Utilization of CPT Codes for Medication Therapy Management Services
Pharmacist Services Technical Advisory Coalition (PSTAC) Mission

*Improve the coding infrastructure necessary to support billing for pharmacists’ professional services.*
PSTAC Objectives

• Create the vision for an infrastructure to support billing and payment for pharmacists’ professional services

• Integrate pharmacy into national organizations, systems & coding nomenclature to support documentation & claims transactions used by other health care providers, health care facilities and health plans.

• Provide national leadership to position & secure pharmacy’s place in the X12 environment.
Intro to CPT Codes

• CPT = Current Procedural Terminology

• Each code corresponds to a specific description of a service, such as medical, surgical and diagnostic services

• CPT codes create a standard nomenclature for communication between health care providers and health payers

Common Use of CPT Codes

• For a traditional outpatient clinic visit, physicians will bill Evaluation and Management (E&M) codes

• 5 levels of codes exist

• Each code has specific requirements for history, examination and medical decision making
  – Accounts for complexity of care delivered
  – Adequate documentation required
Historical Billing Mechanisms

- Traditionally, pharmacists have found unique mechanisms to bill for services:
  - E&M Code 99211
    - “Evaluation and management of an established patient, that may not require the presence of a physician”
    - Often referred to as “incident-to” billing
  - Facility Fee billing
    - Available to pharmacists in institutions attached to a hospital
  - Inhaler/nebulizer training codes
  - Diabetes education code
    - For ADA accredited sites

Historical Billing Mechanisms

• All of these have shortcomings:
  – very non-specific so they fail to accurately track and report pharmacists’ MTM services
  – often result in undervaluation of pharmacists’ services
Milestones

- **February 2005:** Received approval from AMA for pharmacist MTM Service codes as Category III CPT codes
- **January 2006:** MTM Service Codes implemented as Category III codes
- **November 2006:** PSTAC submitted a proposal to AMA’s CPT Panel for MTM Code change from Category III to Category I
**Milestones**

- **October 2007:** PSTAC received approval from the AMA to reclassify pharmacist MTM Service codes from Category III to Category I
  - this changed the status of pharmacist MTM codes from “emerging technology” to recognized standard of care and improved recognition by and acceptability to payers

- **January 2008:** MTM Service Codes implemented as Category I codes
New Pharmacist-only
MTMS CPT Codes

• Three (3) ‘pharmacist only’ CPT professional service codes to bill third-party payers for MTM Services delivered face-to-face between a pharmacist and a patient:
  – **99605** is to be used for a first-encounter service (up to 15 minutes)
  – **99606** is to be used for a follow-up encounter with an established patient (up to 15 minutes)
  – **99607** may be used with either 99605 or 99606 to bill additional 15-minute increments.

• Initially approved as Category 3 (“emerging technology” or “tracking”) codes. Reclassified as Category 1 and became eligible for use January 1, 2008.

New Pharmacist-only
MTMS CPT Codes

• Unlike the E&M codes used by physicians, the MTMS CPT codes are not based on complexity

• The precise definition is a time-based code

• Some payers may choose to use the MTMS CPT codes with a value-based approach
  – Linking the CPT codes with complexity of care delivered
What is MTM?

• Medication Therapy Management services (MTM) describe face-to-face patient assessment and intervention as appropriate, by a pharmacist

• MTM includes the following documented elements:
  – review of the pertinent patient history
  – medication profile (prescription and non-prescription)
  – recommendations for improving health outcomes and treatment compliance.

• These codes are not to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities.

Clinical Vignettes

- Intended to serve as a powerful tool for providers of services
- Do not infer any judgment of importance of the service described
- Provide applicability of the CPT code
- One vignette per code
- Each vignette consists of 3 components:
  - Pre-service activities
  - Intra-service activities
  - Post-service activities
Pre-Service Activities

- Obtaining patient intake information
- Gathering or preparing materials that will be used during the patient encounter
- Coordination of other support staff.
Intra-Service Activities

• **Assessment of the patient**
  – obtain a patient medical and medication history
  – determine appropriateness of medication therapy
  – perform a review of relevant systems
  – evaluate pertinent lab data
  – assess potential or existing drug interactions
  – establish and/or obtain additional information, as needed
  – develop a care plan including recommendations for optimizing medication therapy

• **Pharmacist interventions**
  – provide education, training and resources
  – administer medication
  – formulate a treatment and/or follow-up plan
  – provide recommendations for disease prevention
  – evaluate patient knowledge of medication and willingness to implement recommendations
Post-Service Activities

- Documentation of the patient encounter
- Non face-to-face interventions and recommendations
- Referrals
- Communication with other healthcare professionals
- Administrative functions (including patient and family communications) relative to the patient’s care
- Scheduling follow-up appointment(s) as appropriate
# Example

<table>
<thead>
<tr>
<th></th>
<th>Initial Service</th>
<th>Subsequent Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Code</td>
<td>99605</td>
<td>99606</td>
</tr>
<tr>
<td>Incremental Code</td>
<td></td>
<td>99607</td>
</tr>
</tbody>
</table>

**Example**: 45-minute encounter with a new patient

- Primary Code (99605)
- + Incremental Code (99607) x 2
Sample Clinical Vignettes

• **99605:**
  – A 66 year-old female with pre-existing osteoporosis has been diagnosed with type 2 diabetes and hyperlipidemia. Initial medication therapy assessment and intervention is performed.

• **99606:**
  – A 66 year-old female with osteoporosis, type 2 diabetes, and hyperlipidemia is receiving follow-up reassessment after receiving a prior medication therapy management service.

• **99607:**
  – *Intra Service Only*
  – The services continued for an additional 15 minutes with the same patient.
Efficiency of MTMS CPT Codes

• Health care payers are accustomed to receiving claims using CPT codes for medical services

• Uses an efficient, existing mechanism to bill for MTMS

• No additional work is required by the payer
Applying MTMS CPT Codes

• May use them as defined as time based codes

• Some payers are using a value-based application of the codes to account for complexity of the care delivered
MHCP will reimburse only for face-to-face encounters and based on the lowest of five patient need levels, according to the following qualifying criteria:

- The number of medications the patient is currently taking
- The number of drug therapy problems the patient has at present
- The number of medical conditions for which the patient is currently being treated

MTMS CPT Codes (Time Based Codes)
Based on adopted Minnesota Medicaid law

- 99605
- 99606
- 99607
## MN Medicaid Payment Structure: Value-Based Use of MTMS CPT Codes

<table>
<thead>
<tr>
<th>Level</th>
<th>Assessment of Drug-related needs</th>
<th>Identification of Drug Therapy Problems</th>
<th>Complexity-of-Care Planning &amp; FU Evaluation</th>
<th>Approx. Face-to-Face Time</th>
<th>Bill CPT Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Problem-focused-at least 1 medication</td>
<td>Problem-focused 0 drug therapy problems</td>
<td>Straightforward 1 medical condition</td>
<td>15 min.</td>
<td>99605 or 99606</td>
<td>1 unit</td>
</tr>
<tr>
<td>2</td>
<td>Expanded Problem-at least 2 medications</td>
<td>Expanded Problem at least 1 drug therapy problem</td>
<td>Straightforward 1 medical condition</td>
<td>16-30 min.</td>
<td>99605 or 99606 and 99607</td>
<td>1 unit</td>
</tr>
<tr>
<td>3</td>
<td>Detailed-at least 3-5 medications</td>
<td>Detailed at least 2 drug therapy problems</td>
<td>Low complexity at least 2 medical conditions</td>
<td>31-45 min.</td>
<td>99605 or 99606 and 99607</td>
<td>1 unit</td>
</tr>
<tr>
<td>4</td>
<td>Expanded Detailed-at least 6-8 medications</td>
<td>Expanded Detailed at least 3 drug therapy problems</td>
<td>Moderate Complexity at least 3 medical conditions</td>
<td>46-60 min.</td>
<td>99605 or 99606 and 99607</td>
<td>1 unit</td>
</tr>
<tr>
<td>5</td>
<td>Comprehensive-&gt;= 9 medications</td>
<td>Comprehensive at least &gt;4 drug therapy problems</td>
<td>High Complexity at least &gt;= 4 medical conditions</td>
<td>60 + min.</td>
<td>99605 or 99606 and 99607</td>
<td>4 units</td>
</tr>
</tbody>
</table>
## Example: Outcomes Pharmaceutical Health Care

<table>
<thead>
<tr>
<th>Pharmacist Service</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Medication Review</td>
<td>99605 + 99607</td>
</tr>
<tr>
<td>Physician Consultation</td>
<td>99606 + 99607</td>
</tr>
<tr>
<td>Patient Compliance Consultation</td>
<td>99606 + 99607</td>
</tr>
<tr>
<td>Patient Education/Monitoring</td>
<td>99606</td>
</tr>
</tbody>
</table>
Additional Information on MTM Service Codes

- PSTAC website: http://www.pstac.org/services/mtms-codes.html
  - code model
  - rationale
  - clinical vignette for each code

- AMA website:
  http://www.ama-assn.org/ama/pub/category/3885.html

- Pharmacy Professional Services Companion Guide
  - Primary purpose is to help payers and vendors program their systems to send & receive HIPAA-compliant transactions for pharmacy service billing
Health Care Provider Taxonomy Codes

• Codes identify:
  – Provider type
  – Classification
  – Area of specialization

• Applied to:
  – Pharmacy Service Providers
  – Pharmacy Suppliers

• Complete Taxonomy Code List can be found at: www.wpc-edi.com/codes/taxonomy
How to Order
Pharmacy Professional Service Companion Guide

- Washington Publishing Company, the official publisher of X12 IGs
  - www.wpc-edi.com