Collaborative Practice Topics:

BILLING OVERVIEW

Alabama Society of Health Systems Pharmacist
Annual Clinical Meeting
11/3/2022

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Harrison College of Pharmacy

Faculty Disclosure/Conflict of Interest

I, Kimberly Braxton Lloyd,

have no actual or potential conflict of interest in relation to this program.

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OBJECTIVES

- **After completion of this program, the learner will be able to:**
  - Discuss the current status of Alabama's collaborative practice act (CPA)
  - Identify and prioritize clinical services that can be implemented collaboratively within practice sites.
  - Prepare for discussions with collaborators and other stake holders concerning collaboration guided by Alabama's CPA.
  - Compare and contrast legal and regulatory issues associated with collaborative practice versus billing for clinical services.
  - Discuss billing methods.

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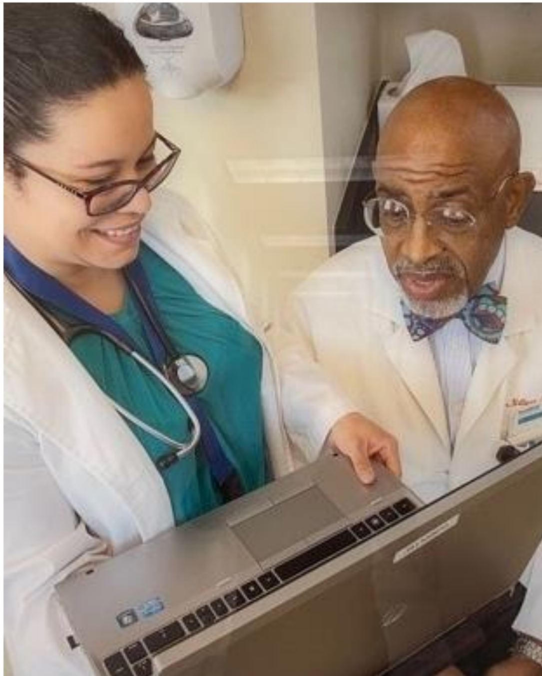
Introduction

REGULATORY AND LEGAL REVIEW OF CPA JOINT RULE

BUSINESS CONSIDERATIONS OF CPA IMPLEMENTATION

IMPLEMENTATION OF CPA WITH PHYSICIAN COLLABORATOR



Practice Settings for Collaborative Services

- Outreach / service-focused practice
- Service enhancement within health care system / pharmacy department
- Expansion of pharmacy services within an ambulatory care environment
- Integration into physician practice
- Establishment or expansion of community pharmacy clinical services

Identifying and Prioritizing Collaborative Opportunities

Professional reflection:

- Knowledge, skills, and abilities
- Professional qualifications / experience
- Areas of specialization or interest
- Career goals
- Timeline

Examples:

- Diabetes and Cardiovascular Disease
- Women's Health
- Pharmacogenomics

Identifying and Prioritizing Collaborative Opportunities

Evaluating patient needs:

Subjective Data

- Patient requests
- Satisfaction survey responses
- Focus group results
- Underserved needs
- Gaps in care

Identifying and Prioritizing Collaborative Opportunities

Evaluating patient needs:

Objective Data

- Disease state patterns
- Medication utilization data
- Population health data
- Quality indicators
- Gaps in care

Selecting a Collaborating Physician(s)

Physician(s):

- Existing physician-pharmacist relationship
- Common interests
- Complimentary expertise
- Collaborative spirit
- Innovative / Progressive
- Physician(s) with specific:
  - Practice environments
  - Patient populations
  - Business models
  - Collaborative practice experience

Billing for Services

Providing patient care under a collaborative protocol addresses scope of practice. It does not facilitate pharmacist billing for these clinical services.

- Pharmacists are not recognized by CMS as health care providers.
  - Cannot independently bill for most clinical services using pharmacist NPI number
  - Billing most often submitted by physician / physician practice
    - Revenue sharing agreement needed
- CMS billing guidelines generally followed by third-party payers
  - Self-insured health care plans
  - Fully-insured health care plans
  - Some exceptions

Billing for Services

Pharmacist Billing

Independent Billing
(Pharmacist's NPI Number)

Medication Therapy Management
99605, 99606, 99607

Diabetes Self-Management Training
98960, 98961,98962

Incident-To Billing
without Direct Physician Supervision
(Physician NPI Number)

Chronic Care Management
99490, 99487,99489,G0506

Transitions of Care Management
99495,99496

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G0438,Go439

Evaluation and Management
(Level 1)
99211,99212,99213
,99214,99215

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Supervision of Clinical Services

- **Indirect (or General) Physician Supervision**
  - Care provided under physician's overall direction and control
  - Direct access / presence not required
- **Direct Physician Supervision**
  - Care provided within the same office suite
  - Physician available for immediate consultation
  - immediately available for consultation / assistance throughout appointment
    - Physician does not have to be present in the room while care is being provided
  - General – The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required.

Location of Clinical Services

- **Relative Value Units (RVUs)**
  - Work RVU
  - Malpractice RVU
  - Practice expense RVU
- **Non-Facility**
  - Independent or private practice / office
  - Outpatient clinics
  - Urgent care centers
  - Home services
- **Facility**
  - Health- system facility setting
    - Hospital
    - Ambulatory surgical center (ACS)
    - Skilled nursing facility
    - Facility owned and operated ambulatory care / outpatient practices (depends on tax codes)

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Finding Reimbursement Amounts

Current CMS Fee Schedule (2022) (Searchable by state and service)

https://www.cms.gov/medicare/physician-fee-schedule/search/overview

Showing 1 - 2 of 2

HCPCS Code [1]	Modifier [2]	Short Description [3]	Proc Stat [4]	Mac Locality [5]	Non-Facility Price [6]	Facility Price [7]	Non-Facility Limiting Charge [8]
99214		Office o/p est mod 30-39 min	A	1120201	$123.95	$96.23	$135.42
99215		Office o/p est hi 40-54 min	A	1120201	$173.37	$141.55	$189.41

Figure 6-1: Pricing Search Results for List of E/M Codes

Financial Relationship Between Pharmacist and Physician Practice is Required for CMS Billing

- **Direct employees**
  - Pharmacist is employee of the physician or physician's practice
- **Independent contractor**
  - Pharmacist (or pharmacist's employer / company) who performs part-time or full-time work is contracted
  - IRS-1099
- **Leased employee**
  - Employment relationship recognized by state law
  - Established between 2 employers by contract
  - One employer hires the services of the other's employee(s)

Which of the Following Incident-To Clinical Service(s) DO NOT Require the Direct Supervision of the Physician?

Select All That Apply

A. Evaluation and Management (E/M)
B. Chronic Care Management (CCM)
C. Annual Wellness Visits (AWV)
D. Transitions of Care Services (TOC)

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Medication Therapy Management (MTM)

- **MTM Billing Codes**
  - Care provided via in-person visit or telehealth
  - Comprehensive medical review required
  - Medication care plan
    - Medication Adherence
    - Improved outcomes of medication use
  - Billing (see handout)
    - CPT codes are time based
    - Usually billed through Medicare Part D
    - Some exceptions / opportunities

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MTM Billing

See Handout

MEDICATION THERAPY MANAGEMENT (MTM) (Medicare Part D)

- Pharmacist must provide care to patient in-person or using telehealth.
- Comprehensive medical review required.
- Care plan focused on improving medication adherence and medication-use-outcomes must be developed.
- Time based billing (not complexity based).
- In most cases, billed through Medicare Prescription Drug Plan.

Billing Code	Patient Type	Descriptor	Estimated Reimbursement
99605	New	MTM services provided by a pharmacist; initial 15 minutes	Established by Part D Sponsor / Payer
99606	Established	MTM services provided by a pharmacist; initial 15 minutes	
99607	Established	MTM services provided by a pharmacist; each additional 15 minutes. Must be billed in conjunction with 99605 or 99606.	

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Diabetes Self Management Training (DSMT)

- **Requirements**
  - Program
    - National recognition (ADA or ADCES)
  - Pharmacist
    - Certified Diabetes Educator (CDE)
    - Medicare Part B Provider
    - Medicare Supplier for at least one additional service
  - Care Provision
    - Live / In-person
    - Individual
    - Group

DSMT Care Provision

- **Year 1- Initial training**
  - Billable one time only (lifetime)
  - Provider referral required
  - 10 hours of education / training max
    - 1 hour individual
    - 9 hours group
- **Year 2 and beyond- Follow-up training**
  - Provider referral required
  - 2 hours per calendar year max
    - 1 hour individual or group
    - 1 hour group
- **Additional individual sessions**
  - Barriers to successful group learning (language barriers; disabilities)
  - Additional insulin training

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DSMT Billing

See Handout

DIABETES SELF-MANAGEMENT TRAINING / EDUCATION (DSMT/E)

- Pharmacists can use G-codes to bill for DSMT/E if the DSMT/E program is recognized by American Diabetes Association (ADA) or Association of Diabetes Care and Education Specialists (ADCES)
  -**AND**- the pharmacist is a Certified Diabetes Educator (CDE).
- **YEAR 1**- CMS covers 10 hours of education and training. 1 hour can be provided individually, and the remaining 9 must be provided as part of a group session.
- **YEAR 2**- CMS covers 2 hours of education and training. 1 hour can be provided individually and the other provided in group session.
- Additional individual sessions might be approved for:
  - Additional insulin training
  - Patient who has a barrier to successful group sessions (language barrier; hearing impairment; visual impairment; physical disability / impairment)

Billing Code	Patient Type	Descriptor	Estimated Reimbursement
G0108	All	Each 30-min increment of an individual DSMT/E session	$52 - $74
G0109	All	Each 30-min increment of a group DSMT/E session (2-20 people)	$15 - $21 per patient

DSMT Billing

See Handout

EDUCATION AND TRAINING FOR SELF-MANAGEMENT

- These codes are not reimbursed by CMS, but may be covered by private payers.
- For these codes, if training is for diabetes, the program does not need to be a Diabetes Self-Management Training (DSMT) certified program.
- Patient self-management training must be provided by a qualified, non-physician health care professional.
- Standard curriculum must be used and delivered in-person.
- Training may include family member or caregiver.
- Reimbursement established by the private insurer and varies by carrier.

Billing Code	Training Type	Descriptor	Estimated Reimbursement
98960	Individual	Each 30-minute increment of training	Set by private payer
98961	2-4 patients		
98962	5-8 patients		

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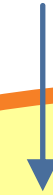

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Chronic Care Management

- The patient must have two or more chronic disease states
- 5 Key Activities
  - Record structured data in the patient's health record
  - Maintain a comprehensive plan for each patient
  - Provide 24/7 access to care
  - Comprehensive care management
  - Transitions of care management
- Three CPT codes (see handout)
  - 99490 - Chronic Care Management
  - 99487 - Complex Chronic Care Management
  - 99489 – Additional 30 minutes of CCM

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CCM Overview

- **Physician partnership required**
  - Collaborative practice / scope
  - Revenue sharing agreement
- CCM requires 20 minutes of time spent
- Complex CCM requires 60 minutes of time spent
- Physician's existing services can help meet care access requirements
- Clinical time does not have to be provided all by one person
  - Must be a clinical employee
  - Time spent by non-clinical personnel doesn't count toward required time

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CCM Overview (cont.)

- The patient must have seen the supervising physician within the last year and the visit billed
- Patient must consent to service (annually)
- Copayments and deductibles still apply
- Must document in physician’s EHR
- Incident-to requirements apply except direct physician supervison

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CCM Overview (cont.)

Source: Chronic Care Management Resource for Pharmacist

	Qualified Healthcare Professional (Physician)	Clinical Staff (Pharmacist)	Non-clinical Staff (Pharmacy Staff, Office Manager)
Consent Patient	X		
Collect Structured Data	X	X	X
Develop Comprehensive Care Plan	X		
Maintain/Inform Updates for Care Plan	X	X	
Manage Care	X	X	
Provide 24/7 Access to Care	X	X	
Document CCM Services	X	X	
Bill for CCM Services	X		
Provide Support Services to Facilitate CCM		X	X

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CCM Billing

See Handout

CHRONIC CARE MANAGEMENT (CCM)

- Pharmacists can contribute to this service as a "qualified non-physician provider".
- Claims must be submitted under a licensed Medicare provider.
- Patient eligibility for CCM- two or more chronic conditions that are expected to last 12 months or longer or until patient death that put the patient at risk of negative clinical outcomes (acute exacerbations, decompensation, functional decline, death).
- CCM requirements include developing a comprehensive care plan and collaborating with patient for plan implementation.
- Patient consent must be obtained annually for continuation.
- May be conducted and billed monthly.
- Revenue sharing agreement must be negotiated prospectively with physician / physician practice.

Billing Code	CCM Visit Type	Descriptor	Estimated Reimbursement
99490	Non-Complex	At least 20 minutes of clinical staff time	$59 - $84
99487	Complex	60-minutes of clinical staff time with moderate to high complexity decision making	$122 - $172
99489	Complex	Each additional 30-minutes of clinical staff time	$64 - $91
G0506	Complex	Additional code that can be reported once per CCM billing practitioner, in conjunction with CCM initiation (ONE-TIME ONLY)	$57 - $80

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Annual Wellness Visit

- Three visit types
  - G0402 - Welcome to Medicare: Pharmacist not eligible
  - G0438 - First Annual Wellness Visit: Pharmacist only eligible if Welcome visit completed first
  - G0439 - Subsequent Annual Wellness Visit: performed after the first 12 months on Medicare. Pharmacist eligible

AWV Billing

See Handout

MEDICARE ANNUAL WELLNESS VISIT (AWV)

- The initial “Welcome to Medicare” (IPPE) Visit (G0402) visit, which is required in the first year of CMS enrollment, cannot be completed by a pharmacist. This visit must be conducted by and billed by the physician.

Billing Code	AW Visit Type	Descriptor	Estimated Reimbursement
G0438	First	First Annual Wellness Visit	$155 - $221
G0439	Subsequent	Subsequent Annual Wellness Visits	$121 - $172

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INCIDENT-TO EVALUATION AND MANAGEMENT (E/M)

- Billed as part of a physician's visit
- Subject to specific incident to requirements
- CPT code 99211 (lowest level visit code)
  - Level 5 reimbursement ~$150 more than level 1
- Broadest billing capabilities
- Not applicable in many non-institutional settings due to
  - Requirement of on-site physician
  - Billing must occur under the physician and by physician practice
  - If pharmacist/pharmacy financials are separate, would require revenue sharing agreement prior to starting services

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INCIDENT-TO REQUIREMENTS

- Must be services commonly performed in a physician's practice
- The physician must be physically present
  - Does not have to be in the same room
  - Stricter rules apply in institutional settings
- Service must be "incident to" physician services
  - An integral but incidental part of patient care.
  - Example: pharmacist establishes treatment plan for physician diagnosed medical problem in conjunction with a physician.
- Not applicable in many non-institutional settings due to requirement of on-site physician

E/M Incident-To Billing

See Handout

EVALUATION AND MANAGEMENT (E/M)

- Broadest billing capabilities
- Patient must be under the clinical care of a physician (who provides clinical services, not a licensed administrator).
- Services must be performed in physician's clinical practice (if services provided off- premises, a physician from the group practice must be available at the location of care for direct supervision of patient care).
- on-physician services must be supervised by a physician, which might be a different physician than the one who ordered the consultation (group practice).
- Physician must be available to provide medical supervision.
- Billing submitted by licensed physician / physician practice
- Physician or other licensed provider cannot bill for clinic visit on the same day as the pharmacist's consultation.
- Pharmacists usually restricted to **Level 1** "incident-to" visits (due to lack of provider status).
- If higher level billing allowed by collaborative practice agreement and payer, then appropriate documentation must be provided to support higher level billing (specific elements required in documentation).
- *Note there are variations in these rules in various practice settings such as public health practices (health departments); Federally Qualified Healthcare Centers (FQHCs); etc.*

Billing Code	E/M Visit Type	Descriptor	Estimated Reimbursement
99211	Minimal	5 minutes; low complexity; minimal medical history; minimal physical exam; no medical decision making	$21 - $30
99212	Problem-Focused	10 minutes; problem-focused; clinical decision making required with documentation supporting (at	$51 - $72

E/M Incident-To Billing

See Handout

99213	Expanded Problem-Focused	15 minutes; expanded beyond problem-focused; clinical decision making required which includes documentation supporting (at a minimum)- CC, HPI, ROS; 6 or more elements of a physical exam; low complexity medical decision making	$84 - $118
99214	Detailed	25 minutes; detailed E/M; clinical decision making required which includes documentation supporting (at a minimum)- CC, HPI, ROS, PMH, FH, SH; 12 or more elements of a physical exam; moderate complexity medical decision making	$119 - $168
99215	Comprehensive	40 minutes or longer; comprehensive E/M; clinical decision making required with documentation supporting all elements of history and a comprehensive physical exam and complex medical decision making	$167 - $238

Summary

Collaborative opportunities facilitated by Alabama CPA:

1) Conduct professional self-reflection
2) Evaluate practice site / patient needs
   - Setting
   - Needs
   - Goals
   - Opportunities
3) Identify physician collaborator
4) Negotiate revenue sharing agreements (if applicable)
5) Develop and implement care model
6) Execute collaborative protocol

Identify Requirements for Collaborative Practice and Billing for Chronic Care Management?

Select All That Apply

A. Pharmacist must provide services onsite at the physician's practice
B. Pharmacist must document in a shared EMR accessible by all CCM collaborators
C. Pharmacist must be an employee of the physician's practice
D. Services must be billed by the physician
E. Covering pharmacist must be available 24/7

Identify Requirements for Collaborative Practice and Billing for Chronic Care Management?

Select All That Apply

A. Pharmacist must provide services onsite at the physician's practice (No)

B. Pharmacist must document in a shared EMR accessible by all CCM collaborators (Yes)

C. Pharmacist must be an employee of the physician's practice (No, but must be an employee, contracted employee, or leased employee)

D. Services must be billed by the physician (Yes)

E. Covering pharmacist must be available 24/7 (Yes)

RESOURCES

CMS Benefit Policy Manual: Chapter 15 Covered Medical and Other Health Services
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

Current CMS Fee Schedule (2022) (Searchable by state and service)
https://www.cms.gov/medicare/physician-fee-schedule/search/overview

Medicare Diabetes Prevention Program (MDPP); Quick Reference Guide for Payment and Billing https://innovation.cms.gov/files/x/mdpp-billingpayment-refguide.pdf

CMS Telehealth 2022 Update (MDPP) https://www.cms.gov/newsroom/press-releases/cms-physician-payment-rule-promotes-greater-access-telehealth-services-diabetes-prevention-programs

RESOURCES

CMS. (2021, Dec. 1). CMS Regulations and Guidance https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

APhA. (2017, March). Chronic Care Management: An Overview for Pharmacists. https://www.pharmacist.com/Portals/0/PDFS/Practice/CCM-An-Overview-for-Pharmacists-FINAL.pdf?ver=z1VjEDMg9Uk-1FEnMvX7Xg%3D%3D

QUESTIONS

Collaborative Practice Topics:

BILLING OVERVIEW

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