

	Documentation Guideline		
	Medication Therapy Management Services (MTM)	Effective Date	7/1/2025
		Revision Letter	B
Applies To:	UNM Medical Group and UNM Hospital		

1. Purpose

This document provides guidelines for Pharmacist Clinician (PhC) and other practitioners who provide Medication Therapy Management services (MTM). MTM describes a face-to-face patient assessment and intervention as appropriate, by a pharmacist clinician, upon request. MTM services are provided to optimize the response to medications or to manage treatment-related medication interactions or complications. This document provides guidelines specific to Medication Therapy Management services (MTM) from CMS (Novitas Solutions, Inc. for this region), NM House Bill 42, and the American Medical Association (AMA).

2. Scope

This guidance applies to all UNM Medical Group (UNMMG) and UNM Hospital Physicians and Pharmacist Clinicians (PhC) who provide Medication Therapy Management services (MTM) in hospital-based clinics, non-hospital-based clinics, inpatient settings, and all pharmacy practice environments pursuant to specific Current Procedural Terminology (CPT) billing guidelines. Providers must meet any applicable requirements imposed by the State of New Mexico and must work within the scope of practice as outlined by the State of New Mexico.

- 2.1. Medicare does not currently recognize Pharmacist Clinicians as healthcare providers/practitioners eligible for Medicare Part B reimbursement and are considered “ancillary” or “auxiliary” staff.
- 2.2. New Mexico Medicaid and Commercial Private payors do recognize Pharmacist Clinicians (PhC) as healthcare providers/practitioners and allow a PhC at the non-hospital-based clinics (UNMMG Clinics) to perform and bill E&M services under the State of New Mexico House Bill 42 *‘Pharmacist Prescriptive Authority Services – Reimbursement Parity’* (see section 9 below).
- 2.3. Other third-party payers have the ability to develop their own criteria based on private contracts established under their available plans and coverage requirements.

3. Medication Therapy Management (MTM) CPT Codes 99605-99607

The American Medical Association (AMA) created CPT codes 99605-99607 specifically to report the provision of medication therapy management (MTM) services by a pharmacist clinician, but these codes are available for other practitioners to use as well. The specific payer and the type of contract will determine if these services can be billed with CPT codes 99605-99607.

- 3.1. **99605** - Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with the patient, with assessment and intervention if provided; *initial 15 minutes; new patient.*
- 3.2. **99606** - Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with the patient, with assessment and intervention if provided; *initial 15 minutes; established patient.*
- 3.3. **99607** - (Add-on code) – Each additional 15 minutes; new or established patients, (List separately in addition to the code for the primary service).
- 3.4. Medicare does not recognize MTM codes for separate payment, and services are billed E&M CPT (99202-99215) codes as allowed by incident to and supervision guidelines (see section 7).
 - 3.4.1. 99238: Thirty (30) minutes or less on the date of encounter.
 - 3.4.2. 99239: More than thirty (30) minutes on the date of encounter.

4. MTM Documentation Requirements

- 4.1. Total Time should only include the MTMS elements performed and documented.
- 4.2. Review of pertinent patient history.
- 4.3. Review of medication profile (prescription and nonprescription).
- 4.4. Recommendations for improving health outcomes and treatment compliance.

5. MTM Documentation Requirements

Documentation should support the service billed including language with the exact fac-to-face time spent with the patient and a brief description of what was performed during the encounter.

- **Example:** “This _____ minute face-to-face appointment was spent on medication counseling and disease state management”.

6. Non-Covered MTM

- 6.1.** MTM Services are not covered when provided via telehealth (e.g. telephone, video/audio, etc.). MTM services must be performed in-person and face-to-face.
- 6.2.** MTM Services are not supported by documentation that is documented by a pharmacist medical student or pharmacist resident.

7. Documentation of Evaluation and Management (E&M) CPT and MTM Service Codes

7.1. Physician-Based Clinics (Place of service 11). – Consist of non-hospital-based clinics (UNMMG Clinics). E&M CPT codes 99202-99215 are appropriate for billing when providing services that are more complex and beyond the elements of the MTM service codes. Documentation must support all applicable guidelines, and the E&M CPT level based on E&M Medical Decision Making (MDM) elements.

7.1.1. Medicare Patients

CMS does not currently recognize Pharmacist Clinicians as healthcare providers/practitioners eligible for Medicare Part B reimbursement and are considered “ancillary” or “auxiliary” staff, however, in a non-hospital-based clinic (UNMMG Clinic) a PhC is allowed to bill ‘incident to’ the direct supervising physician. Medicare Benefit Policy Manual, Chapter 15, Section 60 describes physician delegation to others working in their offices who provide care to Medicare patients and a mechanism for billing such services. A physician may bill for ‘incident to’ services provided by a PhC if all the requirements for ‘incident to’ are met.

7.1.1.1. E&M CPT codes are to be billed under the supervising physician National Provider Identifier (NPI) when all applicable ‘incident to’ and supervision guidelines are met.

7.1.1.2. If the intent of the visit is solely an MTM service, the encounter is billed using E&M CPT (99202-99215) codes as allowed by ‘incident to’ and supervision guidelines, and E&M documentation guidelines would apply. Medicare does not reimburse for MTM services codes (99605-99607).

7.1.1.3. See section 8 for guidance related to “incident to” billing.

7.1.2. Medicaid and Commercial Private Payors

New Mexico Medicaid recognizes Pharmacist Clinicians (PhC) as

healthcare providers/practitioners and allows a PhC to perform and bill E&M services under the State of New Mexico House Bill 42 *'Pharmacist Prescriptive Authority Services – Reimbursement Parity'*. A PhC may perform and document an E&M service and bill using their National Provider Identifier (NPI).

7.1.2.1. E&M CPT codes are to be billed under the PhC National Provider Identifier (NPI) when providing and documenting the E&M service and all applicable guidelines are met.

7.1.2.2. If the intent of the service is an MTM service, the MTM CPT codes (99605-99607) are to be billed under the PhC National Provider Identifier (NPI) when providing and documenting the MTM service and all applicable guidelines are met.

7.1.2.3. See Section 9 for guidance related to State of New Mexico House Bill 42 *'Pharmacist Prescriptive Authority Services – Reimbursement Parity'*.

7.2. Hospital Based Clinics (POS 19 & 22)

Consist of Hospital-based outpatient services (including hospital outpatient clinics). Since CMS does not recognize Pharmacist Clinicians as eligible providers, the use of the Evaluation and Management (E&M) CPT codes cannot be reported for reimbursement by the PhC when the E&M is provided within a hospital-based clinic or outpatient department. 'Incident to' services do not apply to hospital-based clinics and cannot be billed. MTM Services are to be billed as outlined in 7.2.2.2.

7.2.1. For Medicare Patients:

CMS does not currently recognize Pharmacist Clinicians as healthcare providers/practitioners eligible for Medicare Part B reimbursement and Medicare does not reimburse MTM CPT codes (99605 – 99607).

7.2.1.1. E&M services cannot be billed because hospital-based clinics cannot utilize 'incident to' service.

7.2.1.2. Medicare does not recognize MTM codes for separate payment and are unbillable for Medicare patients.

7.2.2. For Medicaid and Commercial Private Payors

New Mexico Medicaid recognizes Pharmacist Clinicians (PhC) as healthcare providers/practitioners under the State of New Mexico

House Bill 42 *'Pharmacist Prescriptive Authority Services – Reimbursement Parity'*.

7.2.2.1. E&M services cannot be billed because hospital-based clinics cannot utilize 'incident to' services.

7.2.2.2. If the intent of the service is an MTM service, the MTM CPT codes (99605-99607) are to be billed under the PhC National Provider Identifier (NPI) when providing and documenting the MTM service and all applicable guidelines are met.

8. Incident To

8.1. 'Incident To' Guidance

Medicare pays for services and supplies (including drug and biologicals which are not usually self-administered) that are furnished 'incident to' a physician's or other practitioner's services, are commonly included in the physician's or practitioner's bills, and for which payment is not made under a separate benefit category. Physicians may bill evaluation and management services when furnished by a nonphysician practitioner 'incident to' his/her professional service. The physician may bill the CPT code that describes the evaluation and management service furnished.

8.1.1. The following "incident to" criteria must be met:

8.1.1.1. The services must be an integral although incidental, part of the physicians' professional service.

8.1.1.2. The services are of the type commonly rendered without charge or included in the physician's bill.

8.1.1.3. The services are of a type that are commonly furnished in physicians' offices or clinics.

8.1.1.4. The services must be furnished by the physician or by auxiliary personnel under the physician's direct supervision who is present in the office suite, and immediately available to provide assistance and direction throughout the time the PhC is performing the services.

8.1.2. Services must be part of the patient's normal course of treatment, during which the physician performed an initial service and remains actively involved in the course of treatment. Follow-up services rendered must be connected to the course of treatment the physician planned at the initial service.

- 8.1.3. 'Incident to' does not apply to a new patient encounter or a new problem for an established patient.
- 8.1.4. All practitioners must be actively employed by the same entity (employee, leased employee, or independent contractor).
- 8.1.5. Services are performed and billed in the physician's office using place of service 11 (physician's office).
- 8.1.6. The services provided are within the scope of practice for the PhC or other designated "qualified" provider as dictated by the State of New Mexico Statutes.

8.2. Documentation Requirements for '*Incident To*' Services

8.2.1. Documentation of the medical record must include:

- 8.2.1.1. The individual who rendered the services.
- 8.2.1.2. The physician's presence in the office at the time of the service.
- 8.2.1.3. The physician's initiation and continued involvement in treatment.
- 8.2.1.4. The services within the scope of practice of the non-physician practitioner as defined by NM state law.
- 8.2.1.5. Services that are reasonable and necessary.
- 8.2.1.6. The documentation submitted to support billing 'incident to' services must clearly link the services of the NPP auxiliary staff to the services of the supervision physician.

9. State of New Mexico House Bill 42, "*Pharmaceutical Service Reimbursement Parity*"

The State of New Mexico Office of Superintendent of Insurance Bulletin (2020-015), published June 29, 2020, states the following guidance:

- 9.1. House Bill 42, "*Pharmaceutical Service Reimbursement Parity*" was enacted by the New Mexico Legislature and went into effect June 4, 2020.
- 9.2. The bill applies to all health insurance carriers, medical assistance providers (Medicaid) and its contractors, group health plans, blanket health plans, health maintenance organizations and nonprofit health care plans, which

shall be referred to hereinafter as "carriers".

- 9.3. Under House Bill 42, carriers are required to reimburse in-network certified pharmacist clinicians or certified pharmacists with prescriptive authority at the same contracted rate as a licensed physician or physician's assistant licensed pursuant to the Medical Practice Act or the Osteopathic Medicine Act or any advanced practice certified nurse practitioner licensed pursuant to the Nursing Practice Act for the provision of the same service.
- 9.4. Carriers should inform their contracted pharmacists of their rights to reimbursement for applicable services under this act, as well as any procedures for reimbursement. Carriers must perform the reimbursement provisions established above in an equitable and organized manner.
- 9.5. It is the determination of the Superintendent, therefore, that carriers shall reimburse in-network certified pharmacist clinicians or certified pharmacists with prescriptive authority at the same contracted rate as a licensed physician or physician's assistant licensed pursuant to the Medical Practice Act or the Osteopathic Medicine Act or any advanced practice certified nurse practitioner licensed pursuant to the Nursing Practice Act for the provision of the same service in the same geozip code area.

10. References

- 10.1. **American Medical Association (AMA)** – Current Procedural Terminology (CPT) 2024, Professional Edition; Professional ISBN: 978-1-64016-284-6; Page: 883, "*Medication Therapy Management Services.*"
- 10.2. **Centers for Medicare and Medicaid Services (CMS)** - Medicare Benefit Policy Manual; Chapter 15 – Covered Medical and Other Health Services (Rev. 12684; Issued: 06-13-24); *60 - Services and Supplies Furnished Incident to a Physician's/NPP's Professional Service*; (Rev. 12425; Issued: 12-21-23; Effective: 01-01-24; Implementation: 01-02-24 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
- 10.3. **Centers for Medicare and Medicaid Services (CMS)** – Medicare Claims Processing Manual; Chapter 12 – Physicians/Nonphysician practitioners (Rev. 12604; Issued: 05-03-24); 30.6.4 – Evaluation and Management (E&M) Services Furnished Incident to Physician's Service by Nonphysician Practitioners; (Rev. 1, 10-01-03). <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>
- 10.4. **Novitas Solutions; Medicare JH**; E&M Services furnished by a non-physician practitioner incident to a physicians service", Last modified 12/19/2022. <https://www.novitas->

[solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00150920](https://www.solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00150920)

10.5. State of New Mexico Legislature: 2020 Regular Session; HB 42 – Pharmaceutical Reimbursement Parity.
<https://nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=42&year=20>

10.6. State of New Mexico Legislature: Final signed copy of House Bill 42 (HB0042) – "Pharmacist Prescriptive Authority Services – Reimbursement Parity". <https://www.nmlegis.gov/Sessions/20%20Regular/final/Hb0042.pdf>

10.7. State of New Mexico: Office of Superintendent of Insurance; Bulletin 2020-015; June 29, 2020.
<https://www.osi.state.nm.us/news/bulletins/bulletin-2020-015>

11. Revision History

Effective Date	Rev Letter	Document Author	Description of Change
03/5/2015	A	Stuart Freeman	Initial Release.
7/1/2025	B	Compliance Department	Updated