



Medication Therapy Management

JULY 28, 2022

Disclaimer

This is a high-level overview of Medication Therapy Management (MTM) as of July 28, 2022. Some changes may be made in the future (particularly around telehealth). Please reach out to Kelsea or Lindsay with any questions or concerns.

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MEDICATION THERAPY MANAGEMENT

What is MTM?

MTM Descriptions

CPT Manual

- Medication therapy management service(s) (MTMS) describe face-to-face patient assessment and intervention as appropriate, by a pharmacist, upon request. MTMS is provided to optimize the response to medications or to manage treatment-related medication interactions or complications.

MDHHS

- MTM services are face-to-face consultations provided by pharmacists to optimize drug therapy and improve therapeutic outcomes for beneficiaries.



MTM – CPT Guidance

- MTM cannot be reported in the same month as Chronic Care Management, Principal Care Management (see CPT Manual for details)
 - MPCA would encourage health centers take time to consider how details of enrollment into Care Management services (or MTM services) are documented in the patient chart
- Time associated with MTM services cannot be counted towards time for any other service provided (see CPT Manual for details)
- Please make sure to check all required documentation elements have been met prior to billing services (detailed in CPT manual)





MEDICATION THERAPY MANAGEMENT

Medicaid Coverage

MTM - Who & When?

Who is eligible for MTM services?

- MDHHS will cover MTM for Medicaid Beneficiaries
- MTM is covered and paid by Medicaid FFS for both Medicaid FFS enrolled patients and Medicaid Health Plan enrolled patients

When did services become effective?

- MTM will be covered for Medicaid beneficiaries on or after April 14, 2017



MTM – What?

- What is considered part of the service?
 - Obtaining beneficiary health status & medication review
 - Formulating a medication treatment plan
 - Verbal education & training to help with understanding & use of medication
 - Documenting care & communicating essential information to patients PCP
 - Providing information, support & resources to enhance adherence
 - And more!
- What is not covered?
 - Services provided by telephone, email, US Postal Service
 - MTM provided to a group
 - Services provided in a skilled nursing facility, inpatient, institutional, or incarceration setting



MTM – What?

What codes are used for MTM?

- 99605 - Medication therapy management services 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

What can health centers expect for payment of MTM services?

- All three codes can be found on the FQHC reimbursement list
- Codes 99605 & 99606, both have a qualifying visit count of one meaning, health centers can expect PPS payment for MTM services
- Encounter limits per day would apply to these services



MTM – How?

How are claims billed?

- For Medicaid FFS enrolled patients and MHP enrolled patients, MTM services are billed to FFS Medicaid
- Claims are billed on an institutional claim form

How can services be provided?

- In-person or real-time audio video telecommunication (should remain permanent post-PHE)

How often can health centers provide MTM services?

- 99605 is covered once in a 365-day period (keep in mind new patient requirements apply)
- 99606 is covered up to seven times in a 365-day period
- 99607 is covered up to four times in a 365-day period



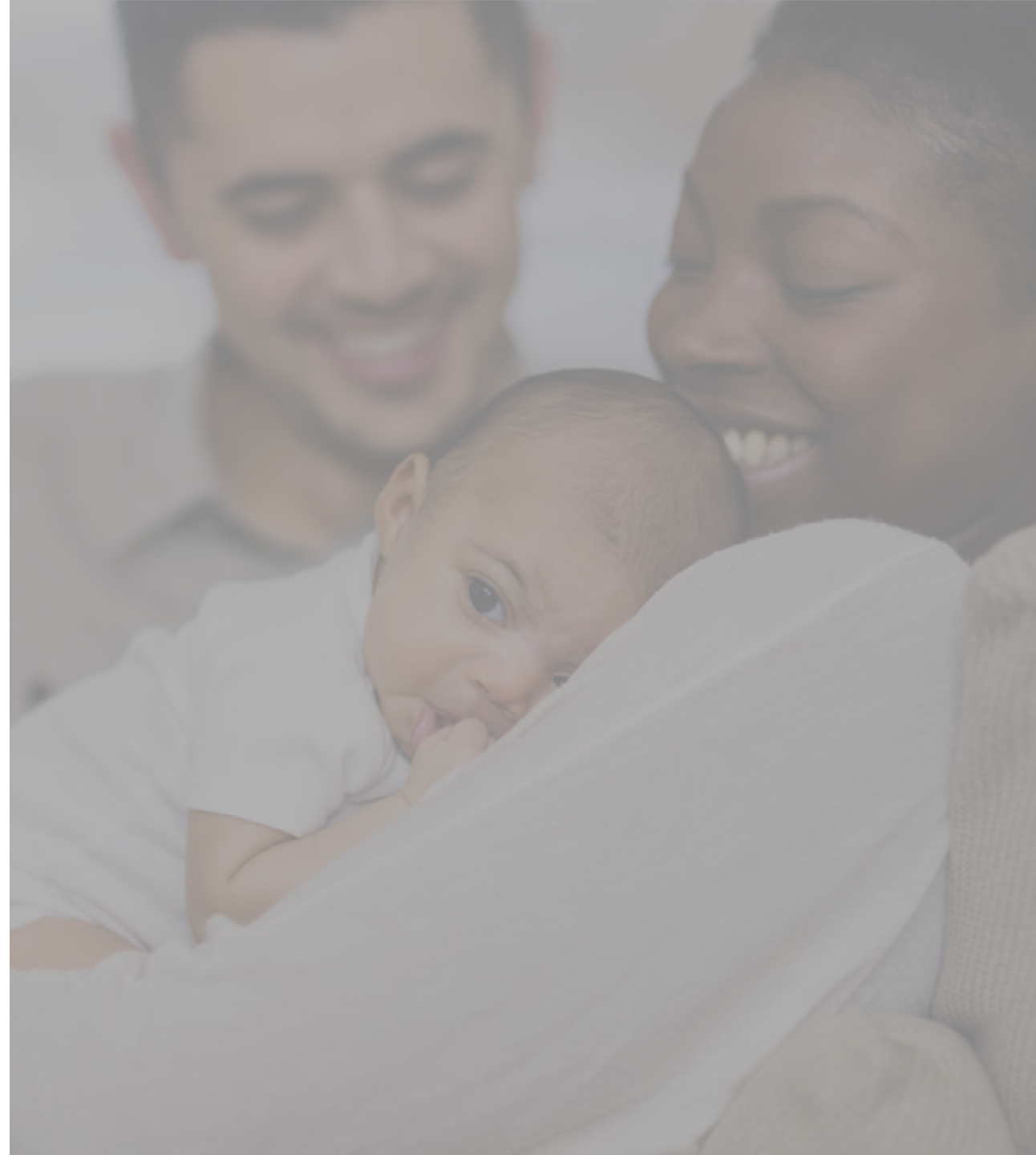


MEDICATION THERAPY MANAGEMENT

Medicare Coverage

MTM Outcomes

- MTM is a Part D benefit
- Pharmacy staff are able to search for patient eligibility in Outcome
- Pharmacy staff utilize 'Outcome' and billed through Part D provider
- Health center billing staff does not submit claims for services, this is done through pharmacy system
- Please feel free to reach out to me with any additional questions or connect with your pharmacy team, who may be able to share more information





MEDICATION THERAPY MANAGEMENT

Questions?

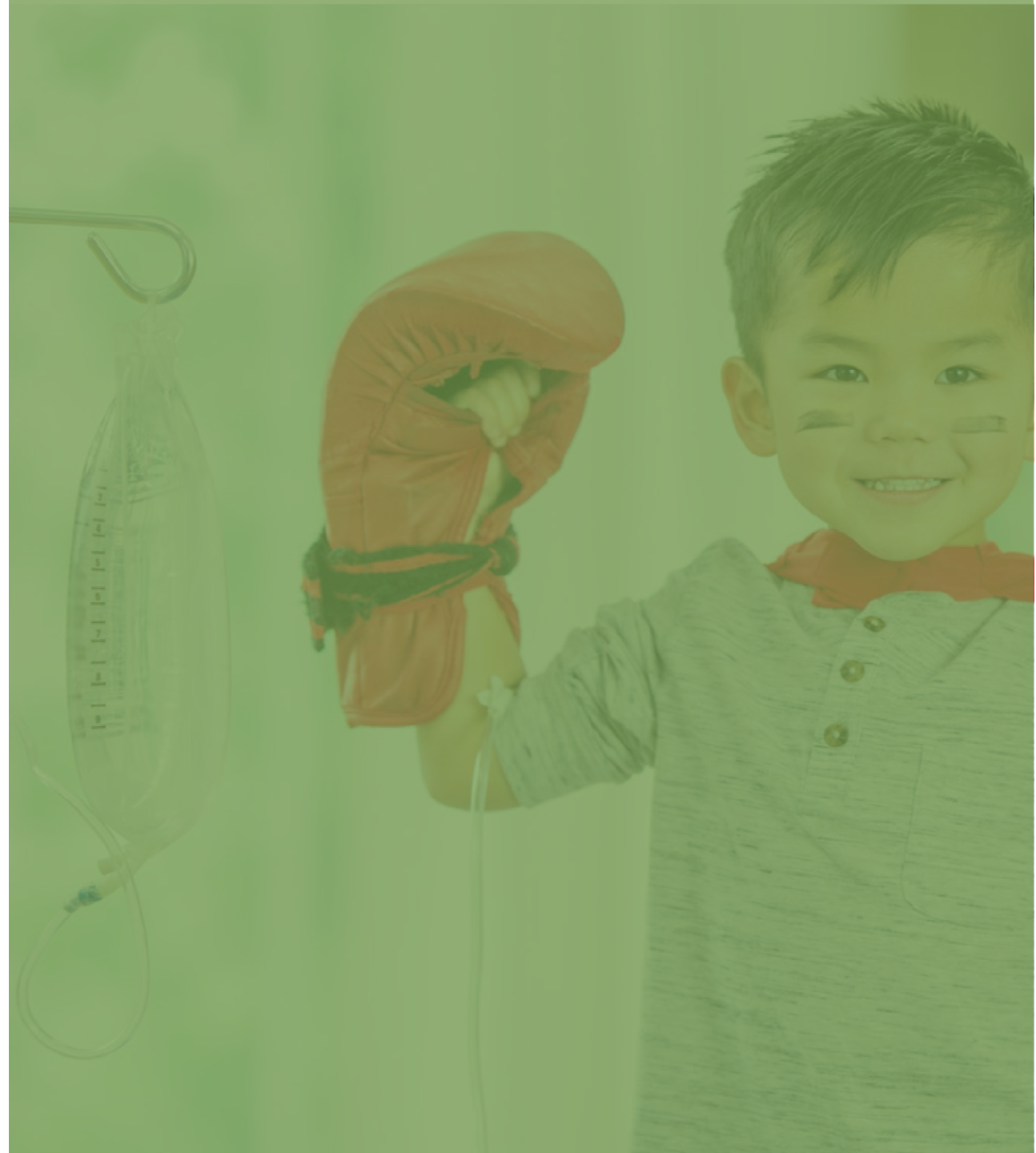
Resources

Medicaid

- [Coverage of Medication Therapy Management Services \(MSA 17-09\)](#)
- [Clinic Billing Format Change to Institutional \(MSA 17-10\)](#) - see page 3 details information on MTM
- [FQHC Reimbursement List](#)

Medicare

- [Medicare.gov - MTM programs for complex health needs](#)
- [CMS.gov - MTM](#)

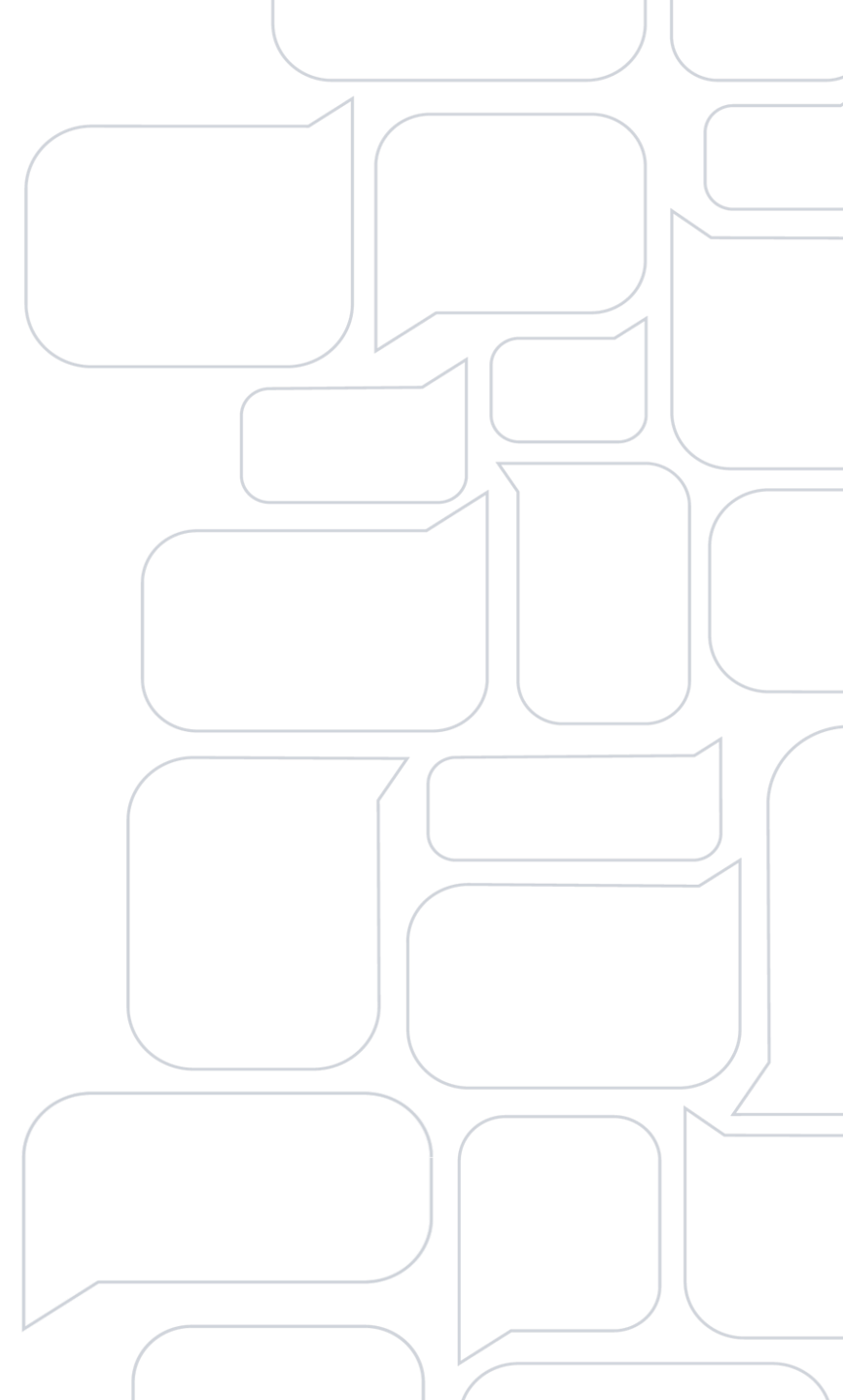




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MTM Discussion

- Are health centers billing for all MTM services provided? If so, what are the considerations for uninsured or underinsured patients?
- Do you have a team that meets regularly to discuss MTM services, processes, reimbursement, etc.?
- For those health centers that have started billing claims, what issues/problems did you find either in your process or with processing of claims?
- What percentage of patients who receive MTM services have commercial insurance?
- Are health centers finding that patients with commercial insurance have coverage for MTM services?
- What has your health center found as the biggest barrier to providing MTM services (patient responsibility, connecting with patients, billing, coverage, value/buy-in of MTM service, etc.)?
- Would you find a discussion opportunity with billing staff and pharmacy staff helpful?





Thank you!

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