Billing for Pharmacist Services in the Oncology Setting

Anay Moscu, PharmD, BCPS, BCOP, ACRP-CP
Pharmacy Director – Outpatient Infusion Pharmacy



Key Abbreviations



AWV: Annual Wellness Visits

CCM: Chronic care management

DSMT: Diabetes Self-Management Training

MTM: Medication Therapy Management

TCM: Transitional Care Management

Pharmacist Billing



Pharmacist Provider Status

- Medicare does not consider Pharmacist's providers under Part B (auxiliary staff)
- Medicaid state plans defined by state legislation/regulations
- Commercial plans defined by the plan

Pharmacists can bill for medication management services

- Prescription benefits (Medicare Part D): using their NPI through MTM
- Medical benefits (Medicare Part B): under a provider NPI through "incident to" billing for E/M, CCM, TCM (bundled payment), AWV, and DSMT

Physician-Based Outpatient Clinic

- Professional Fee

Hospital-Based Outpatient Clinic

- Professional Fee + Facility Fee





• Three components:

- Evaluation of history, physical exam, and medical decision making
- Nature of presenting problem, counseling, and care coordination
- Time

Pharmacist application:

- Disease management: diabetes, HTN, dyslipidemia, COPD, asthma, smoking cessation
- Oncology Supportive care management: N/V, diarrhea, pain, immune-related toxicities
 - Role of APP (G3 and higher)

Outpatient E/M codes:

- New patient codes: 99201, 99202, 99203, 99204, 99205 (per Medicare physician only)
- Established patient codes: 99211, 99212, 99213, 99214, 99215





Physician-Based Outpatient Clinic

- Professional Fee
- Pharmacist Provider: 99211-99215
- Pharmacist not a provider: Level 1 99211 ONLY ~ \$23 (higher codes under provider NPI) or "incident to" for higher codes

Hospital-Based Outpatient Clinic

- Professional Fee + Facility Fee
- G0463 Collapsed Code Facility Fee ~ \$125
 - Commercial payers may not pay facility fees and require pharmacist bill 99211
 - **Key Point:** Negotiate reimbursement rates as part of contracting for pharmacist services

Evaluation and Management (E/M) Codes



Physician Based Outpatient Clinic

Pharmacist is NOT a recognized provider (Physician or APP bills under their NPI)

E/M - 99211-215

CCM – 99487, 99489, 99490

TCM - 99495,99496

AWV – G0438, G0439

DSMT – G0108, G0109

Hospital Based Outpatient Clinic

Pharmacist is NOT a recognized provider (Physician or APP bills under their NPI)

Facility Fee – G0463

CCM - 99487, 99489, 99490

TCM - 99495,99496

AWV – G0438, G0439

DSMT - G0108, G0109

Getting Started



- 1. Assess if your current outpatient pharmacy practice is eligible for billing.
 - Medication management: This must be within their scope of practice and should be done through an approved clinic protocol or collaborative pharmacy practice agreement (465.1865).
- 2. Understand your institutional needs and appetite for pharmacists to perform these services.
 - Providers and Clinic Administration
 - ↑ provider visits, billing under provider NPI, ↑ RVU's
- 3. Once you define a potential practice model, meet with the following key stakeholders:
 - Legal
 - Compliance
 - Revenue Cycle
 - Billing/Coding
 - IT
- 4. Set up services and meet with payor contracting.
- 5. Track and measure.

References



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