

Committee: New York City Chapter of Health-system Pharmacists

Topic: Structuring CDTM Payments

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Whereas, Pharmacists are not currently recognized as a provider under Medicare and, therefore, cannot bill Medicare directly for services under the Plan B benefit, and,

Whereas, Billing for CDTM services be expanded to include non-academic community pharmacy, long term care facilities, and,

Whereas, Pharmacists who currently practice CDTM in an ambulatory care institutional setting may continue using incident to physician billing in the absence of provider status, and,

Whereas, Pharmacists who are not directly employed by the medical group or work in an individual practice setting in ambulatory settings would need to establish provider status with payors and directly bill under the medical reimbursement system, and,

Whereas, CDTM adds practice liability to the practitioners within the agreement if any of the practitioners are found to be negligent, and,

Whereas CDTM enhances medication therapy outcomes through optimization of drug therapy regimen to reduce cost of care, and,

Whereas, CDTM allows pharmacists to move from a product-oriented service to a patient-focused practitioner using their unique knowledge to improve clinical outcomes, and,

Whereas, Pharmacists in CDTM contributes to reduce visits for chronic disease patients to help free more time for the physician patient interaction, therefore, be it

Resolved That:

The New York State Council of Health-system Pharmacists supports the expansion of billing for CDTM services in New York State by instituting a payment structure guided by the level of cognitive services provided. Reimbursements will be supported by institutional incident to physician billing of third party payers, Medicare and New York State Medicaid in the absence of provider status.

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