

# **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. This manual will focus on billing of Medication Therapy Management service codes by pharmacists. Non-pharmacist providers can bill for these services using Evaluation and Management (E&M) codes.

## How to Enroll as an MTM Provider

Fill out the [MTM Provider Enrollment Application \(SFN 1105\)](#)

- Fax to 701-328-1544 Attn: Pharmacy
- Required Attachments:
  - Active North Dakota State license
  - CPE Monitor printout verifying the following ACPE continuing education requirements have been met within the last 4 years:
    - 2 hours of CE specific to the MTM Delivery/Documentation
    - 2 hours of CE specific to Medication Adherence
    - 4 hours total of CE specific to chronic disease states

There is no enrollment specific to MTM services for the place of business.

- Pharmacist's place of business must be enrolled as a Medicaid provider to receive payment for MTM services.

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.

MTM pharmacist will be notified by email or letter of approval of MTM enrollment.

## MTM Provider Expectations:

- Medicaid MTM providers cannot:
  - Provide incentives or discounts to participants in the Medicaid program.
  - Charge copays to MTM enrollees
- Services provided during any time that the MTM provider does not meet requirements will not be considered for payment.
- Establish an open and collaborative working relationship with an enrollee's primary medical providers and/or prescribers

## MTM delivered via Tele-pharmacy or Tele-health Services

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

## Privacy and Space Requirements:

The place of business where MTM services are provided must:

- Have size and accommodations to comfortably seat at least three people comfortably
- Be enclosed sufficiently to prevent:
  - Patient consultation from being heard or seen by others
  - Distracting noise from other areas of the business interfering with consultation

## MTM Documentation Requirements:

MTM Providers must use a quality electronic MTM documentation system designed to optimize the therapeutic outcomes of the patient's medications and able to track and report patient outcomes.

- Eligible recipients will not be electronically fed into any one MTM software platform so manual entry of recipient will be required.
- The MTM software platform is chosen by the MTM provider and disclosed in the MTM provider application.
- Electronic documentation pertinent to the visit must be kept for a minimum of 7 years in a method of retention compliant with all federal and state HIPAA requirements.
- Electronic MTM Documentation platform must be capable of reporting on interventions and outcomes within 5 business days when requested by Department.
- See [Appendix A](#) for complete documentation elements required

## Recipient Eligibility Requirements

Recipients not eligible for MTM services:

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

Recipient Identification:

Recipients will be identified by the Department or referred to the Department by prescribers, filling pharmacies, or MTM providers. To refer a recipient or accept a referral from the Department, please fill out the [MTM Service Authorization Request \(SFN 1106\)](#) and fax to 701-328-1544 "Attention Pharmacy"

- MTM provider will be notified of approval by secure email or phone. Any MTM service provided before a Service Authorization approval is received is not guaranteed payment.

**For medication authorizations contingent on participation in MTM program:**

- 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:
  - The recipient may continue to fill their prescriptions at any pharmacy of their choosing
  - MTM providers will be notified of a recipient's eligibility for MTM services by:
    - The Department providing a list of MTM providers to the filling pharmacy. The filling pharmacy contacts MTM provider on the recipient's behalf.
    - The Department mails a list of MTM providers to the recipient and the recipient contacts an MTM provider.
- If the enrollee does not attend a scheduled appointment, 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 on the [MTM Missed Appointment \(SFN 1110\)](#).
  - Fax to 701-328-1544 "Attention: Pharmacy"
  - The prior authorization for the medication will be ended and the patient will no longer be able to receive the medication.

### Categories of MTM:

The objective of the MTM program is to reduce unnecessary costs including escalation of therapy, ER visits, hospital admissions, and exacerbations due to poor disease control and non-compliance.

In addition to the above objective, the following are general guidelines for what to look for when identifying an MTM recipient.

### 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

### Diabetes:

- Diabetes related complications
- Comorbid conditions of high blood pressure and high cholesterol

### Non-compliance with medications:

- Patient is not compliant with one of the following medication classes:
  - Hypertension medications
  - Congestive heart failure medications
  - Antidepressant medications
  - Antipsychotic medications
  - Any class of medications resulting in:
    - 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 a hospitalization, or other skilled nursing facility where patient's medications were managed.

- Patient is at 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:
    - Congestive heart failure (CHF)
    - Pneumonia
    - Myocardial infarction (MI)
    - Mood disorders
    - Chronic obstructive pulmonary disease (COPD)

### High-risk use medications:

- Patient is receiving one of the following medications:
  - Benzodiazepines
  - Muscle Relaxants
  - Opioids
  - Insomnia Medications (Z-Sleepers)
  - Proton Pump Inhibitors
  - Medications used for off-label indications (e.g. Gabapentin/Lyrica, Antipsychotics, Stimulants, Antidepressants)
- Patient meets any of the criteria within the following subcategories:
  - Acute to Chronic Treatment:
    - Opioid Treatment:
      - Patient is filling first fill of long-acting opioid
      - Escalation of therapy (increase beyond 50 MME/day)
    - Muscle Relaxants, Proton Pump Inhibitors, Insomnia Medications, Benzodiazepines
      - Patient is requesting a second refill for a new medication within 2 months
      - Patient has been using the medication at the maximum as needed interval allowed for two or more weeks
  - High Risk Category:
    - Patient is taking two or more high-risk medications
    - Patient has used more than 4 pharmacies or 7 prescribers within past 365 days
    - Patient has a OneRx Screening result indicating at high risk for overdose or opioid use disorder (OUD).
    - Patient has NarxCare Score of 650 or greater
  - Deprescribing Category:
    - Patient has been taking 3 or more continuous months of medication
    - Patient is using medication for an off-label use
    - Patient is not on optimal treatment (based on guidelines, symptom management, side effects, risk profile, etc.)

### Visit Limitations

- 1 initial and 5 subsequent visits per 365 days per recipient
  - Asthma/COPD

- Diabetes
- Deprescribing
- 1 initial and 2 subsequent visits per 365 days per recipient
  - Acute to Chronic Treatment
  - High Risk
  - Transitions of Care
  - Non-Compliance

Additional visits may be authorized if medically necessary.

## Visit Expectations:

### Before the MTM Visit:

The Medicaid MTM provider will set up an appointment with MTM enrollee. The time required to prepare for this visit is not billable including:

- Completing a chart review of the enrollee's medication history and identification of potential drug therapy problems.
- Printing anticipated enrollee education handouts and visit documentation that may be needed for review with the enrollee
- Reviewing national guidelines for medication and disease states.
- Placing reminder calls

Verify the enrollee's eligibility to participate in the program

- MTM provider should confirm ND 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 recipient 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 visit should be scheduled within 7 days of discharge
- 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 Medicaid MTM provider should be fully prepared to conduct the MTM visit at the time of the enrollee's appointment.

- Confirm enrollee's identity
  - It is suggested to remind the enrollee to bring their Medicaid card and a photo ID to the first visit
- Prepare a Patient Medication Record and Patient Visit Summary
- 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

The MTM provider will discuss with the enrollee as applicable:

- Understanding of their disease state
- How their medications are to be taken and how they help manage their disease
- Set and review goals for expected functional status and pain levels
- Pharmacological and non-pharmacological treatment alternatives
- Potential referrals to physical therapy, psychiatry, community support, substance use disorder treatment, etc.
- Risks and adverse reactions of medication therapy (i.e. chronic therapy, high dose therapy, polypharmacy, etc.)
- Safe storage and disposal of high-risk medications

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 and Quality of Life (e.g. smoking, activity level, diet, alcohol use, sleep hygiene, etc.)
- Triggers (e.g. remembering to take medications, certain foods, events, emotions, etc.)
- Personal or family history of psychological disease (Attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia, depression, anxiety disorders, post-traumatic stress disorder (PTSD), history of substance abuse, etc.)
- Safety of medication (e.g. ONE Rx Screening, ND PDMP NarxCare risk score)
- Efficacy of medication (e.g. functional progress, improvement of symptoms, etc.)

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.

### Special considerations for Deprescribing:

- Changes in medication or dosage should be made according to a realistic deprescribing plan developed with prescriber and patient input. Some medications will need deprescribing plans that are long term and plans when setbacks occur.
- Medications to assess deprescribing process should be recommended as appropriate (e.g. naloxone, H2 blockers, NSAIDs, etc.)

### Following the MTM Visit:

The MTM providers will document the visit. The time required to document this visit is not billable.

- All written and verbal contacts must be documented in the patient's electronic MTM record. The MTM provider must provide the following communication within 7 days of the visit:
  - To the patient:
    - Patient Visit Summary including an active medication record, goals, and action plan
    - A personalized patient medication schedule, 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
    - Contact prescriber by phone for all interventions that require immediate attention.
    - It is recommended to send the initial prescriber an MTM visit summary with a brief explanation of the program.
- The MTM provider will make a follow up phone call 2 weeks after the initial visit. A summary of the phone call must be documented. 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

## Billing:

### 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.

- 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

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 8 to 15 minutes: \$70
- **99606:** Follow-up encounter use with the same patient in a time increment of 8 to 15 minutes for a subsequent or follow-up encounter: \$25
- **99607:** Additional increments of 8 to 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

ND Medication will reimburse the following:

- 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, diabetes, and deprescribing MTM services.
- Up to 2 CPT 99606 per recipient in a 365-day period for acute to chronic treatment, high-risk, non-compliance, and transitions of care MTM services
- Up to 1 CPT 99607 per recipient per date of service

**Billing Procedures:**

Billing systems must be compliant with HIPAA privacy and security requirements and regulations.

- MTM providers will bill for MTM services electronically using EDI 837P or using Form CMS-1500 with ICD-10 diagnosis code Z71.89.

**How to submit a claim:** Call 1-877-328-7098 for instruction.

- EDI 837P: Claims can be billed through the ND Medical MMIS system portal
  - Instructions are located at: <http://www.nd.gov/dhs/info/mmis/docs/mmis-claim-template-grg.pdf>
- 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

#### 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.
- Billing NPI must be the location of MTM provider

## Appendix A: Required Documentation

### Required Forms:

Each form, when completed, should be faxed to 701.328.1544 Attention Pharmacy. Use as indicated in manual.

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

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

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

### Documentation system elements

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	*				*

Data Element	Visit Summary	MD Summary	Patient Summary	Personal Medication Record	Electronically Stored
<b>Assessment of drug problems identified, including but not limited to:</b>					
Determining that the medications are appropriately indicated	*	*			*
Determining if the recipient needs additional medications	*	*			*
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		*			*