

## Medication Therapy Management (MTM)

Questions and answers from the virtual webinar held on May 17, 2017.

**Q: Can you please explain what a diagnosis pointer is? Is this what was discussed with the patient?**

A: When entering a claim line, the diagnosis pointer indicates what diagnosis code is being used to explain why you are billing the specific procedure code. No (refer to slide 63 in the MTM virtual training PowerPoint to see where this applies).

Example- when entering the diagnosis code to the claim the chronic condition diagnosis was the 3rd code reported. The diagnosis pointer would then point to the 3rd diagnosis, so in the first dropdown choose 3. Now if there is only 1 diagnosis reported on the entire claim, the diagnosis pointer would be 1.

**Q: What is used for the Units/Quantity field?**

A: (Refer to slide 63 in the MTM virtual training PowerPoint to see where this question applies) The unit/quantity should reflect the number of times the procedure code was done on that specific date of service. For 99605-99606, the allowable is 1 so it should never reflect more than that for one date of service. However, 99607 per policy is allowed 4 times for a specific date of service so the unit/quantity could reflect a unit of 1 through 4.

**Q: Where should the Pharmacy be reported on the claim?**

A: Per [MSA 17-09](#), the Pharmacy must be the Billing provider, with the pharmacist rendering the MTM services, resulting in the Pharmacist being the Rendering/Service provider.

**Q: How is a clinic type determined (FQHC, THC, RHC)?**

A: The clinic type is dependent on how the specific clinic is set up, and how their NPI is registered with NEPPS.

**Q: Can clarification be made on what is accreditations/certifications are needed for the Pharmacist be approved to render MTM services? Does Specialty Board Certification in Ambulatory Care count for valid credentialing?**

A: Per MSA 17-09: Eligible Providers To provide MTM services, a pharmacist must be licensed and have successfully completed either the American Pharmacists Association's "Delivering Medication Therapy Management Services" certificate training program or other MTM program(s) approved by the Accreditation Council of Pharmacy Education. No, board certification in Ambulatory Care does not count as valid credentialing

**Q: What is meant by affiliated with a pharmacy?**

A: (Refer to slides 30-32 in the MTM virtual training PowerPoint to see where this question applies) Per MSA 17-09, the Pharmacist rendering the MTM services must be associated to the specific pharmacy in which they provide the MTM services for. If a pharmacist works for multiple pharmacies, within their provider enrollment they will need to make sure and associate themselves to all pharmacies they will be providing MTM services for.

**Q: Can the NPI for a retail pharmacy operation be reported, even though the services themselves will be provided in a physician practice office?**

A: Per MSA Policy 17-09, MTM services for Michigan Medicaid reimbursement can only be performed by a pharmacist in one of the following locations:

- Ambulatory care outpatient setting
- Clinic
- Pharmacy
- Beneficiary's home if the beneficiary does not reside in a non-covered services setting

**Q: If the pharmacy is located in an FQHC, can the MTM claims come over on the Institutional claim format prior to July 1, 2017?**

A: No, the system will not be ready to accept the institutional claim form from clinics prior to the July 1, 2017 policy implementation. (Refer to MSA Policy 17-10 for clinic claim formatting changes)

**Q: Will the ICD-10 codes need to specifically match a practitioner's documented diagnosis? Or can the pharmacist make that section?**

A: Since the MTM services being rendered are due to the chronic condition the practitioner has diagnosed the beneficiary with it should be reflected on the claim. Also pharmacists are not able to diagnose patients they should not be determining the diagnosis being reported.

**Q: What is the email address for any additional questions we may have?**

A: Please email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov) for any additional questions.

**Q: What are the pharmacist charges?**

A: In reference to the submitted charges being reported within the claim line information, this amount should reflect the cost for the pharmacist to provide the MTM services. There is a reimbursement rate per procedure code listed in policy 17-09, this is what Medicaid will reimburse for MTM services to be rendered as long as there is no primary payer payment. But each pharmacy will have their own charges associated to the MTM codes.

**Please Note:** If the submitted charges is less than the Medicaid approved reimbursement rate, Medicaid will only reimburse what is being asked for. If 99605 is being billed, and the submitted charges in \$45.00 but per policy Medicaid will reimburse \$50.00, Medicaid will only pay the \$45.00.