

PROVIDER BULLETIN

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Medication Therapy Management and Direct Care Pro

Applies to: Pharmacists as performing providers

Effective date: April 1, 2023

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Pharmacists as Providers

The MO HealthNet Division (MHD) is adding additional Pharmacist Provider Services (PPS). PPS allows pharmacist providers to receive reimbursement for services that fall within their scope of practice as defined by the Missouri Board of Pharmacy. These separately reimbursable services are beyond the scope of dispensing medication to participants covered under 13 CSR 70-20.060 Professional Dispensing Fee.

Pharmacist providers must reference the Medical Services [Fee Schedule](#) for covered Current Procedural Terminology (CPT) codes and reimbursement rates. Reimbursement for covered services is the lower of the provider's actual billed charge (the provider's usual and customary charge to the general public for the service) or the maximum allowable per unit of service.

Fee for Service (FFS) participants can receive PPS services following the procedures described in the Pharmacy [Manual](#). The MO HealthNet pharmacist provider shall ascertain the patient's MO HealthNet status before performing any service.

The provider must record in the medical record documentation the participant's applicable health history, including, but not limited to, the pertinent past and present illnesses, self-screening questionnaires, tests, treatments, and outcomes. This documentation legally verifies the care provided and should be complete, legible, and concise. At a minimum, records must include the following:

- Participant's relevant medical history;
- Reason for the encounter;
- Action that was taken because of the encounter;
- Objective of the therapeutic service(s) provided;

- Applicable test results if ordered;
- Site of service(s) provided;
- Date, time of service (including start and stop time of the encounter);
- Identity of the pharmacist providing the service; and
- Total time spent with the participant receiving the service(s).

Pharmacist providers must submit a medical claim through the provider's medical billing system or [eMOMED](#). The pharmacist should be listed as the performing provider and is required to [enroll](#) with MHD.

Medication Therapy Management

In addition to expanding PPS, MHD will remove the prior authorization (PA) requirement for Medication Therapy Management (MTM) interventions beginning April 1, 2023. Removing the PA requirement will allow pharmacists to continue to utilize DirectCare Pro (DCPro) for MTM interventions and billing, as well as provide MTM services not directed by DCPro and bill using their billing software or [eMOMED](#).

MTM provides the opportunity for a pharmacist-patient relationship, focusing on the quality of care, wellness initiatives, and cost containment. MTM services are available through DCPro-directed clinical interventions at Point of Sale. They are also available to any eligible MO HealthNet participant with a complex medical condition or, in the pharmacist's clinical judgment, who would benefit from an MTM encounter.

FFS and Managed Care participants are eligible for MTM services if they have a complex medical condition, or in the pharmacist's clinical judgment, would benefit from an MTM encounter.

Pharmacists must reference the Medical Services [Fee Schedule](#) for covered CPT codes and reimbursement rates. Pharmacists are limited to one-hour total of MTM services per participant per calendar month.

Record keeping requirements are the same for MTM as for PPS.

Pharmacists may submit a medical claim through the provider's medical billing system or DCPro. The pharmacist should be listed as the performing provider and is required to enroll with MHD.

Participants enrolled in Medicare Part D are not eligible for MTM services through MHD as MTM is covered by the Part D plan.

Direct Care Pro (DCPro) & Vaccine Billing

Currently, pharmacies can bill vaccines through DCPro. To simplify the billing of the administration of vaccines by pharmacy providers, effective April 1, 2023, MHD will no longer allow vaccines to be billed through DCPro. Pharmacies may receive reimbursement from MHD for administered vaccines by billing through the pharmacy's Point of Sale system using a

National Drug Code and accepting the allowable reimbursement of the vaccine plus the standard dispensing fee.

Pharmacy providers who administer vaccines outside of a pharmacy and do not bill using the pharmacy's point-of-sale system should refer to the Physician [Manual](#) for billing instructions.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

[Provider Bulletins](#) are available on the [MO HealthNet Division \(MHD\) website](#). Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Providers and other interested parties are urged to [subscribe](#) to the electronic **MO HealthNet News** mailing list to receive automatic notifications of [provider bulletins](#), [provider hot tips](#), provider manual updates, and other official MO HealthNet communications via email.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in [eMOMED](#). Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan.

[MHD Education and Training](#) offers schedules for interactive web based trainings for providers and general and program specific educational resources.

Provider Communications
573-751-2896