PHARMACY MEDICAL BILLING PROVIDER MANUAL

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CONTENTS

Contacts and References

Contacts	
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Medical Claim Inquiries / Eligibility Verification Line	1-877-328-7098 mmisinfo@nd.gov
Medical Services	1-800-755-2604
Blue Cross Blue Shield of ND (Medicaid Expansion)	1-833-777-5779 MTM Services Medical Policy
Provider Enrollment	ndmedicaidenrollment@noridian.com
Third Party Liability	1-701-328-2347 medicaidtpl@nd.gov
Medicaid Fraud	1-701-328-4024 medicaidfraud@nd.gov
Coordinated Services Program	1-701-328-2346 medicaidcsp@nd.gov

Helpful Links	
ND Medicaid Provider Enrollment	Provider Manual for Pharmacies
General Information for Providers	Professional Fee Schedule
Electronic Billing Instructions	Vaccines/Toxoids Coding Guideline
Preferred Drug List / Prior Authorization	Remittance Advice

Introduction

This billing manual is designed to aid pharmacies and pharmacists in billing medical claims, including Medication Therapy Management (MTM) services. Non-pharmacist providers can bill for MTM using Evaluation and Management (E/M) codes and other medical claims using appropriate service codes.

If a provider does not meet requirements at the time the service is provided, the service will not be considered for payment. Incentives and discounts cannot be provided to ND Medicaid members, and pharmacists providing medical services cannot charge copays to ND Medicaid members. Information contained within this manual does not guarantee payment.

General Requirements

Provider Requirements

Enrollment requirements outlined below are intended for pharmacists billing medical claims.

- The pharmacist provider must:
  - Have an active ND state pharmacist license
  - Enroll as a ND Medicaid provider (requirement effective July 1, 2023)
  - Affiliate with each practice location
- All NPIs billed on a claim must be enrolled with ND Medicaid

Site Requirements

The business where services are provided (site of service) must:

- Be located within the state of ND or the local trade area within 50 miles of the ND border (General Information for Providers outlines the requirements for out-of-state services)
- Have appropriate size and accommodations for services provided
- Be enclosed sufficiently to prevent:
  - Encounter from being heard and/or seen by others
  - Interference by distracting noise from other areas of the business

For services delivered via synchronous telehealth:

- Both the origination site (where the member is located) and the distant site (where the provider is located) must meet the geographic location, privacy, and space requirements outlined above
- Provider is responsible for supplying audio and video equipment permitting two-way, real-time interactive communication between the origination and distant sites

Documentation Requirements

Quality documentation used must:

- Allow manual entry of members
- Be designed to optimize therapeutic outcomes
- Be able to track and report interventions and outcomes (within 5 business days when requested by Department)
- Maintain records in accordance with HIPAA requirements and other state and federal regulations
- Maintain records as outlined in the General Information for Providers.

Billing and Payment

Claims

ND Medicaid Enrollment	Required for all NPIs billed on a claim
Billing NPI	NPI to receive payment
Rendering NPI	NPI performing service

Billing Elements

Billing systems must comply with HIPAA privacy and security requirements and regulations

- Providers will bill for services electronically using EDI 837 transactions with appropriate ICD-10-CM codes
- Instructions for billing electronically or through the web portal are available in the Electronic Billing Instructions
- Refer to the General Information for Providers for more information about:
  - Recipient liability (RL)
  - Timely filing
  - Qualified services for synchronous telehealth

CPT code	Bill appropriate CPT code(s) for medical service(s) rendered
ICD-10-CM code	Use in conjunction with applicable CPT code(s) to provide diagnosis for services rendered
Modifier / Place of Service	Refer to General Information for Providers if provided via synchronous telehealth or audio-only telephone

Payment

Information regarding remittance can be accessed online:

- Electronic Remittance Advice Enrollment
- Remittance Advice

Anticoagulation Management for Warfarin

CPT Codes: Anticoagulation Management for Warfarin

93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

Documentation Requirements: Anticoagulation Management for Warfarin

Medical record must support billing the anticoagulation management CPT code, document what was discussed during the encounter, and show a significant and separately identifiable service. Items to document include the following elements:

- Member's name and date of birth
- Clinical encounter date of service (DOS)
- Pharmacist's name and credentials
- Patient's primary and/or treating HCP
- Indication for anticoagulation
- Current INR and goal INR range
- Other relevant laboratory values
- Risk factors and signs/symptoms of bleeding and thromboembolic events
- Assessment of factors affecting INR
    - Adherence
    - Diet
    - Physical activity
    - Alcohol and tobacco use
    - Other medications
- Current warfarin dose and adjustment (if applicable)
- Instructions, education, and resources provided
- Other tests and/or referrals (as needed)
- Date of next INR and follow-up

Reimbursement: Anticoagulation Management for Warfarin

ND Medicaid Professional Fee Service Schedule can be accessed online

CONTINUOUS GLUCOSE MONITORING (CGM)

CPT CODES: CGM

95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250*	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	Ambulatory continuous glucose monitoring of interstitial fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

* Service CPT code is only reimbursed by ND Medicaid when required by primary payer

DOCUMENTATION REQUIREMENTS: CGM

Medical record must support billing the CGM CPT codes, document what was discussed during the encounter, and show a significant and separately identifiable service. Items to document include the following elements:

- Member's name and date of birth
- Clinical encounter DOS
- Pharmacist's name and credentials
- Patient's primary and/or treating HCP
- CGM data download (must include minimum of 72 hours of data), analysis, interpretation, and report(s)
- Other relevant laboratory values (e.g., HbA1c)
- Assessment of factors affecting blood glucose levels
  - Adherence
  - Alcohol use
  - Illness
  - Diet
  - Physical activity
  - Other medications and conditions
- Current treatment plan and adjustment (if applicable)
- Instructions, education, and resources provided
- Other tests and/or referrals (as needed)
- Date of follow-up

REIMBURSEMENT: CGM

ND Medicaid Professional Fee Service Schedule can be accessed online.

TOBACCO CESSATION

CPT CODES: TOBACCO CESSATION

99406	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

DOCUMENTATION REQUIREMENTS: TOBACCO CESSATION

Medical record must support billing the tobacco cessation CPT codes, document what was discussed during the encounter, and show a significant and separately identifiable service. Items to document include the following elements:

- Member's name and date of birth
- Clinical encounter DOS
- Pharmacist's name and credentials
- Member's primary and/or treating health care provider (HCP)
- Tobacco use
- Assessment of willingness to attempt to quit
- Counseling, education, and resources provided
    - Advice to quit
    - Impact of smoking provided to patient
    - Methods and skills recommended to support cessation
- Medication management
- Quit date
- Referrals (as needed)
- Date of follow-up
- Amount of time spent counseling

An entry in the health record stating that the provider spent 11 minutes counseling about tobacco use will not meet the standard for medical necessity for billing tobacco cessation CPT codes

REIMBURSEMENT: TOBACCO CESSATION

ND Medicaid Professional Fee Service Schedule can be accessed online.

Drug Administration and Immunizations

CPT Codes: Drug Administration and Immunizations

96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections; 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
G codes	Vaccine counseling information is included in General Information for Providers

Vaccines are not covered through the pharmacy point-of-sale (POS) system and must be billed on a medical claim. General Information for Providers and Vaccines/Toxoids Coding Guideline and can be accessed online for more information on billing vaccines and vaccine administration.

Immunization ICD-10-CM Codes

Z23	Encounter for immunization

Documentation Requirements: Drug Administration and Immunizations

Medical record must support billing the drug and/or vaccine CPT codes. Items to document include the following elements:

- Member's name
- Member's date of birth
- Clinical encounter DOS
- Pharmacist's name and credentials
- Primary HCP and contact information
- Ordering and/or protocol HCP and contact information
- Time spent counseling
- Administration information (if applicable)
  - Product name
  - Route and site of administration
  - Dose administered
  - Adverse effects/reactions
  - Vaccine manufacturer
  - Vaccine lot number
  - Vaccine Information Statement (VIS) edition date
  - Date the VIS was provided

Reimbursement: Drug Administration and Immunizations

ND Medicaid Professional Fee Service Schedule can be accessed online.

Medication Therapy Management (MTM)

CPT Codes: MTM

Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided	
99605	Initial 15 minutes, new patient
99606	Initial 15 minutes, established patient
99607	Each additional 15 minutes (list separately in addition to code for primary service)

ICD-10-CM Codes: MTM

Z71.89	Other specified counseling

Member Eligibility: MTM

Member **not** eligible for MTM services if:

- Eligible for Medicare
- Resides in setting where medications are managed/administered by facility staff (e.g., inpatient, incarcerated, skilled nursing facility, etc.)
- Medicaid Expansion member (medical claims are covered by the managed care organization, not the state Medicaid program)

Member Identification: MTM

The objectives of the MTM program are to coordinate health care, improve the health of Medicaid-eligible individuals, and manage health care expenditures.

- Members may be identified for MTM services by ND Medicaid or referred by filling pharmacies, HCPs, or MTM providers
- MTM-eligible members will not be electronically fed into any one MTM software platform, so manual entry of member may be required

In addition to the above objectives, general guidelines to evaluate medical necessity for MTM are outlined in Appendix A

DOCUMENTATION REQUIREMENTS: MTM

Medical record must support billing the MTM CPT codes, document what was discussed during the encounter, and show a significant and separately identifiable service. Items to document include the following elements:

Demographics and History	Member's name	Date of birth
	Member's contact information	Gender
	List of all prescription & non-prescription drugs, dietary supplements, & herbal products (include indication, dose, and directions for each)	
	Allergies	Environmental and lifestyle factors
	Immunizations	Medical devices
	Social history	Current and resolved medical conditions
	Family history	Primary HCP and contact information
Clinical Encounter	List of medications addressed during encounter, assessing safety and efficacy of each	
	Assessment of potential drug therapy problems: • Appropriate indication • Adverse effects/toxicity • Cost efficacy • Appropriate dosing • Adherence • Goals of therapy	
	Education, instructions, and resources delivered to member	
	Written plan of goals, actions to resolve issues, follow up, and referrals (if needed)	
	MTM pharmacist's communications to member's other HCPs	
	MTM pharmacist's name and credentials	
Billing	Clinical encounter DOS	Member location if using interactive video
	Time spent face-to-face with member	Date of documentation

An entry in the health record stating that the provider spent 11 minutes counseling about medication use will not meet the standard for medical necessity for billing MTM CPT codes

* General guidance for conducting the MTM encounter is outlined in Appendix B

Before the MTM Encounter

MTM provider will set up an appointment with the member. The time required to prepare for the encounter is not billable including:

- Verify member's ND Medicaid eligibility
- Request/receive MTM SA approval
- Complete chart review
- Identify potential drug therapy problems
- Print anticipated education handouts and visit documentation
- Review treatment guidelines
- Place reminder call(s)

Special considerations for Transition of Care MTM:

- Schedule within 7 days of discharge
- Obtain discharge information before encounter

During the MTM Encounter

MTM provider should be fully prepared to conduct the MTM encounter at the time of the member's appointment

- Verify member's identity
- Prepare Personal Medication List (PML) and Patient Visit Summary
- Provide pertinent materials to member to assist in managing condition(s)
- Document evaluation of drug therapy, recommended interventions, and education
- Schedule follow-up appointments (as needed) to ensure adherence to medication plan and determine progress of set goals

Following the MTM Encounter

All written and verbal contact must be documented in the member's electronic MTM record. The time required to document the MTM encounter is not billable.

MTM provider must provide the following communication within 7 days of the visit:

To the member:	Patient Visit Summary including: • Personal Medication List (active medication record) • Goals and action plan
To all relevant HCPs: • Primary care • Specialists	Contact prescriber by phone if immediate attention required HCP Visit Summary Brief explanation of program (optional)

MTM provider must make three attempts at a follow-up phone call 2 to 4 weeks after the initial MTM encounter and document a summary of the call.

If unable to reach member, document each call attempt in the electronic record, including date, time, and outcome of contact.

REIMBURSEMENT: MTM

99605	8 to 15 minutes face-to-face counseling, new patient	$70*
99606	8 to 15 minutes face-to-face counseling, established patient	$25
99607	8 to 15 additional minutes face-to-face counseling, new or established	$25

* Reimbursement rate includes required follow-up phone call to member

Examples	8 to 22 minutes			23 to ≥30 minutes		
New	99605	1 unit	$70	99605 AND 99607	1 unit AND 1 unit	$95
Established	99606	1 unit	$25	99606 AND 99607	1 unit AND 1 unit	$50

LIMITS: MTM

Only consultation time with the Medicaid MTM member should be considered for time billed for reimbursement by MTM CPT codes:

- Face-to-Face (including telehealth) visit is required for new patients (CPT 99605)
- Maximum of 4 MTM encounters per 365 days
- May request additional visits within the 365-day period or to exceed the 365-day period via service authorization

99605	One unit per member in a 365-day period
99606	Up to three units per member in a 365-day period
99607	Up to one unit per member per date of service

Not allowed for reimbursement:	**Allowed for reimbursement:**
• Group visits • Preparation time • No-show appointments • Follow-up/reminder calls (not separately reimbursed)	• Visits with family and/or caregiver(s) in attendance • Synchronous telehealth visits with real-time audio/visual conferencing • Audio-only telephone visits allowed for established patients only (CPT 99606 and 99607)

Appendix A: MTM Patient Identification Worksheet

Adherence Related Problems

- Patient is non-adherent, and pharmacist can help with identifying adherence barriers to recommend/provide appropriate adherence strategies and tools:
  - ☐ Setting up pill boxes
  - ☐ Reminders
  - ☐ Arranging transportation
- Patient needs help navigating side effects (not limited to these classes):
  - ☐ HIV/AIDs
  - ☐ Chemotherapy
  - ☐ Immunosuppression
  - ☐ Hepatitis C antiviral
- Patient is experiencing one of the following needs for more time/resources:
  - ☐ Language barriers
  - ☐ Cultural differences
  - ☐ Limited health literacy

Deprescribing Opportunities

- Patient is on a medication that is not indicated for long-term use, and an opportunity to deprescribe has been identified, such as:
  - ☐ Proton Pump Inhibitor
  - ☐ Benzodiazepine
  - ☐ Hypnotic (Z-sleeper)
  - ☐ Muscle Relaxant
  - ☐ Opioid
- Patient is experiencing an interaction or side effects and needs medication change

Transition of Care

- Patient is taking 2+ medications and has started managing their own medications within past 2 months, such as:
  - ☐ Discharge to home from hospital
  - ☐ Discharged to home from skilled nursing facility
  - ☐ Released from prison/half-way housing
  - ☐ Discharged to home from psychiatric residential treatment facility

Safer Sex Practices

- Patient has risk of unintended pregnancy or sexually transmitted infections, and pharmacist has provided education, resources, and referrals, such as:
  - ☐ Resources: brochures, posters, provider guides for sexual health services
  - ☐ Prevention Supplies: condoms, dental dams, lubricant, safer sex kits
  - ☐ Referrals: STI testing

Asthma or COPD:

- Patient has medication related problem or lack of disease control such as:
  - ☐ Using > 3 rescue (short-acting beta$_2$-agonist) inhalers per year
  - ☐ Using rescue nebulizers 3 or more times per day
  - ☐ Missing controller medication (e.g., steroid, LAMA)

Diabetes:

- Patient has medication related problem or lack of disease control such as:
  - ☐ A1c or time in range (TIR) outside of goal (e.g., A1c > 7, TIR < 70%)
  - ☐ Has a diabetes-related complication
  - ☐ Has a comorbid condition

Persons Who Inject Drugs (PWID):

- Patient that injects drugs is provided resources, such as:
  - ☐ Harm reduction strategy education
  - ☐ Referral to harm reduction authorized program
  - ☐ Substance use treatment motivational interviewing
  - ☐ Referral to SUD treatment

Guideline Based Therapy:

- Pharmacist has identified drug therapy that is not optimal (based on guidelines, symptom management, side effects, risk profile, etc.), such as:
  - ☐ Medication is not indicated
  - ☐ Medication is missing from therapy
  - ☐ Medication is being used to treat a side effect of another medication
  - ☐ Duplicate therapy
  - ☐ Lifestyle modifications related to disease state management

Increased Risk of Overdose

- Patient has an increased risk of overdose, such as:

  High dose risk factors
  - ☐ Recently started a long-acting opioid
  - ☐ Taking a high dose of opioids (e.g., > 50 MME/day)
  - ☐ PDMP shows a high NarxCare Score (e.g., > 650)

  Polypharmacy risk factors:
  - ☐ Using multiple medications that cause CNS depression (e.g., antipsychotics, hypnotics, muscle relaxant, benzodiazepine, opioid)
  - ☐ Pharmacy or doctor shopping behaviors (e.g., > 4 pharmacies or >7 prescribers within past 365 days)

Resources:

- **Harm Reduction**
  - Harm Reduction Authorized Programs
    - Any Positive Change (APC) Project; Grand Forks, ND
    - Harm Reduction Center; Fargo, ND
    - Mandan Good Neighbor Project; Mandan, ND
    - Minot Good Neighbor Project; Minot, ND
    - The ROPES Project; Valley City, ND
  - Harm Reduction & Syringe Service Programs (SSP)

- **Safer Sex Practices**
  - North Dakota Department of Health STD (ndhealth.gov)
  - HIV Prevention | Department of Health (nd.gov)
  - STI and HIV Testing | Department of Health (nd.gov)
  - HIV PrEP | Health and Human Services North Dakota
  - HIV, STI, and Viral Hepatitis Brochures and Resources

- **Adherence**
  - Non-emergent transportation to and from the pharmacy or clinic for medical care is a covered service and coordinated through the human service zone
  - Health Literacy Tools for Providers of Medication Therapy Management | Agency for Healthcare Research and Quality (ahrq.gov)
  - Explicit and Standardized Prescription Medicine Instructions | Agency for Healthcare Research and Quality (ahrq.gov)
  - *POS identification:*
    - 88 – DUR Reject Error - Underutilization

- **High Risk Medications**
  - *POS identification:*
    - 76- Plan Limitations Exceeded – Morphine Milligram Equivalents
    - 79 – Refill Too Soon
    - 79 – Refill Too Soon – Accumulation Refill Too Soon

- **Guideline Based Therapy**
  - *POS identification:*
    - 39 – Inv Diagnosis Cde -Diagnosis Not Covered
    - 70 – Product / Service Not Covered – Age Not Covered
    - 88 – DUR Reject Error – Drug – Disease Interaction

Appendix B: MTM Encounter Guidance

MTM Encounter (not all-inclusive)

Pharmacists providing medical services are expected to establish an open, collaborative working relationship with members' primary and treating health care providers (HCP)

MTM provider will assess relevant factors influencing disease control and medication use:

- Medication appropriateness (based on symptoms, labs, current guidelines, etc.)
- Medication use problems (adherence issues, administration technique, etc.)
- Lifestyle and quality of life (triggers, social history, environment, etc.)
- Personal and family medical history
- Safety and efficacy of medications

MTM provider will discuss with the member as applicable:

- Understanding of disease state(s)
- How medications are to be taken and purpose of medications
- Benefits, risks, and adverse reactions of drug therapy
- Goals and expectations of drug therapy, including functional status
- Safe storage and disposal of medications
- Pharmacological and non-pharmacological treatment alternatives
- Potential referrals

Follow-Up Phone Call

During this phone call, the MTM provider should:

- Assess adherence addressing adherence barriers
- Evaluate member's understanding of medication regimen
- Identify additional side effects, interactions, and treatment concerns