

# CPT code-change proposal: National data on pharmacists' medication therapy management services

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The profession of pharmacy has long pursued the development of reporting and billing codes for pharmacists' patient care services. The reporting and billing nomenclature used by all other health professions, published as Current Procedural Terminology (CPT) codes by the American Medical Association (AMA), was established in 1970.<sup>1</sup>

A coalition of national pharmacy organizations was created in 2002 to petition the CPT Editorial Panel for establishment of reporting and billing codes for pharmacists' clinical services. This pharmacy coalition, the Pharmacist Services Technical Advisory Coalition (PSTAC), has accomplished a number of goals in the pursuit of pharmacists' CPT codes.<sup>2</sup>

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## Objectives

The objectives of this article are to provide a brief history of progress toward attaining CPT codes for medication therapy management (MTM) services, review progress made by PSTAC toward obtaining CPT reporting and billing codes for pharmacists' clinical services and present results from national provider and payer surveys submitted to the CPT Editorial Panel in conjunction with a Category I CPT code-change proposal for MTM services.

## History

PSTAC's origins can be traced to implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).<sup>3</sup> In August 2000, the U.S. Department of Health and Human Services released the final rule for implementation of HIPAA, which sought to simplify administrative aspects of the health care claims system and enable a more efficient electronic transmission of certain health information. Of relevance to the profession of pharmacy is that the final rule dictates the use of electronic data interchange transaction standards for professional services claims from all health professionals, including pharmacists. This legislative mandate to include pharmacists' professional services in electronic transaction standards for the health care reporting system created an opportunity to petition for inclusion in the CPT codes.

When the coalition was formed in 2002, it was named the X12 Pharmacy Advisory Panel. Claims for all health professional services are transmitted through an X12 electronic data interchange platform. The Accredited Standards Committee X12 was formed in 1979 within the American National Standards Institute to lead the creation of electronic data interchange in an open, neutral, cross-industry environment.<sup>4</sup> In 1991, the X12N Insurance Subcommittee was created to serve the business-to-business needs of the insurance and health care industry.<sup>5</sup> In the health insurance industry, claims for health care services are commonly submitted on a Centers for Medicare & Medicaid Services (CMS) 1500 form and transmitted using X12N electronic data interchange standards. In 2004, the X12 Pharmacy Advisory Panel was renamed PSTAC in recognition of its mission to support efforts to gain recognition by the CPT Editorial Panel.

The PSTAC coalition currently comprises seven national pharmacy organizations with staff liaisons and steering committee members from each organization (Appendix 1). A timeline of accomplishments has been catalogued on the PSTAC Web site ([www.pstac.org](http://www.pstac.org)), including recognition of PSTAC by the AMA as the organization responsible for submitting CPT code proposals on behalf of pharmacy, approval of Daniel Buffington by the AMA Board of Trustees as the official pharmacy representative on the CPT Health Care Professionals Advisory Committee, and submission of a CPT code proposal request for MTM services.

The original CPT code proposal submitted by PSTAC in 2004 requested a permanent Category I MTM coding system based on patient complexity using a resource-based relative value scale

similar to that used by the medical profession for evaluation and management service codes (e.g., 99201–99205). Evidence of the effectiveness and safety of MTM contained in the original CPT code proposal was derived from the literature on the practice of pharmaceutical care. Relationships between pharmaceutical care (first described in 1975) and MTM (a procedure or service provided in the practice of pharmaceutical care) were included in this body of evidence.<sup>6</sup>

The description of MTM services contained in the PSTAC CPT code proposal was obtained from a professionwide consensus document developed by 11 national pharmacy organizations.<sup>7</sup> Fundamental components of the consensus MTM service description included pharmacists performing a face-to-face comprehensive medication review and assessment to identify, resolve, and prevent drug therapy problems; formulating a medication treatment plan to achieve patients' goals of therapy; and monitoring and evaluating patient outcomes of therapy. The CPT Editorial Panel approved the following description of MTM services: "Medication Therapy Management Service(s) (MTMS) describe face-to-face patient assessment and intervention as appropriate, by a pharmacist. MTMS is provided to optimize the response to medications or to manage treatment-related medication interactions or complications."<sup>1</sup> CPT also publishes vignettes, or typical clinical examples, in tandem with new and/or revised procedural and service descriptions to provide practical situations for which the new code would be reported appropriately. Vignettes are also critical components of all CPT code proposal requests. The vignette aligned with MTM CPT codes for a new patient encounter is as follows: "A 66-year-old female with pre-existing osteoporosis has been diagnosed with type 2 diabetes and hyperlipidemia. Initial medication therapy assessment and intervention is performed."<sup>8</sup>

The CPT codes for MTM services provided by pharmacists were assigned Category III (temporary) CPT code status. Category III CPT codes are used for reporting new or emerging procedures and services and can be used for up to 5 years while evidence is gathered to petition for migration to Category I (permanent) CPT codes.<sup>9</sup> The Category III MTM codes, approved in 2005 and published in *CPT 2006* and *CPT 2007*, are listed in Table 1.

**Table 1.** Category III MTM CPT codes approved in 2005

Code	Description
0115T	MTM service(s) provided by a pharmacist, individual, face to face with patient, initial 15 minutes, with assessment, and intervention if provided; initial encounter
0116T	Subsequent encounter
+0117T	Each additional 15 minutes (List separately in addition to code for primary service) (Use 0117T in conjunction with 0115T, 0116T)

Abbreviation used: MTM, medication therapy management.  
Source: Reference 1.

A code-change proposal was submitted by PSTAC to the CPT Editorial Panel requesting Category I status for MTM services. The survey results reported below were a component of this proposal. The CPT Editorial Panel reviewed the PSTAC proposal at its meeting in February 2007.

## Methods

### Provider survey

The purpose of the provider survey was to gather information pertaining to the widespread availability of MTM services. The information gathered in this survey applies to the following questions in the CPT code-change proposal:

- Question 3: Is the procedure/service for which you are proposing a code change performed nationally?
- Question 20: How long (i.e., number of years) has this procedure/service been provided for patients?
- Question 22: How often do physicians or nonphysician health care professionals perform this service?

A nine-item survey instrument was developed by the PSTAC in consultation with CPT Editorial Panel members, advisors, and staff. The *CPT 2006* frame of reference was used in the survey of MTM services to describe face-to-face patient assessment and intervention as appropriate, by a pharmacist, to optimize the response to medications or to manage treatment-related medication interactions or complications.

The electronic survey instrument was delivered by the following three invitation methods to several groups of pharmacists who were known or believed to be engaged in the provision of MTM services:

- Direct contact of specific practice sites known by PSTAC Steering Committee members and staff to provide MTM services.
- Broadcast invitation of members of the national organizations comprising PSTAC via e-mail newsletter format from the national pharmacy organizations belonging to PSTAC.
- Direct invitation of pharmacy leadership within the U.S. Department of Veterans Affairs, Veterans Health Administration (VA).

Data were collected between August and October 2006. Survey questions were designed to gather data that describe characteristics of practice sites, including geographic location, type and location of practice, number of years providing MTM services, number of face-to-face MTM encounters documented in the past 2 years, patient referral mechanisms used, and use of CPT codes to report or bill for MTM services.

### Payer survey

The purpose of the payer survey was to gather information pertaining to compensation of MTM services. A 14-item survey instrument was developed by the PSTAC in consultation with CPT Editorial Panel members, advisors, and staff. Data were collected between July and September 2006. Survey questions pertained to states in which MTM beneficiaries reside, the nature and type of services provided to covered beneficia-

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