Utilization of CPT Codes for Medication Therapy Management Services

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Pharmacist Services Technical Advisory Coalition (PSTAC) Mission

Improve the coding infrastructure necessary to support billing for pharmacists' professional services.

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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.

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Beebe M, Dalton JA, Espronceda M, et. al. Current Procedural Terminology 2009. American Medical Association: Chicago, IL.

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

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place
Logo Here

Beebe M, Dalton JA, Espronceda M, et. al. Current Procedural Terminology 2009. American Medical Association: Chicago, IL.

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Historical Billing Mechanisms

- All of these have shortcomings:
  - very non-specific so they fail to accurately track and report pharmacists' MTM services

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

New Pharmacist-only MTM SCPT 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.

Beebe M, Dalton JA, Espronceda M, et. al. Current Procedural Terminology 2009. American Medical Association: Chicago, IL.

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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 <u>not</u> to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities.

Place
Logo Here

Beebe M, Dalton JA, Espronceda M, et. al. Current Procedural Terminology 2009. American Medical Association: Chicago, IL.

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Pre-Service Activities

- Obtaining patient intake information

- Gathering or preparing materials that will be used during the patient encounter

- Coordination of other support staff.

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Example

	Initial Service	Subsequent Service
Primary Code	**99605**	**99606**
Incremental Code		**99607**

Example: 45-minute encounter with a new patient

Primary Code (99605)
+ Incremental Code (99607) x 2

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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.

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Applying MTMS CPT Codes

- May used 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

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Example: Minnesota Medicaid

- 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

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

MN Medicaid Payment Structure: Value-Based Use of MTMS CPT Codes

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

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

Example: Outcomes Pharmaceutical Health Care

Pharmacist Service	CPT Codes
Comprehensive Medication Review	99605 + 99607
Physician Consultation	99606 + 99607
Patient Compliance Consultation	99606 + 99607
Patient Education/Monitoring	99606

Place Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

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

Place
Logo Here

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

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION

How to Order
Pharmacy Professional Service Companion Guide

- Washington Publishing Company, the official publisher of X12 IGs

- www.wpc-edi.com

- http://www.wpc-edi.com/products/publications/pstac

Place
Logo Here

PSTAC
PHARMACIST SERVICES
TECHNICAL ADVISORY COALITION