Pharmacist Medication Therapy Management Billing Guide

PHARMACIST MEDICATION THERAPY MANAGEMENT BILLING GUIDE

All Michigan Medicaid beneficiaries (including both fee-for-service and managed care and excluding Medicare Part D) have been eligible for Medication Therapy Management (MTM) services since April 1, 2017. To be eligible for MTM services reimbursement, pharmacists must complete an MTM program approved by the Accreditation Council of Pharmacy Education (ACPE), such as the Michigan Pharmacists Association's (MPA's) ACPE-approved program "Delivery of MTM Services for Michigan Medicaid Beneficiaries." Click here to learn more or complete the American Pharmacists Association's "Delivering Medication Therapy Management Services" certificate program.

Pharmacists that complete a MTM program must enroll in the Community Health Automated Medicaid Processing System (CHAMPS). CHAMPS is the web-based Michigan Department of Health and Human Services (MDHHS) Medicaid claims processing system. In order to bill for MTM services rendered, pharmacists must enroll in CHAMPS using their pharmacist national provider identifier (NPI) number and affiliate themselves with the Billing NPI of a pharmacy, Federally Qualified Health Center (FQHC), Tribal Health Center (THC) or a rural health clinic (RHC). To begin the CHAMPS enrollment process, visit www.Michigan.gov/MedicaidProviders and click on Provider Enrollment. For more information on how to sign up for CHAMPS, click here.

Once enrolled in CHAMPS, pharmacist-led MTM services must be provided in an ambulatory care outpatient setting, a clinic, a pharmacy or the beneficiary's home if the beneficiary does not reside in a non-covered services setting. The services are intended to be provided face-to-face and may not be provided by telephone. The services may be provided via video-conference in certain situations. A beneficiary is eligible for MTM services if they are receiving at least one medication used to treat or prevent one or more chronic conditions as identified in the Chronic Conditions for Medication Therapy Management Benefit Eligibility list. Note: at least one diagnosis code on an MTM claim must be a diagnosis code from the list of chronic conditions for MTM eligibility. The complete list can be found by clicking here.

Pharmacists are able to bill Medicaid's CHAMPS system using the current procedural terminology (CPT) billing codes identified under Table 1. Note that each CPT Code is billed for a 15 minute increment. CPT Code 99607 allows for additional 15 minute increments that can be dual billed with either CPT Code 99605 or 99606.

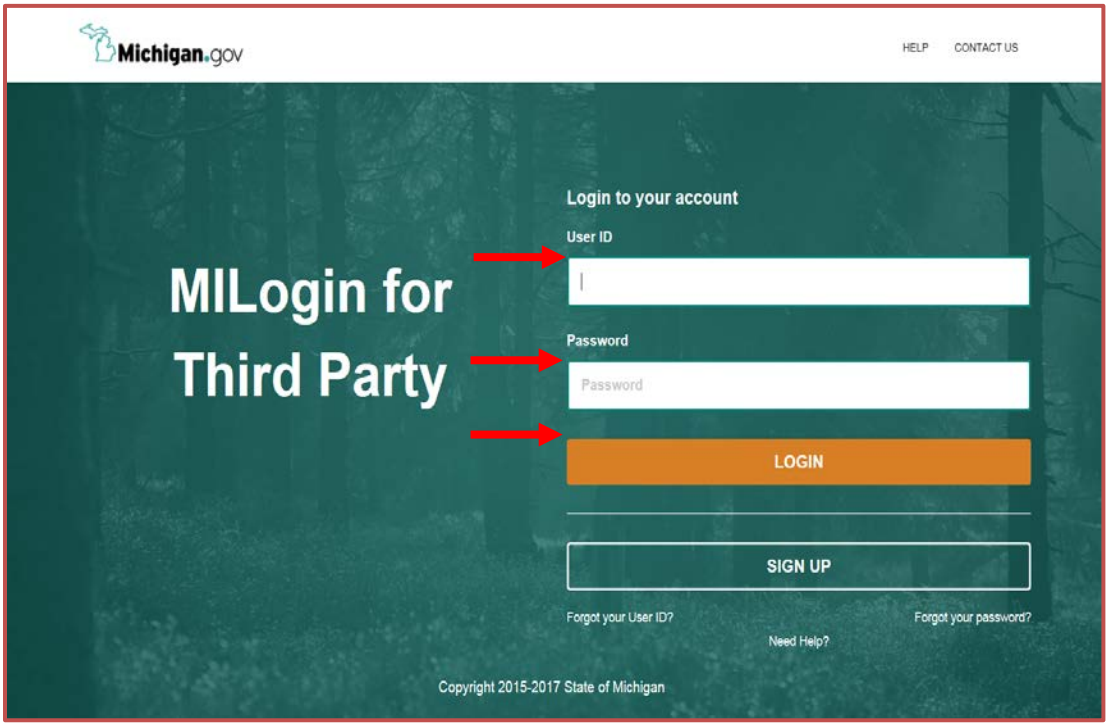
Table 1: Billing Codes for MTM Services

CPT Code	Service	Rate	Limitations
99605	Initial assessment performed face-to-face in a time increment of up to 15 minutes	$50	Only one CPT 99605 will be covered per provider per beneficiary in a 365-day period.
99606	Follow-up assessment in a time increment of up to 15 minutes	$25	Up to seven CPT 99606 will be covered per provider per beneficiary in a 365-day period.
99607	Additional increments of 15 minutes of time for 99605 or 99606	$10	Up to four CPT 99607 will be covered per provider per beneficiary per date of service.

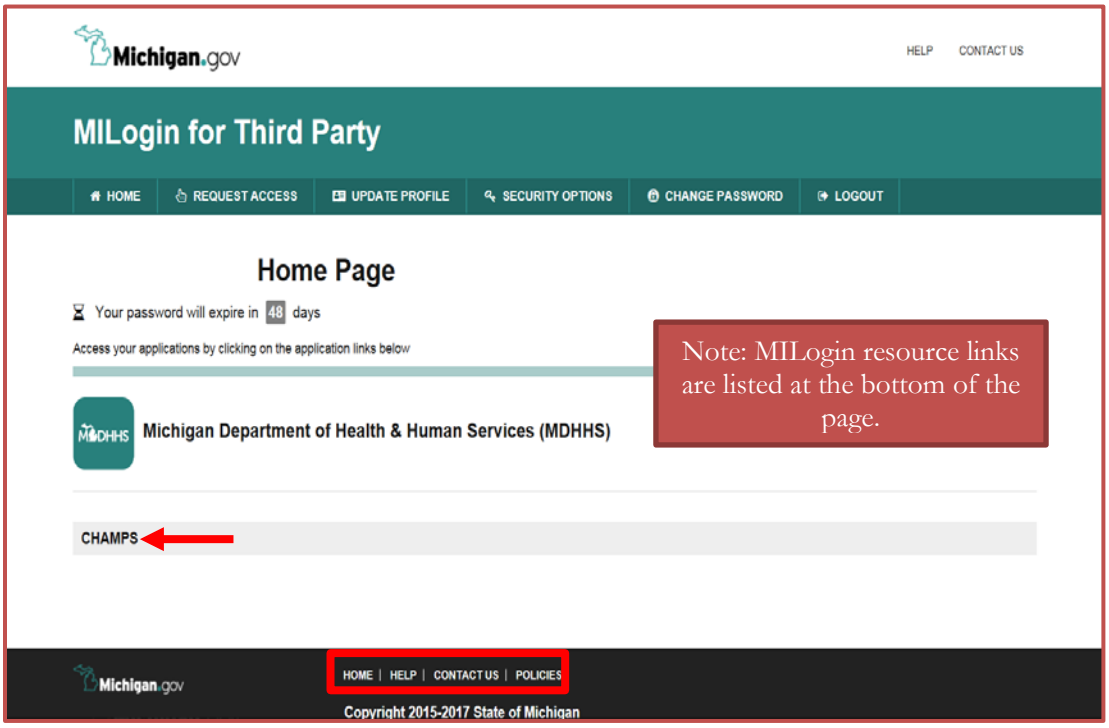
Providers can submit electronic claims to CHAMPS through the use of a billing agent, via batch upload or Direct Data Entry (DDE) in CHAMPS. The following document was created to facilitate the process for submitting a CHAMPS DDE claim. When submitting a CHAMPS DDE claim, all required information will be marked with a red asterisk (*), as seen below. The required information must be submitted for every claim.

The following steps must be followed when submitting a CHAMPS DDE Claim:

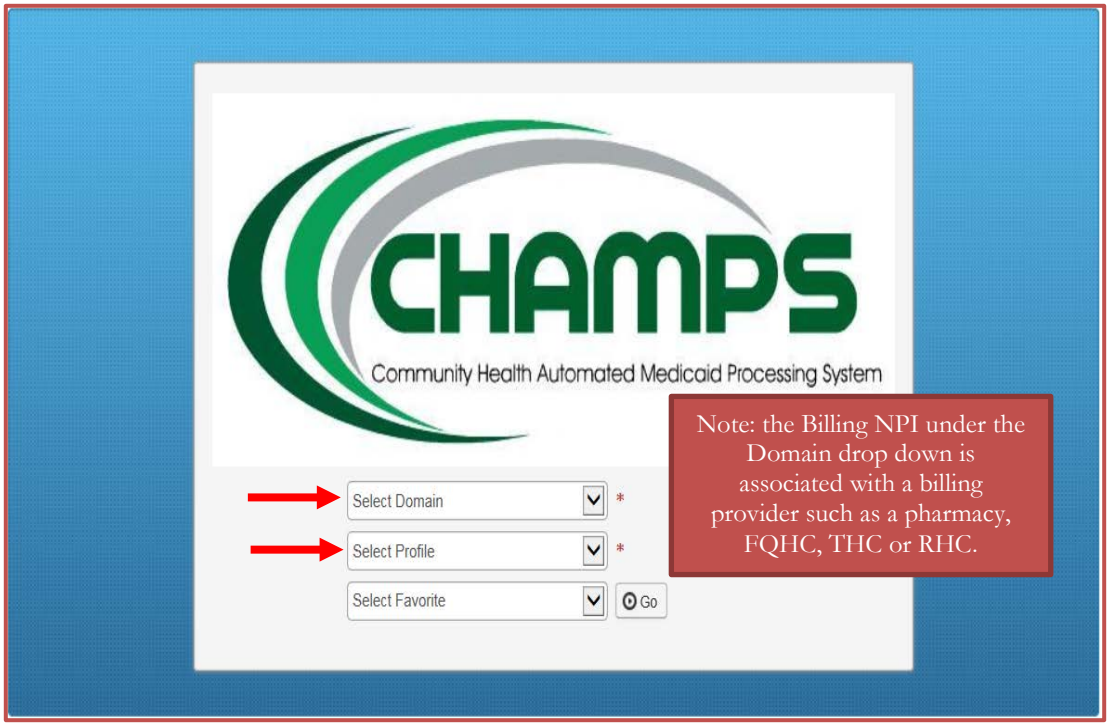
Step 1: Log onto the MILogin Third Party page using your User ID and Password.



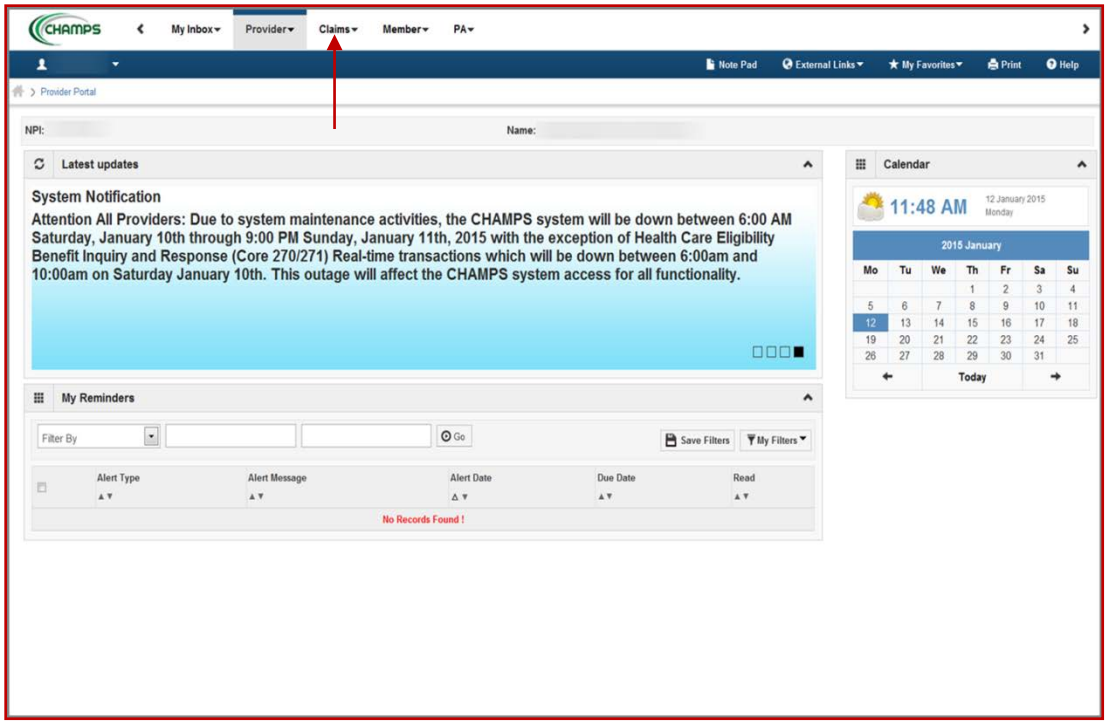
Step 2: Once directed to the MILogin home page, click on the CHAMPS hyperlink and then click on Acknowledge/Agree to accept the Terms and Conditions to get into CHAMPS.



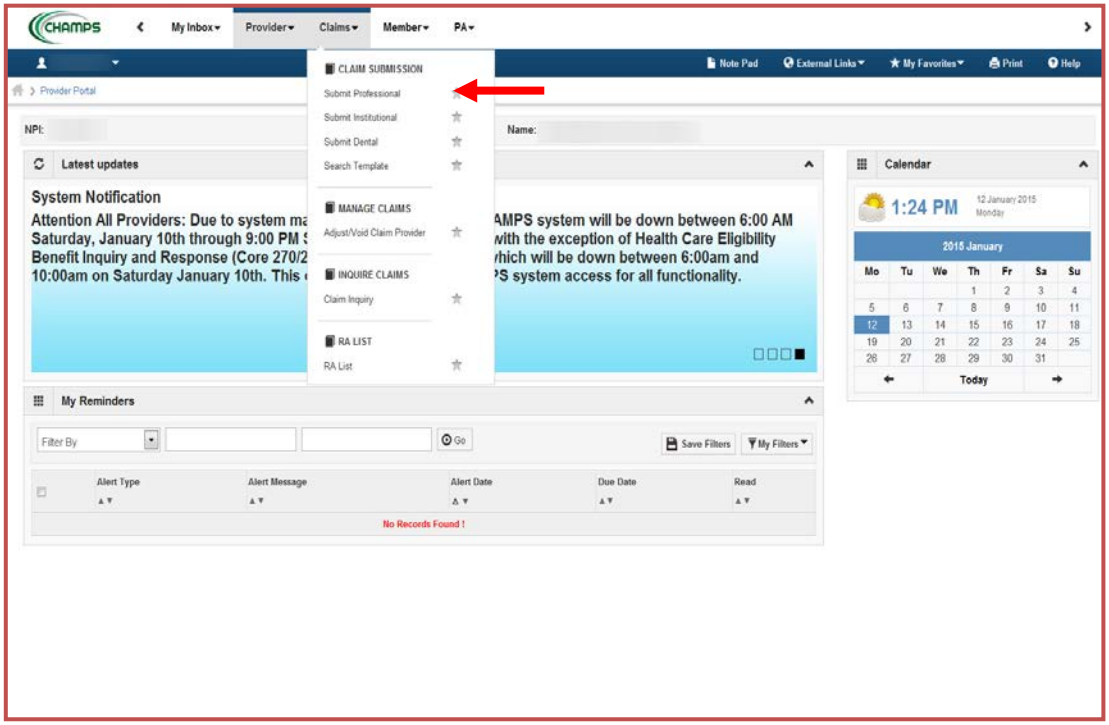
Step 3: Select the Billing NPI from the Domain drop down and the designated Profile access (select full access to submit a claim). If the designated representative does not have the proper access they can contact their Domain Administrator within the facility. If the domain administrator is unknown please call (800) 292-2550 and speak with Provider Enrollment.



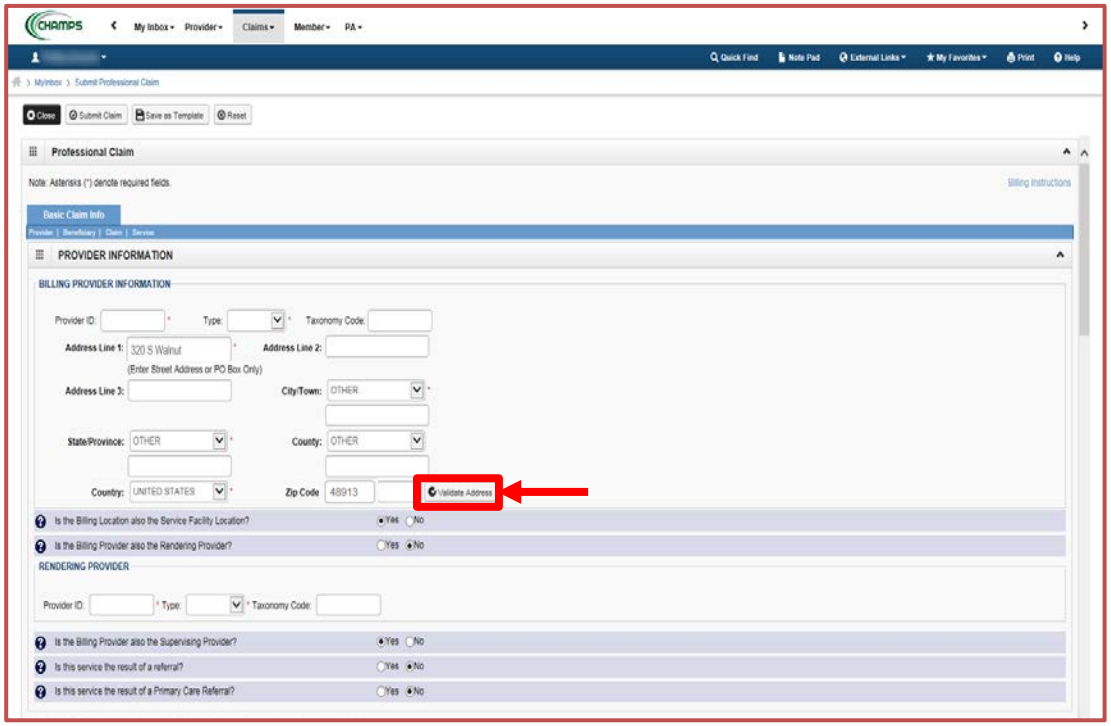
Step 4: Once logged into CHAMPS, you will be directed to the Provider Portal page. Click the "Claims" tab to enter a professional MTM claim.



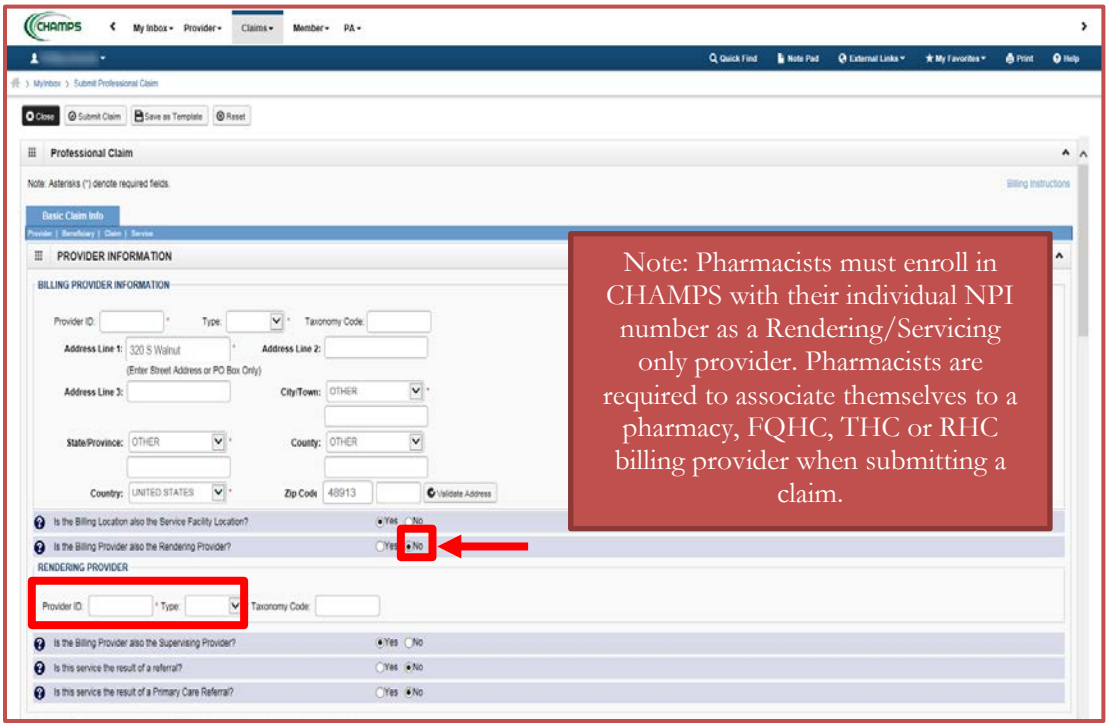
Step 5: From the drop down menu, select the "Submit Professional" option.



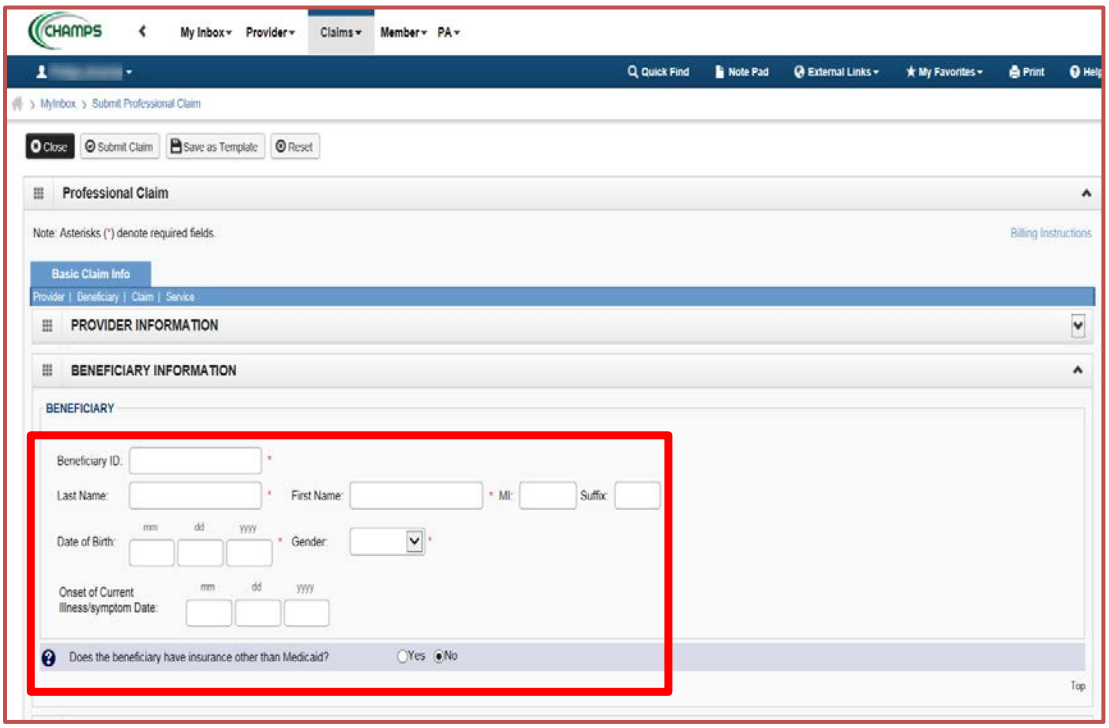
Step 6: Once in the claim screen, the information of the Billing NPI of the pharmacy FQHC, THC or RHC that you are logged into CHAMPS with will be prepopulated. Click "Validate Address" within the Provider Information. Note: if the information does not match the Billing NPI of the pharmacy FQHC, THC or RHC, then you must select the appropriate Domain (see Step 3).



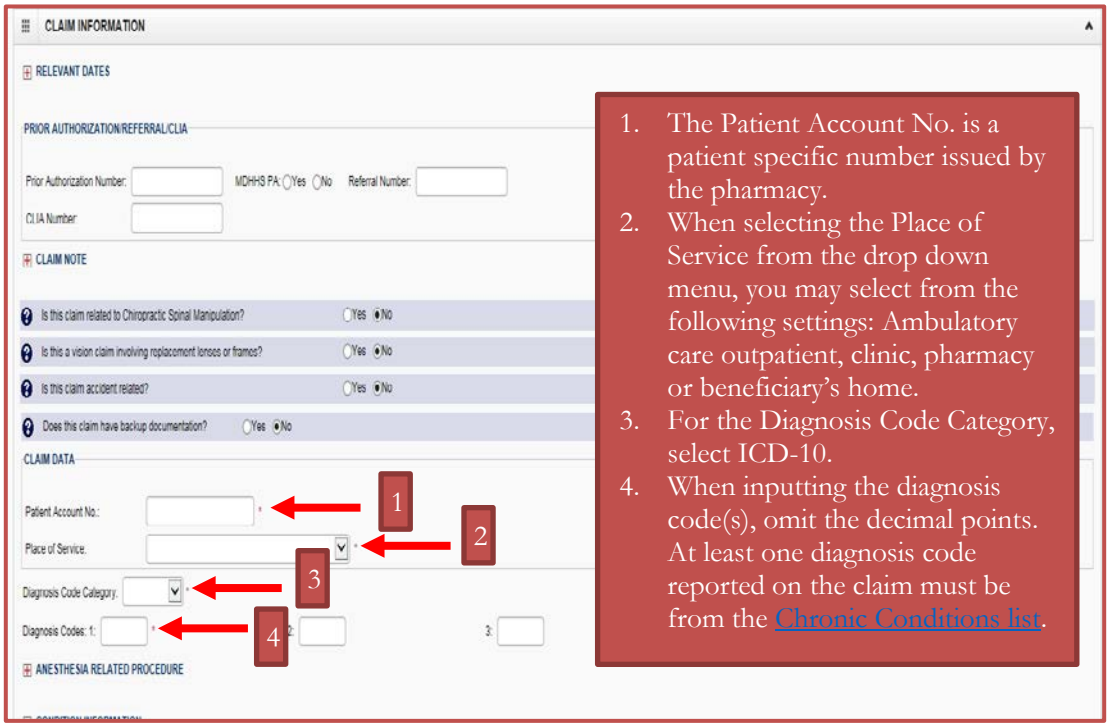
Step 7: Select "No" for "Is the Billing Provider also the Rendering Provider?" The rendering NPI will be the MTM Pharmacist NPI. Enter the Pharmacist's NPI within the Provider ID field. Under "Type" entry, select NPI Type.



Step 8: Enter the Medicaid Beneficiary's Information.

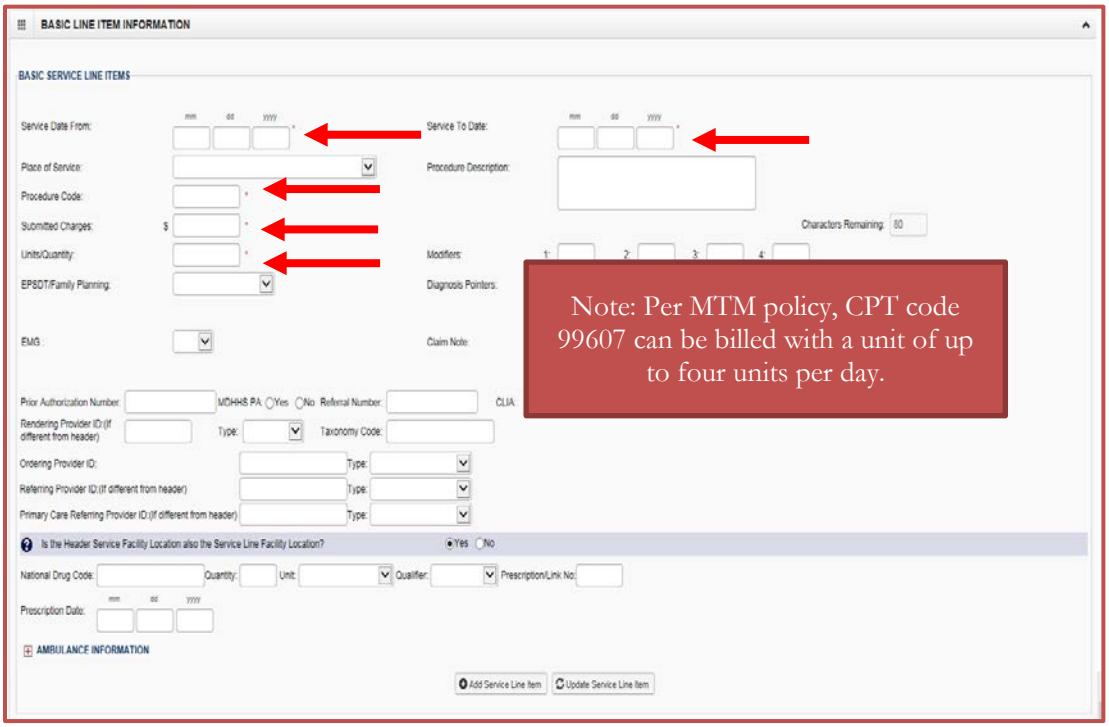


Step 9: Enter the appropriate information under the Claim Data section.



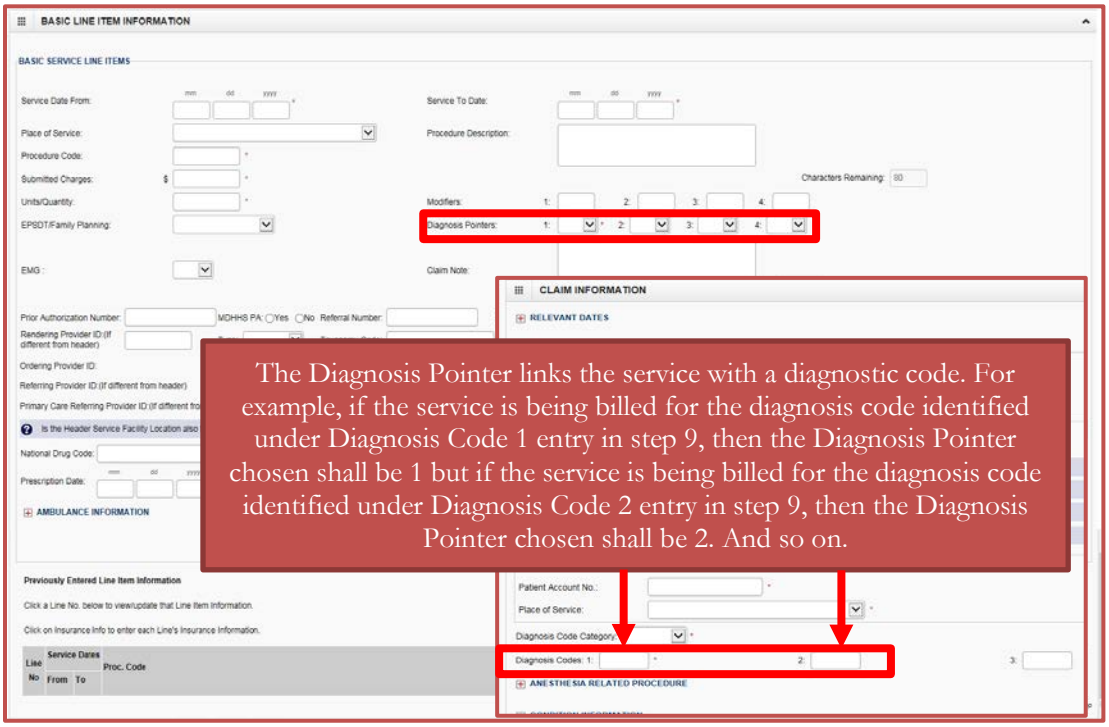
1. The Patient Account No. is a patient specific number issued by the pharmacy.
2. When selecting the Place of Service from the drop down menu, you may select from the following settings: Ambulatory care outpatient, clinic, pharmacy or beneficiary's home.
3. For the Diagnosis Code Category, select ICD-10.
4. When inputting the diagnosis code(s), omit the decimal points. At least one diagnosis code reported on the claim must be from the Chronic Conditions list.

Step 10: Enter the date of service, CPT procedure code, Submitted Charges, which is what the pharmacist charges for these services to be rendered, and the Units/Quantity.

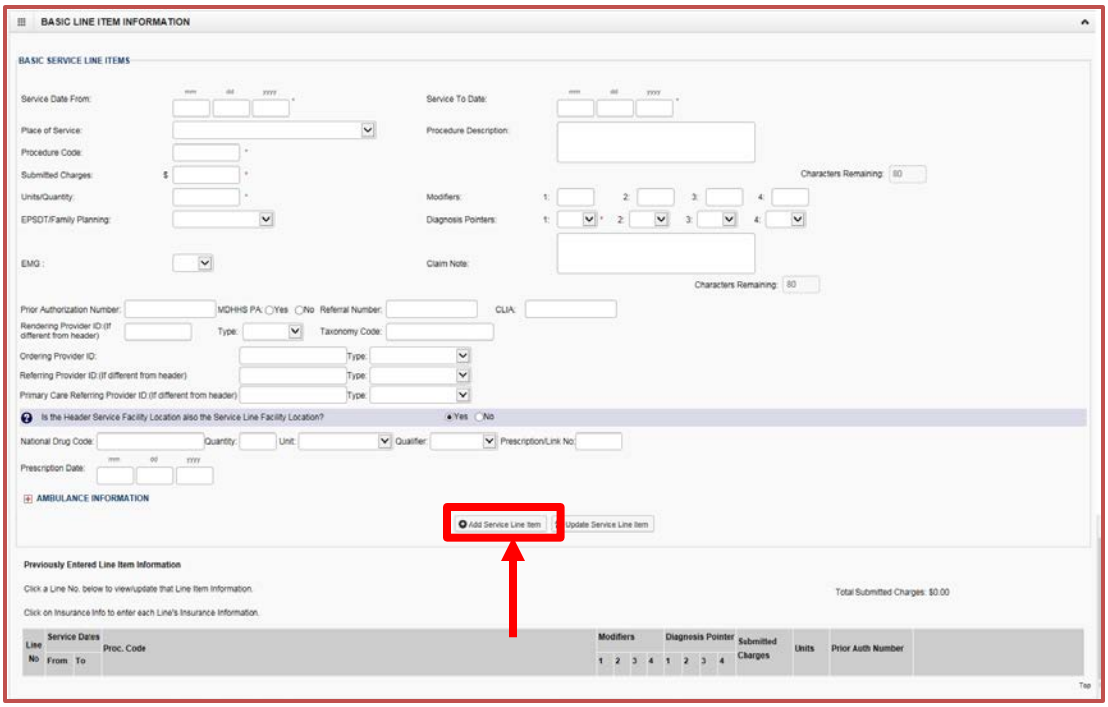


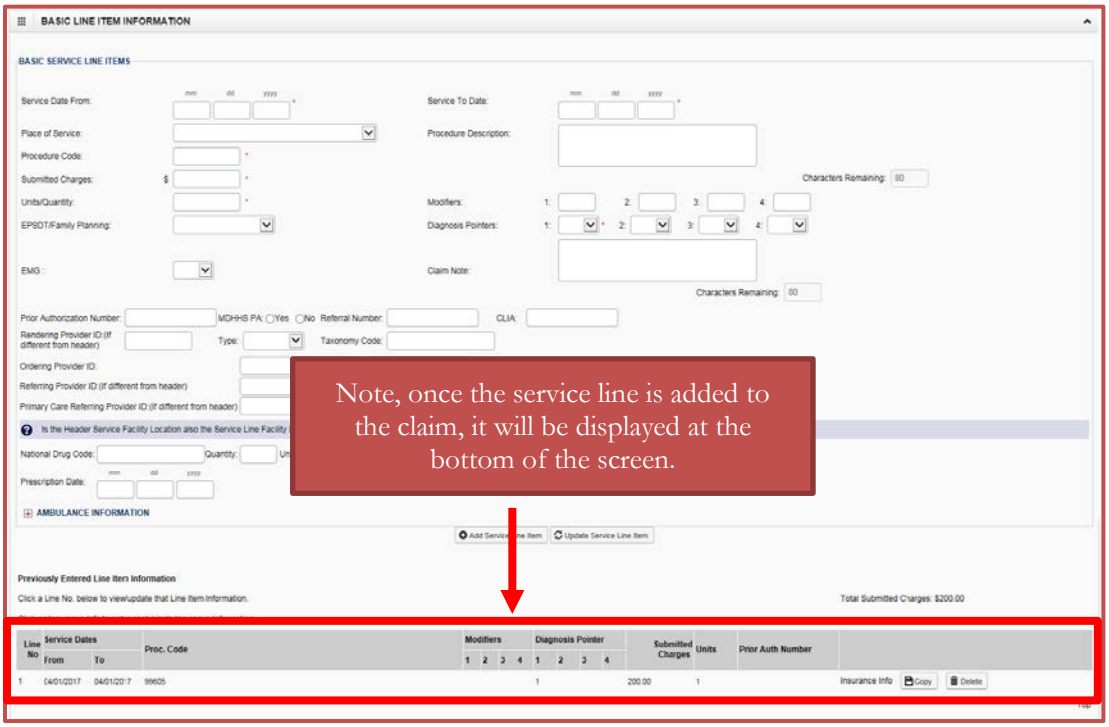
Note: Per MTM policy, CPT code 99607 can be billed with a unit of up to four units per day.

Step 11: Select the Diagnosis Pointer based on the diagnosis information reported at the header level under the Claim Data section (see Step 9). At least one diagnosis code on an MTM claim must be a diagnosis code from the list of chronic conditions and linked to a Diagnosis Pointer.

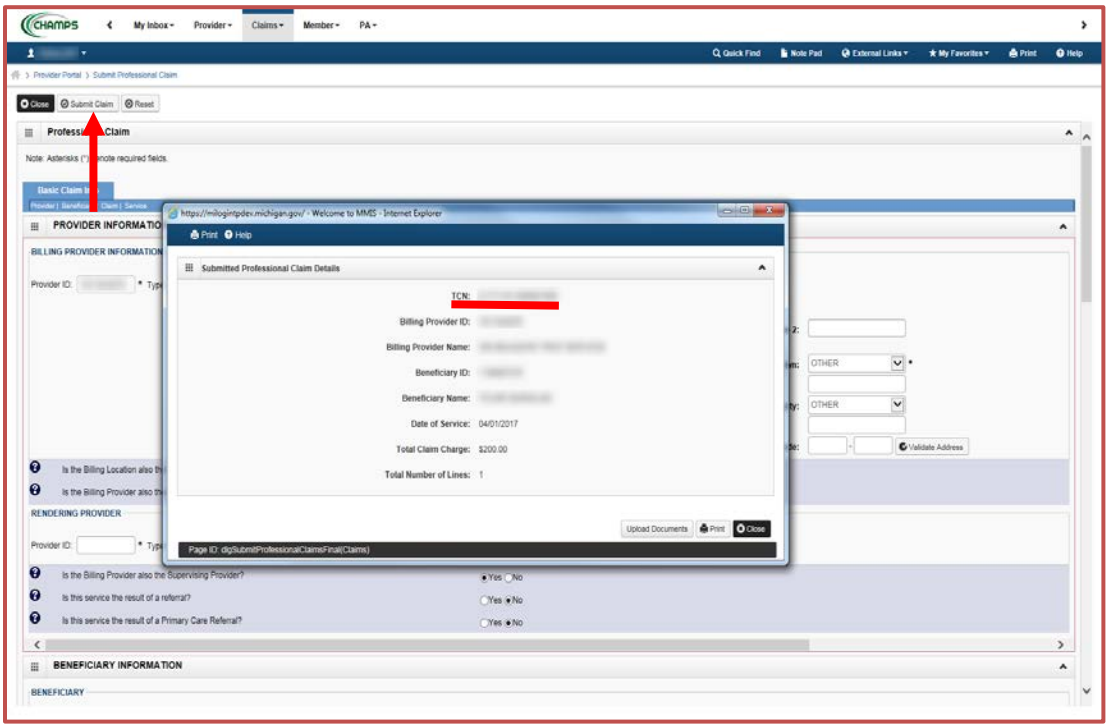


Step 12: Once all information has been entered click "Add Service Line Item" to add the service line to the claim. This will complete the data entry portion of the claim.





Step 13: Once the claim is complete, click Submit Claim at the top of the screen. A TCN box will pop-up which displays the TCN number used in CHAMPS to search for specific claims.



PROVIDER RESOURCES

- **MDHHS website:** www.Michigan.gov/medicaidproviders
- **Pharmacy/MTM website:** http://www.Michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151019--,00.html
- **CHAMPS Resources:** https://www.Michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html#RESOURCES
- **MDHHS Bulletin MSA 17-09:** https://www.Michigan.gov/documents/mdhhs/MSA_17-09_552843_7.pdf
- **MDHHS continues to update the Provider Resources, just click on the links below:**
    - Listserv Instructions
    - Update Other Insurance NOW!
    - Medicaid Provider Training Sessions
- **Provider Support:**
    - ProviderEnrollment@michigan.gov
    - ProviderSupport@michigan.gov or (800) 292-2550