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Medical Billing: Uncovering Blind Spots and Adding Revenue

NCPA 2018 Annual Convention

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Avant Institute of Clinicians**

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Disclosure

Amina Abubakar is the pharmacist owner for Rx Clinic Pharmacy and Olivia Bentley serves as the Director of Collaborative Care Services.

They are the Co-founders and Experiential Implementation Specialists for the Avant Institute of Clinicians and serve as pharmacy consultants for Avant Consulting. Any potential conflict of interest was resolved by peer review of the content.

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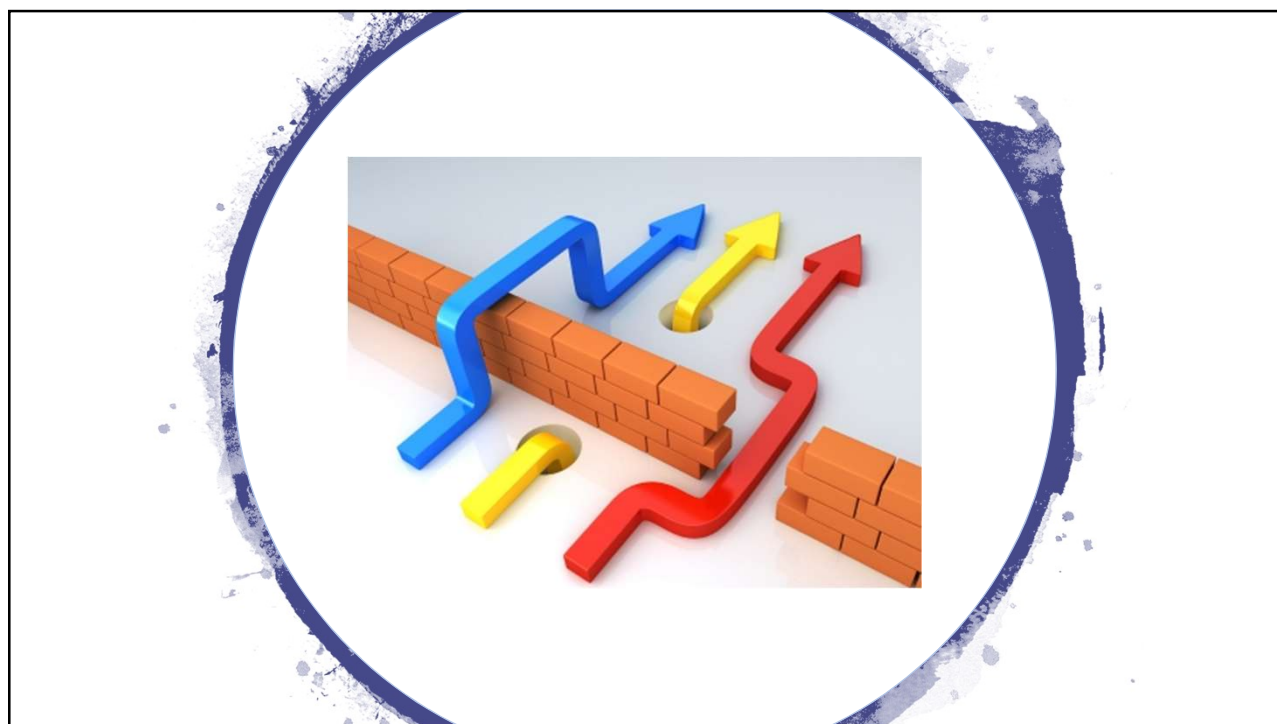


Learning Objectives

1. Summarize opportunities to capitalize on routine patient care services by establishing successful financial relationships with providers.
2. Describe approaches for implementing billable services in your pharmacy.
3. Discuss strategies for collaborating with medical provider staff to optimize medical claim acceptance and reimbursement.

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Working with Prescribers: *Things are never what they seem*



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Working with Prescribers: *The Reality*



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Billing Through Provider Collaboration



- Annual Wellness Visits (AWV)
- Preventative Care Services
- AWV Add-on Services
- Chronic Care Management (CCM)
- Transitions of Care Management (TCM)
- Intensive Behavioral Therapy (IBT) for Obesity
- Remote Patient Monitoring (RPM)
- Behavioral Health Integration (BHI)
- Continuous Glucose Monitoring (CGM)
- Educational Services for CKD
- Incident-to Evaluation & Management (E/M)

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Don't Leave it to Interpretation: Medical and Billing Terminology

CPT – Current Procedural Terminology, medical code used to report a procedure or service

HCPCS – Healthcare Common Procedure Coding System

Modifier – 2-digit code to further describe a service or procedure

ICD-10 – International Classification of Disease, Tenth Edition (The Diagnosis Code)

EOB – Explanation of Benefits

Copay – amount that is the patient's responsibility after insurance has paid

Deductible – amount that must be met by patient before coverage can begin

Coinurance – amount that sent to the patient's secondary insurance to be paid

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Types of Practitioner Supervision

- **Direct Supervision** - physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. Does NOT mean the physician must be present in the room.
- **General Supervision** - procedure is furnished under the physician's overall direction and control, but the physician's presence is not required

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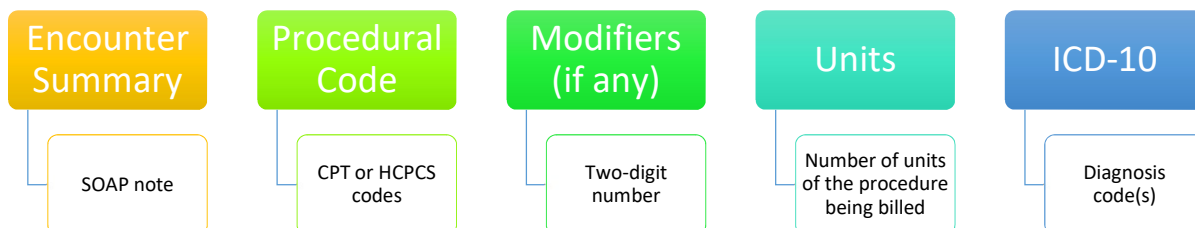
Without Provider Status, what is the Pharmacist in the Medical Billing World?

- Clinical Staff
 - CPT Definition
 - Licensed practitioner who can assist in the delivery of services, in this case CCM, under the general supervision by a QHP
- Auxiliary Personnel
 - CMS Definition
 - Any individual who is acting under the supervision of a physician (or other practitioner), regardless of whether the individual is an employee, leased employee, or independent contractor of the physician (or other practitioner) or of the legal entity that employs or contracts the physician.

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Components of Billing a Claim



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Sample Billing and Coding Screen

athenaNet Calendar Patients Claims Financials Reports Quality Support 4256 mwright90 Log out

Shirley TEST **INACTIVE**
67yo F 03-02-1951 #4256

03-10-2018 | Medicare Annual ... | Bentley Olivia, PHARM D

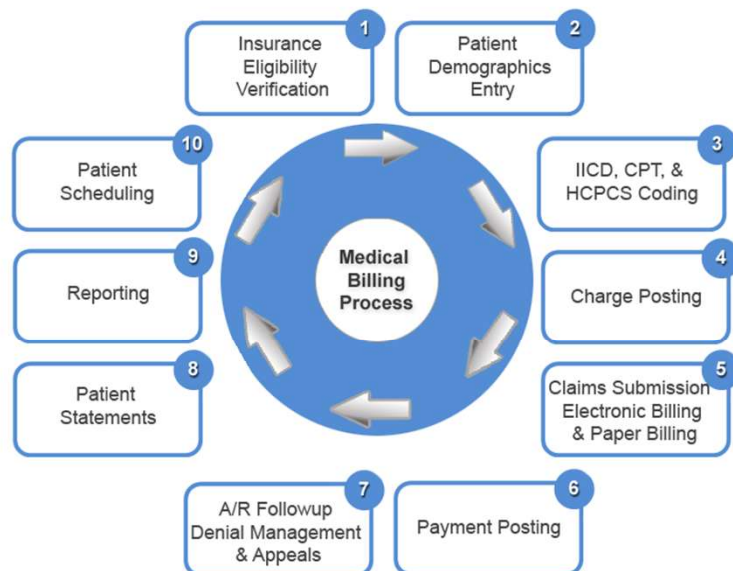
Done

Billing Save & Mark Reviewed Save

Services Apply all ICD-10 codes to all services. Print

Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	ICD-10 Codes	Bill?
G0439	PPPS, SUBSEQ VISIT			Z0001	<input checked="" type="checkbox"/>
G0442	ANNUAL ALCOHOL MISUE SCREENING 15 MINS, Distinct Procedural Service	59		Z0001	<input checked="" type="checkbox"/>
99497	ADVANCE CARE PLANNING, ADVANCE CARE PLANNING	33		Z0001	<input checked="" type="checkbox"/>
99406	TOBACCO USE CESSATION COUNSELING 3-10 MIN, Distinct Procedural Service	59		F17200	<input checked="" type="checkbox"/>
G0506	INITIATION OF CCM			E1140	<input checked="" type="checkbox"/>
				F17200	<input checked="" type="checkbox"/>
				E785	<input checked="" type="checkbox"/>

⚠ Undocumented Diagnosis (E1140)



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Overview of Collaborative Services Pharmacist Performed and Physician Billed

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Preventative Wellness Services

Service	CPT/HCPCS Code	ICD-10	Reimbursement
Initial Preventive Physical Exam (IPPE)	G0402	Z00.00, Z00.01	\$153-\$173
Initial Annual Wellness Visit (AWV)	G0438	Z00.00, Z00.01	\$158-\$182
Subsequent Annual Wellness Visit (AWV)	G0439	Z00.00, Z00.01	\$106-\$123

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Add-on AWV Services

Service	CPT/HCPCS Code	ICD-10	Reimbursement
Initiation of CCM (initial care plan)	G0506	Variable	\$58-\$66
Tobacco use cessation counseling (Intermediate)	99406	F17.2(1,2,9)	\$12-\$15
Tobacco use cessation counseling (Intensive)	99407		\$25-\$29
Alcohol Misuse Screening	G0442	Z00.01, Z13.89	\$12-\$15
Behavioral Counseling for Alcohol Misuse	G0443	Z71.89, F10.19	\$25-\$27
Behavioral Counseling for STI Prevention	G0445	Z11.3, Z72.51, Z72.52, Z72.53	\$24-\$28
IBT for Cardiovascular Disease	G0446	Variable	\$24-\$28
Advance Care Planning	99487	Z00.01	\$71-\$87

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Some MA plans like UHC only allow add-on codes for subsequent AWVs



Add-on AWV Services

Service	CPT/HCPCS Code	ICD-10	Reimbursement
Depression Screening	G0444	Z00.02	\$16-\$19
Diabetic Foot Exam Follow Up	G0246	E11.40, E10.40 with R20.9	\$35-\$40
Cognitive Testing (CogniSense)	96103, 96120	Z00.01	\$25-\$29
Cognitive Impairment Care Planning	99483	Many	\$230-\$250
Prolonged services and wellness visits	G0513 G0514	Z00.01	\$64-\$69

Some MA plans like UHC only allow add-on codes for subsequent AWVs

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Chronic Care Management

Service	CPT/HCPCS Code	ICD-10	Reimbursement
Initiation of CCM (Initial Care Plan)	G0506	Disease state specific but must include 2 or more chronic ICD-10s	\$58-\$66
Non-complex CCM (20 mins)	99490 G0511 (FQHC/RHC)		\$38-\$48 \$62.28
Complex CCM (60 mins)	99487		\$84-\$97
Additional Complex CCM (+30 mins)	99489		\$42-\$48

****Document on all chronic disease states with the care plan but prioritize during coding and claim submission****

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Other Non-face-to-face Services

Service	CPT/HCPCS Code	ICD-10	Reimbursement
Transitions of Care Management (TCM) High complexity	99496	Disease state specific	\$212-\$244
Transitions of Care Management (TCM) Moderate	99495		\$150-\$172
Remote Patient Monitoring (RPM)	99091	Disease state specific	\$58-\$60
Behavioral Health Integration (BHI)	99484	Behavioral health or psy	\$32-\$48
Psychiatric Collaborative Care Model (CoCM)	99492, 99493, 99494	Behavioral health or psy	\$161, \$128, \$66

****G0511 used for general care management (CCM, General BHI) in FQHC/RHC****

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Miscellaneous Services

Service	CPT/HCPCS Code	ICD-10	Reimbursement
IBT for Obesity	G0447 G0473	Z68.30 (30-30.9), up to Z68.45 (>70)	\$24-\$27
Educational Services for CKD	G0420 G0421	585.4 (CKD, Stage IV)	\$101-\$116
Evaluation & Management (Incident-to), OV of established patient	99212-99215	Patient specific	Variable \$55-\$77

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Learning Points: Medicare Advantage Plans

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Learning Points:
**Guidelines may say one thing but
insurance companies cover another**

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Learning Points:
Managing ICD-10 codes and Modifiers

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Learning Points: Billing multiple services on the same day

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Our Panelists:

**Zach Forsyth, PharmD of Hurricane
Family Pharmacy in Hurricane, UT**

**Steve Moore, PharmD of Condo
Pharmacy in Plattsburgh, NY**

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Questions?

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