Pharmacist Reimbursement for Anticoagulation Services

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Faculty Disclosures

Dr. Galli has no relationships with ineligible companies

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Case Study

BG is a pharmacist with a passion for anticoagulation. He has been tasked to develop an anticoagulation clinic at his local community teaching hospital.

Help him not only make a positive impact on outcomes but also generate some revenue for his organization!

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Learning Objectives

1. Identify the reimbursement challenges with a pharmacist-run anticoagulation clinic
2. Describe the process for billing for anticoagulation services
3. Discuss solutions to the challenges of reimbursement for pharmacist-run anticoagulation services

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Reimbursement Challenges

PHARMACISTS ARE NOT ***(YET)*** PROVIDERS

NON FACE-TO-FACE ENCOUNTERS OFTEN NOT BILLABLE

OVERALL LACK OF KNOWLEDGE AND INFORMATION

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Common Pitfalls

- Trying to bill for medication therapy management (MTM)
- Trying to bill for non- "face to face" encounters
  - Not including a statement that 'proves' the patient was there
- Expecting to be paid what you bill
- Billing at inconsistent levels

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Why is this so complicated?

Centers for Medicare Services are continuously undergoing changes

Reimbursement rates and rules vary by state

Institutions make individual contracts with Medicare

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Buddy Up

Financial department collaboration is key

Frequent check ins and quality assurance

Review codes at least annually to determine if further opportunity exists

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Payment Considerations

Payer	Service	Location
Medicare Medicaid Private insurance	INR testing Evaluation and Management services	Physician's office Hospital based outpatient clinic

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Case Study

BG will be collaborating with his institution's cardiology department through an approved CPA. The clinic location will be in the ambulatory pavilion directly attached to the hospital.

The clinic predominately treats for an older population and the case mix index is about 3.0.

The medical director would like him to begin services promptly to begin generating reimbursement.

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Which of the following challenges is most likely to affect BG's ability for reimbursement of anticoagulation visits?

A. Lack of provider status
B. Location proximity to the hospital
C. Small Medicare population

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Billing Strategies

Physicians Office	Hospital Based Clinic
"Incident to bill" – Physician receives payment for care provided by non-physician	"Facility Fee" or "Technical Fee" - Hospital Outpatient Prospective Payment System (HOPPs)
RPh may only bill 'low level office visit'	Billing level set by institution: • Three levels • Approved by administration • Based on time and/or complexity • Must be reasonable

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/supplement-savvy-guide-ICN006764.pdf https://www.cms.gov/cms-guide-medical-technology-companies-and-other-interested-parties/payment/opps

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Physician Supervision

Direct supervision by a physician required for billing
- PA/APRNs may provide supervision if service within their scope of practice

Must be immediately available to assist if needed

Hospital campus
- Supervisor must be in hospital or in the on-campus Provider-Based-Department (PBD)

Off campus
- Facility Medicare application will define the PBD

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Telephone Encounters

Include home bound patients, self-check, laboratory venipunctures

Difficult to acquire reimbursement

CPT Code 93793

- ***Billing policies vary by state/contract***
- Must include reviewing and interpreting a new INR, providing instructions, and schedule follow-up
- "Incident to" billing
- Accurate and thorough documentation

https://codingintel.com/anticoagulation-management/.

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CPT/APC Code	Medical Decision Making	Time (mins)	Estimated Reimbursement
99211/600	Minimal/ none	5	$23.07
99212/600	Straightforward	10	$45.77
93792	Patient/Caregiver training of home INR management	N/A	$66.63
93793	Telephone encounter for management	N/A	$11.00

Medicare Billing Codes

Specifics depend on Medicare Administrative Contractor for area

Medicaid

- State-specific
- Likely similar to Medicare and reimbursed at a fixed rate

https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/billing-quick-reference-sheet.ashx?la=en&hash=8074CF55E7B84C0741CD0E73A64F47CB22CFF4AE;
https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=3&H1=85610&M=5

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Private Billing

Private Insurers

- Different process for each payer
- Must contact them to discuss proper billing procedure and necessary codes
- May need prior authorizations
- Patient likely to incur a co-pay for each visit

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Laboratory Fees

"Clinical Laboratory Fee Schedule"

CPT 85610: "Prothrombin Time"

- Use "QW" modifier if using a CLIA-waived testing device (most POC devices)

ICD10 Z79.01 "long term use of anticoagulants"

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=80&ncdver=1

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Case Study

BG will begin seeing patients in person and administering a POCT to check INR and provide subsequent dosing instructions. Which of the following CPT code combinations would be most appropriate for *MOST* visits?

A. 99211 and 93792
B. 99211 and 85610
C. 93793 and 85610

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B. 99211 and 85610
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Optimizing Reimbursement

BILLABLE SERVICE MUST BE REASONABLE AND MEDICALLY NECESSARY

ORDERED/UNDER DIRECT SUPERVISION BY A PHYSICIAN

INCLUDE AN EVALUATION AND MANAGEMENT COMPONENT.

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Proposed Billing Schedule

Service Provided	Time	Code
• New patient to clinic/medication with thorough education • Annual DOAC visit • Intermittent home draw • Bridging consultation	10 minutes	99212 85610
• Follow-up INR check	5 minutes	99211 85610
• Telephone encounter with INR results and instructions	N/A	93793

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Identify an Authorizing Provider

Consider utilizing medical director for all encounters

Ensure agreement and CPA involvement

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Evaluation and Management

- Assessing the patient for adverse effects, drug interactions, compliance, general health, and current INR value
- Managing those issues, adjusting the dosage regimen if needed and providing education
- This is the expertise you are providing and justifies your bill
- Must be appropriately documented

Consider standardized note templates
Epic SmartPhrases

https://www.cms.gov/Outreach-and-Education/Outreach/NPArtProject/Downloads/wall-mgmt-srvc-guide-ICN909764.pdf

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Documentation

- Indication for warfarin therapy
- Target INR level and range
- Date of visit
- Current INR value
- Current dose and any recommended changes
- Statement of a “face to face” encounter
- Name and credentials of person providing the service
- Education provided to the patient
- Additional recommendations:
  - Vital signs
  - Patient’s weight
  - Date of next visit

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Case Study

BG is beginning to train other pharmacists to work in the clinic with him. Which of the following strategies would be ideal for optimizing reimbursement?

A. Shift to a telephone only care to improve efficiency

B. Consider utilizing pharmacy students to offset costs

C. Develop a standardized note template for all clinicians

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B. Consider utilizing pharmacy students to offset costs

C. **Develop a standardized note template for all clinicians**

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Take-Home Points

Collaboration with financial department is crucial

Ensure thorough and accurate documentation

Maintain consistency

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References

1. Centers for Medicare & Medicaid Services. Evaluation and Management Services Guide. Medicare Learning Network. Published September 2024. Accessed April 13, 2025. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf
2. Centers for Medicare & Medicaid Services. CMS Guide for Medical Technology Companies and Other Interested Parties: Payment OPPS. Published 2025. Accessed April 13, 2025. https://www.cms.gov/cms-guide-medical-technology-companies-and-other-interested-parties/payment/opps
3. CodingIntel. Anticoagulation Management. Published 2025. Accessed April 13, 2025. https://codingintel.com/anticoagulation-management/.
4. American Society of Health-System Pharmacists. Billing Quick Reference Sheet. Published 2025. Accessed April 13, 2025. https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/billing-quick-reference-sheet.ashx?la=en&hash=8074CF55F7B84C0741CD0E73A64F47CB22CFF4AE
5. Centers for Medicare & Medicaid Services. Physician Fee Schedule Look-Up Tool. Published 2025. Accessed April 13, 2025. https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=3&H1=85610&M=5
6. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Home INR Monitoring (80.1). Published 2025. Accessed April 13, 2025. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=80&ncdver=1.

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