PSTAC Survey in 2006 Was Instrumental in Obtaining Permanent (Category I) CPT Codes for MTM Services Performed by Pharmacists

To the Editor:

The Pharmacy Services Technical Advisory Coalition (PSTAC) was formed in 2002 to improve the coding infrastructure necessary to support billing for pharmacists' professional services. PSTAC is a coalition of 7 national pharmacy organizations whose principal goal was to establish Current Procedure Terminology (CPT) codes for pharmacist-delivered medication therapy management (MTM) services. PSTAC petitioned the CPT Editorial Panel in February 2005 at the Newport Beach, California, meeting to establish CPT codes for MTM services. MTM services were described as face-to-face patient assessment and intervention by a pharmacist to optimize the patient response to medications or to manage treatment-related medication interactions or complications. In July 2005, the CPT Editorial Panel assigned Category III (temporary) status to 3 CPT codes for MTM services:

- 0115T—the first 15 minutes of MTM service(s) provided for the initial encounter
- 0116T—the first 15 minutes of a subsequent encounter
- 0117T—each additional 15 minutes (used in conjunction with 0115T, 0116T)

The CPT Editorial Panel voted to approve Category III (temporary) status until there was evidence of widespread availability and delivery of MTM services. PSTAC subsequently developed a 9-item survey instrument for pharmacy providers in consultation with the CPT Editorial Panel members, advisors, and staff. The pharmacy provider survey gathered information to document and determine the availability of MTM services provided by pharmacists. A 14-item survey instrument was developed for payers to gather information on the compensation of MTM services.

Providers and payers were surveyed from August 2006 through October 2006 and were asked to report data for the preceding 2-year period. PSTAC asked payers and providers to report the characteristics of practice sites, including geographic location, type and location of practice, number of years providing MTM services, and number of documented face-to-face MTM encounters. Participants were invited to participate in this survey via 3 methods: (1) direct contact of specific practice sites known by the members and staff of the PSTAC Steering Committee to provide MTM services, (2) broadcast e-mail invitation of members of the national organizations constituting PSTAC, and (3) direct invitation of pharmacy leadership within the U.S. Department of Veterans Affairs (VA), Veterans Health Administration.

A total of 240 practice sites, not including the VA, responded to the pharmacy provider survey. The practice sites reported a collective 858,405 face-to-face MTM encounters over a 2-year period; 86% of the responses originated from ambulatory care practice sites, including community pharmacies, clinic and physician office practices, outpatient pharmacies, work sites, and home and hospice care locations. These data have been reported previously.

A total of 14 payers responded to the payer survey. These payers covered MTM services provided to patients in all 50 states and the District of Columbia and Puerto Rico. The payers reported that 88% of the pharmacists delivered MTM services, described as comprehensive medication review, including identification and resolution of drug therapy problems. Of the 8 payers that responded to the survey item regarding the method of MTM delivery, 7 reported more than 75% of the encounters were face to face, meeting the CPT panel's definition of how MTM services should be delivered.

These survey results provided PSTAC with the evidence necessary to demonstrate the widespread availability of MTM services for justifying Category I (permanent) CPT codes. In February 2007, the PSTAC presented these findings to the CPT Editorial Panel in a petition to convert the temporary codes to Category I codes. The code proposal included components of the consensus document developed by 11 national pharmacy organizations in 2004, including description of pharmacists performing a face-to-face comprehensive medication review and assessment to identify, resolve, and prevent drug therapy problems; formulation of a medication treatment plan to achieve patients’ goals of therapy; and monitoring and evaluation of patient outcomes of therapy.

In October 2007, 3 Category I CPT codes were established for MTM services performed by a pharmacist in face-to-face encounters with assessment and interventions:

- 99605—initial 15 minutes for MTM services for a new patient
- 99606—initial 15 minutes, established patient
- 99607—each additional 15 minutes (used in conjunction with 99605 or 99606)

We believe that establishing Category I CPT codes for MTM services provides pharmacists an incentive to deliver, document, and bill for these services with the greater likelihood of payers providing compensation for their professional services. The subsequent outcome is greater availability and access for our patients and the opportunity for pharmacists to provide services intended to improve medication therapy outcomes.

The results gathered from the PSTAC survey of providers and payers showed that MTM services are being provided, these services are widely available to patients, and these services are being billed and reimbursed by payers. The survey data extrapolates to nearly 2.8 million MTM encounters in the United States, including the VA, over a 2-year period from mid-2004 through mid-2006. The next step for PSTAC is establishing the value of MTM services using a relative value scale similar to the Resource-Based Relative Value Scale established for physicians under Medicare Part B. This relative value scale will look at the

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complexity of MTM services, the time associated with MTM delivery, and the technical skill to provide these services.

We would like to thank all entities that participated in the survey, providing PSTAC with the data needed to convince the CPT Editorial Panel to establish Category I CPT codes and recognize the professional services delivered by pharmacists through MTM services.

Elizabeth Brusig, PharmD
PSTAC Steering Committee, AMCP Representative
ELBRUSIG@sentara.com

William Davies, RPh, MS
PSTAC Steering Committee, AMCP Representative
wdavies@cox.net

REFERENCES

Letters to the Editor

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ERRATUM

The following article was printed with the second line of 3 author names inadvertently obscured. The online version has been corrected to show all 6 authors: Eric Q. Wu, PhD; Howard G. Birnbaum, PhD; Huabin F. Zhang, MD, MPH; Jasmina I. Ivanova, MA; Elaine Yang, PhD; and David Mallet, MBA. Health Care Costs of Adults Treated for Attention-Deficit/Hyperactivity Disorder Who Received Alternative Drug Therapies. J Manag Care Pharm. 2007 Sep;13(7):561-69. Available at: www.amcp.org/data/jmcp/JMCPMa_07%5C2007_561-569.pdf.