

Medical Billing for Pharmacist Services: Breaking Down the Equation



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Disclosures and Conflict of Interest

Catherine Gilmore declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings and honoraria.

Disclosure of AI Use

Artificial Intelligence (AI) was utilized in the development of this educational content. ChatGPT 4o Plus was utilized for the *generation of works cited/references*.

Pharmacist Objectives

At the conclusion of this program, the pharmacist will be able to:

1. Describe the importance of medical billing for pharmacists
2. Define key terminology related to medical terminology
3. Explain the relationship between billing and pharmacist-provided services

Technician Objectives

At the conclusion of this program, the pharmacist will be able to:

1. Describe the importance of medical billing for pharmacists
2. Define key terminology related to medical terminology
3. Explain the relationship between billing and pharmacist-provided services

Which of the following statements is **true** about the value of billing for pharmacist services?

- A. Pharmacists should *only* bill under a supervising physician.
- B. Billing enables pharmacists to practice at the top of their education.
- C. Only hospital pharmacists can bill for services.
- D. Medical billing is only relevant for product-based reimbursement.

Pre-Test Question #1

What is the function of a CPT code in medical billing?

- A. Identifies the location where services are rendered.
- B. Describes services or procedures provided by a healthcare professional.
- C. Specifies drug ingredients used in compounding.
- D. Outlines the documentation details of a patient encounter.

Pre-Test Question #2

Which service allows pharmacists to coordinate care for patients with multiple chronic conditions?

- A. DSMT
- B. AWV
- C. MTM
- D. CCM

Pre-Test Question #3

Which of the following best describes the **difference** between a pharmacy claim and a medical claim?

- A. Pharmacy claims use ICD-10 codes while medical claims use NDCs.
- B. Medical claims are adjudicated by PBMs, while pharmacy claims are not.
- C. Medical claims are adjudicated live-time, while pharmacy claims are not.
- D. Pharmacy claims are related to a dispensed product, while medical claims are not.

Pre-Test Question #4

A BILL
 amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.
 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled
SECTION 1. SHORT TITLE. This Act may be cited as the "Pharmacist Areas Enhancement Act of 2024."
 SEC. 2. (a) COVERAGE.— (1) by striking "physician" in the first sentence of section 1861(a)(1) of the Social Security Act (42 U.S.C. 1395a(a)(1)) and inserting "physician or pharmacist"; (2) by adding—

WHY PHARMACISTS NEED PROVIDER STATUS



TEAMING UP FOR BETTER PATIENT CARE
 Pharmacist Provider Status

The Pharmacy Guild supports Walgreens CEO's comments on securing provider status for pharmacists, if matched with action on staffing

Apr 2, 2024

PHARMACISTS: HIGHLY QUALIFIED HEALTH CARE PROVIDERS

EDUCATION: 6+ YEARS
 Education focus is on pharmacotherapy, medication and disease management, clinical decision-making, patient education, and preventive care.
 All pharmacy school graduates earn a PharmD doctoral degree signifying the complexity and advanced training needed for patient care and medication use and management.



"Add a pharmacist to the team to see better outcomes. The addition of a pharmacist into a team-based care practice model can improve patient outcomes. As key partners in patient care, pharmacists take on a variety of roles, such as helping get a patient's diabetes or hypertension under control." —American Medical Association

Operations & Management

OCTOBER 17, 2024

Pharmacy Modernizes, but Where Is Provider Status?

Commentary | Article | October 7, 2020

Provider Status for Pharmacists: It's About Time

By Karen Blum

Author(s): Debbie Weitzman, President of Pharmaceutical Distribution, Cardinal Health

ACCESSIBLE An expected shortfall of 139,000 primary care providers and 48% of U.S. counties have fewer than one primary care provider for every 1,500 patients¹ — there are 15.1% more pharmacy locations within low-income communities than physician practices, and² pharmacy locations offer 95.7% more operating hours than physician practice sites.³

LICENSURE Required competency exams, state licensure, and continuing education to practice.

IMPACTING PUBLIC HEALTH 6 in 10 adults have a chronic disease⁴
 Pharmacist across the country
 Test and Treat:
 COVID-19 RSV
 Strep HIV
 Flu STIs

PHARMACISTS PRESCRIBE AND MANAGE CARE IN ALL 50 STATES⁵ FOR
 Immunizations
 Medications for opioid use disorder
 Chronic disease management, such as diabetes, hypertension, and anticoagulation
 Respiratory infections
 HIV PEP and PrEP
 Hormonal contraceptives

ESSENTIAL PART OF THE HEALTH CARE TEAM
 Nearly 80% of patients view pharmacists as an integral part of their health care team.⁶

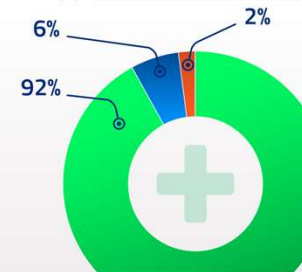
TRUSTED
 Pharmacists gave 50 - 70% of the COVID-19 vaccines during the pandemic.⁷ Patients visit their pharmacy twice as often as they visit their doctor.⁸

ACCESS this pdf at: <https://www.pharmacist.com/Advocacy/Pharmacists-are-healthcare-providers-Or-scan-the-QR-code>

APHA American Pharmacists Association

92% of pharmacists consider themselves healthcare providers

Yes Somewhat No



2-IN-3 COVID-19 VACCINES GIVEN IN A PHARMACY

PROVEN AGAIN DURING THE PANDEMIC
 READY TO SERVE IN THE FUTURE



Breaking Barriers to a Brighter Future

What is medical billing?

Importance of medical billing for pharmacists

Practice at the top of our education, not our license

Shows our value as healthcare providers

We need to get paid for cognitive services

Recognition for the work

Service expansion

Primary care provider shortage

Background terminology

Pharmacy benefit: pharmacy dispenses **product** to patient and charges the patient's **drug benefit** of their insurance

- PBM (pharmacy benefit manager): subcontractor of insurance plan to administer drug benefit portion

Medical benefit: provider delivers a **service** and charges the patient's **medical benefit** of their insurance

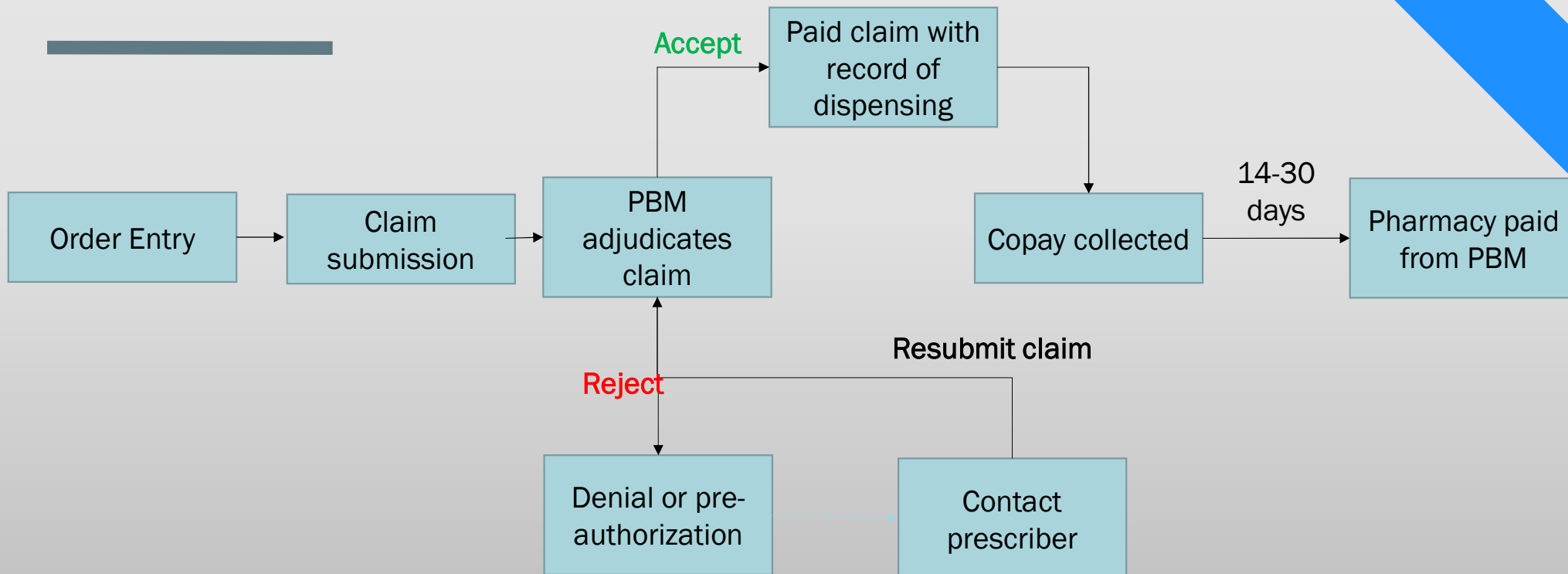
Billing: the process where a healthcare provider submits a **claim** to the insurance company to receive payment for **goods** or **services** provided to a patient

Vertical Business Relationships Within the U.S. Drug Channel, 2025

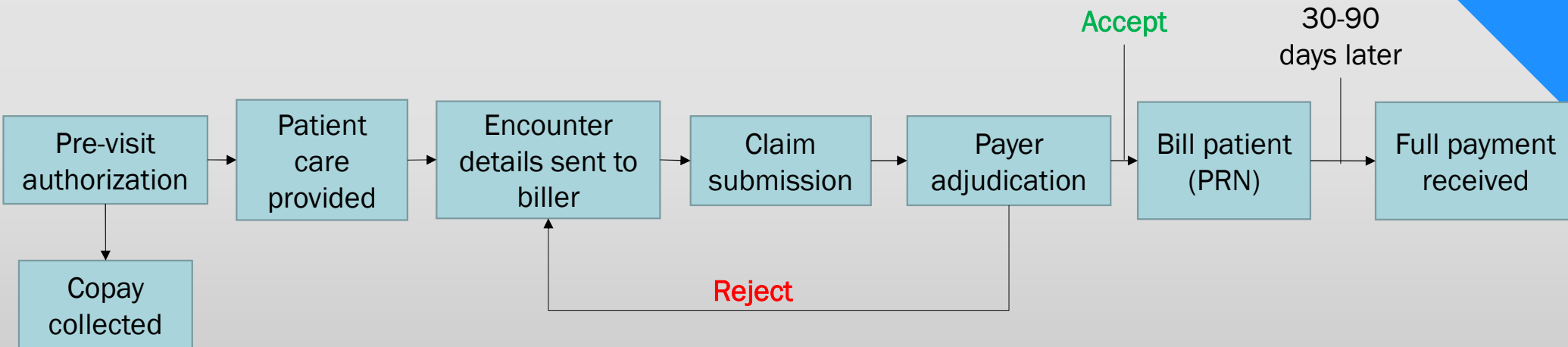
| |  BlueCross BlueShield |  THE CIGNA GROUP |  CENTENE Corporation |  CVS Health. | |  Humana. |  UNITEDHEALTH GROUP |
|--------------------------------|---|--|---|---|---|--|--|
| Insurer |  BlueCross BlueShield |  cigna healthcare |  Medicaid wellcare ambetter |  aetna |  Anthem Wellpoint |  Humana. |  United Healthcare |
| PBM |  Prime THERAPEUTICS ¹ |  Express Scripts By EVERNORTH |  CENTENE PHARMACY SERVICES ⁵ |  CVS caremark |  carelon ⁶ Rx |  Humana Pharmacy Solutions. |  Optum Rx [®] |
| GPO |  synergie medication collective ² |  Ascent Health Services | — |  zinc HEALTH SERVICES |  synergie medication collective ² | — |  EMISAR |
| Manufacturer | — |  Quallent Pharmaceuticals | — |  cordavis | — | — |  nuvaila |
| Wholesale distribution | — |  CuraScript SD By EVERNORTH | — | — | — | — |  Optum Frontier Therapies |
| Specialty/mail pharmacy |  Prime Therapeutics Pharmacy ³ |  Accredo By EVERNORTH Freedom Fertility By EVERNORTH |  AcariaHealth Specialty Pharmacy |  CVS specialty |  carelon ^{Rx} BioPlus Specialty Pharmacy A Carelon Company |  CenterWell Specialty Pharmacy |  Optum Specialty Pharmacy |
| Retail/LTC pharmacy | — | — | — |  CVS pharmacy Omnicare a CVS Health company | — | — |  genOa healthcare PHARMSCRIPT |
| Provider | — |  EVERNORTH Care Group MDLIVE VillageMD ⁴ |  Community Medical Group Magellan HEALTH |  CVS minute clinic signifyhealth Oak St. Health |  carelon Health carelon Behavioral Health |  CenterWell Senior Primary Care Home Health CONVIVA Senior Primary Care |  Optum |

Fein AJ. Mapping the vertical integration of insurers, PBMs, specialty pharmacies, and providers—April 2025. Drug Channels. Published April 30, 2025. <https://www.drugchannels.net/2025/04/mapping-vertical-integration-of.html>

Pharmacy billing cycle



Medical billing cycle



Compare and contrast

| | Pharmacy Benefit | Medical Benefit |
|---------------------------|------------------|---------------------|
| Who is paid? | Pharmacy | Individual provider |
| Who does the billing? | Pharmacy | Clinic/pharmacy |
| What is being paid for? | Product | Service |
| Time until claim approval | Live-time | Weeks to months |
| Provider credentialing? | No | Yes |

Medical claims form

Key components

- Patient billing information
- Date of current illness
- Provider information
- ICD-10 code
- HCPCS codes with modifiers
- Fill-in-the-blank charges
- Place of service

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE **MEDICAID** **TRICARE** **CHAMPVA** **GROUP HEALTH PLAN** **FECA (WORKING)** **OTHER**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **3. PATIENT'S BIRTH DATE** (MM/DD/YY) **SEX** M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **5. PATIENT'S RELATIONSHIP TO INSURED** Self Spouse Child Other

6. PATIENT'S ADDRESS (No. Street) **7. INSURED'S ADDRESS** (No., Street) **CITY** **STATE** **ZIP CODE** **TELEPHONE** (Include Area Code)

8. RESERVED FOR NUCC USE **9. OTHER INSURED'S NAME** (Last Name, First Name, Middle Initial) **10. IS PATIENT'S CONDITION RELATED TO:** a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT?

11. INSURANCE POLICY GROUP OR FECA NUMBER **12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** (I certify that the statements on the reverse apply to this claim and are made a part thereof.) **13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS (MM/DD/YY) **15. DATE OF CURRENT PREGNANCY** (MM/DD/YY) **16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION** (FROM MM/DD/YY TO MM/DD/YY) **17. NAME OF REFERRING PHYSICIAN** (Last Name, First Name, Middle Initial) **18. HOSPITAL/DATIL DATES RELATED TO CURRENT SERVICES** (FROM MM/DD/YY TO MM/DD/YY) **19. MEDICAL CLAIM INFORMATION** (Signature) **20. OUTSIDE LAB?** YES NO **\$ CHARGES**

21. ICD-10 CODE (Diagnosis or Nature of Illness) **22. RESUBMISSION CODE** **23. PRIOR AUTHORIZATION NUMBER**

| 24. A. DATE(S) OF SERVICE | B. PLACE OF SERVICE | C. ICD-10 CODE | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) | E. DIAGNOSIS | F. \$ CHARGES | G. DATES OF SERVICE | H. PLACE OF SERVICE | I. ICD-10 CODE | J. PROCEDURES, SERVICES, OR SUPPLIES | K. DIAGNOSIS | L. \$ CHARGES | M. PROVIDER'S SIGNATURE |
|---------------------------|---------------------|----------------|--|--------------|---------------|---------------------|---------------------|----------------|--------------------------------------|--------------|---------------|-------------------------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |

25. FEDERAL TAX I.D. NUMBER **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** YES NO **28. TOTAL CHARGE** **29. AMOUNT PAID** **30. REV# for NUCC Use**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials) **32. SERVICE FACILITY LOCATION INFORMATION** **33. BILLING PROVIDER INFO & PI#**

PLEASE PRINT OR TYPE **APPROVED OMB-0938-1197 FORM 1500 (02-12)**

Medical billing terminology

HCPCS

- Codes that describe the services, procedures, or supplies
- Multiple levels
- *J1306 (level 2 HCPCS code): administration of inclisiran (Leqvio)*

CPT

- Level 1 HCPCS codes that describe services or procedures provided by a healthcare professional
- Maintained by AMA
- Translate encounter note to billing system
- *99606: first 15 minutes of MTM service with established patient*

Medical billing terminology



Place of Service

- **Location** where the service was performed
- e.g., pharmacy, outpatient clinic

NPI

- Number used to identify **provider** responsible for providing service (National Provider Identifier)

ICD-10

- Diagnostic codes used to document **disease states**
- E11 = type 2 diabetes
- E11.630 = type 2 diabetes mellitus with periodontal disease

Medical billing terminology summary

**HCPCS/CPT
codes**

What was
done

**Place of
service**

Where it
happened

NPI

Who provided
service

ICD-10 code

Why service
was done

Medical billing formula

Service
Provided



Why it was
done



Who did it

Medical billing formula



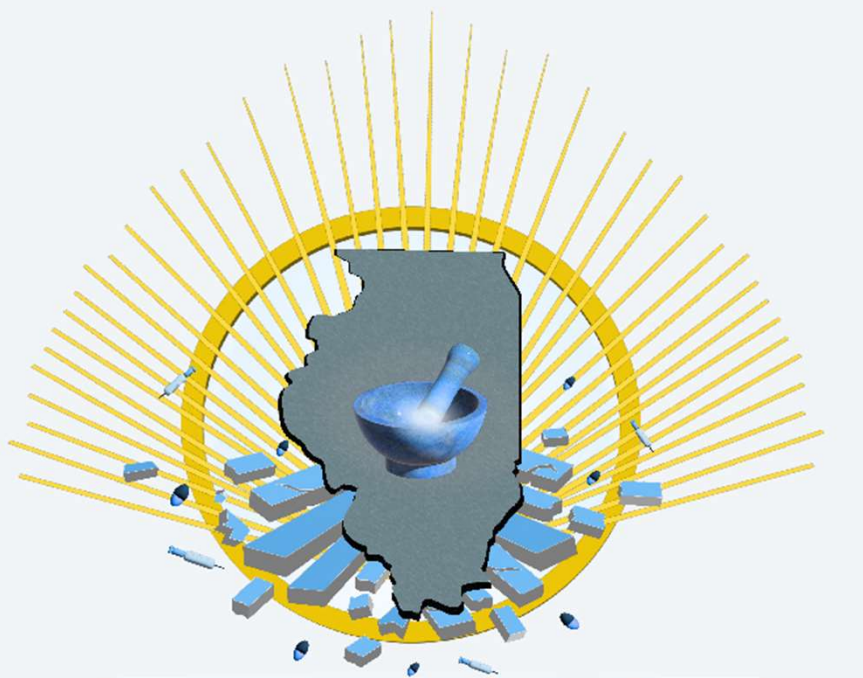
CPT/HCPCS
code



ICD-10
code



NPI



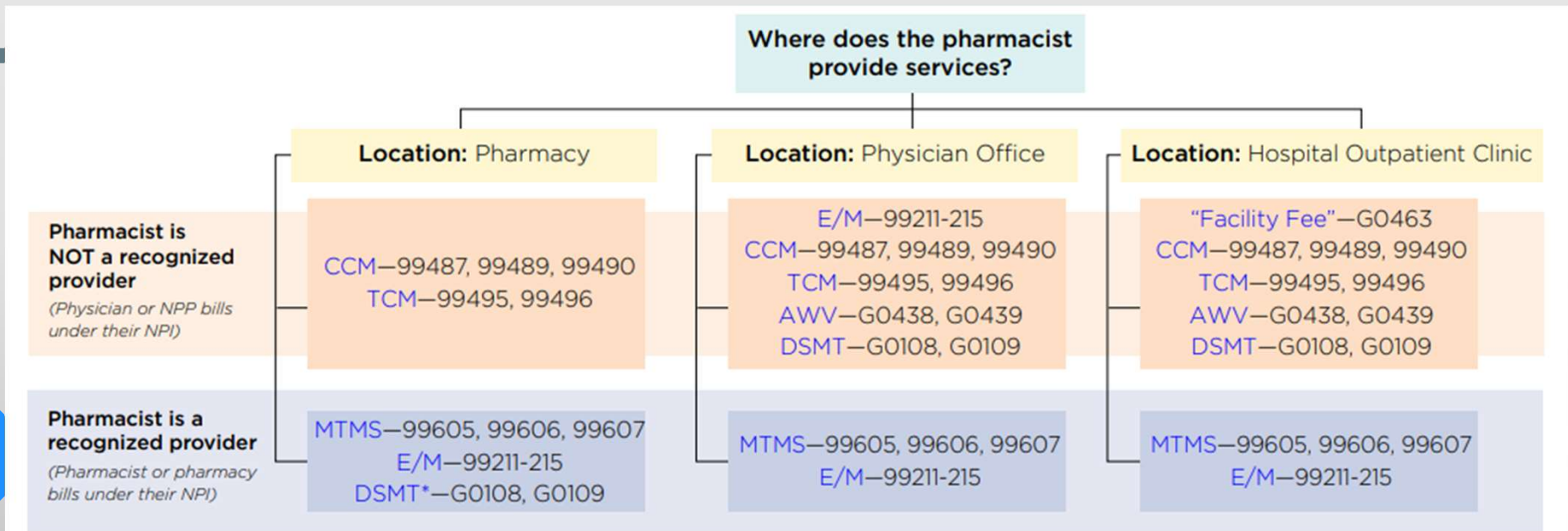
Breaking Barriers to a Brighter Future

What is billable?

Can pharmacists medical bill?

- Medicare: well, that depends...
 - Part D: can bill for Medication Therapy Management services
 - Part B: only under “**incident-to**” billing with direct or general supervision; usually in a **collaborative practice agreement**
- Medicaid: depends on the state
- Commercial: usually reflect what Medicare allows
 - Can become **credentialed** with individual plans

What can I do as a pharmacist?

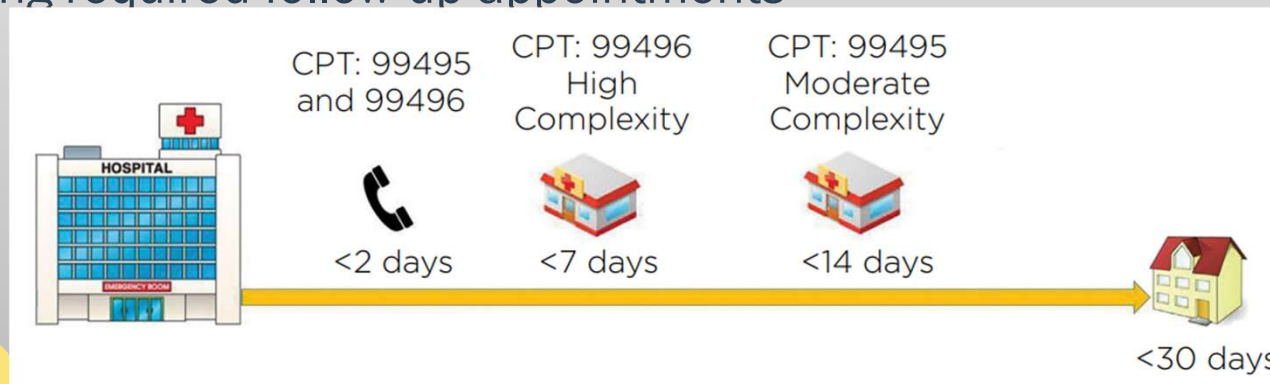


* DSMT can be billed by a pharmacy (not a pharmacist). The pharmacy must furnish other services covered by Medicare Part B and be accredited by a CMS-approved accreditation organization.

AWV = Annual Wellness Visit (page 23); CCM = Chronic Care Management (page 21); DSMT = Diabetes Self-Management Training (page 26); E/M = Evaluation and Management (page 16); Facility Fee (page 18); MTMS = Medication Therapy Management Services (page 25); TCM = Transitional Care Management (page 19).

What can I do as a pharmacist?

- Transitional Care Management (TCM): provided to patient during first 30 days after discharge from hospital
 - Assess and support treatment regimen, medication management
 - Identify community resources and referrals
 - Scheduling required follow-up appointments



What can I do as a pharmacist?

- Chronic Care Management (CCM): care coordination for patients with multiple chronic conditions
- Annual Wellness Visit (AWV): annual physical without the physical exam (for Medicare beneficiaries)
 - Collect medical, surgical family histories; establish list of current providers; review functional ability and level of safety
 - Conduct height, weight, BP; detect cognitive impairment
 - Establish written screening schedule; furnish health advice and education; furnish advance care planning services

What can I do as a pharmacist?

- Medication Therapy Management (MTM): optimizes the response to medications or manage medication-related interactions or complications
 - Review patient history and medication profile; make recommendations for improving health outcomes and treatment compliance
- Diabetes Self-Management Training (DSMT): educate patients to successfully self-manage diabetes



Are pharmacists really doing this?

Pharmacists have been documenting non-dispensing services since 1997 (Asheville Project)

- Led to Diabetes Ten City Challenge and grew from there



Oregon pharmacists paid for clozapine monitoring in 2003

- 2015: OR law required payers to cover any clinical pharmacist service in the state's scope of practice



Clinic-based pharmacists add clinical value and increase primary care revenue streams



Breaking Barriers to a Brighter Future

What does it take to bill?

Credentialing

- The process by which a payor obtains, verifies, and assesses an individual's qualifications to provide patient care services
- Must be credentialed before you can **contract**, and must be contracted before you are **paid**
- Credentialing organizations like Pharmacy Profiles and Doc Station



IF YOU DID NOT
DOCUMENT,
IT DID NOT HAPPEN

Documentation

| SOAP Note Format | Information to Include | |
|---|--|---|
| <p>Subjective Patient experiences, views or feelings</p> | <ul style="list-style-type: none"> • Chief Complaint • History of Present Illness • Patient Goals | <ul style="list-style-type: none"> • Past Medical History • Social History • Family History |
| <p>Objective Factual, observable, and measurable patient data</p> | <ul style="list-style-type: none"> • Vital Signs • Physical Exam Findings • Labs | <ul style="list-style-type: none"> • Medication Fill History • Allergies <small>(subjective or objective depending on the source)</small> • Medication List <small>(subjective or objective depending on the source)</small> |
| <p>Assessment Analysis of patient's disease states or problems</p> | <ul style="list-style-type: none"> • Medication Related Problems • Differential "Diagnoses" • Clinical impression | |
| <p>Plan Step-by-step plan to address patient's needs</p> | <ul style="list-style-type: none"> • Pharmacologic Interventions • Non-pharmacologic Interventions | <ul style="list-style-type: none"> • Patient Education • Monitoring and Follow-up • Referrals, if necessary |

Types of billing codes

Time-based Billing

- Total time spent caring for the patient, which includes:
 - Face-to-face time with patient (or virtual)
 - Preparation for visit
 - Documentation in health record
 - Care coordination

Medical Decision-Making Billing

- Evaluation and Management (E/M)
- Based on patient complexity, which includes:
 - Number and complexity of problems addressed
 - Amount and complexity of data reviewed and analyzed

Pharmacist medical billing in Illinois

| | | | | |
|--|--|--|--|---|
| 99202 | 99203 | 99211 | 99212 | 99401 |
| <ul style="list-style-type: none">• \$27.38• 15-29 min of E&M (new patient) | <ul style="list-style-type: none">• \$47.56• 30-44 min of E&M (new patient) | <ul style="list-style-type: none">• \$7.17• <10 min of E&M (established patient) | <ul style="list-style-type: none">• \$20.61• 10-19 min of E&M (established patient) | <ul style="list-style-type: none">• \$25.50• Preventative medicine counseling (15 min) |

- In Illinois, the payable services are limited to contraceptive assessment and consultation services; HIV pre- and post-exposure prophylaxis assessment and consultation services.

Assessment and consulting services in Illinois

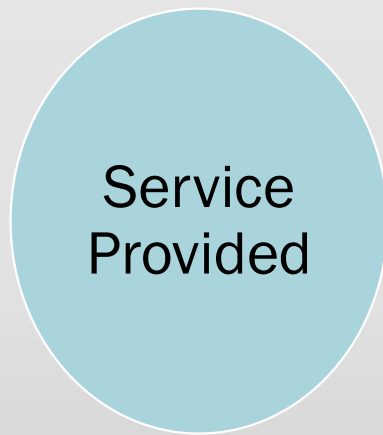
| Procedure Code | Description | Unit price | Daily Max Qty | State Max |
|----------------|---|------------|---------------|-----------|
| 99202 | Office or Other Outpatient Visit for the evaluation and management of a new patient ; 15-29 min | 27.38 | 1 | 27.38 |
| 99203 | Office or Other Outpatient Visit for the evaluation and management of a new patient ; 30-44 min | 47.56 | 1 | 47.56 |
| 99211 | Office or Other Outpatient Visit for the evaluation and management of an established patient ; <10 min | 7.17 | 1 | 7.17 |
| 99212 | Office or Other Outpatient Visit for the evaluation and management of an established patient ; 10-19 min | 20.61 | 1 | 20.61 |
| 99401 | Preventive Medicine Counseling ; approx. 15 min | 25.50 | 1 | 25.50 |

- <https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/07112024pharmacistfeeschedule04012024.pdf>
- <https://www.bcbsil.com/provider/education/education-reference/news/2025/3-17-2025-pharmacists-can-enroll-to-bill-under-the-medical-benefit>

Let's Practice

- My student and I have a 28-minute encounter with a new IL Medicaid patient. We talk about her need for contraception at length. We collected her past medical history, evaluated her current pregnancy status, discussed her contraceptive needs, collected her blood pressure, and discussed preferences for contraceptives. We selected and prescribed an oral contraceptive pill and talked through medication side effects.
- Outside of the encounter note/documentation, what information do we need to bill for this encounter?

Medical Billing Formula



CPT/HCPCS
code



ICD-10
code



NPI

Let's Practice

My student and I have a **28-minute** encounter with a **new patient** with **IL Medicaid**. We talk about her need for **contraception** at length. We collected her past medical history, evaluated her current pregnancy status, discussed her contraceptive needs, collected her blood pressure, and discussed preferences for contraceptives. We selected an oral contraceptive pill and talked through medication side effects.

Payer: IL Medicaid

Can we bill?

CPT code(s):

ICD-10 code:

NPI:

Let's Practice

My student and I have a **28-minute** encounter with a **new patient** with **IL Medicaid**. We talk about her need for **contraception** at length. We collected her past medical history, evaluated her current pregnancy status, discussed her contraceptive needs, collected her blood pressure, and discussed preferences for contraceptives. We selected an oral contraceptive pill and talked through medication side effects.

Payer: MO Medicaid


Can we bill?

CPT code(s): 99202

ICD-10 code: Z30.011

Modifier: FP

NPI: my NPI



Billing code
for initial
encounter for
contraception

Add Detail Line

Detail Line Summary

Total Charges : 0.00

| Line # | Date of Service | Place of Service | Procedure Code | Modifiers | National Drug Code | Billed Charges | Action |
|--------|-----------------|------------------|----------------|-----------|--------------------|----------------|--------|
|--------|-----------------|------------------|----------------|-----------|--------------------|----------------|--------|

Add Detail Line #1

| | | |
|--|--------------------------------|-----------------------|
| Dates of Service * | To | Place of Service * |
| <input type="text"/> | <input type="text"/> | 01 - Pharmacy |
| Procedure Code * | Modifiers | |
| <input type="text"/> | TT <input type="text"/> | |
| National Drug Code | Decimal Quantity (9999999.999) | Prescription Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Diagnosis Code * | Billed Charges * | Days/Units Billed * |
| <input type="text"/> | <input type="text"/> | 1 |
| Conditions | Performing Provider NPI | Ordering Provider NPI |
| <input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning | <input type="text"/> | <input type="text"/> |

Save Detail Line to Claim Reset

How do I learn more?



APHA BILLING AND
PAYMENT CENTER



ASHP – AMBULATORY CARE
PRACTITIONERS SECTION



CPESN – SUPPORTING
PHARMACISTS AND
CREATING PAYER
CONTRACTS FOR
PHARMACISTS

Final Tips & Take Home Points

- Pharmacist medical billing requires an understanding of the process
- If you didn't document, it didn't happen
- Pharmacists deserve to get paid for the services we've been giving away for free and medical billing provides that modality

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Questions???

Thank you

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