

Jean S. Phillips, Deputy Administrator

**Authorized Signature**

**Number:** DMAP-IM-09-003

**Issue Date:** 01/13/2009

**Topic:** Medical Benefits

**Subject:** Provider announcement: New Medication Therapy Management Service (MTMS) claims for pharmacists

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

**Message:**

Effective January 1, 2009 pharmacists enrolled as performing providers may bill for referred medication interviews. See attached letter mailed to pharmacists for additional details and billing codes.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Isabel bickle		
<b>Phone:</b>	503-945-6490	<b>Fax:</b>	503-947-1119
<b>E-mail:</b>	<a href="mailto:Isabel.Bickle@state.or.us">Isabel.Bickle@state.or.us</a>		



# Oregon

John A. Kitzhaber, M.D., Governor

**Department of Human Services**  
*Division of Medical Assistance Programs*

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December 30, 2008

**To:**



**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](http://www.oregon.gov/dhs/healthplan/tools_prov/providerenroll.shtml)

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## 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		C. EMG		D. PROCEDURES, SERVICES, OR SUP		E. (Explain Unusual Circumstances)		F. CPT/HCPCS		G. MODIFIER		H. ICD-9-CM		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From	To																		
MM	DD	YY	MM	DD	YY														
1																			
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE		PHYSICIAN OR SUPPLIER INFORMATION					
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$							
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		DATE		a. NPI		b. NPI		a. NPI		b. NPI									

NUCC Instruction Manual available at: [www.nucc.org](http://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