

PROVIDER MANUAL FOR

Medication Therapy Management (MTM)



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Introduction

According to North Dakota Century Code (N.D.C.C) Section 50-06-40, passed in 2015 by the 64th Legislative Assembly, this medication therapy management program has been established to coordinate health care and improve the health of individuals for Medicaid-eligible individuals and to manage health care expenditures.

Provider Eligibility Requirements

Non-pharmacist providers:

Non-pharmacist providers are already able to bill for these services using evaluation and management (E&M) codes. There are no changes for non-pharmacist providers already providing this service. The manual will focus on the addition of pharmacists as providers that can bill for Medication Therapy Management services.

Pharmacist MTM Providers:

Pharmacists must enroll as MTM providers using the MTM Provider Enrollment Application (SFN 1105) to provide MTM services. An enrolled MTM provider may provide any MTM service covered by ND Medicaid. Pharmacist's place of business must be enrolled as a Medicaid provider to receive payment for MTM services. There is no enrollment specific to MTM services for the place of business.

MTM Providers applying for a ND Medicaid Medication Therapy Management (MTM) provider designation must:

- Complete the MTM Provider Enrollment Application
- Submit a copy of a current active North Dakota State license
- List MTM documentation software that allows manual input of patients. If it is outside of common software used for MTM, Department may request printouts and/or screenshots of outcomes tracking and reporting tools to verify software meets requirements.
- Submit a CPE Monitor printout verifying the following ACPE continuing education requirements have been met within the last 4 years:
 - o 2 hours of CE specific to the Delivery of MTM including MTM Documentation
 - o 2 hours of CE specific to Medication Adherence
 - o 4 hours total of CE specific to disease states that MTM will be provided for such as:
 - The treatment of hepatitis C including use of direct acting antiviral
 - The treatment of asthma including use of rescue inhalers, step-up therapy, and step-down therapy
 - The treatment of diabetes, including the expected A1C reductions and side effects of oral and injectable medications
 - Conditions that cause the most readmissions such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), pneumonia, mood disorders, and myocardial infarction
 - Diseases with high rates of non-compliance of treatment such as depression.

- Have readily available access to the current medical record for each patient receiving MTM services within the practice setting.
- Have a structured patient care process that allows for collection and assessment of patient information; and development, implementation, and follow-up of a patient-centered care plan.
- Meet privacy and space requirements

Renewal certification for pharmacist providers:

- Providers must submit a CPE Monitor printout verifying the above continuing education requirements have been met within the last 4 years.
- Verify they are still eligible to provide MTM services and meet all criteria contained in this manual.

When MTM pharmacist initial or renewal enrollment is approved, the MTM pharmacist will be notified by letter. The letter will contain a renewal by date.

Privacy and Space Requirements:

The place of business where MTM services are provided must:

- Have sufficient size and accommodations to comfortably seat at least three people comfortably
- Be private, so that when a typical patient is sitting or standing in the consulting area, the patient cannot be seen by others (including other patients, customers and employees)
- Be entirely devoted to enhancing patient outcomes and not used as a storage room for merchandise or other nonrelated items
- Be enclosed sufficiently to prevent typical patient consultation conversation from being heard from other areas of the business
- Be enclosed sufficiently to prevent noise from other areas of the business to interfere with or distract from typical conversation in the consulting area

MTM delivered via Tele-pharmacy or Tele-health- Services must meet the following criteria:

- Both the origination site (where the recipient is located) and the distant site (where the MTM provider is located) must be located in the state of North Dakota.
- The origination site must meet privacy and space requirements
- The interactive video includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the recipient and the MTM provider
- The provider is responsible for supplying the equipment used for the service and the connection between the origination and distant sites

MTM Documentation Requirements:

MTM Providers must use an electronic MTM documentation system. Printouts and/or screenshots of outcomes tracking and reporting must be submitted with the MTM provider enrollment application.

MTM providers can use any electronic MTM documentation system they wish. Approval of MTM provider status will include verifying the MTM provider is using an electronic MTM documentation system that meets MTM documentation requirements.

An electronic MTM documentation system must be specifically designed to optimize the therapeutic outcomes of the patient’s medications and be able to track and report patient outcomes. At a minimum, the documentation system must:

Data Element	Visit Summary	MD Summary	Patient Summary	Personal Medication Record	Electronically Stored
Recipient’s full, legal name	*	*		*	*
Address and telephone number	*				*
Gender					*
Date of birth	*	*		*	*
Current medical conditions	*	*		*	*
Resolved medical conditions	*	*			*
Allergies	*	*		*	*
Primary physician and contact information	*			*	*
Date of encounter		*		*	*
Location of patient if using interactive video					*
Date of documentation					*
Time spent with patient					*
List of all prescription and nonprescription drugs with their indications, doses, and directions				*	*
List of medications addressed during visit	*	*			*
List of all relevant medical devices	*	*		*	*
List of all dietary supplements, herbal products		*		*	*
Alcohol and tobacco use history	*	*			*
List of environmental factors that impact the patient	*				*
Assessment of drug problems identified, including but not limited to:					
Determining that the medications are appropriately indicated	*	*			*
Determining if the recipient needs additional medications	*	*			*

Data Element	Visit Summary	MD Summary	Patient Summary	Personal Medication Record	Electronically Stored
Determining if the medications are the most effective products available for the conditions	*	*			*
Determining if the medications are dosed appropriately to meet goals of therapy	*	*			*
Identifying adverse effects caused by medications	*	*			*
Determining if the medications are dosed excessively and causing toxicities	*	*			*
Determining if the recipient is taking the medications appropriately to meet goals of therapy	*	*			*
Evaluating effectiveness and safety of current drug therapy	*	*			*
Written plan including goals and actions needed to resolve issues of current drug therapy		*			*
Evaluation of success in meeting goals of medication treatment plan		*	*		*
Information, instructions and resources delivered to the patient		*	*		*
Content of MTM provider's communications to patient's other health care providers		*			*

Recipient Eligibility Requirements

ND Medicaid recipients are not eligible for MTM services if they are:

- Eligible for Medicare
- Inpatient, in an institutional setting, or a skilled nursing facility

How Recipients are identified:

Recipients will be identified by the Department or referred to the Department by prescribers, filling pharmacies, or MTM providers.

- Referred recipients for MTM services will be approved by the Department based on the MTM priorities outlined below.
 - To refer a recipient, please fill out the MTM Service Authorization Request form (SFN 1106) and fax to 701-328-1544 "Attention Pharmacy" along with any details available to justify the request.
 - An approved service authorization letter with service authorization number will be mailed to you to authorize performing the MTM service.
- Special considerations for Transitions of care:
 - Patients will be identified by the pharmacy filling the discharge medications or by health care provider referral.

Asthma/COPD:

- Using 3 or more rescue (short acting beta-2 agonist) inhalers per year or an average of 3 or more rescue nebulizers per day with any of the following:
 - Using 2 or more oral steroids/year
 - Using 2 or less inhaled corticosteroids (alone or in combination)
 - ER or hospitalization within the past year
- Non-compliance and/or regimen outside of accepted guidelines with one of the following:
 - Escalation of therapy
 - Poor control (ER visits, hospital admissions, or exacerbations)
- Request for non-preferred medications
- Age 6 years to 65 years old

Diabetes:

- Non-compliance and/or regimen outside of accepted guidelines with one of the following:
 - Poor control (ER visits, hospital admissions, or A1C > 8%)
 - Escalation of therapy
 - Diabetes related complications
 - Comorbid conditions with poor control
 - BP 130/80 mmHg or above
 - LDL 130 mg/dL or above
- Request for non-preferred medications
- Request for three concurrent oral medications

Non-compliance with medications:

- Patient is less than 80% compliant with one of the following medication classes:
 - Hypertension medications
 - Congestive heart failure medications
 - Antidepressant medications
 - Antipsychotic medications
- Patient is less than 80% compliant and MTM service is likely to prevent one of the following:
 - Poor disease control
 - Increase in dose
 - Switching medications or requesting “brand necessary” drug
 - Add on therapy

Transitions of care:

- Patient is being discharged to his or her home:
 - From one of the following: Inpatient Acute Care Hospital, Inpatient Psychiatric Hospital, Long Term Care Hospital, Skilled Nursing Facility, Inpatient Rehabilitation Facility, Hospital outpatient or partial hospitalization, Partial hospitalization at a Community Mental Health Center
- Patient is high risk for re-admission with one of the following:
 - Patient is on 7 or more medications following discharge
 - 2 or more new medications at discharge
 - 3 or more admissions in the last year
 - Admission diagnosis of one of the following:

- Chronic heart failure (CHF)
- Pneumonia
- Myocardial infarction (MI)
- Mood disorders
- Chronic obstructive pulmonary disease (COPD)

Request of prior authorization for MTM services

Prior to the initial visit, an MTM provider will fax the MTM Service Authorization Request form (SFN 1106) to 701-328-1544 “Attention Pharmacy”.

- When the Service Authorization (SA) is approved, the pharmacy will receive a SA number by letter.
- This SA number will be needed when billing MTM services.
- Any MTM service provided before a Service Authorization approval is received is not guaranteed payment.

The recipients identified as eligible for MTM services may have medications subject to prior authorization with approval of prior authorization contingent on participation in the MTM program.

- Recipients receiving MTM services may continue to fill their prescriptions at any pharmacy of their choosing.
- The pharmacy providing MTM services can be a different pharmacy than the pharmacy that fills the medications.

Transitions of care

An approved MTM service authorization may not be received before the service is performed so it is the MTM provider’s responsibility to verify the patient meets the MTM priorities outlined in the **How RECIPIENTS ARE IDENTIFIED SECTION** above.

- If you have questions regarding a patient’s eligibility for MTM services, you may contact Alexi Murphy at amurphy@nd.gov or 701-328-4061 for an informal approval prior to performing a service.

If the filling pharmacy does have an MTM provider:

- The MTM provider must contact the recipient to schedule the initial appointment.

If the filling pharmacy does not have an MTM provider:

- MTM providers will be notified of a recipient’s eligibility for MTM services by:
 - The filling pharmacy may contact an MTM provider on the recipient’s behalf. The MTM provider must contact the recipient to schedule the initial appointment.
 - The filling pharmacy may provide a list of currently enrolled MTM providers to the recipient. The recipient will need to contact an MTM provider to enroll in MTM services and to set up an initial appointment.

All other MTM services

If the filling pharmacy does have an MTM provider:

- The MTM provider must contact the recipient to schedule the initial appointment.

If the filling pharmacy does not have an MTM provider:

- MTM providers will be notified of a recipient's eligibility for MTM services in one of the following ways:
 - The Department will contact the filling pharmacy to let them know a patient is eligible for MTM services and provide a list of MTM providers in the area. The filling pharmacy may contact an MTM provider on the recipient's behalf. The MTM provider must contact the recipient to schedule the initial appointment.
 - If the Department does not receive a Service Authorization requesting services from an MTM provider within 30 days of notification to the filling pharmacy, the Department will mail a list of currently enrolled MTM providers to the recipient via an invitation to MTM services letter. The recipient will need to contact an MTM provider to enroll in MTM services and to set up an initial appointment.

Prior Authorization Details:

For MTM services:

- One service authorization to bill for MTM services by the MTM provider. Any MTM service provided before a Service Authorization (SA) number is received is not guaranteed payment.
 - Visit Limitations: Reimbursement is limited to 30 minutes per visit
 - Asthma/COPD: 1 initial and 5 subsequent visits per 365 days per recipient
 - Diabetes: 1 initial and 5 subsequent visits per 365 days per recipient
 - Non-Compliance: 1 initial and 2 subsequent visits per 365 days per recipient
 - Transitions of Care: 1 initial visit per 365 days per recipient
 - Prior Authorization for additional visits may be authorized if medically necessary

For medication approval contingent on participation in the MTM program:

- One authorization to bill for the medication by the filling pharmacy
 - MTM may be part of requirements to receive prior authorizations, quantity limitations overrides, or therapeutic duplication overrides.

MTM Provider Expectations:

In addition to maintaining the requirements for eligibility:

- Medicaid MTM providers cannot provide incentives or discounts to participants in the Medicaid program.
- Medicaid MTM enrollees cannot receive MTM services from more than one Medicaid MTM provider at one time.
- Each Medicaid MTM provider must retain an electronic documentation pertinent to the visit, containing similar information to the MTM Consultation form, for a minimum of 7 years. The method of retention should comply with all federal and state HIPAA requirements. If requested, this documentation of services delivered should be made available to the Department within 2 business days.
- MTM provider will notify the Department within 15 days of any change that could affect their status as a MTM provider. Services provided during any time that the MTM provider does not meet requirements will not be considered for payment.

- Reimbursement for MTM CPT codes will only cover time spent face-to-face, one-on-one contact with the Medicaid MTM enrollee.
 - Not allowed for reimbursement:
 - Group visits are not allowed
 - Preparation time
 - Follow-up/reminder calls (the follow-up phone call required after the initial visit is included in the rate).
 - No show appointments
 - Allowed for reimbursement:
 - Visits with family and/or caregivers in attendance
 - Tele-pharmacy or tele-health visits with real time audio and visual conferencing

Visit Expectations:

MTM providers are not allowed to prescribe medications or change current drug therapies as part of MTM services. Changes in drug therapies must be communicated with the prescriber.

There are no enrollee copayments for Medicaid MTM services.

Special considerations for Transitions of care:

- A phone call should be placed within 2 business days of discharge to schedule MTM visit
- The MTM visit should be conducted within 7 days of discharge
- A written MTM service authorization approval may not always be available prior to performing services, therefore an MTM provider should refer to the “How Patients Are Identified” section of this document prior to performing services.

Before the MTM Visit:

The Medicaid MTM provider will set up an appointment to meet with the Medicaid MTM enrollee in a private area.

- It is suggested to remind the enrollee to bring their Medicaid card and a photo ID to the first visit.

The Medicaid MTM provider should be fully prepared to conduct the MTM visit at the time of the enrollee’s appointment. The time required to prepare for this visit is not billable including:

- Completing a chart review of the enrollee’s medication history
- Chart review to identify potential drug therapy problems. Examples include missing medications or adherence problems
- Printing anticipated enrollee education handouts that may be needed for review with the enrollee
- Reviewing national guidelines for medication and disease states.
- Printing forms for visit documentation
- Placing reminder calls

Verify the enrollee’s eligibility to participate in the program

- Medicaid eligibility before each visit by using the Eligibility Verify Line at 328-7098 or 1-877-328-7098. If the patient is no longer eligible, the MTM provider should contact the patient and inform them of their change in eligibility and how when they are not eligible for Medicaid, they are also not eligible for MTM services. Patients should be directed to their County Social Worker with any questions regarding their eligibility.
- MTM provider should confirm patient is eligible for MTM services. It is suggested that the MTM provider apply for and receive the MTM service authorization approval prior to performing services.

Special considerations for Transitions of care:

- The MTM provider should obtain discharge information (discharge summaries, continuity of care documents, etc., need for follow-up on diagnostic tests or treatments)

During the MTM Visit:

- The MTM provider will confirm enrollee's identity.
- Prepare a Patient Medication Record and Patient Visit Summary.
- Coordinate and assist with linking the patient to other relevant health care and community resources and provide pertinent materials to the patient to assist in managing their condition
- Document drug therapy problems, recommended solutions, education and evaluation of patient response to therapy
- Schedule follow-up appointments, as needed, to ensure patient adherence to their medication plan and to determine that patient goals have been met;

Disease State Visits (Asthma/COPD and diabetes):

The MTM provider will discuss with the enrollee:

- Understanding of their disease state
- How their medications are to be taken and how they help manage their disease
- Any medication concerns

The MTM provider will assess relevant factors influencing disease control:

- Medication appropriateness (based symptoms, lab values, current accepted guidelines, etc.)
- Medication related problems (e.g. adherence difficulties, inhaler techniques, adverse drug reactions, drug interactions)
- Triggers (e.g. asthma/COPD exacerbation, hypoglycemia/hyperglycemia, remembering to take medications)
- Lifestyle (e.g. smoking, activity level, diet, alcohol use)

Changes in Therapy:

- Changes in therapy recommendations should be made to prescribers when treatment is outside of current accepted guidelines
- Preferred products should be recommended when applicable
- Changes in medication or dosage should be made at next regular filling interval.

Non-Compliance Visits:

The MTM provider will discuss with the enrollee:

- Understanding of their disease state
- How their medications are to be taken and how they help manage their disease
- Any medication concerns

The MTM provider will assess relevant factors influencing adherence:

- Medication related problems (e.g. adherence difficulties, inhaler techniques, adverse drug reactions, drug interactions)

Changes in Therapy:

- Preferred products should be recommended when applicable
- Changes in medication or dosage should be made at next regular filling interval.

Transitions of care:

The MTM provider will discuss with the enrollee:

- Understanding of their disease state
- How their medications are to be taken and how they help manage their disease
- Any medication concerns

The MTM provider will assess relevant factors influencing disease control:

- Medication appropriateness (based symptoms, lab values, current accepted guidelines, etc.)
- Medication related problems (e.g. adherence difficulties, inhaler techniques, adverse drug reactions, drug interactions)
- Lifestyle (e.g. smoking, activity level, diet, alcohol use)

Changes in Therapy:

- Preferred products should be recommended when applicable
- Changes in medication or dosage should be made at next regular filling interval.

Following the MTM Visit:

- The MTM providers will document the visit. The time required to document this visit is not billable.
- The MTM provider will establish and maintain a working relationship with the enrollee's health care providers. Communication between the MTM provider and primary medical provider and/or prescribers should be open, collaborative and continue throughout the program
- All written and verbal contacts must be documented in the patient's electronic MTM record. The MTM provider must provide the following communication:
 - To the patient:
 - Patient Visit Summary including an active medication record, goals, and action plan immediately following each visit or mailed to the patient within 7 days of the visit.
 - A personalized patient medication schedule immediately following each visit or mailed to the patient within 7 days of the visit at the clinical discretion of the MTM provider or when the patient has:

- A complicated medication regimen (taking 5 or more medication concurrently)
 - A visit addressing adherence
- To all relevant prescriber(s) - both primary care and specialists:
 - A written prescriber MTM visit summary including a description of the program, topics addressed, any issues identified and recommendations within 7 days of the visit
 - Contact prescriber by phone for all interventions that require immediate attention.
 - It is recommended to send the initial prescriber MTM visit summary with a brief explanation of the program such as contained in the MTM Initial Visit-Prescriber Summary Cover). Subsequent MTM visit summaries can be sent with a cover letter such as the MTM Subsequent Visit Prescriber Summary Cover.
- The MTM provider will be required to make a follow up phone call 2 weeks after the initial visit. A summary of the phone call must be documented. The follow-up phone call is included in the rate for the initial visit. During this phone call, the MTM provider should:
 - Assess adherence addressing existing adherence barriers
 - Evaluate the patient's understanding of how/when to take the medication and its purpose
 - Identify additional side effects, interactions, or any additional barriers

Missed Appointments:

If the enrollee does not attend a scheduled appointment, this must be documented on the MTM Missed Appointment form (SFN 1110). The MTM provider is expected to make three attempts to reschedule the appointment. Each attempt must be documented including the date, time, and method of contact.

- If three attempts to contact the patient are made without success, fax the MTM Missed Appointment form (SFN 1110) to 701-328-1544 "Attention: Pharmacy
- When the department receives the MTM Missed Appointment form (SFN 1110) and patient is receiving a medication subject to prior authorization and approval is contingent on participation in the MTM program, the prior authorization for the medication will be ended and the patient will no longer be able to receive the medication.

The enrollee will be responsible to contact the provider to resume MTM appointments.

- After the recipient attends an appointment, the pharmacy will fax the MTM Missed Appointment form (SFN 1110) with the re-enroll section completed.
- Any medication prior authorizations ended due to missed appointments will be activated and the recipient will be able to continue filling their medication.

Billing Procedures:

Reimbursement is for the time a MTM provider spends during a one-on-one, face to face visit with a recipient enrolled in the MTM program.

- Tele-pharmacy or tele-health visits with real time audio and video conferencing will be considered face to face time and are eligible for reimbursement.
- Face to Face time with a recipient during a visit must be greater than 8 minutes to be eligible for payment.

MTM providers must have procedures in place to prevent system failures that could lead to a breach in privacy or cause exposure of health records to unauthorized people. Billing systems must be compliant with HIPAA privacy and security requirements and regulations.

1. MTM providers will bill for MTM services electronically using EDI 837P or using Form CMS-1500 with ICD-10 diagnosis code Z71.89.
2. The MTM Interventions on Medication Related Problems form (SFN 1107) or documentation from electronic system covering the same intervention elements must be faxed to 701-328-1544 "Attention: Pharmacy" within 30 days of billing for an MTM visit.
 - a. This requirement is waived if the electronic MTM documentation system is able to capture and report on this information within 5 business days when requested by the Department.
 - b. If the MTM Intervention on Medication Related Problems form (SFN 1107) or similar documentation is not received or reportable, any payment made for the visit may be recouped.

For more help on how to bill:

- EDI 837P: Claims can be billed through the ND Medical MMIS system portal
 - Call 1-877-328-7098 for instruction.
- CMS-1500:
 - Instructions are located at:
<http://www.nd.gov/dhs/info/mmis/docs/mmis-paper-claim-instructions-professional.pdf>
 - There is also a short computer-based training that is very helpful located at:
<https://www.cnd.nd.gov/STLPCatalog/325/CMS1500-I/story.html>
 - These claims must be in the original red ink and mailed to:
North Dakota Dept. of Human Services
Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck, ND 58505-0250

MTM Pharmacist reimbursement:

A Medicaid MTM pharmacist's place of business is eligible for reimbursement. Payments for MTM services are made to a place of business enrolled as a ND Medicaid provider, not directly to MTM pharmacists.

Allowed CPT Codes for Pharmacists:

The following CPT codes can be used to bill for MTM services

- **99605:** A first encounter service performed face-to-face with a patient in a time increment of up to 15 minutes: \$70
- **99606:** Follow-up encounter use with the same patient in a time increment of up to 15 minutes for a subsequent or follow-up encounter: \$25
- **99607:** Additional increments of 15 minutes of time for 99605 or 99606: \$25

Level	Drug Therapy Problems Addressed	Visit	Approximate Face-to-Face Time	Bill CPT Code	Units	Rate
1	No minimum limit	Initial or Subsequent	8-15 minutes	99605 or 99606	1 Unit	\$70.00 or \$25.00
2	Initial or Subsequent with at least 1 drug therapy problem addressed	Initial or Subsequent	16-30 minutes	99605 or 99606	1 Unit	\$95.00 or \$50.00
				99607	1 Unit	

Example 1:

New patient receiving diabetic MTM services and 2 medication problems are addressed - 35 minutes spent face-to-face with patient.

Claim line 1: 99605 1 Unit

Claim line 2: 99607 1 Unit

Reimbursement: \$95

Example 2:

Existing patient receiving asthma/COPD MTM services and 1 medication problem is addressed – 25 minutes spent face-to-face with patient.

Claim line 1: 99606 1 Unit

Claim line 2: 99607 1 Unit

Reimbursement: \$50

Billing Limitations:

ND Medication will reimburse the following:

- Face-to-face encounters including tele-pharmacy or tele-health
- One CPT 99605 per provider per recipient in a 365-day period. This rate includes the required follow up phone call.
- Up to 5 CPT 99606 per recipient in a 365-day period for asthma/COPD and diabetes MTM services.
- Up to 2 CPT 99606 per recipient in a 365-day period for non-compliance MTM services
- Up to 1 CPT 99607 per recipient per date of service

Billing for MTM visits using Tele-pharmacy or Tele-health

- Billing providers must use a GT modifier in conjunction with the applicable MTMS code(s) to signify the service was delivered via tele-pharmacy or tele-health
- Billing providers billing the GT modifier must use a corresponding place of service code.

Appendix A: Required Documentation

The following forms must be used as indicated in the MTM provider manual. Each form, when completed, should be faxed to 701.328.1544 Attention Pharmacy

[MTM PROVIDER ENROLLMENT APPLICATION \(SFN 1105\)](#)

[MTM SERVICE AUTHORIZATION REQUEST \(SFN 1106\)](#)

[MTM INTERVENTIONS ON MEDICATION RELATED PROBLEMS \(SFN 1107\)](#)

[MTM MISSED APPOINTMENT \(SFN 1110\)](#)

Appendix B: Example Documentation

The following forms may be used for ease of documentation during MTM visits. They are examples of expected documentation. Electronic documentation of MTM visits is required.

MTM CONSULTATION FORM

Patient Information:

Name: _____
Date of Birth: ___/___/___ Phone Number: ___-___-___
Address, City, Zip Code: _____
Primary Care Provider (PCP) _____
PCP Phone Number: ___-___-___

MTM Pharmacist Information:

Name _____ NPI _____
Pharmacy Name _____ NPI _____
Address, City, Zip Code: _____
Phone Number: ___-___-___

Appointment Information:

Initial Visit Follow-Up Phone Call Date: _____
Date of MTM Visit _____ Start time: _____ AM/PM End Time _____ AM/PM

Summary of Follow-Up Phone Call: _____

Subsequent Visit
Date of MTM Visit _____ Start time: _____ AM/PM End Time _____ AM/PM

Relevant Family Medical History:

Relevant Past Medical History:

Relevant Social History:

Allergy Information:

Adverse Drug Reaction Information:

Medications Addressed During This Visit
(Name, Strength, Directions, Diagnosis, Prescriber):

Other Medications:
(Name, Strength, Directions, Diagnosis, Prescriber):

General Information (current status of patient's conditions/diagnosis):

Device technique reviewed. Device(s) reviewed with patient was/were:

Triggers reviewed and counseled on avoiding triggers. Patients triggers identified are:

Patient education provided. Handouts given to the patient were (Name/Resources):

Medication #1: _____

Medication #2

(for drug interaction): _____

Problem Identified:

- ADE/Allergy
- Additional Therapy Needed
- Adherence/Compliance
- Dose Change Needed
- Drug Interaction
- Unnecessary Drug

Suggested Resolution:

- Add Medication
- Change Dose
- Change Medication
- Discontinue Medication
- Patient education/Adherence Counseling

Notes:

Medication #1: _____
Medication #2
(for drug interaction): _____

Suggested Resolution:

- Add Medication
- Change Dose
- Change Medication
- Discontinue Medication
- Patient education/Adherence Counseling

Notes:

Problem Identified:

- ADE/Allergy
- Additional Therapy Needed
- Adherence/Compliance
- Dose Change Needed
- Drug Interaction
- Unnecessary Drug

Medication #1: _____
Medication #2
(for drug interaction): _____

Suggested Resolution:

- Add Medication
- Change Dose
- Change Medication
- Discontinue Medication
- Patient education/Adherence Counseling

Notes:

Problem Identified:

- ADE/Allergy
- Additional Therapy Needed
- Adherence/Compliance
- Dose Change Needed
- Drug Interaction
- Unnecessary Drug

Medication #1: _____
Medication #2
(for drug interaction): _____

Suggested Resolution:

- Add Medication
- Change Dose
- Change Medication
- Discontinue Medication
- Patient education/Adherence Counseling

Notes:

Problem Identified:

- ADE/Allergy
- Additional Therapy Needed
- Adherence/Compliance
- Dose Change Needed
- Drug Interaction
- Unnecessary Drug

MTM Pharmacist's Signature: _____ Date _____

MTM visit worksheet for Asthma:

Asthma Impairment Assessment:

	<u>Well Controlled</u>	<u>Not Well-Controlled</u>	<u>Very Poorly Controlled</u>
Symptoms:	<input type="checkbox"/> < 2 days/ week	<input type="checkbox"/> > 2 days/ week	<input type="checkbox"/> >= 4 days/ week
Nighttime awakening:	<input type="checkbox"/> <= 2 x/ month	<input type="checkbox"/> 1-3x/week	<input type="checkbox"/> >= 4x/week
Interference with normal activity	<input type="checkbox"/> none	<input type="checkbox"/> some limitation	<input type="checkbox"/> Extreme limitation
Rescue Inhaler use for symptoms	<input type="checkbox"/> <= 2 days/ week	<input type="checkbox"/> > 2 days/ week	<input type="checkbox"/> > 1x/day
FEV1 or Peak Flow (% of predicted/personal best)	<input type="checkbox"/> >80%	<input type="checkbox"/> 60-80%	<input type="checkbox"/> <60%

- Review patient's medication history. Check for flags which could indicate lack of disease control, examples:
- Early or frequent requests for, or fills of, short-acting rescue medication inhalers or nebulizers.
 - Inconsistent fills of maintenance medications. For example, a 30 day supply of a steroid or anticholinergic inhaler is filled every 45 days.
 - No maintenance medications with frequent fills of short-acting rescue medications
-
-

- Review patient's profile for previously documented allergies
-
-

- Review patient's medication profile for medications that could indicate mismanaged triggers, example:
- Frequent fills of allergy medications, either OTC or prescription
-
-

- Review patient's medication profile for potential drug interactions, example:
- Non-selective beta-blockers in a patient with asthma
-
-

- Review social history for potential risk factors and interventions, example:
- Tobacco Use, see smoking cessation program criteria
<http://www.hidesigns.com/assets/files/ndmedicaid/algorithms/new-algorithm/NDSmokingcessationcriteria0913.pdf>
-
-

- If possible, have medication devices available for demonstration of administration techniques

- Print applicable and anticipated patient education materials

- Print applicable questionnaires (ie. ATAQ, ACQ, or ACT)

MTM worksheet for Adherence Visit

How many doses has the patient missed?

Today? _____ Yesterday? _____ In 2 days? _____

Past week? _____ Past Month? _____

Does the patient report feeling better/worse/no different when taking medication?

Primary reason for missing doses: _____

Barriers to taking medication: _____

How does the patient get prescriptions from the pharmacy? _____

How are medications managed? _____

What adherence aids are used? _____

How/Where is medication stored? _____

Times medication is taken: _____

Triggers for remembering to take medication: _____

Concerns about taking medication _____

Patient Visit Summary: Medication Record and Action Plan

Patient Name _____ DOB: _____

MEDICATION #1: Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #2: Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #3: Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #4: Drug Name & Strength				
---	--	--	--	--

Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #5: Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #6: Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #7: Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

MEDICATION #8				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

Action Steps for this Patient:

Notes for Patient:

MTM Provider and Pharmacy Information

Provider Name _____

Pharmacy Name _____

Pharmacy Address _____

Pharmacy Phone Number _____

Next Appointment:

Date _____ Time _____ : _____ AM/PM

Location: _____

MTM Provider's Signature: _____

Patient Medication Schedule

Directions on Completing the Medication Schedule

This weekly grid is meant to be a tool for patients who take multiple medications at multiple times per day. It is to be used as a weekly reference for the patient to help a patient improve adherence.

In the Medication/Directions column: Enter the medications and directions for the each medication that the patient takes in the morning, afternoon, evening, at bedtime, and as directed/ as needed.

In the Time column: For each medication, enter the time that is most appropriate for the patient, as well as best aligned with their schedule.

In the Monday-Sunday columns: Enter X or a check mark to indicate which days of the week that the patient should take the medication.

Patient Instructions:

Bring this to each MTM visit as well as each appointment with a medical provider

	Medication & Directions	Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning									
Afternoon									
Evening									

Bedtime									
As directed/ As needed									

ND Medicaid Medication Therapy Management (MTM) Prescriber Summary Initial Visit Cover Letter

Prescriber Name

Address

City

State

Zip

Dear _____, you are receiving this letter because your patient,
(Prescriber Name)

_____, ____/____/____ is enrolled in the Medicaid Medication Therapy
(Patient Name, DOB)
Management (MTM) program and has received Medicaid MTM services. The Medicaid MTM program is a medication-focused service provided by qualified MTM pharmacists designed to foster communication between patients, prescribers and the pharmacist. The program is intended to improve patient adherence to drug therapy and improve therapeutic outcomes.

Attached for your information is:

- A Fact Sheet explaining the Medicaid MTM Program
- A list of current medications, as related by _____
(Patient Name)
- A summary report of _____'s Medicaid MTM encounter
(Patient Name)
on ____/____/____
(Visit Date)

The summary report may contain patient specific medication recommendations. If you have questions regarding information contained in this report, please contact me directly at

_____-_____-_____- or _____
(Pharmacy Phone Number)

_____'s next scheduled appointment for Medicaid MTM services is:
(Patient Name)

_____/_____/_____ at ____:____ AM PM

I hope you find this service a valuable addition to your patient's plan of care

Sincerely,

(MTM Pharmacist Name)

(Pharmacy)

(Address)

_____-_____-_____-
(Pharmacy Phone Number)

_____-_____-_____-
(Pharmacy Fax Number)

Medication Therapy Management

Information for Prescribers

Medication Therapy Management (MTM) is a medication-focused service provided by a qualified pharmacist intended to improve patient adherence to drug therapy and improve therapeutic outcomes.

ND Medicaid Medication Therapy Management Program

ND Medicaid has been authorized to offer this service to qualified Medicaid enrollees. Patients who choose to enroll in the program will meet with a qualified MTM pharmacist one-on-one, face-to-face to discuss topics such as current medication regimen, symptom management, and strategies for controlling chronic conditions.

Medicaid MTM Supports Prescribers

There is no paperwork required from prescribers. The program is designed to support prescribers by:

- Optimizing patient response to medication and adherence to treatment plan
- Managing medication-related interactions or complications
- Fostering communication between patients, prescribers and the pharmacist
- Serving as a clinical pharmacy resource for prescribers

Prescribers with patients who participate in this program will receive:

- Current list of all medications taken by the patient
- Patient reports from the MTM pharmacist
- Alerts of potential medication interactions and suggested recommendations
- Support services from the MTM pharmacist as a clinical pharmacy resource

Medicaid MTM is a Free Service for Qualified ND Medicaid Enrollees

There is no cost to qualified ND Medicaid enrollees who are involved in the Medicaid MTM program.

ND Medicaid Medication Therapy Management (MTM) Prescriber Summary Subsequent Visit Cover Letter

Prescriber Name

Address

City

State

Zip

Dear _____, the purpose of this letter is to report the findings of my MTM
(Prescriber Name)
visit with _____, ____/____/____ on ____/____/____
(Patient Name, DOB) (Date of Visit)

Attached is a copy of the MTM encounter summary report for _____'s
(Patient Name)
visit and a complete medication record as related by the patient. **The summary report may contain patient specific medication recommendations.**

If you have questions regarding information contained in this report, please contact me directly at
_____-_____-_____, or _____
(Pharmacy Phone Number)

_____'s next scheduled appointment for Medicaid MTM services is:
(Patient Name)
_____/_____/_____ at ____:____ AM PM

I hope you find this service a valuable addition to your patient's plan of care

Sincerely,

(MTM Pharmacist Name)

(Pharmacy)

(Address)

_____-_____-_____
(Pharmacy Phone Number)

_____-_____-_____
(Pharmacy Fax Number)

Prescriber MTM Summary Report

Patient Information:

Name: _____
 Date of Birth: ____/____/____ Phone Number: ____-____-____
 Address, City, Zip Code: _____
 Primary Care Provider (PCP) _____

_____ is enrolled in and is receiving Medication Therapy
 (Patient's Full Name)
 Management (MTM) services to help improve his/her medication adherence and
 health outcomes. MTM Services are being administered by

 (MTM Provider's Name)

Medication List:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Summary and Recommendations:

Drug Therapy Problem	Related Condition	Recommendation
1.		
2.		
3.		
4.		
5.		
6.		

MTM Provider: _____ NPI _____ : _____
 MTM Pharmacy Address _____
 Phone # _____ MTM Pharmacy Fax # _____
 Date of MTM Visit ____/____/____

MTM Visit Detailed

Drug Therapy Problem #1

(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

MTM Visit Detailed

Drug Therapy Problem #2

(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

MTM Visit Detailed

Drug Therapy Problem #3

(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

MTM Visit Detailed

Drug Therapy Problem #4

(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

MTM Visit Detailed

Drug Therapy Problem #5

(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

MTM Visit Detailed

Drug Therapy Problem #6

(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

Additional Encounter Notes:

Goals established during our visit:

- 1. _____
- 2. _____
- 3. _____

_____’s next MTM appointment is scheduled for
(Patient’s Full Name)

_____. If you have any questions or comments regarding these goals or
(Date)

recommendations, please call me at _____, _____ - _____ - _____
(MTM Business Name) (Pharmacy Phone Number)

or _____