Looking Past the Pills to Pay the Bills:
Billing in an Ambulatory Care Setting

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Conflict of Interest

- Drs. Elise Kim and Evan Sasson have no conflicts of interest to disclose

Objectives for Pharmacists

- Define Collaborative Drug Therapy (CDTM) and identify the requirements for credentialing in New York State
- Describe facility charges, professional charges, and “incident-to” billing codes
- Explore additional billing opportunities for pharmacists under CDTM agreements
- Apply appropriate billing codes to various clinic visits

Objectives of Pharmacy Technicians

- Describe Collaborative Drug Therapy Management (CDTM)
- Discuss patient care opportunities for ambulatory care pharmacists
- Recognize the ability of ambulatory care pharmacists to bill for their services

The Brooklyn Hospital Center (TBHC)

- Oldest hospital in Brooklyn, NY
- Located in Fort Greene/Downtown area
- 450 acute care beds

- 2 Clinics located on hospital grounds
- 5 Offsite clinics
  - Pharmacotherapy Services in 4 out of 5 clinics

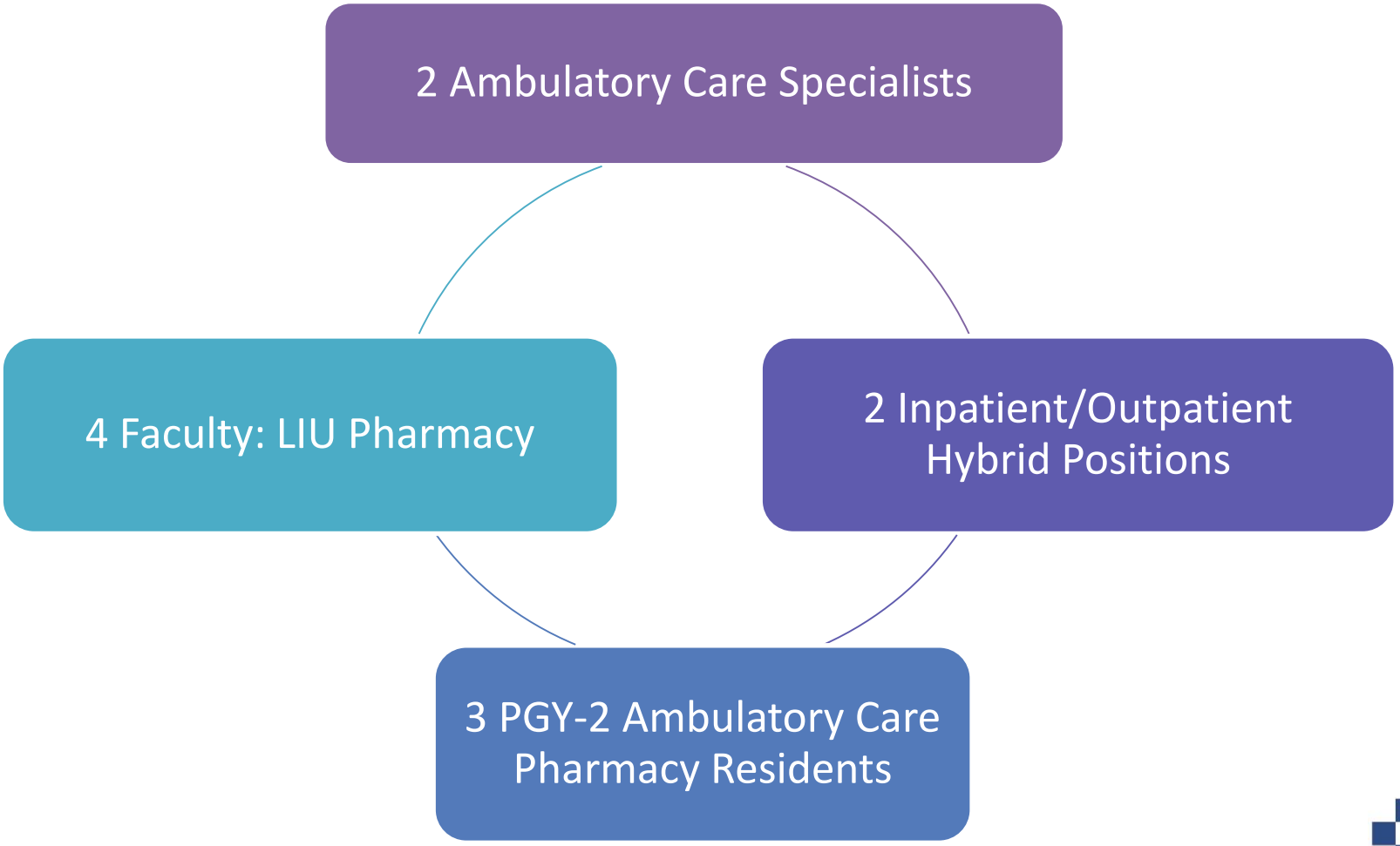
TBHC Clinics

- Annual Wellness Visit
- Anticoagulation
- Asthma
- Cardiology: *Same-day referral*
- Cardiovascular Risk Reduction
- Diabetes
- HIV Primary Care: *Interdisciplinary*
- HIV/Hep C Pharmacotherapy
- Pharmacotherapy

Pharmacotherapy Clinics

- Adherence Counseling
- Asthma/COPD Education/Management
- CVD Risk Reduction
- Diabetes Education/Management
- Hypertension Education/Management
- Medication reconciliation
- Polypharmacy
- Tobacco Cessation Counseling
- Transitions of Care (Post Discharge Medication Reconciliation)

TBHC Ambulatory Care Pharmacy Staff



Definition of CDTM

"A collaborative practice agreement between one or more physicians and pharmacists wherein qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility for performing patient assessments; ordering drug therapy-related laboratory tests; administering drugs, and selecting, initiating, monitoring, continuing, and adjusting drug regimens."

- American College of Clinical Pharmacy

CDTM Timeline in NY

2011
- CDTM passed with 3-year sunset
- Limited to teaching hospitals, including any diagnostic center, treatment center, or hospital-based outpatient departments (outpatient clinics)

2015
- Moved sunset from 2014 to 2015
- Expanded to all hospitals and nursing homes with on-site pharmacy

2017
- Pharmacists practicing under CDTM, must be credentialed by February 28

2020
- Moved sunset to 2020
- *Make CDTM permanent and expand for Nurse Practitioners as providers*

CDTM Credentialing in NY

PharmD or MS in Clinical Pharmacy		
Must meet both Criteria 1&2	Criterion 1	≥2 years of Licensure
	Criterion 2	≥1 year of Clinical Experience
≥1 of Criterion 3 or 4	Criterion 3	Board Certified
	Criterion 4	Completion of Residency Program

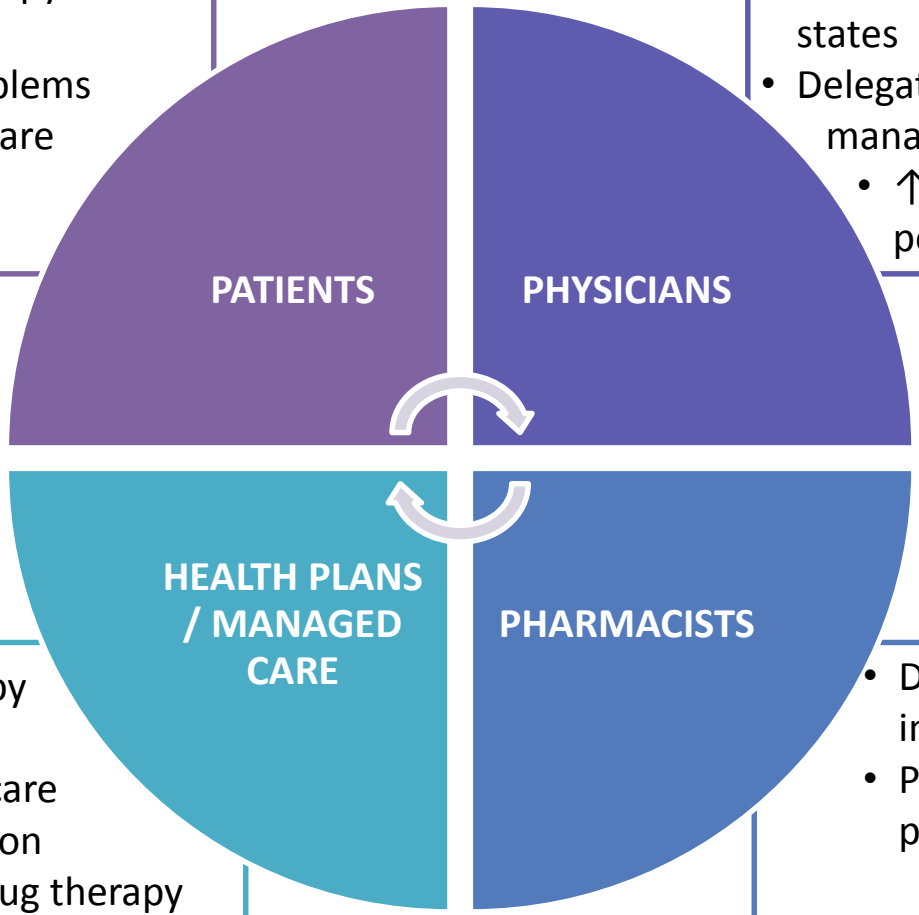
BS in Pharmacy		
Must meet both Criteria 1&2	Criterion 1	≥3 years of Licensure
	Criterion 2	≥1 year of Clinical Experience
≥1 of Criterion 3 or 4	Criterion 3	Board Certified
	Criterion 4	Completion of Residency Program

http://www.op.nysed.gov/prof/pharm/pharmCDTMCredentialsSummary.pdf. Accessed on February 21, 2019

Benefits of CDTM

- Optimized drug therapy management
- ↓ Drug-related problems
- ↑ Access to healthcare
- ↓ Costs

- ↓ Visits for chronic disease states
- Delegation of medication management
  - ↑ Ability to meet pay-for-performance goals



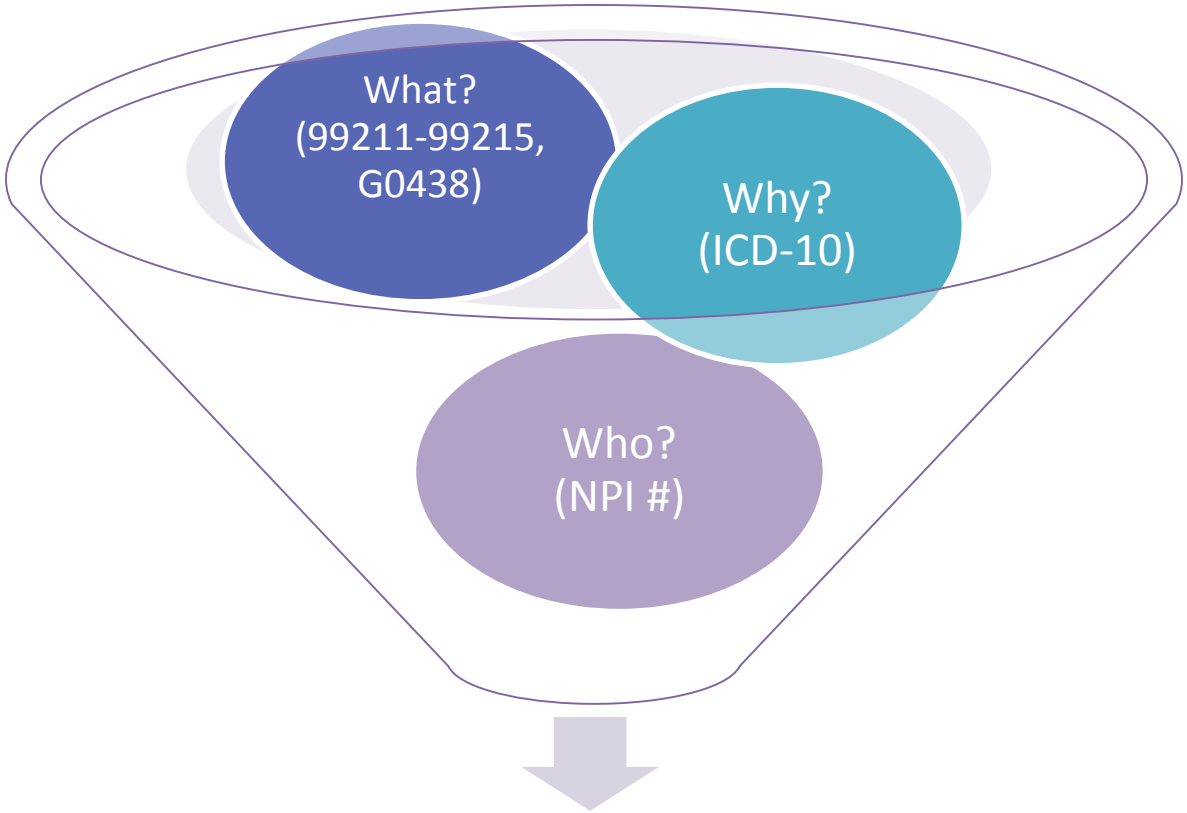
- Better drug-therapy outcomes
- Reduced costs of care
- ↑ Patient satisfaction
- Optimization of drug therapy regimens

- Demonstrate value as an integral part of health care
- Product-oriented → patient-focused

Healthcare Payers

- **Centers for Medicare and Medicaid Services (CMS)**
  - Medicare: Part A, B, C, D
  - Medicaid
- **Commercial/Private**
  - Employer-based
  - Group
  - Individual
- **Self Pay**

Basic Billing Structure



Facility vs. Professional Charge

Facility Fee

- Reimbursement for level/intensity of clinical services and hospital resources rendered.
  - Includes: operating and overhead costs, supplies, equipment, staff, administration, etc.
- Pharmacists are able to bill incident-to-physician

Professional fee

- Provider's professional services
- Pharmacists are NOT able to bill
  - Pharmacists are not recognized providers
  - Only in *private clinics*

"Incident-to" Services For Pharmacists?

January 22nd, 2014: CMS confirms YES!

- *"In your letter, you ask that we confirm your impression that if all the requirements of the "incident to" statute and regulations are met, a physician may bill for services provided by a pharmacist as "incident to" services. We agree."*
  - Marilyn Tavenner, M.A., CMS Administrator

- *"It just clarifies that CMS recognizes how important it is for pharmacists to be on the front lines with us as physicians in making sure patients have access to the care that they need."*
  - AAFP President Reid B. Blackwelder, MD

http://www.pharmacist.com/article/cms-tells-family-physicians-pharmacist-provided-services-may-be-billed-incident-0. Accessed March 10, 2019

"Incident-to" Services

Allows non-physician providers (NPP) provide and report services

1. Occurs in a non-institutional setting (all settings other than hospital or skilled nursing facility)
2. Medicare-credentialed physician must conduct initial evaluation and establish diagnosis
3. NPP may provide follow-up under "direct supervision"
    1. Does not have to be in the same room, but must be present in building and immediately available to provide assistance

Verhoshek G. The basics of incident-to-billing. *Physicians Practice*. Nov 24, 2016

"Incident-to" Services

5. Physician must actively participate in and manage patient's course of treatment
6. Both physician and NPP must be employed by group entity
7. Service must be of a type usually performed in the office setting, and must be part of the normal course of treatment of a diagnosis or illness

*Must document all services provided

Verhoshek G. The basics of incident-to-billing. *Physicians Practice*. Nov 24, 2016

"Incident-to" Billing Codes

E&M CPT code billing rules

Assessments of care	NA	Problem focused	Expanded problem focused	Detailed	Comprehensive
Decision making	NA	Straightforward	Low	Moderate	High
Established patient E&M codes	99211	99212	99213	99214	99215
Chief complaint	NA	Required	Required	Required	Required
History of present illness elements	NA	Brief or 1–3 elements	Brief or 1–3 elements	≥4 elements (1995) >4 or 3 from chronic conditions (1997)	≥4 elements (1995) >4 or 3 from chronic conditions (1997)
Review of systems elements	NA	N/A	Problem pertinent	2–9 elements	Minimum of 10 elements
Past family and social history elements	NA	NA	NA	Pertinent or 1 item from any of the areas	1 element from 2 or 3 of the 3 categories
Physical exam elements	NA	1–5 elements in ≥1 organ systems	>6 elements in ≥1 organ systems	2 elements in 6 organ systems or 12 in ≥2 organ systems	Elements from 8 organ systems (1995) 2 elements from 9 organ systems (1997)
Usual length of visit (min)	5	10	15	25	40

CMS Collapse of E&M Codes

2014 – Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Payment System (ASCPS) Final Rule:

Healthcare Common Procedure Coding System (HCPCS) II

G0463

~~99211-99215 codes~~

- Hospital outpatient clinic visits for assessment and management of a patient
- Not reimbursed by patient's condition (acuity) or types of hospital/nursing services – **single flat rate**

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8572.pdf

Additional Billing

Anticoagulation Clinics

Code	Service Provided	Reimbursement
93792	Patient/caregiver training for initiation of home INR monitoring	Charge Amount $135 Medicare Allowable $67
93793	Anticoagulation management for patients taking warfarin	Charge Amount $30 Medicare Allowable $14
85610	Point of care (POC) PT/INR monitoring	$5

- New CPT codes for home and outpatient INR monitoring
- Encompasses ordering, review, and interpretation of INR results, patient education, and dose adjustments
- Clinical laboratory improvement amendments (CLIA) certification for POC INR monitoring

Other Billing Opportunities

CMS Transitional of Care (TOC)

- 99495, 99496

CMS Annual Wellness Visits (AWV)

- G0438, G0439

CMS Chronic Care Management (CCM)

- 99490

Diabetes Self Management Training (DSMT)

- G0108, G0109

Medication Therapy Management (MTM)

- 99605, 99606, 99607 – *Medicare Part D*

Transitions of Care (TOC)

Beneficiary's charge from following inpatient setting:

- Inpatient acute care hospital
- Inpatient psychiatric hospital
- Long term care hospital
- Skilled nursing facility
- Hospital outpatient observation or partial hospitalization
- Partial hospitalization at a community mental health center

To:

- His or her home, domiciliary, rest home, or assisted living

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/transitional-care-management-services-fact-sheet-icn908628.pdf

TOC – Requirements

Interactive non face-to-face contact (telephone or email) within 2 business days by physician or clinical staff

- ≥2 or attempts in timely manner - document

Pharmacists provide?
YES!

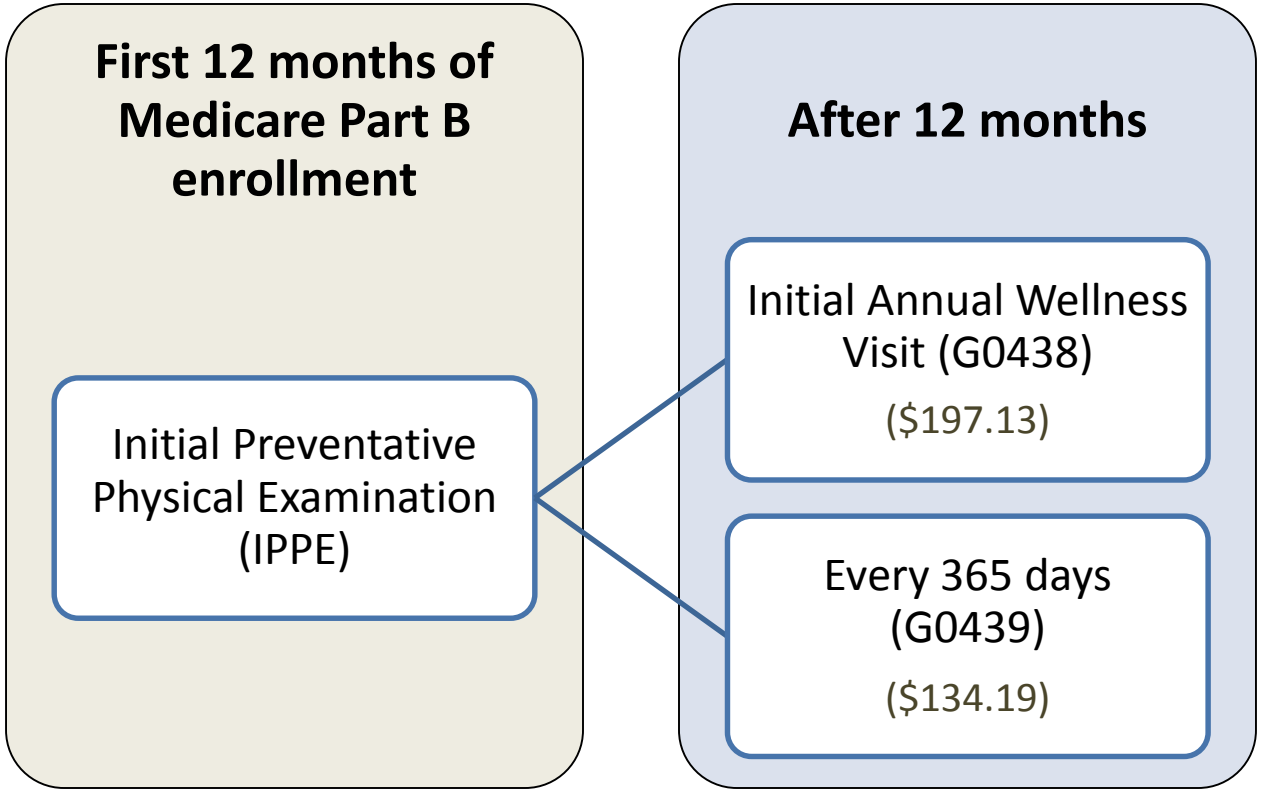
Face-to-face visit within 14 days* (99495)	Face-to-face visit within 7 days* (99496)
($124.56)	($180.86)

Face-to-face only **with a provider*

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/transitional-care-management-services-fact-sheet-icn908628.pdf

Annual Wellness Visit

Personalized plan to help prevent disease and disability based on current health and risk factors

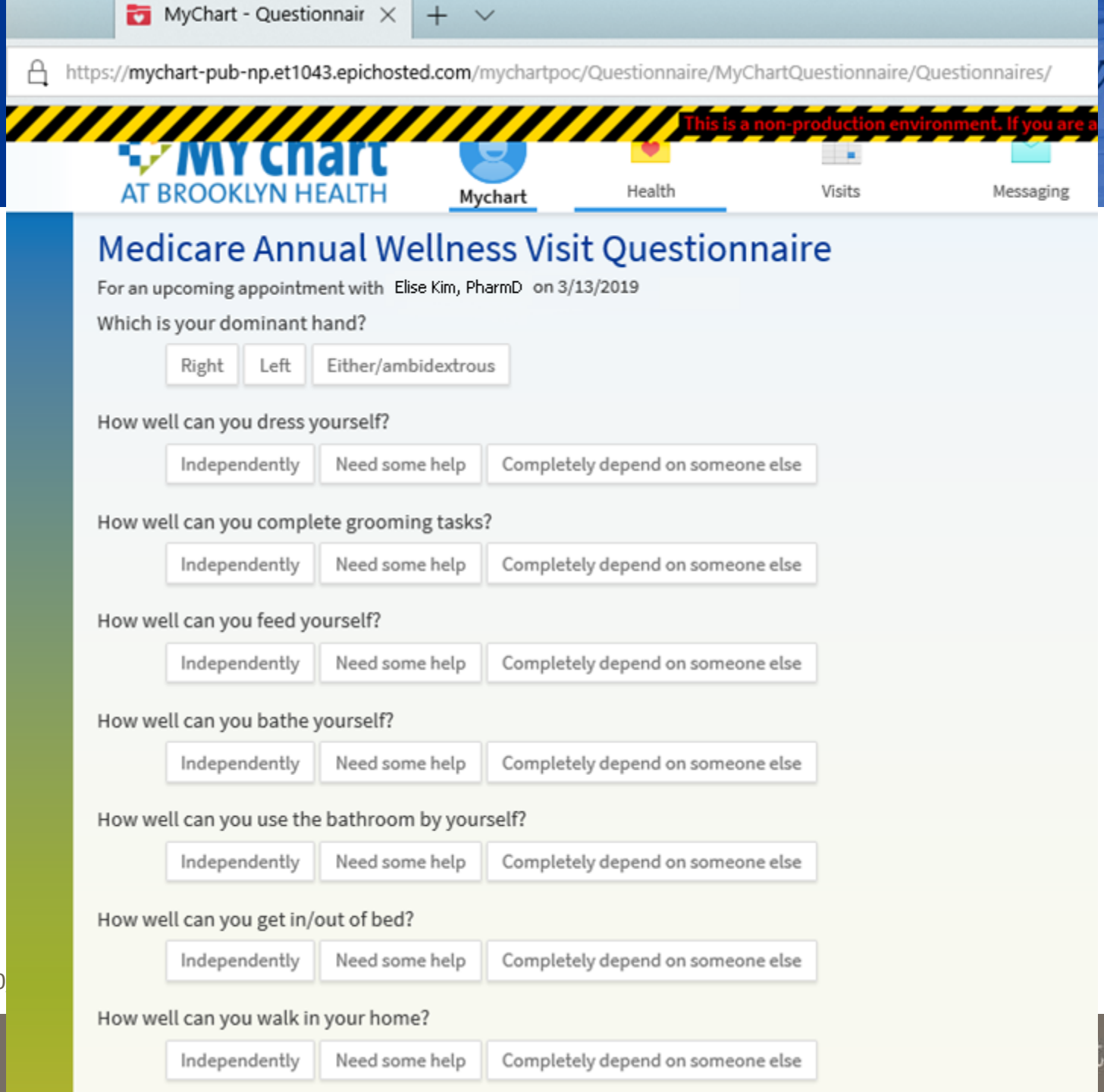


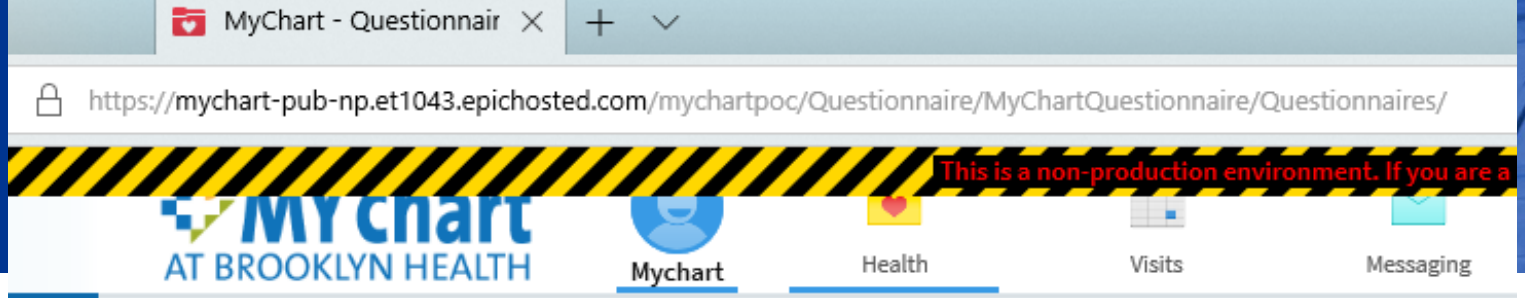
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf

AWV – Requirements

- Health risk assessment (HRA)
  - Demographic data, self-assessment of health status, behavioral risks, activities of daily living, etc.
- Medical and family history
- List of providers and suppliers; Establish advance directives
- Detect any cognitive impairment
- Review risk factors for depression
- Review functional ability and level of safety
  - Perform ADL's, fall risk, hearing impairment, home safety
- Obtain vitals (height, weight, BMI, BP)
- Establish appropriate screening schedule for next 5-10 years

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf


MyChart - Questionnair
https://mychart-pub-np.et1043.epichosted.com/mychartpoc/Questionnaire/MyChartQuestionnaire/Questionnaires/
This is a non-production environment. If you are a
MyChart
AT BROOKLYN HEALTH
Mychart
Health
Visits
Messaging
Medicare Annual Wellness Visit Questionnaire
For an upcoming appointment with Elise Kim, PharmD on 3/13/2019
Which is your dominant hand?
Right
Left
Either/ambidextrous
How well can you dress yourself?
Independently
Need some help
Completely depend on someone else
How well can you complete grooming tasks?
Independently
Need some help
Completely depend on someone else
How well can you feed yourself?
Independently
Need some help
Completely depend on someone else
How well can you bathe yourself?
Independently
Need some help
Completely depend on someone else
How well can you use the bathroom by yourself?
Independently
Need some help
Completely depend on someone else
How well can you get in/out of bed?
Independently
Need some help
Completely depend on someone else
How well can you walk in your home?
Independently
Need some help
Completely depend on someone else



Medicare Annual Wellness Visit Questionnaire

For an upcoming appointment with Elise Kim, PharmD on 3/13/2019

Is the tub or shower floor slippery and do you need support?

yes no

Do you need some support when you get in and out of the tub or up from the toilet?

yes no

Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

yes no

BACK CONTINUE CANCEL

Service	Date of Service	Due Date
Alcohol Screening	10/19/2018	10/19/2019
Bone Mass Measurements	N/A	N/A
Cardiovascular Disease	7/26/2017	7/26/2022
Colorectal Cancer	4/1/2017 per MD note	4/1/2027
Tobacco	10/19/2018	10/19/2019
Depression	10/19/2018	10/19/2019
Diabetes	3/27/2018	3/27/2019
Diabetes Self-Management Training	*N/A*	*N/A*
Glaucoma	9/2018 per patient	9/1/2019
Hepatitis C	N/A	N/A
HIV	*N/A*	*N/A*
IBT for CVD reduction	*N/A*	*N/A*
IBT for obesity	*N/A*	*N/A*
Medical Nutrition Therapy	*N/A*	*N/A*
Prostate Cancer	DRE 5/2018	5/1/2019
STIs and HIBC	*N/A*	*N/A*
Mammography	*N/A*	*N/A*
Pap Test & Pelvic Examination	*N/A*	*N/A*
Ultrasound for AAA	N/A	N/A
HBV Vaccination	N/A	N/A
PCV 13	7/29/2015	-
PSCV23	6/26/2017	-
Influenza	9/20/2018	Fall 2019

Chronic Care Management (CCM)

- Provided by CMS to Medicare patients if:
  - ≥2 chronic conditions expected to last ≥12 months
  - These conditions significantly ↑ risk of death, acute exacerbation/decompensation, or functional decline
  - Comprehensive care plan established, implemented, revised, or monitored

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf

CCM Services

- Services include 5 core activities
  1. Structured recording in patient health information
  2. Maintaining a comprehensive care plan for each patient
     - Patient centered: problems list, goals, medications, prognosis, etc.
  3. Providing 24/7 access to care
     - Face to face as well as telephone, messaging, internet, etc.
  4. Comprehensive care management
     - Systems based approach
  5. Transitional care management
     - Coordinated efforts across all settings of care

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf

CCM Codes

	CCM	Complex CCM
Duration of Services	At least 20 minutes	More than 60 minutes
CPT Code(s)	99490	99487
Services Provided	5 core CCM services	5 Core CCM services that include: • Moderate or high complexity clinical decision making • Establishment or substantial revision of care plan
Average payment per unit service	$36.09	$58.84
Eligible for 30-minute add-on	No	Yes – 99489 ($29.64)

- Billed on a monthly basis
- 99489 for each additional 30 minutes of complex CCM services delivered in a month

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf

Diabetes Self-Management Training

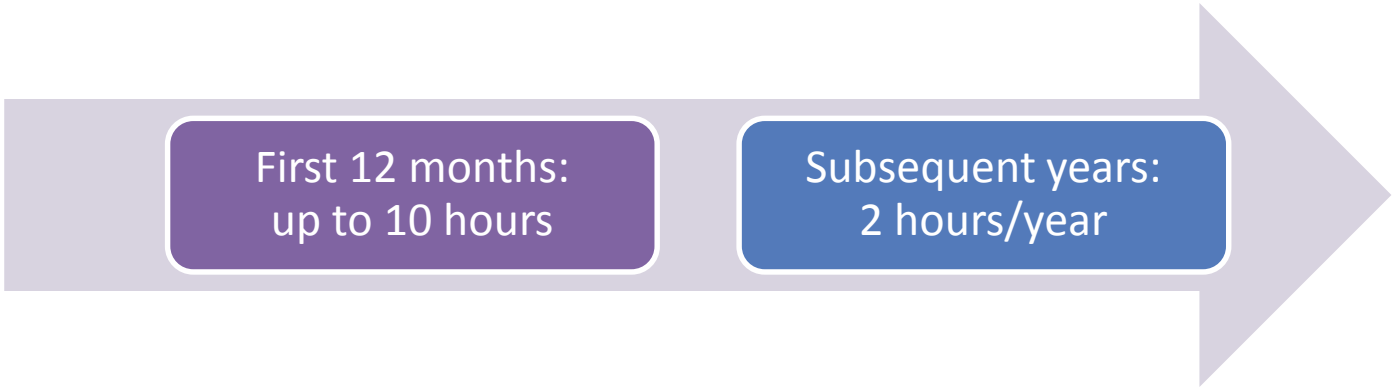
Goal: Educate and empower Medicare beneficiaries with diabetes to better manage and control their conditions, and reduce complications and hospitalizations → reduce financial and human cost

Requirements:

- DSMT accreditation from AADE or ADA ($1100)

- Bill incident to a recognized provider

DSMT



G0108: individual, per 30 minutes

- $62.82
- Only 1 hour during first 12 months unless no group session available within 2 months of date

G0109: group session (2 or more patients), per 30 minutes

- $17.29/beneficiary

Diabetes DSMT Accrediting Organizations. MLN Fact Sheet; August 2018

MTM Codes

Goal: Improve outcomes through patient education regarding overall disease state and medications used to manage them

- Pharmacists must obtain an NPI number to bill

Initial encounter (15 mins): 99605

Follow-up (15 mins): 99606

Each additional 15-min increments: 99607

https://www.pharmacychoice.com/article/MTM-Tips-to-Getting-Started.cfm

Sources for MTM payments

- Medicare Part D sponsors (these are usually health insurance companies)
- Third–party MTM vendors (e.g., Mirixa®, OutcomesMTM®)
- Employer–based health plans
- Healthcare organizations looking to reduce errors and readmissions
- Accountable care organizations
- Patient–centered medical homes
- State–sponsored MTM programs (in certain states)
- Patients, if they elect to pay directly for these services

https://www.pharmacychoice.com/article/MTM-Tips-to-Getting-Started.cfm

Medicare Physician Fee Schedule

Look-up tool:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/

How to use booklet:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How_to_MPFS_Booklet_ICN901344.pdf

Current Procedural Terminology (CPT)

Codes developed by the AMA to describe any medical service or procedure a healthcare provider may provide to a patient

- Method of communication for services provided between health care professionals and insurance payer
- Insurance payers track health data and measure performance and efficiency

↳ Dollar amount assigned by each payer

Relevant CPT Codes

Influenza Immunization

- G8482 Influenza immunization administered or previously received
- G8483 Influenza immunization was not administered for documented reasons

Pneumococcal Vaccination Status for Older Adults

- G0009, 4040F Pneumococcal vaccine administered or previously received

Medication Reconciliation Post Discharge

- 1111F Med rec within 30 days of discharge from inpatient facility

Relevant CPT Codes

Tobacco Use

Minimal Counseling (<3 minutes) **CPT, CDT or G Code**	Counseling may be conducted and documented with the use of E/M codes: **99201-99205** (new patients) **99211-99215** (established patients) Increased level of service may be applied.		*Payer guidelines apply*	*Payer guidelines apply*
Intermediate Counseling (3-10 minutes) **CPT, CDT or G Code** (Estimated reimbursement range)	Individual session **99406** ($10) Individual counseling session† **D1320** *(dentists only)* ($10)	Individual session [Asymptomatic] **G0436** ($16.33) Individual session [Symptomatic] **99406**§ ($15.37-$17.95)	Individual session **99406** **96152** **96153** *Payer guidelines apply*	Individual session **99406** ($12-$29)
Intensive Counseling (11+ minutes) **CPT, CDT or G Code** (Estimated reimbursement range)	Individual or group session **99407** (use HQ modifier to indicate group session) ($19) Individual counseling session† **D1320** *(dentists only)* ($19)	Individual session [Asymptomatic] **G0437** ($29.78) Individual session [Symptomatic] **99407**§ ($29.96)	Group session **99407** *Payer guidelines apply*	Individual session **99407** ($15-$32)

https://www1.nyc.gov/assets/doh/downloads/pdf/smoke/smoke-billing-codes.pdf

Relevant CPT Codes

Diabetes

- Diabetes: Hemoglobin A1c (HbA1c)
  - 3044F HbA1c <7%
  - 3045F HbA1c 7-9%
  - 3046F HbA1c >9%
- Diabetes: Medical Attention for Nephropathy
  - 3060F (+) microalbuminuria
  - 3061F (-) microalbuminuria
  - 3062F (+) macroalbuminuria
  - 3066F (-) macroalbuminuria
  - G8506 Patient receiving ACE-I or ARB therapy

Relevant CPT Codes

Hypertension

- Systolic
  - 3074F, G8752 <130 mmHg
  - 3075F, G8752 130 to 139 mmHg
  - 3077F, G8753 ≥140 mmHg
- Diastolic
  - 3078F, G8754 <80 mmHg
  - 3079F, G8754 80 to 89 mmHg
  - 3080F, G8755 ≥90 mmHg

65 years +

- 1159F, 1160F annual medication reconciliation

Patient Cases

Patient Case: PD

Patient Information	
HPI	PD is a 59 year-old female presents to Anticoagulation clinic for warfarin therapeutic drug monitoring
PMH	Afib, DM2, HTN, and CHF
SH	(-) EtOH, (-) tobacco: quit 15 years ago
FH	DM2 and Afib
Vitals	129/78 mmHg HR 78

Warfarin Information				
Current dose	Warfarin 5 mg po QHS			
POC INR history (goal 2-3)	**Date**	**INR**	**Dose**	
	1/8	2.1	5 mg	
	2/8	2.1	5 mg	
	3/14	2.4	5 mg	

Patient Case: PD

POC INR today = 2.6

Service and CPT	Billing Code
Anticoagulant monitoring for a patient taking warfarin	93793
POC prothrombin time tested in clinic	85610

Patient Case: PK

Patient Information	
HPI	PK is a 49-year-old AA woman referred to pharmacotherapy clinic by her PCP for medications management 2 weeks after being discharged from the hospital
PMH	HTN, DM2
SH	(-) EtOH, (+) tobacco: for 35 years
FH	Non contributory
Vitals	158/105 mmHg HR 78 (last week: 149/92 mmHg, HR 85)
Pertinent labs	HbA1C: 7.4%, Scr: 1.1 mg/dl, Microalb/creat ratio: 465 mg/dl
Home Medications	Metformin 500 mg po BID Lisinopril 10 mg po daily Atorvastatin 20 mg po daily

Patient Case: PK

Service and CPT	Billing Codes
Facility	99212
Screened and identified as tobacco user. Smoking and tobacco cessation counseling >10 minutes	G9902, G9906, 4004F, and 99407
Medication reconciliation 30 days following hospital admission	1111F
HbA1c between 7 to 9%	3045F
(+) Macroalbuminuria	3062F
Patient on ACE-I or ARB therapy	G8506
Systolic BP ≥140 mmHg	3077F, G8753
Diastolic BP ≥90 mmHg	3080F, G8755

Patient Case: DH

Patient information	
HPI	DH is a 71 year old female who presents to Annual Wellness Visit clinic for her initial AWV
PMH	HTN, HLD, asthma
SH	(-) Tobacco; (-) EtOH; (-) Illicit drugs
FH	Non contributory
Vitals	BP 127/76 mmHg, P 78 bpm

Patient Case: DH

Service & CPT	Billing Codes
Initial Annual Wellness Visit	G0438
Colonoscopy (4 years ago – negative)	G0121, 3017F
Influenza (November 2018)	G8482
PCV 13 and PPSV 23 (up-to-date)	G0009, 4040F
Tobacco (non-user)	G9903, 1036F
Mammography (up-to-date)	G0204, G9899
Advance Care Planning (updated during clinic visit)	1123F
Functional Status Assessment ✓	1170F
Medication Reviewed by Pharmacist ✓	1159F, 1160F
Hypertension (SBP <130 mmHg) (DBP <80 mmHg)	3074F, G8752 3080F, G8755

Beware MediCaid Fraud!

- You can NOT bill patients for services and offer the same services *pro bono* or at a reduced rate for other patients
- Self-pay fees may be charged on a sliding scale or flat rate, but if a service is offered for free, it must be free for all

Conclusion

- Pharmacists must be credentialed in NYS to participate in CDTM
- CDTM allows pharmacists to optimize drug therapy management
- CMS identifies pharmacists as auxiliary personnel to bill “incident-to”
- Include all applicable codes when billing for a visit

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