

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-044
Subject: Medical Therapy Management Services
Effective Date: January 1, 2021 **End Date:**
Issue Date: January 1, 2024 **Revised Date:** January 2024
Date Reviewed: August 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy addresses guidelines for Medication Therapy Management service provided by a pharmacist as mandated under West Virginia Senate Bill 787 (the "Act").

REIMBURSEMENT GUIDELINES:

Medication Therapy Management (MTM) is a distinct service or group of services to optimize therapeutic outcomes for individual patients. Services are independent but can also occur in conjunction with the provision of a medication product. MTM encompasses a broad range of activities and responsibilities within the licensed pharmacist scope of practice.

The following services include, but are not limited to, the individual needs of the patient:

- Performing or obtaining necessary assessments of the patient's health status
- Formulating a medication treatment plan
- Selecting, initiating, modifying, or administering medication therapy
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events
- Documenting the care delivered and communicating essential information to the patient's other primary care providers

- Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications
- Coordinating and integrating medication therapy management services within the broader health care management services being provided to the patient

The following procedure codes are applicable for MTM services:

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: Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, *Face-to-Face* with patient, with assessment and intervention if provided; initial 15 minutes, Established Patient

99607: Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, *Face-to-Face* with patient, with assessment and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service)

The billing of appropriate CPT codes involves assessment of drug-related needs, identification of drug therapy problems, complexity-of-care planning & follow-up evaluation, and approximate face-to-face time.

There are 5 levels of pharmacy billing:

Level 1: Problem-Focused - using codes 99605 or 99606 (1 unit) includes:

- at least 1 medication + Problem-focused
- zero (0) drug therapy problems + Straightforward
- 1 medical condition + 15 min.

Level 2: Expanded Problem - using codes 99605 or 99606 (1 unit) + 99607 (1 unit) includes:

- at least 2 medications + Expanded Problem
- at least 1 drug therapy problem + Straightforward
- 1 medical condition + 16-30 min.

Level 3: Detailed - using codes 99605 or 99606 (1 unit) + 99607 (2 units) includes:

- at least 3-5 medications + Detailed
- at least 2 drug therapy problems + Low complexity
- at least 2 medical conditions + 31-45 min.

Level 4: Expanded Detailed - using codes 99605 or 99606 (1 unit) + 99607 (3 units) includes:

- at least 6-8 medications + Expanded Detailed
- at least 3 drug therapy problems + Moderate Complexity
- at least 3 medical conditions + 46-60 min.

Level 5: Comprehensive - using codes 99605 or 99606 (1 unit) + 99607 (4 units) includes:

- 9 medications + Comprehensive
- at least 4 drug therapy problems + High Complexity
- at least 4 medical conditions + 60+ min.

Minimum Documentation Requirements:

- Member's full, legal name, address, telephone number, date of birth, and gender
- Current medical conditions, resolved medical conditions, and allergies
- Primary physician and contact information
- Document patient assessment (medical history provided by patient)

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- Coding Ahead; (2011) CPT Codes for Pharmacy Billing
<http://www.codingahead.com/2011/03/cpt-codes-for-pharmacy-billing.html>
- APhA Foundation; (2003) Medication Therapy Management
<https://www.aphafoundation.org/medication-therapy-management>
- West Virginia Legislature; (2020) Senate Bill 787. [SB787 SUB1 enr.pdf \(wvlegislature.gov\)](#)
- Minnesota Department of Human Services; (2020) Medication Therapy Management Services
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_136889
- CMS 2020 COVID-19 interim final rule (85 FR 27550 thorough 27629)
<https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory>
- Medicare Physicians Fee Schedule (PFS) Calendar Year (CY) 2021
<https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1>

POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
2 / 2021	Added PHE exception note
7 / 2021	Administrative update no changes in policy direction
6 / 2022	Updated Reference Link for Senate Bill 787
1 / 2024	Removed PHE exception note

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-044
Subject: Medical Therapy Management Services
Effective Date: January 1, 2021
Issue Date: July 18, 2022
Date Reviewed: June 2022
Source: Reimbursement Policy

End Date:
Revised Date: June 2022

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA	<input type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

This policy addresses guidelines for Medication Therapy Management service provided by a pharmacist.

REIMBURSEMENT GUIDELINES:

Medication Therapy Management (MTM) is a distinct service or group of services to optimize therapeutic outcomes for individual patients. Services are independent but can also occur in conjunction with the provision of a medication product. Medication Therapy Management encompasses a broad range of activities and responsibilities within the licensed pharmacist scope of practice. The following services include, but are not limited to, the individual needs of the patient.

- Performing or obtaining necessary assessments of the patient's health status.
- Formulating a medication treatment plan
- Selecting, initiating, modifying, or administering medication therapy
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events
- Documenting the care delivered and communicating essential information to the patient's other primary care providers
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications
- Coordinating and integrating medication therapy management services within the broader health care management services being provided to the patient

Note: For purposes of limiting exposure related to the 2019 novel coronavirus, the plan will follow the proposed rule from the Centers for Medicaid and Medicare Services (CMS) to allow direct supervision to include virtual presence of the supervising physician using real-time, interactive audio and video technology. For the duration of the Public Health Emergency (PHE) a Pharmacist will be permitted to perform Incident to billing services following guiderails within Reimbursement Policy RP-010.

The following procedure codes are applicable for MTM services:

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: Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, *Face-to-Face* with patient, with assessment and intervention if provided; initial 15 minutes, Established Patient

99607: Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, *Face-to-Face* with patient, with assessment and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service)

The billing of appropriate CPT codes involves Assessment of Drug-related needs + Identification of Drug Therapy Problems + Complexity-of-Care Planning & FU Evaluation + Approximate Face-to-Face Time.

There are 5 levels of pharmacy billing:

Level 1: Problem-focused - at least 1 medication + Problem-focused - 0 drug therapy problems + Straightforward – 1 medical condition + 15 min. Qualifying CPT codes: 99605 or 99606 (1 unit)

Level 2: Expanded Problem – at least 2 medications + Expanded Problem – at least 1 drug therapy problem + Straightforward – 1 medical condition + 16-30 min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (1 unit)

Level 3: Detailed – at least 3-5 medications + Detailed – at least 2 drug therapy problems + Low complexity at least 2 medical conditions + 31-45 min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (2 units)

Level 4: Expanded Detailed – at least 6-8 medications + Expanded Detailed – at least 3 drug therapy problems + Moderate Complexity – at least 3 medical conditions + 46-60 min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (3 units)

Level 5: Comprehensive – 9 medications + Comprehensive – at least 4 drug therapy problems + High Complexity – at least 4 medical conditions + 60+ min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (4 units)

Minimum Documentation Requirements:

- Member's Full, legal name
- Address and telephone number
- Gender and Date of birth

- Current Medical conditions
- Resolved medical conditions
- Allergies
- Primary Physician and contact information
- Document Patient Assessment (medical history provided by patient)

Note: Mandated under West Virginia Senate Bill 787 (the “Act”), this policy for Medication Therapy Management services will *only* apply to the **West Virginia** region.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-010: Incident To Billing

REFERENCES:

- Coding Ahead; (2011) CPT Codes for Pharmacy Billing
<http://www.codingahead.com/2011/03/cpt-codes-for-pharmacy-billing.html>
- APhA Foundation; (2003) Medication Therapy Management
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- Minnesota Department of Human Services; (2020) Medication Therapy Management Services (MTMS)
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POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
2 / 2021	Added information on Incident To billing and Telecommunications during the COVID 19 pandemic. Reference material also added.

7 / 2021	Added new policy header.
6 / 2022	Updated Reference Link for Senate Bill 787

HISTORY

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-044
Subject: Medical Therapy Management Services
Effective Date: January 1, 2021
Issue Date: July 26, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA	<input type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

This policy addresses guidelines for Medication Therapy Management service provided by a pharmacist.

REIMBURSEMENT GUIDELINES:

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Note: For purposes of limiting exposure related to the 2019 novel coronavirus, the plan will follow the proposed rule from the Centers for Medicaid and Medicare Services (CMS) to allow direct supervision to include virtual presence of the supervising physician using real-time, interactive audio and video technology. For the duration of the Public Health Emergency (PHE) a Pharmacist will be permitted to perform Incident to billing services following guiderails within Reimbursement Policy RP-010.

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The billing of appropriate CPT codes involves Assessment of Drug-related needs + Identification of Drug Therapy Problems + Complexity-of-Care Planning & FU Evaluation + Approximate Face-to-Face Time.

There are 5 levels of pharmacy billing:

Level 1: Problem-focused - at least 1 medication + Problem-focused - 0 drug therapy problems + Straightforward – 1 medical condition + 15 min. Qualifying CPT codes: 99605 or 99606 (1 unit)

Level 2: Expanded Problem – at least 2 medications + Expanded Problem – at least 1 drug therapy problem + Straightforward – 1 medical condition + 16-30 min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (1 unit)

Level 3: Detailed – at least 3-5 medications + Detailed – at least 2 drug therapy problems + Low complexity at least 2 medical conditions + 31-45 min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (2 units)

Level 4: Expanded Detailed – at least 6-8 medications + Expanded Detailed – at least 3 drug therapy problems + Moderate Complexity – at least 3 medical conditions + 46-60 min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (3 units)

Level 5: Comprehensive – 9 medications + Comprehensive – at least 4 drug therapy problems + High Complexity – at least 4 medical conditions + 60+ min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (4 units)

Minimum Documentation Requirements:

- Member's Full, legal name
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- Current Medical conditions
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- Primary Physician and contact information
- Document Patient Assessment (medical history provided by patient)

Note: Mandated under West Virginia Senate Bill 787 (the “Act”), this policy for Medication Therapy Management services will *only* apply to the **West Virginia** region.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-010: Incident To Billing

REFERENCES:

- Coding Ahead; (2011) CPT Codes for Pharmacy Billing
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http://wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=SB787%20SUB1%20enr.htm&yr=2020&esstype=RS&i=787
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POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
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2 / 2021	Added information on Incident To billing and Telecommunications during the COVID 19 pandemic. Reference material also added.
7 / 2021	Added new policy header.

HISTORY

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-044
Subject: Medical Therapy Management Services
Effective Date: January 1, 2021 **End Date:**
Issue Date: February 22, 2021 **Revised Date:** February 2021
Date Reviewed: February 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE

Applicable Medicare Advantage Market

PA WV

Applicable Claim Type

UB 1500

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Level 5: Comprehensive – 9 medications + Comprehensive – at least 4 drug therapy problems + High Complexity – at least 4 medical conditions + 60+ min. Qualifying CPT codes: 99605 or 99606 (1 unit) + 99607 (4 units)

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- Allergies
- Primary Physician and contact information
- Document Patient Assessment (medical history provided by patient)

Note: Mandated under Senate Bill 787 (the “Act”) for Medication Therapy Management services will only apply to the West Virginia region.

RELATED HIGHMARK POLICIES:

- RP-010 Incident To Billing

REFERENCES:

Coding Ahead; (2011) CPT Codes for Pharmacy Billing

<http://www.codingahead.com/2011/03/cpt-codes-for-pharmacy-billing.html>

APhA Foundation; (2003) Medication Therapy Management

<https://www.aphafoundation.org/medication-therapy-management>

West Virginia Legislature; (2020) Senate Bill 787

http://wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=SB787%20SUB1%20enr.htm&yr=2020&sesstype=RS&i=787

Minnesota Department of Human Services; (2020) Medication Therapy Management Services (MTMS)

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_136889

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Medicare Physicians Fee Schedule (PFS) Calendar Year (CY) 2021

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POLICY UPDATE HISTORY INFORMATION:

01 / 2021	Implementation
02 / 2021	Added information on Incident To billing and Telecommunications during the COVID 19 pandemic. Reference material also added.

HISTORY