



Advancing Kidney Health

Through Optimal Medication Management

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Value-Based Care Models & Pharmacist Reimbursement

What We're Going to Cover

- Value-Based Kidney Care Models
- Pharmacist Roles in Value-Based Models
- Fee-for-Service Reimbursement Strategies



Value-Based Kidney Care Models



Glossary of Terms



- **AWV** = Annual Wellness Visits
- **CCM** = Chronic care management
- **CKCC** = Comprehensive Kidney Care Contracting
- **CKD** = chronic kidney disease
- **CPT** = Current Procedural Terminology
- **DSMT/E** = Diabetes Self-Management Training/Education
- **ESCO** = ESRD Seamless Care Organization
- **ESKD/ESRD** = End-stage kidney/renal disease
- **HCPCS** = Healthcare Common Procedure Coding System
- **KCC** = Kidney Care Choices
- **KCE** = Kidney Care Entity
- **KCF** = Kidney Care First
- **MTM** = Medication Therapy Management
- **MTP** = Medication Therapy Problem
- **PAM** = Patient Activation Measure
- **QIP** = Quality Improvement Program
- **VBC** = Value-based care



What Is Value-Based Care?

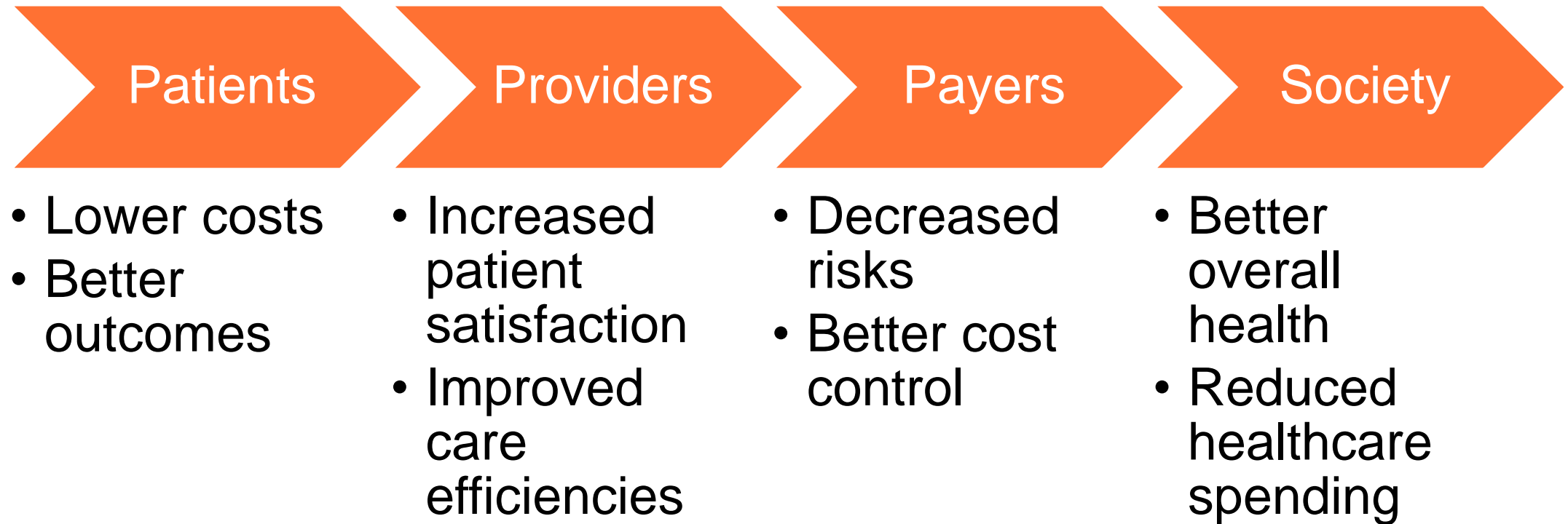
Fee-for-Service

- Provider paid for each service performed
- Simple billing process
- Services are easily trackable
- No penalty for patient outcomes

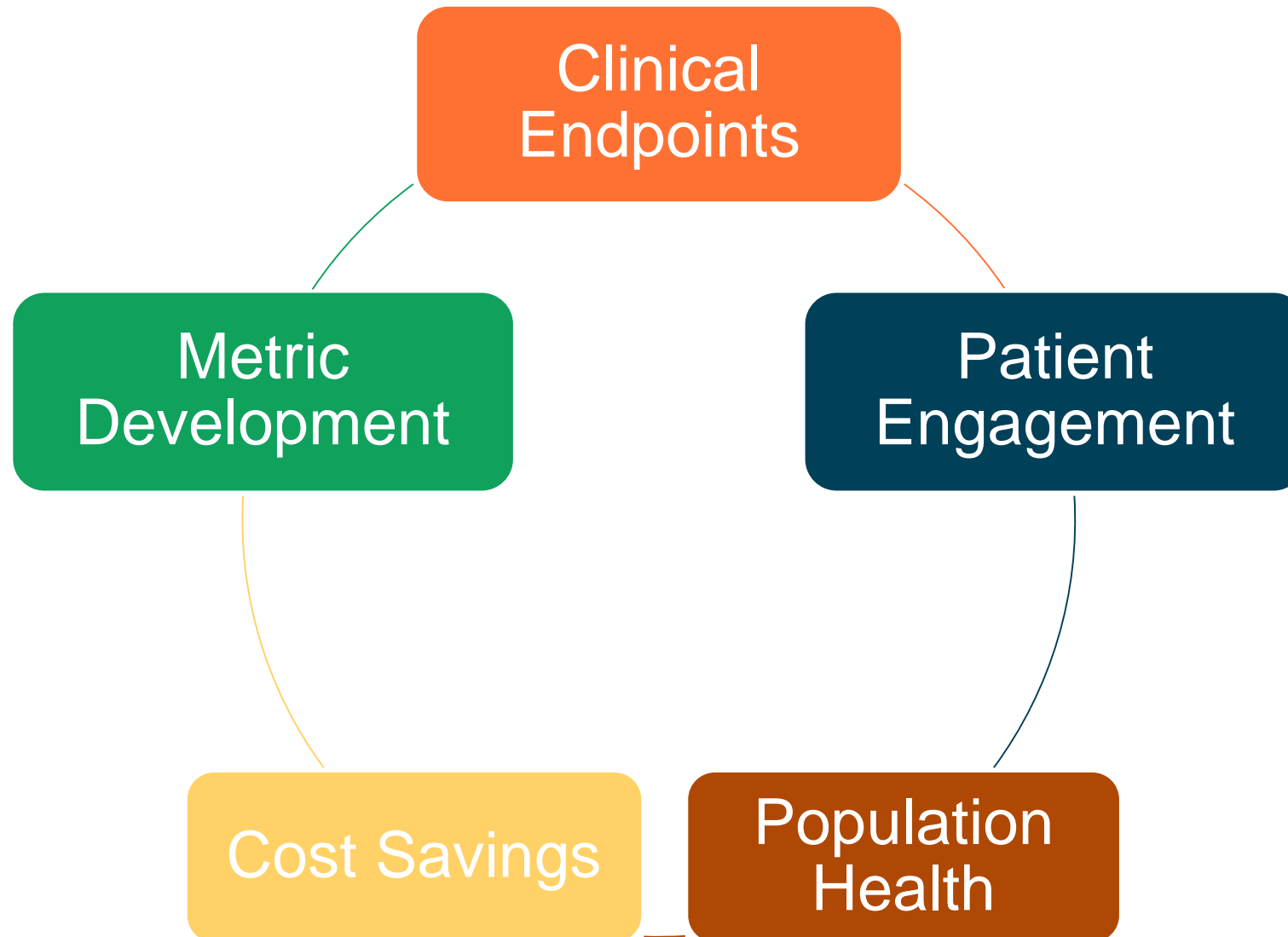
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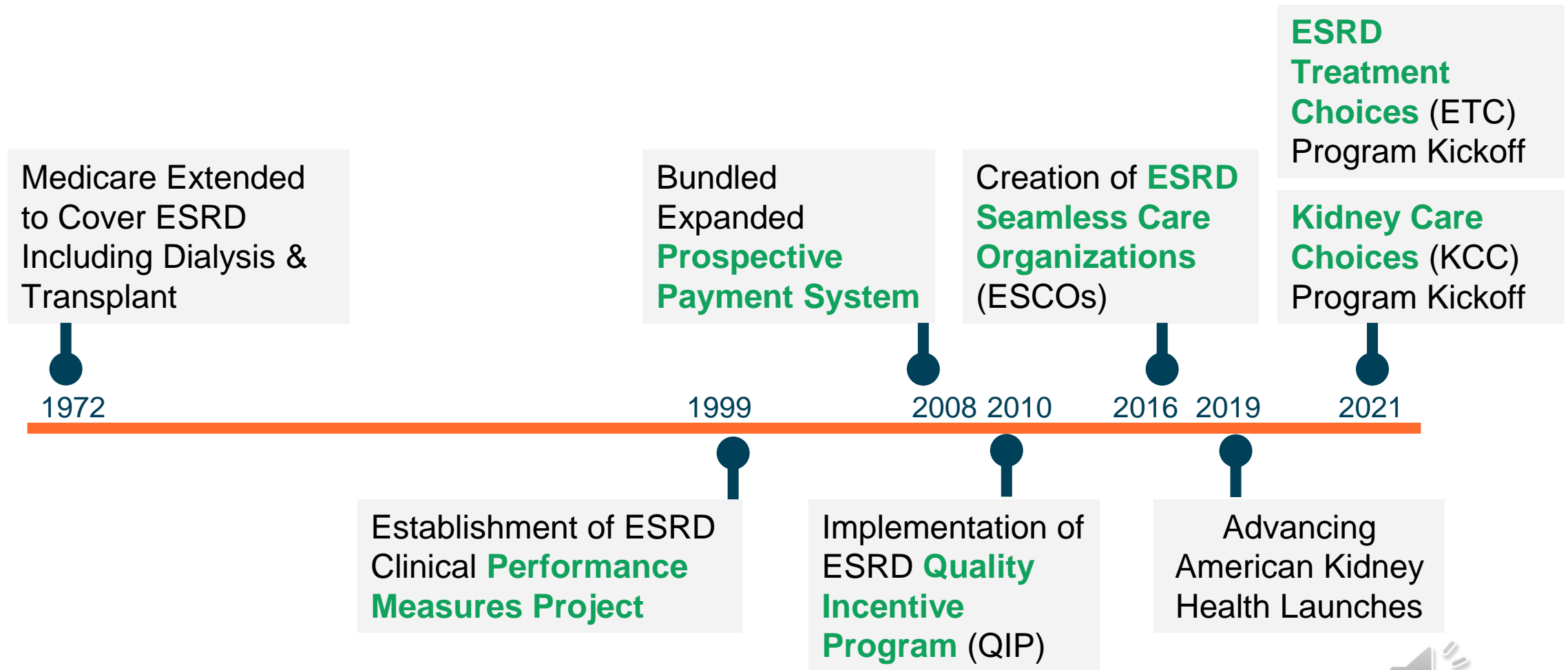
What Is Value-Based Care?



Factors That Affect Value-Based Care



Evolution of Reimbursement for Kidney Care



Adapted from: Himmelfarb J, Ikizler TA. Hemodialysis. N Engl J Med. 2010 Nov 4;363(19):1833-45.

Kidney Care Choices Model

Kidney Care Choices

Kidney Care First

Comprehensive Kidney Care
Contracting

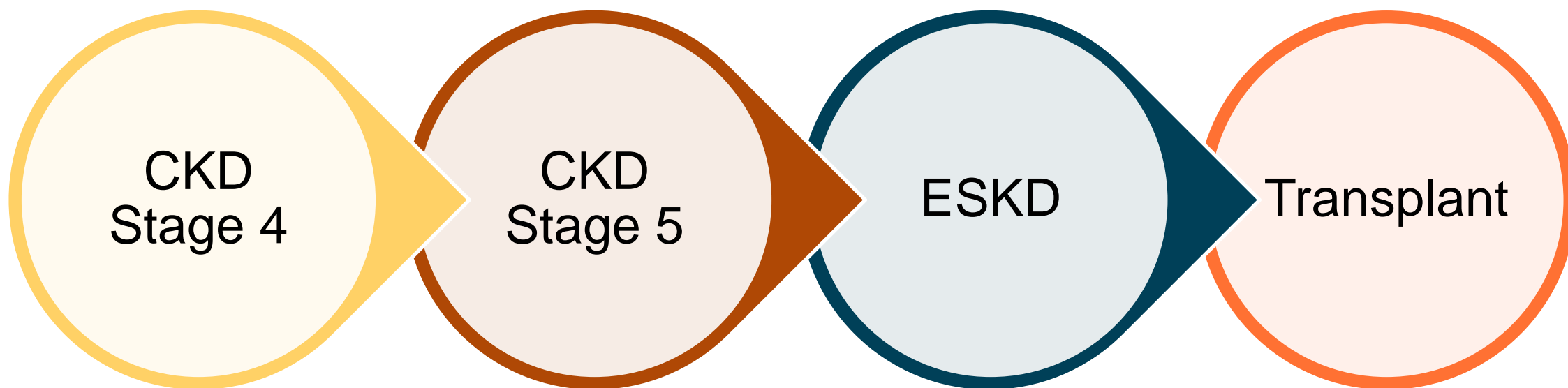
Graduated

Professional

Global



Which Populations Are Included in the Kidney Care Choices Model?



Kidney Care Choices Model

Kidney Care First

- Medicare-enrolled **Nephrology Practices only**
- $\geq 50\%$ of Medicare payments are for Nephrology services
- Minimum of **350 CKD Stage 4 and 5** and **200 ESRD** aligned Medicare beneficiaries

Comprehensive Kidney Care Contracting

- **Kidney Care Entities** = One or more nephrologists and at least one transplant provider
- May include other providers and suppliers (such as dialysis facilities)
- Focus on
 - Improving quality of care
 - Reducing total cost of care
 - Delaying CKD progression
 - Increasing transplant rate
- Minimum of **750 CKD Stage 4 and 5** and **350 ESRD** aligned Medicare beneficiaries



Kidney Care Choices Model

Comprehensive Kidney Care Contracting

Graduated

- Lower level of risk with ability to transition into a higher level in future years
- Large dialysis providers (>500 dialysis units) cannot participate
- Two levels of risk to choose from

Professional

- Share in 50% of savings or losses in the total cost of care for Medicare Part A and B

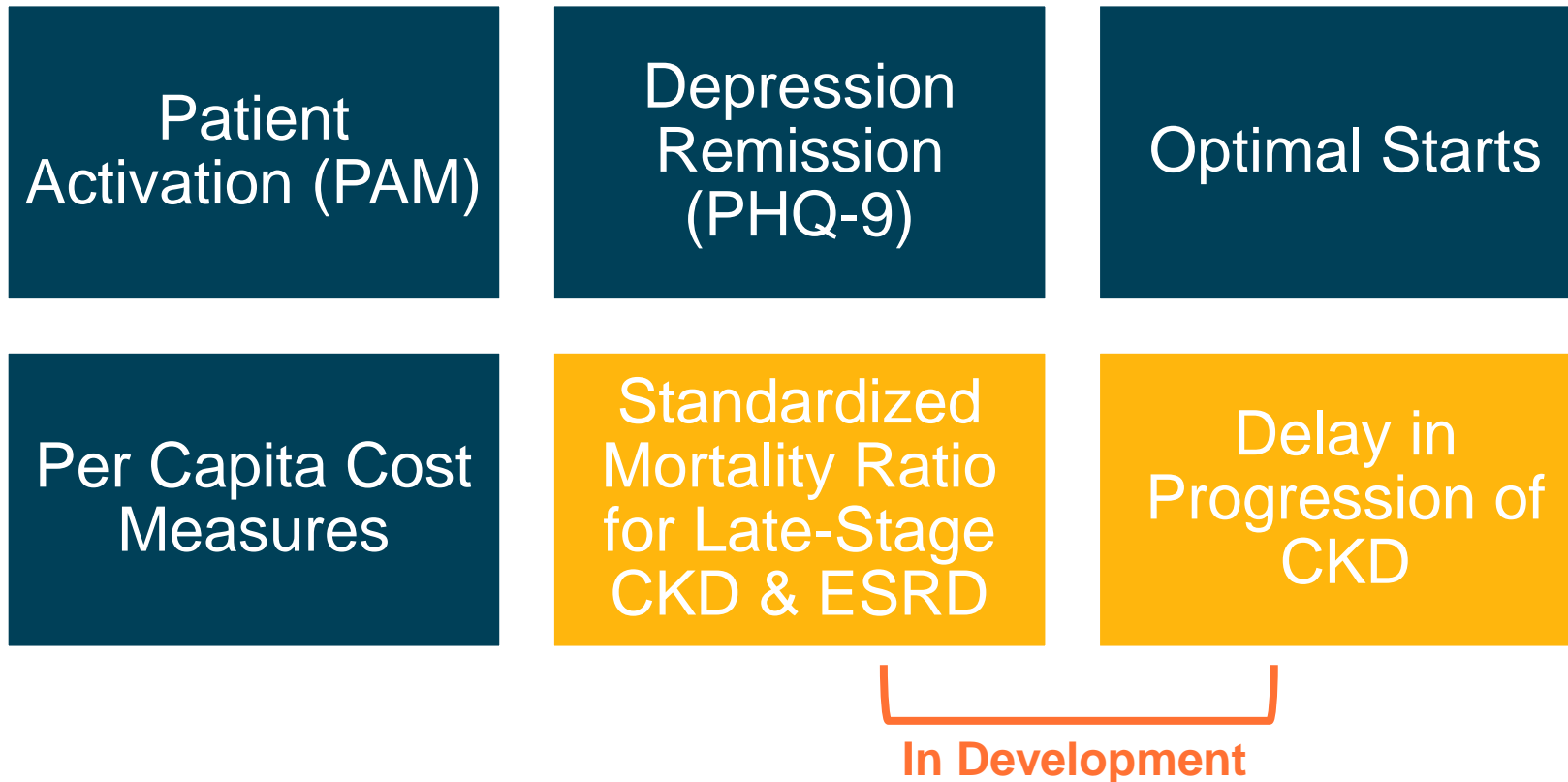
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- At risk for 100% of the total cost of care for all Medicare Part A and B



Kidney Care Choices Model

KCC Quality Measures



Kidney Care Choices Model



For a webinar overview of the KCC:

<https://innovation.cms.gov/webinars-and-forums/kcc-model-overview>

For detailed information on the Centers for Medicare & Medicaid Services Kidney Care Choices Model

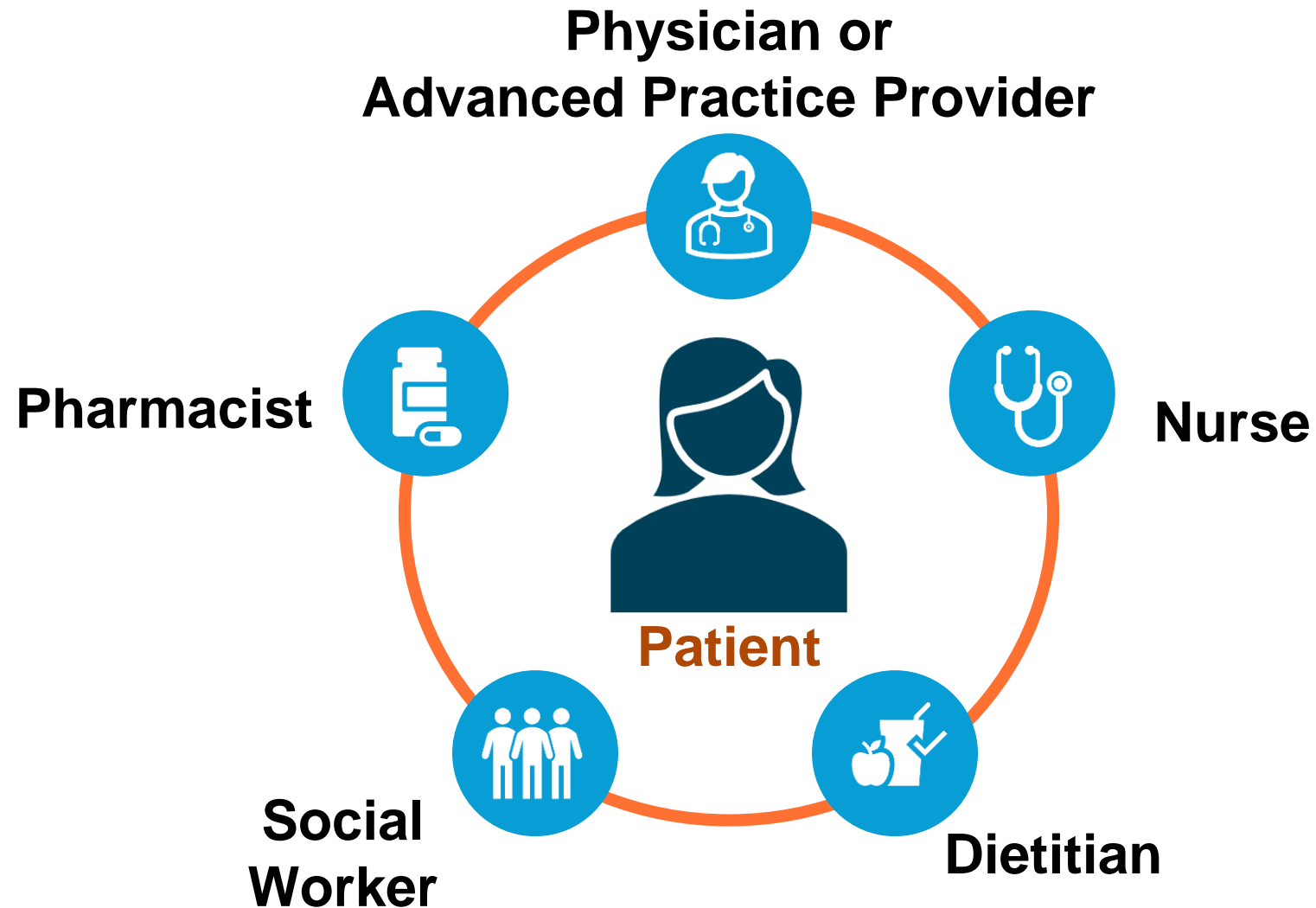
<https://innovation.cms.gov/media/document/kcc-py23-rfa>



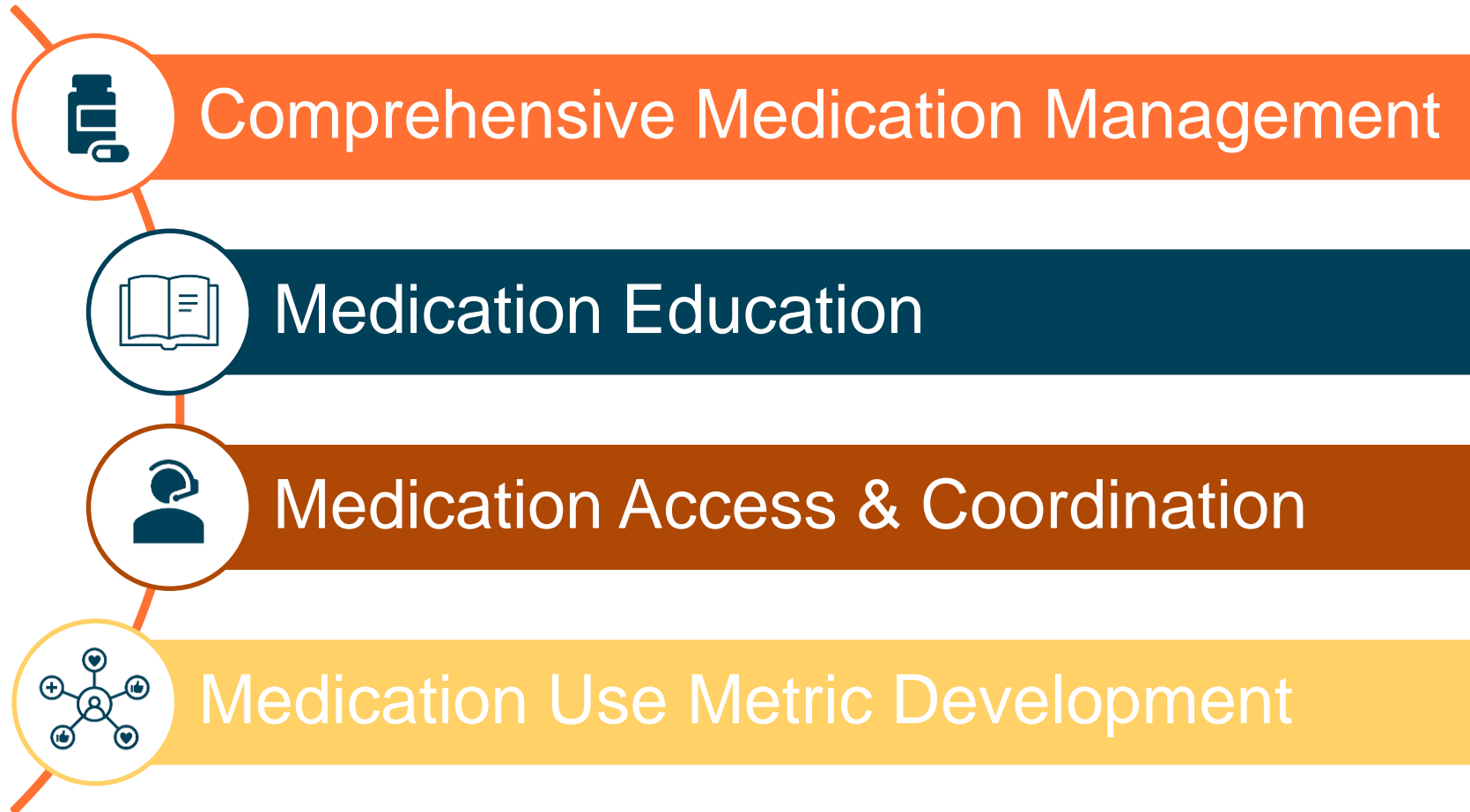
Pharmacist Roles in Value-Based Care



Value-Based Care Interprofessional Team



Pharmacist Services in Value-Based Care



Pharmacist Services in Value-Based Care



Comprehensive Medication Management

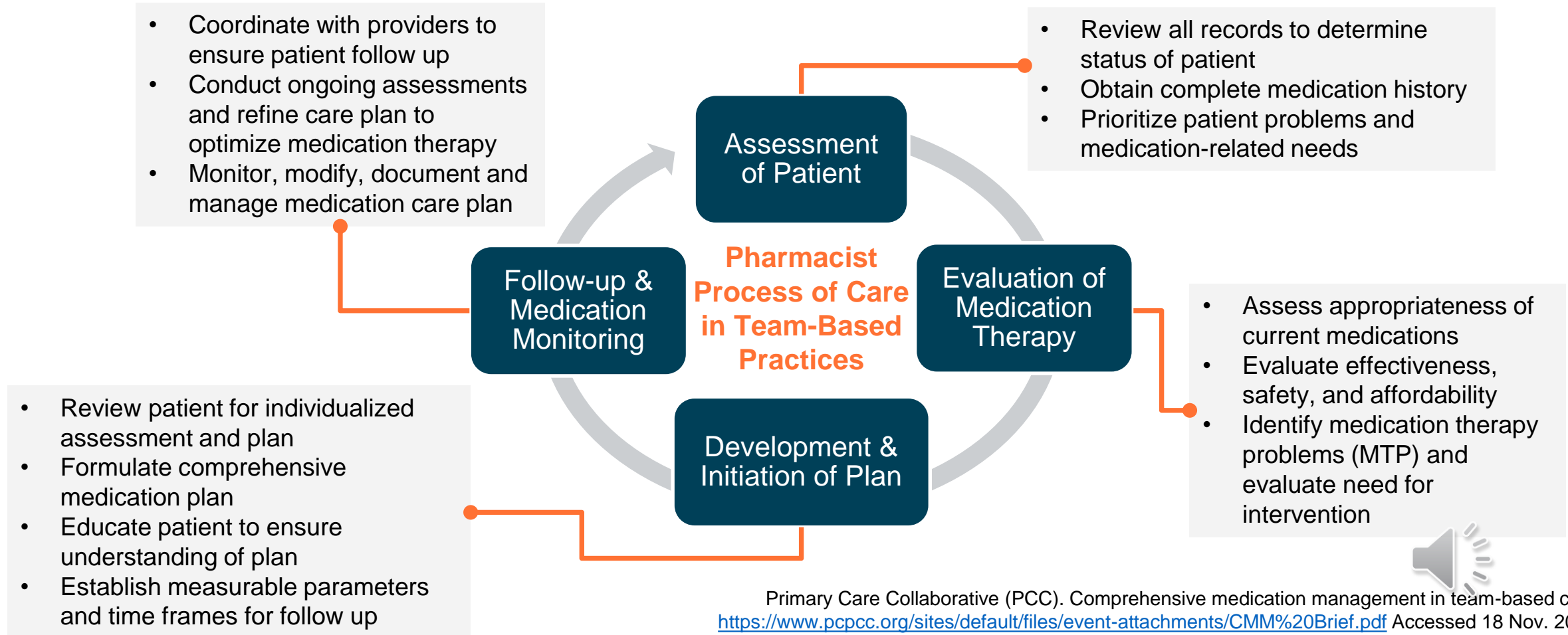
“The standard of care that ensures each patient’s medications (whether they are prescription, nonprescription, alternative, traditional, vitamins or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medication condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended”



Pharmacist Services in Value-Based Care



Comprehensive Medication Management



Pharmacist Services in Value-Based Care



Medication Education

Targeted Medications

- Identify education deficiencies
- Ensure patient knows how and why they are taking their medications
- Counsel on safe medication practices

Transitions of Care

- Educate patient at specific time-points to facilitate optimal medication knowledge:
 - Dialysis Initiation
 - Facility Discharge
 - Transplant
 - Hospice

Nonadherence

- Determine barriers for nonadherence
- Work with patient to remove or improve barriers
- Follow up with patient to ensure adherence is improving



Pharmacist Services in Value-Based Care



Medication Access & Coordination

Affordability

- Strategize ways to decrease medication costs
 - Formulary Switch
 - Patient Assistance
 - Foundation Grants
- Engage other team members (social worker) to help identify ways to improve financial status

System Issues

- Remove system-level barriers to medication acquisition
 - Out of Refills
 - Prior Authorization
 - Specialty Medication
 - Mail Order Override
 - Billing Issues
- Empower patient to resolve medication access issues



Pharmacist Services in Value-Based Care



Medication Use Metric Development

Safety

- Create evidence-based alerting systems, e.g.
 - Drug Interactions
 - Dose too High
 - Contraindications
 - Drug-Lab Alerts
 - Adverse Reactions
 - Medication Errors
- Develop workflows to support pharmacist action on safety issues

Efficacy

- Implement care gap metrics for high-risk patients, e.g.
 - Medication Opportunities
 - Optimize Disease Management
- Harness data analytics to identify patients needing pharmacist intervention

Performance

- Identify metrics to measure pharmacist performance, e.g.
 - MTPs identified
 - MTPs resolved
 - Overall guideline-directed medication therapy utilization
- Devise systems and use coaching to ensure consistent pharmacy practice within pharmacy team

Case



- The Nephrology practice you work with has entered into a value-based agreement (KCF) with Medicare and would like to integrate a pharmacist into their clinic workflow.
- You have been tasked with developing the pharmacy service line.
- The Nephrology practice primarily serves elderly patients with multiple comorbid conditions and significant polypharmacy.
- The medical director meets with you to discuss the most important service the pharmacist can provide.



Pharmacist Reimbursement



Pharmacist Reimbursement: Value-Based Care vs. Fee-for-Service

Pharmacists do not have provider status per Medicare rules

KCF & CKCC

- Emphasizes comprehensive, quality care
- Financial incentives are based on quality metrics and total cost of care
- Supports high-value, experienced pharmacist services

vs.



Billing Codes for Pharmacists

“Incident-to” CPT Codes

- Increased patient complexity from 99211 through 99215
- Must be attached to a Medicare-recognized provider
- Specific documentation requirements for each code

	Level	Time	Reimbursement
99211	Minimal	5 Minutes	\$23.07
99212	Problem Focused	10 Minutes	\$45.77
99213	Expanded Problem Focused	15 Minutes	\$75.32
99214	Detailed	25 Minutes	\$110.28
99215	Comprehensive	40 Minutes	\$147.76

Billing Codes for Pharmacists

“Incident-to” CPT Codes – *Requirements to Bill*

1. Patient must first be seen by physician for Medicare-covered service
2. Physician must have provided authorization for service in medical record
3. Physician must continue to see patient at a frequency that reflects their active participation
4. The pharmacist service is commonly furnished in a Medicare Part B provider's office or clinic
5. The service is medically appropriate to be given in physician's office



Billing Codes for Pharmacists

“Incident-to” CPT Codes – *Requirements to Bill*

6. Service provided that is “incident-to” must be within pharmacist’s scope of practice as defined by state pharmacy law
7. Services and supplies must be furnished in accordance with state law
8. Medicare Part B-approved provider must be on the premises when service is provided
9. The pharmacist providing the service must be an employee or contracted to the Medicare Part B-approved provider



Billing Codes for Pharmacists

Medication Therapy Management (MTM) CPT Codes

- Only billable through MTM contract with drug plan
- Reimbursement rate set by plan sponsor

	Level	Time	Reimbursement
99605	New Patient	15 Minutes	Varies \$35-75
99606	Established Patient	15 Minutes	Varies \$35-75
99607	Established Patient – Add On	15 Minutes	Varies \$35-75

Billing Codes for Pharmacists

Education-Specific CPT Codes

- Not paid by Medicare
- Education is prescribed by a physician or other qualified healthcare professional
- Must be face-to-face
- Must use a standardized curriculum

	Level	Time	Reimbursement
98960	Individual Patient	30 Minutes	Varies
98961	2-4 Patients	30 Minutes	Varies
98962	5-8 Patients	30 Minutes	Varies



Billing Codes for Pharmacists

Diabetes Self-Management Training/Education (DSMT/E)

- G Code can be used if program recognized by ADA or AADE and pharmacist is a Certified Diabetes Educator
- Counseling services count as a component of education services (99212-99215)

	Level	Time	Reimbursement
G0108	Individual Patient	30 Minutes	\$56.22
G0109	2-20 people	30 Minutes	\$15.50/patient



Billing Codes for Pharmacists

Medicare Annual Wellness Visits (AWV)

- Pharmacists cannot bill for Welcome to Medicare visit (G0402)
- Pharmacists cannot bill directly for this service in FQHC

	Level	Time	Reimbursement
G0438	First Visit	Varies	\$174.43
G0439	Subsequent Visits	Varies	\$118.21



Billing Codes for Pharmacists

Chronic Care Management Services (CCM)

- Pharmacist cannot bill, but may contribute as “qualified non-physician provider”
- Applicable to beneficiaries with two or more chronic conditions expected to last at least 12 months
- Patient consent required
- Same requirements as “incident-to”

	Level	Time	Reimbursement
99490	Regular	20 Minutes	\$42.17
99487	Complex	60 Minutes	\$92.98
99489	Complex	Additional 30 Minutes	\$46.49



Billing Codes for Pharmacists

Transitional Care Management

- Pharmacist cannot bill, but may contribute as “qualified non-physician provider”
- Submitted under Medicare-recognized provider
- Requires communication with patient within 2 business days of discharge
- Pharmacists can provide non-face-to-face coordination or be involved in face-to-face visits with provider

	Level	Time	Reimbursement
99495	Moderate Complexity	Varies	\$166.50
99496	High Complexity	Varies	\$234.97



Billing Codes for Pharmacists

KCC Specific Codes – FY2023

- Post-Discharge Home Visits Benefit Enhancement
 - Occurs within 90 days of discharge from inpatient hospital, rehabilitation facility, long-term care hospital or skilled nursing facility
 - Beneficiary must not qualify for Home Health
 - Eligible for up to 9 post-discharge home visits within 90 days of discharge



KCC Specific Codes – FY2023

	HCPSC Code	Level	Time
In-Home Visit for New Patients	G2001	Brief	20 Minutes
	G2002	Limited	30 Minutes
	G2003	Moderate	45 Minutes
	G2004	Comprehensive	60 Minutes
	G2005	Extensive	75 Minutes
In-Home Visit for Existing Patients	G2006	Brief	20 Minutes
	G2007	Limited	30 Minutes
	G2008	Moderate	45 Minutes
	G2009	Comprehensive	60 Minutes
	G2013	Extensive	75 Minutes
Care Plan Oversight	G2014	Limited	30 Minutes
	G2015	Comprehensive	60 Minutes



Billing Codes for Pharmacists

KCC Specific Codes – FY2023

- Kidney Disease Education Benefit Enhancement
 - Waives the requirement that education must be performed by a physician, physician assistant, nurse practitioner or clinical nurse specialist
 - Pharmacists are **NOT** eligible to bill for kidney disease education



CPT Billing Codes



For referencing pharmacist billing and coding:

<https://www.ashp.org/-/media/assets/ambulatory-care-practitioner/docs/billing-quick-reference-sheet.pdf>

For guidance on billing for Professional & Patient Care Services

<https://www.ncpdp.org/NCPDP/media/pdf/WhitePaper/Billing-Guidance-for-Pharmacists-Professional-and-Patient-Care-Services-White-Paper.pdf?ext=.pdf>



Educating Your Patient



Medication Communication & Coordination

Identification of Drug Interactions

Answering Patient Questions

Working With Them Over Time



Summary

Value-based care models emphasize clinical outcomes and reduction in total cost of care

KCF & CKCC creates opportunities for pharmacists to provide high-quality clinical care

The pharmacist is an integral member of the VBC team and should provide comprehensive medication management

Fee-for-service billing codes exist for pharmacists to provide care outside of VBC contracting





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Through Optimal Medication Management

Thank you!

