



Oregon

John A. Kitzhaber, M.D., 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
TTY (503) 378-6791

December 30, 2008

To:

Provider Name
Provider Address



From: Jean Phillips, Deputy Administrator
Division of Medical Assistance Programs

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.

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

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

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. PLACE OF SERVICE | | D. PROCEDURES, SERVICES, OR SUP | | H. ICD-9-CM | | J. RENDERING PROVIDER ID. # | |
|--|----|----|----|---|----|---------------------------------|----------|--------------------------------------|--|-----------------------------|--|
| From To | | | | EMG | | (Explain Unusual Circumstances) | | Family Plan | | ID. QUAL. | |
| MM | DD | YY | MM | DD | YY | CPT/HCPCS | MODIFIER | | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER | | | | SSN EIN | | 26. PATIENT'S ACCOUNT NO. | | 27. ACCEPT ASSIGNMENT? | | 29. AMOUNT PAID | |
| | | | | | | | | YES NO | | \$ | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | 32. SERVICE FACILITY LOCATION INFORMATION | | | | 33. BILLING PROVIDER INFO & PH # () | | | |
| INCLUDING DEGREES OR CREDENTIALS | | | | | | | | | | | |
| (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | | | | | | | | | |
| SIGNED | | | | a. NPI | | | | a. NPI | | | |
| DATE | | | | b. NPI | | | | b. NPI | | | |

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