPs Access:
- Lack of insurance coverage for the counseling portion for ECPs created a financial barrier for low-income women attempting to access ECPs.
- Women are required to pay up-front for ECPs -- the cost varies from $7 up to $35. Currently, Medicaid covers the cost of pills but not counseling.

To remove the financial barrier and increase access to ECPs for low-income women, MAA proposes to begin reimbursing approved pharmacists for the counseling time related to prescribing ECPs. Participating pharmacists must have gained prescriptive authority, have received training, and agree to follow the established drug therapy protocol. The proposed reimbursement rate is $13.50. According to the Washington State Pharmacy Association, pharmacists are paid $60 per hour. Therefore, a 15-minute counseling session costs $15, and Medicaid reimburses at 89 percent, or in this case, $13.50. Implementation date is 11-1-98. (Reference Memorandum No: 98-45 MAA Issued: October 26, 1998.)

If you have questions, please call Mary Neukom at 360-586-2760 or e-mail to neukomr@dshs.wa.gov.
1. Question: What are we doing differently about emergency contraception?

   Answer: MAA is proposing to pay pharmacies that have certified pharmacists with prescriptive authority by Board of Pharmacy approved protocols for counseling services provided to Medical Assistance clients who receive emergency contraception services.

2. Question: Are the emergency contraception counseling services new?

   Answer: No, other providers provide emergency contraception counseling, (e.g. doctors, ARNPs, etc.). We are paying a fee to a different provider group for the same service.

3. Question: Is a different provider number needed?

   Answer: No, MAA will continue using the established pharmacy provider number.

4. Question: Why are we designating a state assigned procedure code, rather than another CPT?

   Answer: CPT codes are established for physician services, not pharmacy services. Therefore, we need to establish a code to cover pharmacists providing emergency contraception counseling services.

5. Question: How can we access the list of pharmacists with approved protocols for emergency contraceptive pills (ECPs)?

   Answer: Hardcopies of the current list of certified pharmacies are available by contacting Mary Neukom, MAA Family Planning Program Manager at 360-586-2760 or E-mail to: neukomr@dshs.wa.gov.

   The emergency contraception website at http://opr.princeton.edu/ec list certified pharmacies by phone area code and city/town.

   MAA is also exploring linkages to the DSHS/MAA Family Planning Program, the Washington State Pharmacy Association (WSPA), and the Washington Medical Association (WMA) websites to increase information about (ECPs) and access to emergency contraception providers.

6. Question: Can we identify which physicians have signed the approved protocol?

   Answer: This information is included in protocol documentation maintained by the Board of Pharmacy.
7. Question: If MAA pays the counseling service, how do we know that pharmacists with approved protocol rendered the service?

Answer: MAA will only pay pharmacies with specified Board-approved pharmacist for ECPs counseling services. Our payment system will edit pharmacy claims for this service based on the Board of Pharmacy database.

8. Question: Who would be responsible for educational messages?

Answer: Educational messages are available on the Internet at http://opr.princeton.edu/ec/ and from the Program for Appropriate Technologies in Health (PATH) in publication/flyer format.

9. Question: Do pharmacists have liability insurance?

Answer: Yes, either the pharmacies or individual pharmacist have coverage.

10. Question: Do pharmacists keep records of session, drugs, dose, etc.

Answer: Yes. Procedures, such as these, are covered as part of the pharmacists training for ECPs protocol.

11. Question: Do pharmacists do a risk assessment for ECPs?

Answer: Yes. Pharmacists will determine risk per training protocol and refer for follow up care as needed.

12. Question: Will we pay the counseling fee if the contraceptive pills are not dispensed?

Answer: Yes, but we will closely monitor emergency contraception counseling only as part of our ongoing quality assurance efforts.

13. Question: How do clients enrolled with Healthy Options plans access emergency contraception services?

Answer: Healthy Options plans are required to cover emergency contraception as part of the physician and pharmacy benefits through their participating providers.

Although emergency contraception counseling by pharmacists was not included in the 1999 Healthy Options Schedule of Benefits, MAA would like plans to be active partners in this initiative by covering this counseling service for all certified pharmacists in 1999.