GUIDING PRINCIPLES FOR THE DEVELOPMENT AND USE OF DOCUMENTATION AND BILLING CODES FOR PHARMACISTS’ PATIENT CARE SERVICES

Opportunities for pharmacists to bill for patient care services are increasing. There are many standard terminology codes used by providers for reporting services and procedures (e.g., AMA CPT® codes, HCPCs, and ICD-10-CM) that are applicable and appropriate for reporting and billing pharmacists’ patient care services. Pharmacists should be enabled to use the standard codes, services and procedures to provide care and bill consistent with other providers. The following principles should guide the pharmacy profession in the use of documentation and billing codes for pharmacists’ patient care services:

• Pharmacists should be able to bill as eligible providers for all covered services within their scope of practice.

• Payment for pharmacist’s patient care services should be independent from payment for medication dispensing activities. Pharmacists may bill as providers to medical benefit or when permitted through the pharmacy benefits.

• Established processes and codes should be utilized by pharmacists for billing for patient care services. Proprietary systems, “dummy” codes, and manual processes should be avoided.

• Documentation and billing codes should accurately attribute the time, complexity and value of the pharmacist work in providing care to a patient.

• The pharmacy profession must advocate with a unified voice for consistent approaches to the documentation and billing of pharmacists’ patient care services.

• The pharmacy profession should align with other providers to advocate for updated medical billing systems that permit real-time eligibility checkers, adjudication of claims and electronic billing.

• The pharmacy profession should monitor the environment and advocate for the development and use of standardized documentation and codes that are relevant to the needs of pharmacists providing patient care services. (e.g., value based).