Colorado Pharmacist Services Billing Guide

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Pharmacist services billing guide **for Colorado**

This guide will help you understand the pharmacist care services reimbursement opportunities in Colorado and how to get involved in billing for providing patient care services through independent authority and collaborative practice. While this guide is intended to be as complete as possible, it is not exhaustive, and pharmacists are encouraged to seek out additional sources of information due to the rapidly evolving landscape of provider billing.

What to expect in this guide:

- ✓ Identifying eligible patients
- ✓ Services eligible for reimbursement
- ✓ Instructions on payer program enrollment
- ✓ Tips and tricks on required documentation
- ✓ Billing instructions

Colorado has close to 7,000 active pharmacists and more than 1,900 pharmacies. There are 65,000 community pharmacies in the United States; in many cases these are the only destinations to seek vital healthcare services. Studies show that most Americans live within 5 miles of a pharmacy. Pharmacists have stepped up to the plate to meet their communities' public health needs for decades, and communities experienced an acceleration of pharmacists' contributions throughout the COVID-19 pandemic.

As practice models and access to care needs are changing rapidly, there is no better time for pharmacies to build off of this public trust and momentum in order to expand their clinical services offerings.

In Colorado, allowable expanded service opportunities, collaborative practice, and independent prescriptive authority are detailed in law and regulation. All pharmacists should consult both the **Pharmacy Practice Act and Laws and the Rules and Regulations** outlined by the Colorado State Board of Pharmacy to ensure all practice activities reside within the current Colorado scope of pharmacy practice.

In 2021, opportunities for Colorado pharmacist reimbursement were realized with the passage of laws (**SB 16-135, HB 18-1112** and **HB 21-1275**) led by Colorado Pharmacists Society. The passage of these laws is what is collectively called "Provider Status" and they require both commercial payers and Colorado Medicaid to reimburse Colorado pharmacists for delivery of non-dispensing, medical/clinical services (with some restrictions). Although only a small portion of pharmacists currently participate in these payment opportunities, the range of services covered and eligible population is vast.

Unlike reimbursement for medications, reimbursement for advanced/ clinical services is directed through patients' medical benefit, meaning that pharmacists must be enrolled separately from their current pharmacy contracts with PBMs and other payers to be eligible for payment.

This guide will help you understand the pharmacy clinical service reimbursement opportunities in Colorado and how to get involved in billing for providing patient care services through independent authority and collaborative practice. CPS has a continued commitment advocating for provider status and sustainable reimbursement for pharmacist services in Colorado. For more information and additional resources, please visit **www.copharm.org**.
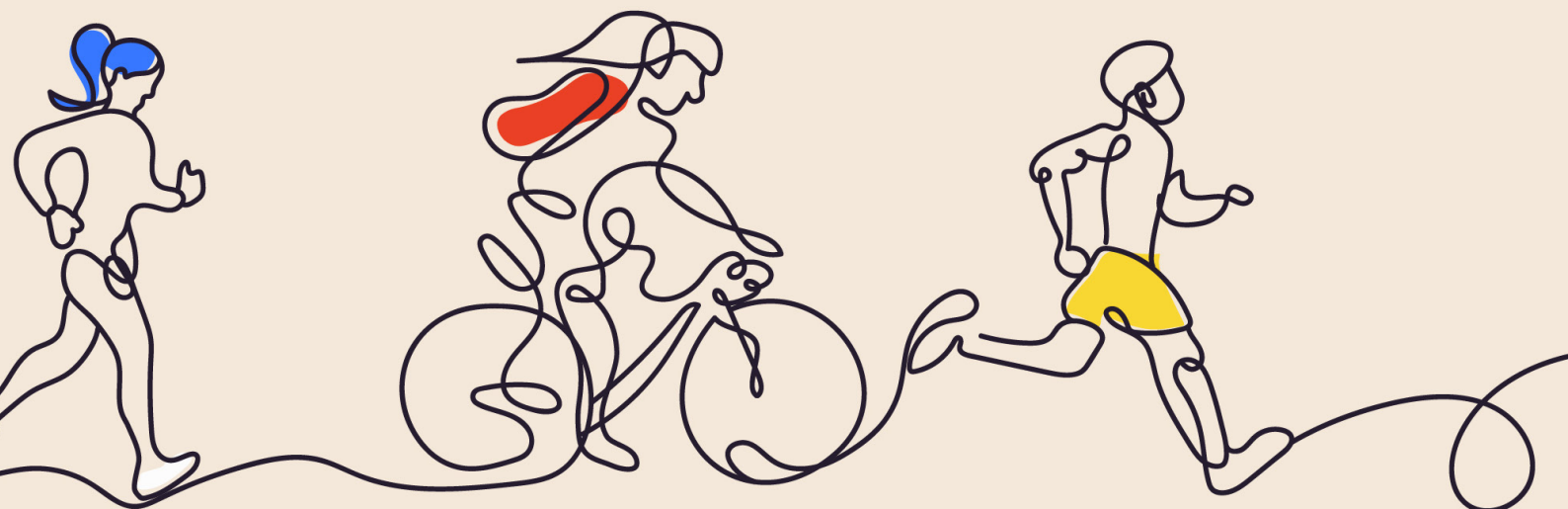
Which of my patients are eligible?

A crucial first analysis of getting paid for service includes understanding your patient population. This manual attempts to aid your billing opportunities with most payers.

Major payers include:

- ☑ Medicare
- ☑ Medicaid
- ☑ Commercial/Private Insurers
- ☑ Cash Pay (not covered in this manual but a viable revenue model to offer)

For what services
can I bill?

| 👥 | **Medicaid** |

According to Colorado **HB 21-1275**, a pharmacist must be paid for any service that is:

- ✓ Within scope of practice and part of collaborative practice agreement (CPA) (includes statewide protocols (SWP))
- ✓ Medically necessary

Refer to web resource page for details:
https://hcpf.colorado.gov/pharm-serv#CovServ

- ✓ CLIA Certified Waived tests
- ✓ Prescribing OTCs
- ✓ Pharmacist Administered Immunizations
- ✓ Injections
- ✓ Prescription of antiviral medications
- ✓ COVID-19 Diagnostic Testing
- ✓ Collaborative Pharmacy Practice
- ✓ Comprehensive Medication Management (CMM)
- ✓ Procedure code list (extensive)
- ✓ DSMES

As always, documentation must support the level and type of service being submitted for payment. Documentation should be readily retrievable, as audits by payers will be expected.

Medicare

At this point in time, pharmacists are not considered medical providers under Part B of the Social Security Act (i.e. no Medicare "Provider Status"). Efforts to change this are underway on a national advocacy level, and pharmacists are encouraged to actively support these efforts.

Currently, other revenue-generating services include (but are outside the scope of this billing manual):

- ✓ "Incident-to" Billing
- ✓ DSMES
- ✓ Medicare Annual Wellness Visits
- ✓ Medication Therapy Management under Part D programs

As always, documentation must support the level and type of service being submitted for payment. Documentation should be readily retrievable, as audits by payers will be expected.

Other helpful Medicaid Provider Resources

- ✓ **Provider Resources**
- ✓ **Co-pay information for Providers**
- ✓ **General Provider Information Manual**
- ✓ **Provider Rates and Fee Schedule**

Commercial

According to Colorado **SB 16-135**, **HB 18-1112**, pharmacists must be paid for "any healthcare services" if reimbursed to a physician or advanced practice nurse and the pharmacist is in the insurer's network. Additionally, the law only guarantees payment if the services are in a **Health Professional Shortage Area (HPSA)**, but does not prohibit payment in other areas.

For commercial payers, there is no outlined process for what specific services, or billing codes, may be attempted. Pharmacists are encouraged to perform work under the allowed scope of practice in Colorado and submit the appropriate billing codes for that service. As always, documentation must support the level and type of service being submitted for payment. Documentation should be readily retrievable, as audits by payers will be expected. Pharmacists are encouraged to pursue payment for any health care services under Colorado pharmacists' scope of practice as negotiated contractually with a payer.
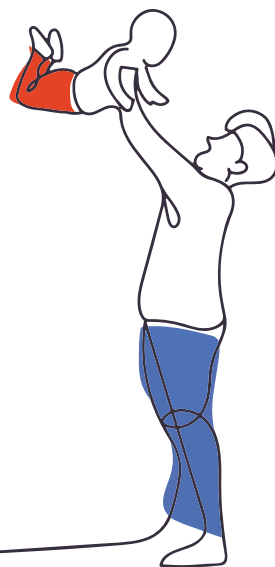
How can I start?

Step 1:
Validate that you have active Pharmacist status (DORA license) in the state of Colorado

Step 2:
Obtain or validate active malpractice insurance coverage

Step 3:
Apply for a provider National Provider Identifier (NPI)

Step 4:
Identify a process to ensure capability to generate and submit claims to the patients' medical benefit

Medicaid:

Step 5:
Enroll as a Colorado Medicaid Provider

Commercial/Private:

Step 6:
Complete **CAQH** Proview Profile (Commercial)

How can I start?

All reimbursement payers:

Step 1:

Validate that you have active Pharmacist status (DORA license) in the state of Colorado

License status can be verified here: **DORA License Verification**

Step 2:

Obtain or validate active malpractice insurance coverage

To be eligible to participate in collaborative practice agreements, statewide protocols (SWP) and bill for services, pharmacists in the state of Colorado are required to carry adequate professional liability insurance in coverage of at least $1,000,000 per incident and at least $3,000,000 in aggregate **(Colorado Rule 17.00.30)**. Colorado Pharmacists Society recommends that all practicing pharmacists maintain their own policy of personal professional liability insurance in addition to any professional liability coverage provided by an employer. CPS recommends partnering with **Pharmacist Mutual** for your professional liability insurance.

How can I start?

All reimbursement payers:

Step 3:
Apply for a provider National Provider Identifier (NPI)

As mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, an NPI is required for all health care providers and organizations. Both a pharmacist and facility NPI are required to submit medical claims. The application for an NPI may be submitted electronically on the National Plan and Provider Enumeration System (NPPES) website. Once a provider is assigned an NPI, the provider must update information within 30 days of any changes. In addition, there is no cost to the provider to obtain an NPI.

Type 1 NPI numbers designate individual healthcare providers, whereas type 2 NPI numbers designate organizations (health care providers who are organizations, including physician groups, hospitals, and nursing homes). Pharmacists should enroll as Type 1 to get the correct NPI. While all NPIs have a taxonomy code, a general taxonomy code for pharmacists is: 183500000X. If you are enrolling as a pharmacist, it should select the correct taxonomy code, but there may be additional taxonomy codes for pharmacists that practice in different settings. For pharmacists in specialized practice areas, see associated taxonomy codes: **Taxonomy (nucc.org)** and scroll under "Pharmacy Service Providers"

Pharmacists should also know their affiliated billing entity's Type 2 NPI and their tax identifier number or employer identifier number (TIN or EIN), which is the practice site or pharmacy that will be the "billing provider." Pharmacists are "rendering providers," not "billing providers." At this time, pharmacists cannot be billing providers and bill independently (i.e. their own LLC or business) without a billing entity (a pharmacy or clinic/healthcare medical setting).

NPI application tips/tricks:

Applying Online

TYPE I - Individual Provider Identifier

To apply: **NPPES (hhs.gov)**

For more information: **National Provider Identifier Standard (NPI) | CMS** and **NPPES FAQs — NPPES Documentation (hhs.gov)**

To complete the online NPI application, you must first obtain an Identity & Access (I&A) User ID. You may obtain this User ID by accessing **https://nppes. cms.hhs.gov** and completing steps 1-4 below:

- ✓ Select the Create a Login link on the Individual Provider side of the NPPES home page
- ✓ Note: You will be redirected to the I&A website
- ✓ Follow the steps to complete your I&A Registration
- ✓ Once you have successfully obtained an I&A User ID, you may return to the NPPES Home page and log into the NPPES website with your newly created I&A User ID

Select the Submit a New NPI Application to begin the NPI application process. More information: **NPI: What You Need to Know (cms.gov)**

How can I start?

All reimbursement payers:

Step 4:
Identify a process to ensure capability to generate and submit claims to the patients' medical benefit.

To successfully provide and bill services, a pharmacy/pharmacist's processes & procedures must include robust patient record management and thorough clinical documentation. Non-dispensing pharmacy services must also have a method by which claims get submitted through the medical benefit pathway rather than the pharmacy benefit pathway. These processes can be optimized and incorporated into workflow through software and automation depending on payer. Various vendor partners exist within the patient management, workflow optimization, and medical billing ecosystem. Additional tooling such as scheduling, HIPAA-compliant messaging, and interfacing with pharmacy dispensing systems are also available through software systems and can reduce barriers while promoting positive patient interactions. Pharmacies may use separate solutions to obtain these tools or more robust solutions that combine many of these features. CPS highly supports a model of medical billing using similar processes and codes as all other reimbursable healthcare providers. CPS highly supports a model of medical billing using similar processes and codes as all other reimbursable healthcare providers.

How can I start?

Medicaid:

Step 5:
Enroll as a Colorado Medicaid Provider

To be a Colorado Medicaid provider, you must register. A step-by-step guide on the registration process can be found at **Pharmacist Services Billing Manual | Colorado Department of Health Care Policy & Financing.** This is a very comprehensive website and has everything pharmacists should need to work through the process of billing Medicaid for covered services.

Enrollment as an individual pharmacist is separate and distinct from enrolling as a pharmacy, clinic, or hospital. If a pharmacy, clinic, or hospital is already enrolled with Colorado Medicaid, an individual pharmacist wishing to provide services must enroll separately. Enrollment as a pharmacist will be as a "rendering provider" and the "billing provider" must also be selected at the time of enrollment and can be either a pharmacy or clinic/health system.

Helpful Medicaid Billing Resources:

1. Provider Portal for Member Eligibility and Co-pays

https://hcpf.colorado.gov/verifying-eligibility-quickguidequickguide

✓ Step-by-step guide on using the provider portal to check eligibility and the co-pays that a specific member might encounter

✓ Provides in-depth about eligibility, co-pays, as well as third party liability

✓ Gives providers up to date information for the date of service. It is important to check this page every time providers meet with a member so that the patient understands their eligibility details, as well as if a copay will be generated

2. Submitting a professional claim fully online:

https://hcpf.colorado.gov/submit-prof-claim

✓ Step-by-step guide covering how to submit a claim electronically through the medicaid provider portal.

3. Provider Web Portal Quick Guides (Examples: Maintaining your medicaid provider information, claims support for various billing situations and many more)

https://hcpf.colorado.gov/interchange-resources

4. **Regional Provider Support**

Resource to submit provider support tickets for medicaid
https://hcpf.colorado.gov/regional-provider-support

5. **Provider Billing Training Classes** - Class: Professional Claims (CMS-1500)

https://hcpf.colorado.gov/provider-training

6. **Provider Help Contacts**

Resource phone numbers and contact for provider support
https://hcpf.colorado.gov/provider-help

7. **Current Medicaid Reimbursement Rates**

Provider fee schedule for Colorado Medicaid providers
https://hcpf.colorado.gov/provider-rates-fee-schedule

How can I start?

Commercial/Private:

In order to bill for services in commercial/private health plans, pharmacists will need to enroll, credential, and contract with each desired plan.

Step 6:
Complete **CAQH** Proview Profile (Commercial)

CAQH is a free, centralized credentialing tool that the majority of commercial/private plans utilize during the enrollment/contracting process to verify education, training, liability insurance, etc. We recommend pharmacists fully complete a CAQH Proview profile prior to requesting network participation with non-governmental payers.

Note: Pharmacists may need to provide the Taxpayer Identification Number (TIN) / Employer Identification Number (EIN) and/or the NPI of the clinic or pharmacy site where they will be providing services. Pharmacists are generally the rendering providers of care, not the billing providers of record.

How can I start?

Commercial/Private:

Depending on your practice site, some centralized billing departments will facilitate this process for pharmacists in their organizations. Similarly, some software vendor partner companies may assist with this process for you. Alternatively, you can begin the process of individual enrollment through each payers enrollment portal. Examples are below.

- ✅ Aetna
- ✅ Anthem Blue Cross Blue Shield
- ✅ Cigna
- ✅ CO Access
- ✅ Denver Health
- ✅ Kaiser Permanente
- ✅ Rocky Mountain Health Plans
- ✅ United Healthcare

Although **HB 18-1112** mandates payment for healthcare services within a pharmacist's scope of practice in a Health Professional Shortage Areas (HPSAs), it does not require or mandate network inclusion and may therefore prove a challenging step of this process, thus impacting the likelihood and timeliness of network acceptance. It is still however recommended that providers begin submitting claims as an out-of-network provider as soon as contracts have been requested even if the services are outside HPSAs (there is nothing prohibiting payment in all areas of Colorado).

If pharmacists are denied enrollment into health plans, we request you share examples with the **Division of Insurance** and also with **Colorado Pharmacists Society.**

What do I need to document?

Strong clinical documentation is recommended to support the chosen billing codes and code levels. Audits by payers will be expected. Pharmacists can use external resources as needed to assist in ensuring appropriate level of documentation.

Best practices on documentation may include:

- Why patient was referred to you (specific disease state and goal of care)

- Referring/collaborating provider

- Location of patient & pharmacist (if doing telehealth)

- Time spent (usually easier than level of complexity)

- Level of complexity only if needed, and there needs to be an E&M "calculator" used to ensure this is calculated consistently across all patients

- Patient understanding the billing and potential copay for pharmacist services

For CPA/SWP services, pharmacists must also follow all documentation rules found in **Rule 17** in the Colorado Code of Regulations.

Cognitive Services:

For cognitive services, documentation must demonstrate medical necessity, meaning that there are no strict definitions providing guidance on required aspects of encounter documentation. It is recommended that depending on the type of care provided, that documentation support use of particular billing codes and levels.

How do I bill?

Billing Medicaid:

- For billing codes, refer to **https://hcpf.colorado.gov/pharm-serv**. (See section titled "Procedure Code List")

- For reimbursement rates, **see Fee Schedule**

Billing Commercial:

- Processes will be unique to each individual payer and contract for services rendered

- Approvable billing codes will be determined by individual contracts

The following criteria should be considered to best determine the appropriate codes:

- **Patient type:** new patient or established patient

- **Setting of service:** office or other outpatient setting will be the one you most likely use, but there are also options of hospital inpatient, nursing facility, or emergency department. This may also include telehealth or telephone visits and/or in-person visits

- **Visits can be billed based on one of the following criteria:**

  - **Level of complexity:** in which three key components are history, examination, and medical decision making

  - **Time spent:** Visits can be coded exclusively based on time spent (in which complexity is implied) when care consists of counseling and/or care coordination

Note: pharmacies must use a CMS-1500 form to manually code and submit for reimbursement or a certified technology platform capable of submitting medical claims in 837p format.

Other considerations

Hospital-based outpatient clinics typically bill two charges, a professional fee and a facility charge. If your practice is part of a hospital-based outpatient clinic, it is recommended you consult your billing department regarding requirements for billing and what charges your services may be eligible to bill.

Pharmacists cannot bill professional fees in a hospital-based clinic because they must follow CMS rules / conditions of participation (CoP) and are not Medicare eligible providers. This is regardless of whether the pharmacist is practicing under protocol or not.

CONTACT US

admin@copharm.org

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