



# PHARMACISTS AS PROVIDERS EDUCATIONAL SESSION

Office of the Chief Medical Officer  
Virginia Department of Medical Assistance Services

None of the presenters today have actual or potential conflict of interest in relation to this program/presentation

# Objectives

1. Provide a Legislative and Program Overview
2. Review Virginia Board of Pharmacy Protocols
3. Discuss Credentialing and Enrollment with DMAS and MCOs
4. Familiarize Attendees with Medical Billing Processes Including ICD-10 and E/M Codes

# Agenda

- |  |   |           |
|--|---|-----------|
| 1. Welcome                                       | Jeff Lunardi, Chief Deputy Director<br>Lisa Price-Stevens, MD Chief Medical Officer<br>MaryAnn McNeil, RPh Pharmacy Manager | 1:00-1:10 |
| 2. Virginia Pharmacists<br>as Providers Overview | JoeMichael Fusco, PharmD<br>DMAS MCO Pharmacy Compliance Manager  | 1:10-1:30 |
| 3. Virginia Board of<br>Pharmacy Protocols       | Caroline Juran, RPh Executive Director<br>Virginia Board of Pharmacy  | 1:30-2:10 |
| 4. Break   |   | 2:10-2:20 |
| 5. Provider Status Overview                      | Karen Winslow, PharmD<br>Virginia Pharmacists Association   | 2:20-3:00 |
| 6. DMAS Provider<br>Enrollment and Billing       | Lisa Price-Stevens, MD Chief Medical Officer<br>Michelle Watts, BBA Provider Relations Manager                              | 3:00-3:30 |
| 7. Panel   | Caroline Juran, RPh (BOP)<br>Karen Winslow, PharmD (VPhA)<br>MaryAnn McNeil, RPh (DMAS)<br>Michael Murphy, PharmD (APhA)    | 3:30-4:00 |
| 8. Adjourn                                       |   |           |

\*DMAS will be applying for CE credits retrospectively



# WELCOME

Jeff Lunardi Chief Deputy Director  
Lisa Price Stevens, MD DMAS CMO  
MaryAnn McNeil, RPh Pharmacy Manager

The Director of the Virginia Department of Medical Assistance Services is:

- a) Taylor Swift
- b) Superman
- c) Mickey Mouse
- d) Cheryl Roberts, JD



# PHARMACISTS AS PROVIDERS PROGRAM OVERVIEW

JoeMichael T. Fusco, PharmD

MCO Pharmacy Compliance Manager

Office of the Chief Medical Officer

[Joemichael.fusco@dmas.virginia.gov](mailto:Joemichael.fusco@dmas.virginia.gov)

# Pharmacists as Provider Overview

- As of today, 26 states have signed into law payment for pharmacist-provided patient care services and/or the designation of pharmacists as providers
- Act to amend and reenact § 32.1-325 via SB 1538 during 2023 General Assembly

*K. When the services provided for by such plan are services by a pharmacist, pharmacy technician, or pharmacy intern (i) performed under the terms of a collaborative agreement as defined in § 54.1-3300 and consistent with the terms of a managed care contractor provider contract or the state plan or (ii) related to initiation of services and treatment with or dispensing or administration of a vaccination by a pharmacist, pharmacy technician, or pharmacy intern in accordance with § 54.1-3303.1, the Department shall provide reimbursement for such service.*

- Enrolling pharmacists as providers will create a pathway for payment for services provided or supervised by a pharmacist



# Implementation Projections

## January 1, 2024

- Naloxone
- Epinephrine
- Tobacco Cessation
- Vaccine Admin (18+)
- Rx Prenatal Vitamins

## May 1, 2024

- TB Tests
- PrEP and PEP
- CLIA Waivered Tests
- COVID 19 Testing
- Lowering out of pocket expenses
- Injectable or self admin birth control
- Vaccine Admin (3-17yo)

# Proposed Services using Board of Pharmacy Protocols

<https://www.dhp.virginia.gov/pharmacy/>

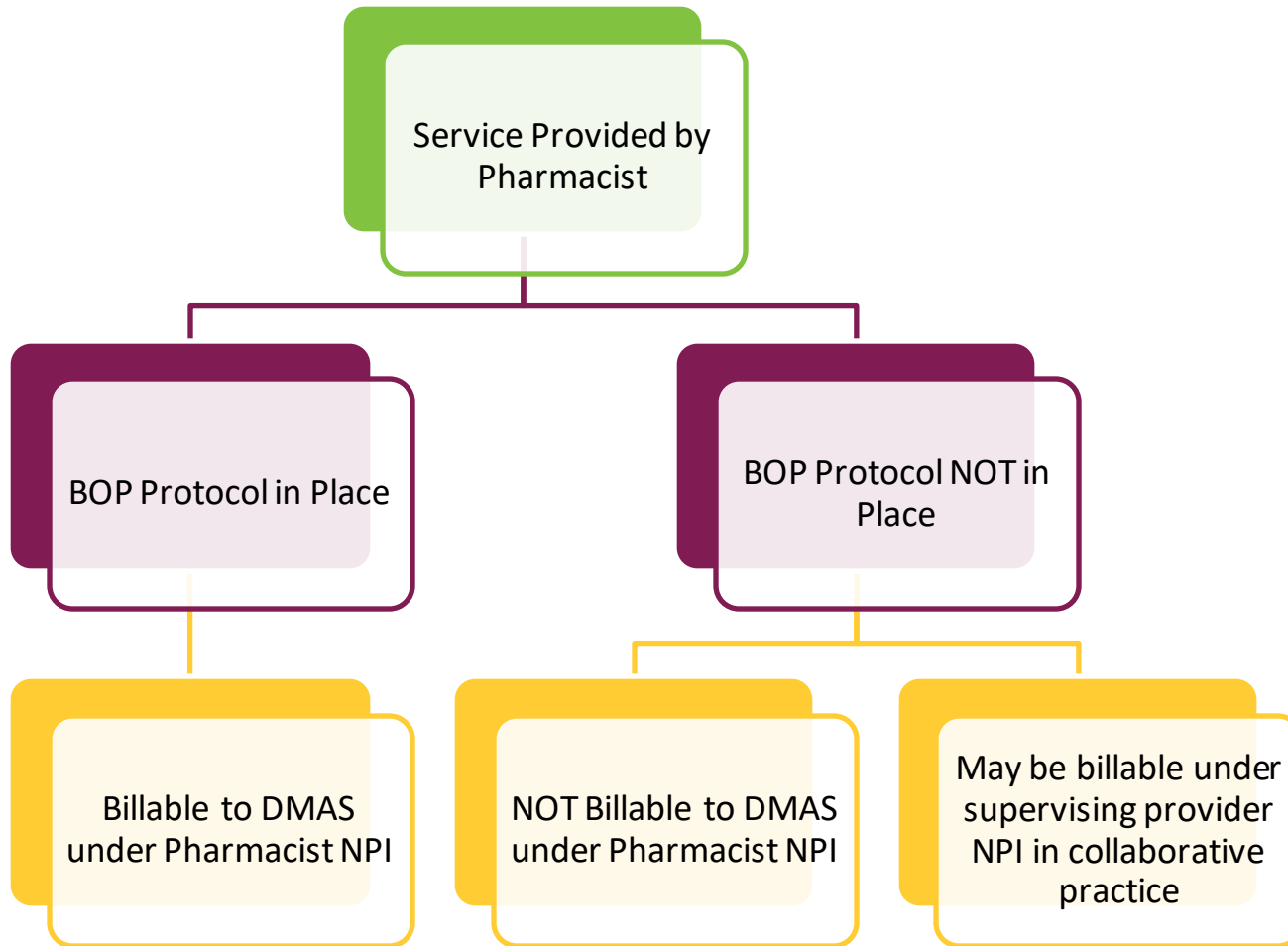
Service	Applicable BOP Protocols	Additional Training Required
Tobacco Cessation	<a href="#"><u>Tobacco Cessation Protocol</u></a>	X
Vaccines	<a href="#"><u>Vaccine protocol for 18+</u></a> <a href="#"><u>Vaccine Protocol for Ages 3-17</u></a>	X
HIV Related	<a href="#"><u>HIV Post-Exposure Prophylaxis (PEP) Protocol</u></a> <a href="#"><u>HIV Pre-Exposure Prophylaxis (PrEP) Protocol</u></a>	X
Birth Control	<a href="#"><u>Virginia Routine Contraceptive Protocol</u></a>	X
Rx Prenatal Vitamins	<a href="#"><u>Virginia Prenatal Vitamin Protocol</u></a>	
Naloxone	<a href="#"><u>Virginia Naloxone Protocol for Pharmacists</u></a>	
Epinephrine	<a href="#"><u>Virginia Epinephrine Statewide Protocol</u></a>	
OTCs	<a href="#"><u>Virginia Statewide Protocol to Lower Out-of-Pocket Expense</u></a>	
Testing	<a href="#"><u>Coronavirus Testing of Adults</u></a> <a href="#"><u>Tuberculin Skin Testing One-Step Protocol</u></a> <a href="#"><u>Tuberculin Skin Testing Two-Step Protocol</u></a>	X

# DMAS Priorities & Governor Youngkin's Initiatives

Green = Governor  
Blue = DMAS



# Services Provided Outside of Board of Pharmacy Protocols



# Collaborative Practice vs Prescribing Pharmacist

## Collaborative Practice Agreements

- Enrollment in Provider Type 268 not needed

## Individual Enrollment

- Provider Type 268 active in PRSS
- Rendering Provider- Pharmacist's NPI
- Payment- Pharmacist's NPI

## Individual Within a Group Enrollment

- Live 11/22/23
- Will require 268 individual enrollment for each pharmacist

## Group Enrollment

- Provider Type 990 active in PRSS
- Rendering Provider- Pharmacist's NPI
- Payment- Facility NPI

A service provided by or under the supervision of pharmacist using a BOP protocol may be billed to DMAS if:

- a) The supervising pharmacist is enrolled with DMAS
- b) The supervising pharmacist has an active NPI
- c) The pharmacist successfully executes all aspects of the protocol
- d) All the above



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## **Virginia Board of Pharmacy**

### **DMAS Pharmacist as Provider Enrollment**

#### ***Statewide Protocols***

November 30, 2023

Caroline D. Juran, RPh  
Executive Director



## **§ 54.1-3303.1**

- Authorizes pharmacist to initiate treatment with, dispense or administer certain drugs, devices, controlled paraphernalia, and other supplies and equipment to persons 18 years of age or older per statewide protocol
- Protocols developed by Board of Pharmacy in collaboration with Board of Medicine and Department of Health





## **§ 54.1-3303.1**

- Requires notification to patient's primary care provider, if patient consents.
- If no primary care provider, requires counseling on benefits of relationship with primary care provider and must provide information regarding for providers in the area, including FQHCs, free clinics, or local health departments.



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## **Statewide Protocols Initially Eligible for Pharmacist Provider Reimbursement**

1. Naloxone
2. Epinephrine
3. Prenatal vitamins
4. Tobacco Cessation
5. Vaccines

Accessible at [www.dhp.virginia.gov/Pharmacy](http://www.dhp.virginia.gov/Pharmacy)



## **Naloxone Statewide Protocol**

- [Virginia Naloxone Statewide Protocol for Pharmacists](#)
- Pharmacists may prescribe:
  - Intranasal naloxone
  - IM naloxone and necessary paraphernalia (syringes)
  - Auto-injector naloxone
  - Any other FDA-approved opioid antagonist



## **Naloxone Statewide Protocol**

- Educational requirements:
  - Must be knowledgeable of manufacturer's instructions for use, paraphernalia necessary for administration, and how to properly counsel the patient on recognizing signs of a possible overdose and proper administration of the drug



## **Naloxone Statewide Protocol**

- Eligible patients:
  - Individual  $\geq$  18 y.o. experiencing or at risk of experiencing an opioid-related overdose, e.g., patient has a history of prior overdose, substance misuse, MME of 120MME/day, or currently prescribed an opioid with a concomitant benzodiazepine;
  - Person  $\geq$  18 y.o. in a position to assist an individual experiencing or at risk of experiencing an opioid-related overdose.



## **Naloxone Statewide Protocol**

- Obtain Patient History:
  - Must obtain history, including questioning the patient for any known allergies, adverse reactions, contraindications, or health diagnoses or conditions that would be adverse to the initiation of therapy.



## **Naloxone Statewide Protocol**

- Counseling:
  - Must provide patient or patient's agent copy of the [REVIVE! Pharmacy dispensing brochure](#)
  - Must counsel on how to identify signs of a possible overdose and proper administer of naloxone



## **Naloxone Statewide Protocol**

- Patient Records (18VAC110-21-46):
  - Maintain patient record minimum of six years following the last patient encounter except if:
    - Records transferred to another practitioner, health care provider, or patient or patient's personal representative; or
    - Records are required by contractual obligation or federal law to be maintained for a longer period.





## **Naloxone Statewide Protocol**

- Confidentiality(18VAC110-21-46):
  - Must perform activities in a manner that protects patient confidentiality and complies with HIPAA



## **Naloxone Statewide Protocol**

- Notification of Primary Care Provider:
  - Notify provider, if patient consents to notification;
  - If no primary care provider, pharmacist shall counsel patient on:
    - benefits of establishing a relationship with a primary health care provider and,
    - provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located



## **Epinephrine Statewide Protocol**

- [Virginia Epinephrine Statewide Protocol](#)
- Pharmacists may prescribe to person  $\geq 18$  y.o.:
  - Epinephrine auto-injector; or
  - Injectable epinephrine, including paraphernalia (syringes)



## **Epinephrine Statewide Protocol**

- Educational requirements:
  - Must be knowledgeable of manufacturer's instructions for use, paraphernalia necessary for administration, and how to properly counsel the patient on recognizing and managing anaphylaxis



## **Epinephrine Statewide Protocol**

- Eligible patients:
  - Any person, 18 years of age or older, demonstrating signs and symptoms of anaphylaxis, or
  - at risk for experiencing anaphylaxis, e.g., patients reporting previously prescribed epinephrine or reporting a diagnosis of allergies that may result in anaphylaxis.



## **Epinephrine Statewide Protocol**

- Obtain patient history
- Counseling:
  - Must counsel patient or patient's agent on how to properly recognize and manage anaphylaxis, including proper administration of epinephrine.
- Records, Confidentiality, Notification of Provider:
  - same as naloxone protocol



## **Prenatal Vitamin Statewide Protocol**

- [Virginia Prenatal Vitamin Statewide Protocol](#)
- For patients 18+ who are pregnant or considering to become pregnant
- Educational requirements:
  - Must be knowledgeable of manufacturer's instructions for use and evidence-based guidelines



## **Prenatal Vitamin Statewide Protocol**

- Obtaining patient history, recordkeeping, and confidentiality same as naloxone protocol
- *Different* Notification Requirement: Must notify PCP and OB/GYN, if patient consents.
- If no PCP, counsel on benefits and provide information regarding providers in area, consistent with other protocols.





## **Tobacco Cessation Statewide Protocol**

- [Tobacco Cessation Statewide Protocol](#)
- May initiate with nicotine replacement therapy (NRT) and non-NRT to patient  $\geq 18$  y.o.
- Educational requirements:
  - Must receive appropriate training to conduct in safe and effective manner, including minimum 2 hours documented CE provided by ACPE related to pharmacists prescribing tobacco cessation products



## **Tobacco Cessation Statewide Protocol**

- Use the [Tobacco Cessation Self-Screening Patient Intake Form](#) which screens for:
  - Health and history
  - Medical history
  - Tobacco history
  - Blood pressure
  - Medication history
  - Suicide



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What best describes how you have tried to stop smoking in the past?

- "Cold turkey"
- Tapering or slowly reducing the number of cigarettes you smoke a day
- Medicine
  - Nicotine replacement (like patches, gum, inhalers, lozenges, etc.)
  - Prescription medications (ex. bupropion [Zyban®, Wellbutrin®], varenicline [Chantix®])
- Other \_\_\_\_\_

**Health and History Screen - Background Information:**

1.	Are you under 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you pregnant, nursing, or planning on getting pregnant or nursing in the next 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3.	Are you currently using and trying to quit non-cigarette products (ex. Chewing tobacco, vaping, e-cigarettes, Juul)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Medical History:**

4.	Have you ever had a heart attack, irregular heartbeat or angina, or chest pains in the past two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
5.	Do you have stomach ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6.	Do you wear dentures or have TMJ (temporomandibular joint disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
7.	Do you have a chronic nasal disorder (ex. nasal polyps, sinusitis, rhinitis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
8.	Do you have asthma or another chronic lung disorder (ex. COPD, emphysema, chronic bronchitis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure



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Blood Pressure Reading \_\_\_\_\_ / \_\_\_\_\_ mmHg (Note: Must be taken by a pharmacist)



Stop here if patient and pharmacist are considering nicotine replacement therapy or blood pressure is  $\geq 160/100$  mmHg.



If patient and pharmacist are considering non-nicotine replacement therapy (ex. varenicline or bupropion) and blood pressure is  $< 160/100$ mmHg continue to answer the questions below.

### Medical History Continued:

12. Have you ever had an eating disorder such as anorexia or bulimia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
13. Have you ever had a seizure, convulsion, significant head trauma, brain surgery, history of stroke, or a diagnosis of epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
14. Have you ever been diagnosed with chronic kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
15. Have you ever been diagnosed with liver disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
16. Have you been diagnosed with or treated for a mental health illness in the past 2 years? (ex. depression, anxiety, bipolar disorder, schizophrenia)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

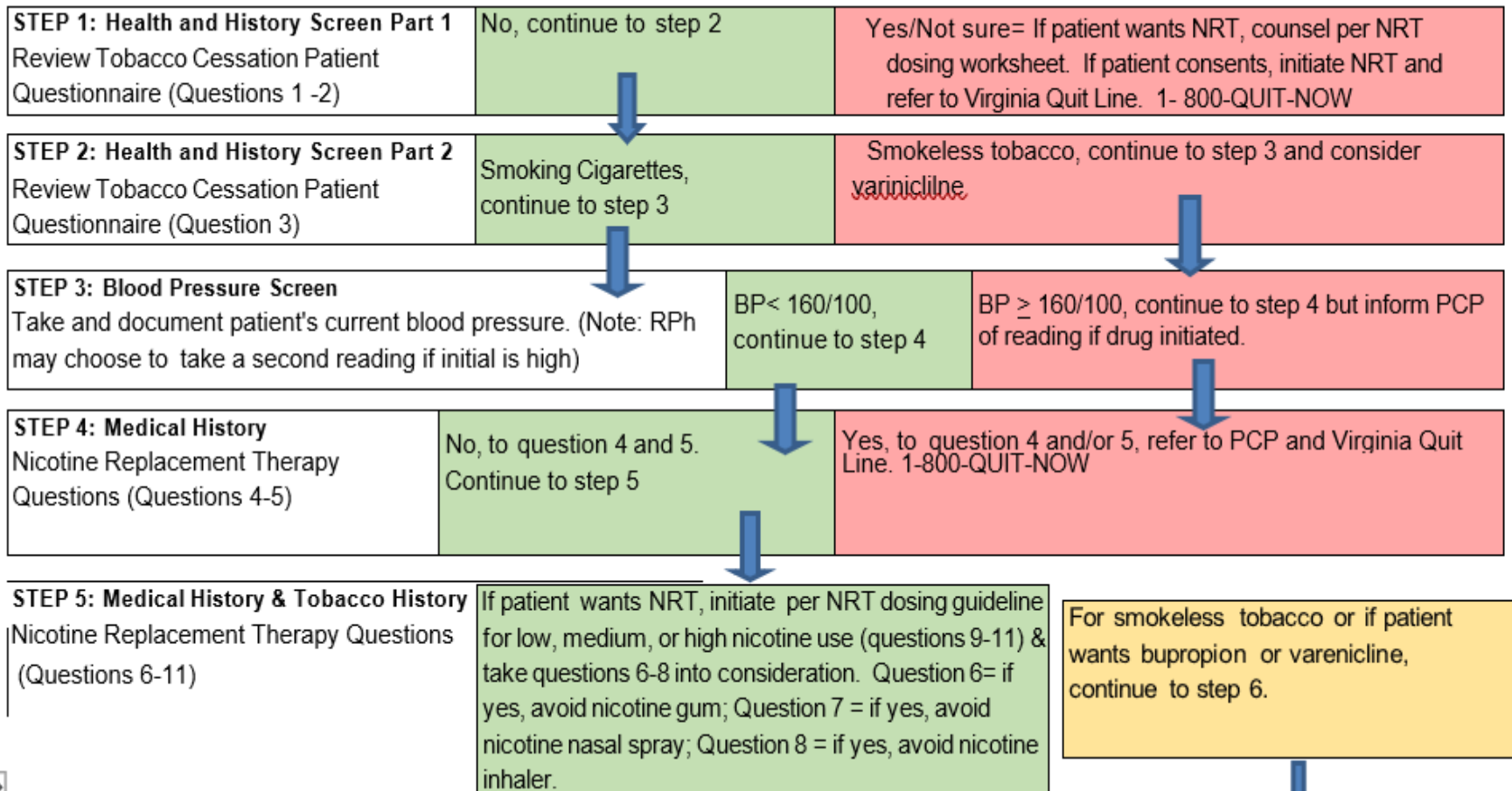


# **Tobacco Cessation Statewide Protocol**

- Follow the [Tobacco Cessation Assessment and Treatment Care Pathway](#)



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## **Tobacco Cessation Statewide Protocol**

- Use [NRT and Non-NRT Dosing Guidelines](#) which addresses:
  - NRT dosing for high, medium, low nicotine use
  - Non-NRT dosing with bupropion and varenicline



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## Dosing Guidelines

### Nicotine Replacement Therapy (NRT) Dosing:

	<u>High Nicotine Use</u>	<u>Medium Nicotine Use</u>	<u>Low Nicotine Use</u>
<ul style="list-style-type: none"> <li>•Initiate therapy based on maximum use of nicotine/day at therapy initiation.</li> </ul>	11+ cigarettes per day OR $\geq 2$ cans or pouches per week of snuff or chew OR 6-12+mg/ml e-liquid	5-10 cigarettes per day OR 1 to 2 cans or pouches per week of snuff or chew OR 3-6mg/mL e-liquid	0-4 cigarettes per day OR less than 1 can or pouch per week of snuff or chew
<ul style="list-style-type: none"> <li>•Combination Nicotine Replacement Therapy is strongly recommended. Monotherapy may also be appropriate.</li> <li>•Therapy choice should be based on time to first use, quantity, patient preference and comorbidities, data from past attempts, and desired quit date.</li> <li>•<b>NRT use in women who are pregnant or breastfeeding:</b> the</li> </ul>	<p><u>Per Product Label:</u></p> <ul style="list-style-type: none"> <li>•Nicotine Patch 21mg/24hrs for 8 weeks. Then,</li> <li>•Nicotine Patch 14mg/24hrs for 2 weeks. Then,</li> <li>•Nicotine Patch 7mg/24hrs for 2 weeks.</li> </ul> <p><b>AND/OR any of the following as needed</b></p> <p><u>NRT products</u></p> <ul style="list-style-type: none"> <li>•Nicotine Gum 4mg every hour as needed for cravings. (Max 20 pieces/day) x 12 weeks.</li> </ul>	<p><u>Per Product Label:</u></p> <ul style="list-style-type: none"> <li>•Nicotine Patch 14mg/24hrs for 8 weeks. Then,</li> <li>•Nicotine Patch 7mg/24hrs for 4 Weeks.</li> </ul> <p><b>AND/OR any of the following as needed</b></p> <p><u>NRT products</u></p> <ul style="list-style-type: none"> <li>•Nicotine Gum 2mg every hour as needed for cravings. (Max 20</li> </ul>	<p><u>Per Product Label:</u></p> <ul style="list-style-type: none"> <li>•Nicotine Gum 2mg every hour as needed for cravings. (Max 20 pieces/day) x 12 weeks.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>•Nicotine lozenge 2mg every hour as needed for cravings. (Max 15/day) x 12 weeks.</li> </ul> <p><b>OR</b></p>





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## **Non-Nicotine Replacement Therapy Dosing:**

### **Prescribing Bupropion**

- 150mg SR daily for 3 days then 150mg SR twice daily for 8 weeks or longer. Quit day after day 7.
- Consider combining with Nicotine patch or Nicotine lozenge or Nicotine gum for increased efficacy.
- For patients who do not tolerate titration to the full dose, consider continuing 150mg once daily as the lower dose has shown efficacy.

### **Prescribing Varenicline**

- 0.5mg daily for 3 days then 0.5mg twice daily for 4 days then 1mg twice daily for 12 to 24 weeks. Quit day after day 7 or alternatively quit date up to 35 days after initiation of varenicline.
- Generally not used in combination with other smoking cessation medications as first line therapy.
- Advise patient to limit alcohol use while taking varenicline until known if it affects patient's ability to tolerate alcohol.



## **Tobacco Cessation Statewide Protocol**

- Recordkeeping, confidentiality, and notification same as naloxone protocol



## **Vaccine Statewide Protocol for Adults**

- [Vaccine protocol for 18+](#)
- Consistent with CDC Immunization Schedule, pharmacist may initiate, administer, or direct a pharmacy technician or pharmacy intern under the supervision of the pharmacist to administer vaccines, to persons 18 years of age or older.
- Includes vaccines for COVID-19 and RSV



## **Vaccine Statewide Protocol for Minors**

- [Vaccine Protocol for Ages 3-17](#)
- Except for influenza and COVID-19 vaccines, consistent with CDC Immunization Schedule and 3<sup>rd</sup> enactment clause of [HB1323](#), pharmacist may initiate or administer a vaccine to persons ages three (3) through seventeen (17) recommended at his or her age, or may direct a pharmacy technician or pharmacy intern to administer under supervision of the pharmacist.



## **Vaccines for Minors**

- Statewide protocol includes vaccine for RSV.
- COVID-19 vaccines may be administered to this age group pursuant to the PREP Act until such authority expires.
- Influenza vaccines may be administered to this age group pursuant to the PREP Act until such authority expires or [§54.1-3408 \(W\)](#).



## **Vaccine Statewide Protocols**

- Pharmacist Education and Training:
  - knowledgeable of manufacturer's instructions for use, current CDC Immunization Schedule, how to properly identify which vaccines a patient may require, storage and handling requirements, and how to counsel the patient on possible adverse reactions.
  - Shall have current certificate in basic CPR.



## **Vaccine Statewide Protocols**

- Pharmacy Intern and Technician Education and Training:
  - Completed ACPE-approved practical training that must include hands-on injection technique, recognition and treatment of emergency reactions;
  - Shall have current certificate in basic CPR.



## **Vaccine Statewide Protocols**

- Counseling: must provide written info regarding vaccine and possible adverse reactions
- Recordkeeping: 18VAC110-21-46 plus report to Virginia Immunization Information System
- Notification: similar to other protocols





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## **Contact Information**

Department of Health Professions  
Virginia Board of Pharmacy  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

(804) 367-4456

[pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov)

[www.dhp.virginia.gov](http://www.dhp.virginia.gov)

Which of the following is a requirement of the tobacco cessation protocol?

- a) BOP required CE has been completed
- b) The pharmacist must call a physician for a consultation
- c) The patient has tried quitting smoking before
- d) The patient must use nicotine patches



# 10 MINUTE BREAK

# The Virginia Pharmacy Association: Our Work Towards Provider Status



# Scope of Practice Modernization

- Schools of Pharmacy have been educating pharmacists for more of a clinical role for over 20 years
- Other states have successfully passed similar legislation expanding the scope of practice for pharmacists
- Increasing access to care as 90% of the population live within 5 miles of a pharmacy
- Maintaining activities granted to pharmacists/techs/interns by the PREP Act during the pandemic

# Upcoming Opportunities with Payment for Pharmacists

- January 1, 2024
  - Virginia Naloxone Statewide Protocol for Pharmacists
  - Virginia Epinephrine Statewide Protocol for Pharmacists
  - Tobacco Cessation Statewide Protocol
  - Vaccine Protocol for 18+
  - Virginia Prenatal Vitamin Statewide Protocol
- May 1, 2024
  - TB Testing
  - PEP and PrEP
  - CLIA-Waived Tests (Test and Treat Protocols)
  - COVID-19 Testing
  - Lowering Out of Pocket Costs
  - Injectable or Self-administered Birth Control

# Clinical Opportunities for Pharmacists

- Pharmacists have been administering vaccines since the law was passed in 1997.
- Many pharmacies have Collaborative Practice Agreements in place for clinical services
- Point of care testing opportunities- HIV, Hep C, cholesterol, blood glucose, COVID-19
- Board of Pharmacy Protocols have allowed for expanded patient care

# Expanded Roles for Pharmacists

- Education and training prepares pharmacists for these more clinical roles
- Pharmacists are a trusted professional in the community
- Pharmacies are very accessible to their patients
- The need for more convenient care (outside normal business hours) has created a demand for telehealth, urgent care and clinical services at pharmacies



# Resources from VPhA

- Working to identify programs/vendors that will facilitate the implementation of these protocols
- Offering education around provider status at our Annual Meeting in Roanoke, VA on March 7-10, 2024.
- Programs with subject matter experts walking through their own program implementation
- Community of pharmacists to share with, learn from, and network with to advance the profession
- Point of Care Testing Certificate Training Program opportunities

# Tools Needed to be a Provider

- Malpractice insurance- Pharmacists Mutual covers ALL things listed within our scope of practice
- Apply for your CLIA Waiver and make sure to update it if/when you add additional tests
- EHR or software that allows for documentation (Some of the Rx management systems have this function)
- Counseling space that is private but accessible to the public
- Training and education for your support staff can make the implementation process run smooth
- Billing procedures- billing using CPT codes is new and/or different for many pharmacists as the codes are based on the time spent with the patient

# Contact Info for Karen and VPhA

Karen Winslow, PharmD

2530 Professional Rd

North Chesterfield, VA 23235

(804) 822-1564 cell

(804) 285-4145 office

[karen@virginiapharmacists.org](mailto:karen@virginiapharmacists.org)

[www.virginiapharmacists.org](http://www.virginiapharmacists.org)



What is the reason that pharmacist practice has advanced?

- a) Pharmacists receive clinical education
- b) Pharmacists are one of the most trusted professions
- c) Pharmacists may be more accessible than other provider types
- d) All the above



# DMAS PHARMACIST ENROLLMENT

Michelle Watts, BBA  
DMAS Provider Relations Manager

# Pharmacist Enrollment

**Pharmacists will be allowed to enroll as an Individual or an Individual within a Group in VA FFS, MCO Programs, or Both**

- **Provider Type** 268
- **Provider Specialty** 268
- **Enrollment Type Allowed**
  - Individual – Provider will render and bill for services under their own Tax ID.
  - Individual within a Group – Provider will render the service but will not bill.
- **Contracts/Programs Allowed**
  - VA FFS, MCO Only, or Both
- **Required Documents**
  - Pharmacist License/Certification from the Department of Health
  - Individual Enrollment Only - will also need to submit their Liability Insurance Declaration
- **IMPORTANT**
  - Pharmacists **CANNOT** enroll outside of the 50 Mile Border of Virginia. They can only be in VA, or a city/county considered within 50 Miles of the VA Border.

# Pharmacy Enrollment

Pharmacies will begin enrolling as Group Enrollment Type in VA FFS, MCO Programs, or Both

- **Provider Type** 990 – Group Practice
- **Provider Specialty** 990 - Single and Multi-Specialty Group
- **Enrollment Type Allowed**
  - Group – Bill for services that an Individual within a Group renders.
- **Contracts/Programs Allowed**
  - VA FFS, MCO Only, or Both
- **Required Documents**
  - W-9 or other IRS Documentation
- **IMPORTANT**
  - Pharmacies enrolling as Groups **CANNOT** enroll outside of the 50 Mile Border of Virginia. They can only be in VA, or a city/county considered within 50 Miles of the VA Border.

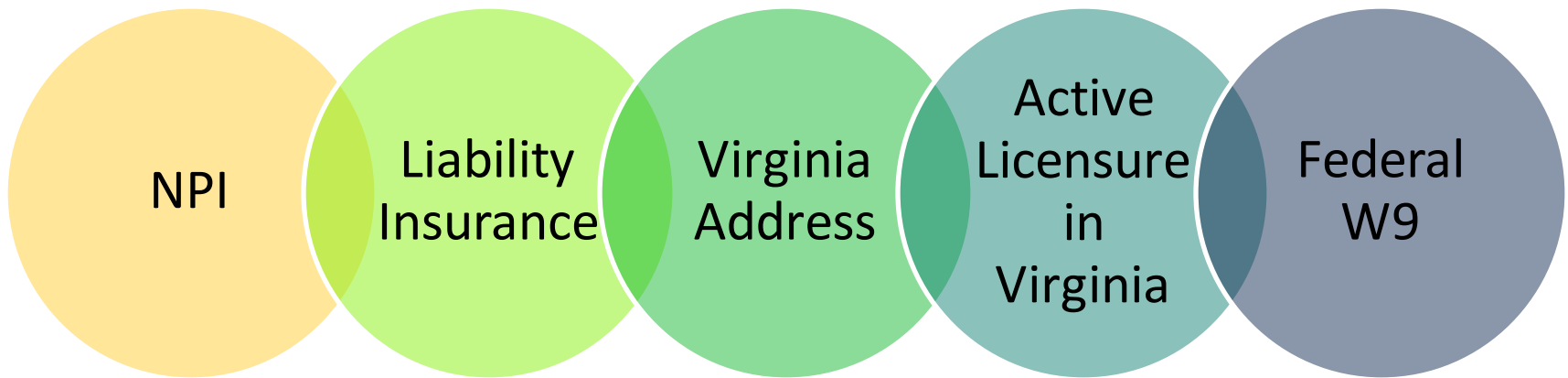
# MCO Enrollment Overview

Plan	Requirements	Link
Anthem	<ol style="list-style-type: none"> <li>1. Business Associate Agreement</li> <li>2. Copy of W-9</li> <li>3. Copy of all current state licenses or verification</li> <li>4. Copy of professional and general liability insurance</li> </ol>	<a href="https://www.anthem.com/provider/getting-started/">https://www.anthem.com/provider/getting-started/</a>
Aetna	<ol style="list-style-type: none"> <li>1. CAQH enrollment</li> <li>2. Copy of all current state licenses or verification</li> <li>3. Copy of limited liability insurance coverage</li> <li>4. Proof of education</li> </ol>	<a href="https://www.aetnabetterhealth.com/virginia/providers/joinnetwork.html#acc_link_content_section_accordion_1">https://www.aetnabetterhealth.com/virginia/providers/joinnetwork.html#acc_link_content_section_accordion_1</a>
Optima	<ol style="list-style-type: none"> <li>1. Copy of all current state licenses or verification</li> <li>2. Copy of current malpractice insurance face sheet indicating amount of coverage</li> <li>3. Copy of Curriculum Vitae (resume) that includes work history for the past 10 years</li> <li>4. Copy of W-9, where applicable</li> </ol>	<a href="https://www.optimahealth.com/providers/provider-support/join-our-network">https://www.optimahealth.com/providers/provider-support/join-our-network</a>
United	<ol style="list-style-type: none"> <li>1. VA License Number</li> <li>2. NPI Number</li> <li>3. Copy of W-9</li> <li>4. Copy of proof of liability insurance</li> <li>5. NPI/TIN of practice site</li> </ol>	<a href="https://app.smartsheet.com/b/form/55ef1ef0d5b34851b7548304718d2057">https://app.smartsheet.com/b/form/55ef1ef0d5b34851b7548304718d2057</a>
Molina	<ol style="list-style-type: none"> <li>1. Copy of all current state licenses or verification</li> <li>2. Copy of current malpractice insurance face sheet indicating amount of coverage</li> <li>3. Copy of W-9</li> </ol>	<a href="https://www.molinahealthcare.com/providers/va/medicaid/resources/pharmacy.aspx">https://www.molinahealthcare.com/providers/va/medicaid/resources/pharmacy.aspx</a>

For reference only: Contact the health plan directly before submission



# FFS Enrollment Requirements



Note: Gainwell will request DEA and pharmacy information, but not required

Once a pharmacist completes the provider enrollment with DMAS, they can begin billing all 5 MCOs

- a) True
- b) False



# MEDICAL BILLING

Lisa Price-Stevens, MD

DMAS Chief Medical Officer

# Medical Billing

- In addition to patient info, medical claims require:

## Provider

Name

Practice Site

NPI

## Diagnosis

ICD-10  
code(s)

## Service

E&M Code

# ICD-10 Codes and E/M Codes

- ICD-10 Codes
  - Reason for the visit
  - Most specific code should be used
- E/M Codes
  - Service Provided
- ICD-10 and E/M Codes must be used in conjunction to successfully bill a medical claim

# Medical Billing

**Evaluation and management (E/M)** coding is a set of medical codes that apply to visits and services involving evaluating and managing patient health

## E/M Codes for New and Established Patients

CPT/HCPCS Code	Description
99202	Office or other outpatient visit for the E&M of a new patient lasting 15-29 minutes
99211	Office or other outpatient visit for the E&M of an established patient lasting up to 9 minutes
99212	Office or other outpatient visit for the E&M of an established patient lasting 10-19 minutes
99213	Office or other outpatient visit for the E&M of an established patient lasting 20-29 minutes

# Medical Billing

## CODING OUTPATIENT E/M VISITS

**99212** Time based: 10-19 minutes

**99202** Time based: 15-29 minutes

Straightforward medical decision making (need 2 of 3):

Problems	Data	Risk
<ul style="list-style-type: none"><li>• 1 self-limited or minor problem</li></ul>	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

**99213** Time based: 20-29 minutes

Low complexity medical decision making (need 2 of 3):

Problems	Data (1 of 2 needed)	Risk
<ul style="list-style-type: none"><li>• 2 or more self-limited or minor problems</li></ul> or <ul style="list-style-type: none"><li>• 1 stable chronic illness</li></ul> or <ul style="list-style-type: none"><li>• 1 acute uncomplicated illness or injury</li></ul>	Category 1 (2 needed): <ul style="list-style-type: none"><li>• Each unique source's prior external note(s) reviewed</li><li>• Each unique test's result(s) reviewed</li><li>• Each unique test ordered</li></ul> Category 2: <ul style="list-style-type: none"><li>• Independent historian required</li></ul>	Low risk of morbidity from additional diagnostic testing or treatment

An example of a 99202 or 99212 is an otherwise healthy patient with cough and congestion due to the common cold.

# Medical Billing

## TIME-BASED CODING

Total time includes both face-to-face and non-face-to-face services personally performed by the provider on the day of the visit.

- Preparing to see the patient (e.g., reviewing external test results),
- Obtaining and/or reviewing separately obtained history,
- Performing a medically appropriate examination and/or evaluation,
- Counseling and educating the patient, family, or caregiver,
- Ordering medications, tests, or procedures,
- Referring and communicating with other health care professionals (when not separately reported),
- Documenting clinical information in the electronic or other health record,
- Independently interpreting results (not separately reported with a CPT code) and communicating results to the patient, family, or caregiver.
- Care coordination (not separately reported with a CPT code).

**Time spent by clinical staff cannot count toward total time.**



# Medical Billing Examples

- 25 yo individual presents to the pharmacy for the first time asking for assistance in choosing a tobacco cessation product

ICD-10	E/M Code
Z72.0 Tobacco Use	99202

- 42 yo individual presents to the pharmacy for a follow-up on HIV PrEP previously prescribed by the pharmacist

ICD-10	E/M Code
Z20.6 Contact with and (suspected) exposure to HIV	99211 or 99212 or 99213

# Medical Billing Options

- MCOs
  - See each MCOs website
- FFS
  - DMAS Practitioner Manual – Chapter 5

Medical billing requires information about which of the following:

- a) Patient
- b) Provider
- c) Diagnosis
- d) Service
- e) All the above



# PANEL DISCUSSION

MaryAnn McNeil, RPh - DMAS  
Caroline Juran, RPh – Virginia BOP  
Karen Winslow, PharmD – VPhA  
Michael Murphy, PharmD – APhA



# THANK YOU FOR ATTENDING

Presentation Will Be Posted  
to [DMAS.Virginia.gov](https://DMAS.Virginia.gov)

Questions can be sent to  
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