

Item No. 2
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**American Pharmacists Association
House of Delegates – March 18-21, 2022**

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Christopher Johnson, APhA-APPM Delegate
(Name)

February 14, 2022
(Date)

APhA-APPM Delegation on behalf of Diabetes Management
Special Interest (SIG)
(Organization)

Subject: Reimbursement for Diabetes Education Services

Motion:

1. APhA supports the expansion of patient access to diabetes self-management education and support.
2. APhA calls upon public and private payers to recognize and reimburse pharmacists as providers of diabetes self-management education and support regardless of practice setting.
3. APhA supports the development of a guide for pharmacists seeking appropriate reimbursement from payors for diabetes self-management education and support.

Background:

The intent of this policy statement would be to expand the existing CMS billing options to include reimbursement for diabetes self-management education and support (DSMES) that may be structured differently than formally accredited programs to support the provision of these services in a community pharmacy setting.

It is estimated that half of the US adults with diagnosed diabetes are not controlled, as defined by the American Diabetes Association (ADA) non-pregnant clinical goals.¹ A major factor contributing to the ability to achieve this goal is the self-management capabilities of a person with diabetes. The purpose of DSMES is to “is to give people with diabetes the knowledge, skills, and confidence to accept responsibility for their self-management.”² Patient engagement in DSMES has demonstrable benefit in patient clinical outcomes, and the American Diabetes Association (ADA) guidelines recommends referral to DSMES at several key points in the care of a patient with diabetes.³ However, given significant barriers to billing, which impact the sustainability of these programs, many patients lack ready access to these resources. The reimbursable benefit by Medicare for DSMES is termed diabetes self-management training and is reimbursed through the “G codes” (G0108 and G0109).⁴ These codes have strict requirements for use, including a costly accreditation by the American Diabetes Association (ADA) or American Diabetes Care

and Education Specialists (ADCES), patient referral from a Medicare qualifying provider, and enrollment with Medicare Part B.⁵ Furthermore, services provided under these codes must rigidly adhere to the outlined DSMES process, which while beneficial, may not be the only modality for care that can provide benefit to patients. In recognition of this, some private payers have created billing codes for group education and training for patient self-management (e.g. 998960-98962) to provide reimbursement outside of formally recognized DSMES programs.⁶ However, these codes are not universally available due to payer-to-payer variation. Providers may also attempt to use evaluation and management (E/M) codes (e.g. 99211-99215) for payment for these services.^{6,7}

Pharmacists face even more barriers for reimbursement for diabetes education services. Currently, pharmacies can seek Medicare reimbursement for DSMES programs using the G codes. However, in the community setting, obtaining referrals and operating within the constraints of an ADA/ACDES-accredited program may be unnecessary, impractical, or impossible. For other options such as E/M codes or the group education codes mentioned above, pharmacist use is contingent on being able to bill “incident to,” which also has barriers including the inability to bill the same day as the provider.

Despite the barriers, many pharmacists are already conducting formalized DSMES, and increasing numbers of pharmacists are seeking additional training and certification in this area including the APhA Pharmacist and Patient-Centered Diabetes Care Certificate Training Program and as Certified Diabetes Care and Education Specialists (CDCES, formerly CDE). Pharmacists inarguably have the skills, knowledge, and training to provide self-management education to patients with diabetes and should be empowered to utilize these skills to improve patient outcomes. Examples of the positive impact of pharmacist-provided DSMES is demonstrated in various studies including the Diabetes Ten City Challenge⁸, the EMPOWER study⁹, and the Asheville Project where the mean participants’ A1c reduced by $-1.1 \pm 1.9\%$ (mean \pm SD, $p < 0.0001$) from baseline after 6 months.¹⁰ The National Community Pharmacists’ Association (NCPA) supports expanding diabetes care services, and APhA should also actively support the recognition and reimbursement of pharmacists in expanded settings as providers for DSMES.⁷

References:

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020.
2. Powers MA, Bardsley JK, Cypress M, Funnell MM, Harms D, Hess-Fischl A, Hooks B, Isaacs D, Mandel ED, Maryniuk MD, Norton A, Rinker J, Siminerio LM, Uelman S. Diabetes Self-management Education and Support in Adults With Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association. *Diabetes Care*. 2020 Jul;43(7):1636-1649. doi: 10.2337/dci20-0023. Epub 2020 Jun 8. PMID: 32513817. Standards of Medical Care in Diabetes-2021. *Diabetes Care*: 44 (Supplement 1). *Diabetes Care*. 2021;44(Supplement 1).
3. Condon JE, Eichorst B. Medicare Billing for DSME and MNT Services. <http://healthyinteractions.com/assets/files/Medicare-Billing-for-DSME-and-MNT-Services.pdf> Accessed: January 3, 2019.
4. Rassmussen CA. Utah Diabetes Telehealth Series. 2011 Sep 21. Available at: http://choosehealth.utah.gov/healthcare/continuing-education/diabetes-webinar-series/archives/presentations-2011/October_DSMEinPCP_rasmussen.pdf
5. Coding for Group Visits. AAFP: <https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/group-visits.html>
6. Kliethermes MA, Parrott AM, Sachdev G, Singh RF, Weber ZA. Pharmacist Billing for Ambulatory Pharmacy Patient Care Services in a Physician-Based Clinic and Other Non-Hospital-Based Environments – FAQ. <https://www.ashp.org/-/media/assets/ambulatory-care-practitioner/docs/sacp-pharmacist-billing-for-ambulatory-pharmacy-patient-care-services.pdf> Accessed: January 3, 2019.

7. Expanding Diabetes Care Services. <https://www.ncpanet.org/innovation-center/diversified-revenue-opportunities/expanding-diabetes-care-services> Accessed: January 3, 2019.
8. Fera T, Bluml BM, Ellis WM. Diabetes Ten City Challenge: final economic and clinical results. J Am Pharm Assoc (2003). 2009 May-Jun;49(3):383-91. doi: 10.1331/JAPhA.2009.09015. PMID: 19357068.
9. Kraemer DF, Kradjan WA, Bianco TM, Low JA. A randomized study to assess the impact of pharmacist counseling of employer-based health plan beneficiaries with diabetes: the EMPOWER study. J Pharm Pract. 2012 Apr;25(2):169-79. doi: 10.1177/0897190011418513. Epub 2011 Oct 10. PMID: 21987530.
10. Cranor CW, Bunting BA, Christensen DB. The Asheville Project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. J Am Pharm Assoc (Wash). 2003 Mar-Apr;43(2):173-84. doi: 10.1331/108658003321480713. PMID: 12688435.

Current APhA Policy & Bylaws:

To our knowledge, currently there are no existing APhA Policy statements or bylaws related to this topic.

2013, 1978 Pharmacists Providing Health Care Services

APhA supports the study and development of new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services to patients.

(Am Pharm NS18(8):47 July 1978) (Reviewed 2007) (Reviewed 2008) (JAPhA 53(4):366 July/August 2013)(Reviewed 2016)

2004, 1978 Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.
2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.

2017, 2012 Contemporary Pharmacy Practice

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that re-act contemporary pharmacy practice.
4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists' roles in patient care as health care providers.
6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 16, 2022** (30 days prior to the start of the first House session).

Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon.

Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.