



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services
Division of Medical Assistance Programs
500 Summer Street NE, E35
Salem, OR 97301-1079
Voice (503) 945-5772
FAX (503) 373-7689

January 14, 2009

To: Managed Care Organizations

From: Jon Pelkey, Manager
DMAP Quality Improvement, Medical Section

Subject: Medication Therapy Management Services Claims

Effective January 1, 2009, the Division of Medical Assistance Programs (DMAP) will cover Medication Therapy Management Services (MTMS) provided by licensed pharmacists. Clients must be referred by their physician or licensed provider or health plan to a pharmacist for MTMS. Per CPT coding guidelines, MTMS is provided to optimize the response to medications or to manage treatment-related medication interactions or complications. Codes are not to be used for the provision of product-specific information at the point of dispensing or any other routine dispensing-related services.

DHS has consulted PricewaterhouseCoopers and there is agreement that there is insufficient information to estimate, with reasonable accuracy, the extent to which this service [*sic*] will impact costs during 2009; but the opinion shared [*sic*] is it's very unlikely to exceed 1%, particularly since Medicare pays for most drugs for Dual Eligibles.

Pharmacists must follow Guideline Note 64 of the Prioritized List of Health Services:

Pharmacy medication management services must be provided by a pharmacist who has:

- A current and unrestricted license to practice as a pharmacist in Oregon.
- Services must be provided based on referral from a physician or licensed provider or health plan.
- Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP (Subjective, Objective, Assessment and Plan) charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

Enrollment as a performing provider required

Pharmacists must enroll with DMAP as performing providers to bill for MTMS. To enroll with DMAP complete an Enrollment Application Packet (forms 3972, 3973, 3975

“Assisting People to Become Independent, Healthy and Safe”
An Equal Opportunity Employer

with attachment 3114) located online at:
www.oregon.gov/dhs/healthplan/tools_prov/providerenroll.shtml

Billing codes

Use the following CPT codes to bill for MTMS:

99605 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient

99606 initial 15 minutes, established patient

99607 each additional 15 minutes (list separately in addition to code for primary service)

Refer to the “New and Established Patient” paragraph in the Evaluation and Management Services Guidelines section on page one of the 2009 CPT manual for definitions of a “new” and “established” patient.

Claims submission

Claims must be submitted to DMAP on a professional CMS-1500 claim form using the pharmacist’s performing provider number in field 24J and the pharmacy’s provider number in field 33. For place of service (POS), enter 01 in field 24B.

24. A. DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.		G.	H.	I.	RENDERING PROVIDER ID. #	PHYSICIAN INFORMATION
From	To	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EP/SDT Family Plan	ID. CLAS.	CLAS.			
MM	DD	YY	MM	DD	CPT/HCPCS	MODIFIER							
1													
2													
3													
4													
5													
6													

Annotations on form:
 - Arrow pointing to field 24B: Pharmacies – Enter 01
 - Arrow pointing to field 24J: Enter – Pharmacist Provider Number
 - Arrow pointing to field 33: Enter - Pharmacy Provider Number

25. FEDERAL TAX I.D. NUMBER	SSN	EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For gov. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
	<input type="checkbox"/>	<input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	\$	\$
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		33. BILLING PROVIDER INFO & PH #		
SIGNED			a. NPI		a. NPI		
DATE			b.		b.		

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

Reimbursement rates will be as follows:

- 99605** \$28.22
- 99606** \$26.34
- 99607** \$13.17

Questions?

Billing: DMAP Provider Services at 800-336-6016

Pharmacist enrollment: DMAP Provider Enrollment 800-422-5047