

Development of a medication therapy management superbill for ambulatory care/ community pharmacy practice

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Abstract

Objectives: To explain the purpose of superbills, suggest strategies for incorporating superbills into pharmacy practice, and propose a model superbill for consideration by practitioners.

Practice description: Ambulatory pharmacies in the United States.

Practice innovation: Superbills have been used by physicians and other health care providers for many years as a way of efficiently communicating to the office staff, the patient, and even the insurer the types of services that have been provided at the point of care. The profession of pharmacy has not routinely used superbills in the past; however, given the recognition of pharmacists as providers of medication therapy management (MTM) services, immunizations, disease management, and other specialty preventive health services, the time has come for pharmacists to begin using superbills.

Main outcome measures: Not applicable.

Results: A sample superbill, suitable for adaptation by individual providers of medication therapy management and other clinical pharmacy services, is provided in this article.

Conclusion: Superbills may or may not improve the pharmacist's overall ability to receive insurance remuneration, but the authors believe that greater recognition by patients of the nondispensing activities of pharmacists can be achieved by using a superbill and that this may lead to more opportunities for payment for MTM in the future. Research is needed to assess whether incorporating superbills into a variety of pharmacy practice settings improves patient perceptions of the pharmacist and to discover how superbills effect practice efficiency.

Keywords: Medication therapy management, superbills, compensation.

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Previous presentation: The superbill form presented herein was released at an APhA-APPM open forum on medication therapy management services at APhA2008, San Diego, CA, March 16, 2008.

If you've been an outpatient in the U.S. health care system at any point in the previous 20 years, chances are very high that you've been the recipient of a superbill. Physicians routinely hand superbills to patients, often along with prescriptions, just as they are about to leave the examination room. Patients then take the piece of standard-sized paper, typically pink or yellow in color, to the cashier or scheduling clerk to pay their copayment and schedule any recommended tests and future appointments. The superbill is probably the single most recognizable piece of paper handed out in a physician's office practice, except for perhaps the prescription; however, many individuals don't fully comprehend the importance of this document for both the practice and the patient.

Pharmacists have been presented with unprecedented opportunity in direct patient care. The adoption of Current Procedural Terminology (CPT) codes for pharmacist-provided medication therapy management (MTM) services, the issuance of National Provider Identifier (NPI) numbers to pharmacists and pharmacies by the Centers for Medicare & Medicaid Services (CMS), and the mandate of MTM services by CMS for select Medicare Part D beneficiaries has fueled the need for pharmacists to adopt practice management strategies that have greater similarity to medicine than traditional pharmacy practice management, in order to take advantage of these opportunities. Use of a superbill is one example of a practice management strategy that could greatly benefit pharmacy practice.

Purpose of the superbill

Superbills have long been used as an intraoffice commu-

At a Glance

Synopsis: Superbills have long been used by physicians and other health care providers to efficiently communicate to office staff, the patient, and even the insurer the types of services that have been provided at the point of care. Strategies for incorporating superbills into pharmacy practice are described in the current work, and a model superbill is provided.

Analysis: *Now that pharmacists are recognized as providers of medication therapy management services, immunizations, disease management, and other specialty preventive health services, implementing practice management solutions to better enable provision of these services is essential. Superbills provide a generally accepted format for service provision that is both professionally appealing and time efficient, they meet the tax and insurance needs of patients, and they are highly recognizable because of their wide use by other health care practitioners. Future research assessing whether incorporating superbills into a variety of pharmacy practice settings improves patient perceptions of the pharmacist and whether superbills effect practice efficiency is recommended.*

nication tool. In a medical practice, the physician is typically *not* the person responsible for insurance billing and payment. This role is assumed by a billing clerk or other person on staff or may be outsourced to a commercial entity that specializes in health care billing. These individuals are not present when the physician performs the patient examination and provides service; therefore, the superbill's primary purpose is to communicate to the individuals who will be responsible for collecting payment and/or billing the specific services provided to the patient. This also reinforces the idea that the health professional's responsibility is providing health care, while the billing professional's responsibility is billing and payment.

The superbill also functions to give the patient a record of the service provided, including any fees that may have been paid at the time of the service. Patients can use this record as proof of health care expenditures for income tax purposes or can submit the record as a "receipt" for reimbursement under an employer-sponsored pretax health or medical savings account (MSA). The superbill also contains information about when the patient should return for any follow-up appointments. Information about when and where the patient should go for any referral services, such as dietetic, laboratory, optometry, or dentistry, is also provided.

Lastly, it's important to note that a superbill is *not* an insurance billing form. The Health Insurance Portability and Accountability Act of 2003 mandates that all billing of health services be conducted electronically in an effort to improve patient confidentiality. Thus, a superbill such as the one described in this report cannot serve this purpose. Additionally, the superbill is not intended to be a substitute for the CMS 1500 claim form. This form, especially in its electronic format, still plays a role in pharmacy practice, but this role is largely limited to insurance billing of health services and does not accomplish the other purposes proposed for a superbill.

Benefits for pharmacy practice

The superbill has the potential to benefit the pharmacist providing nondispensing services in many ways and regardless of the practice setting (e.g., community pharmacies, ambulatory care practices, consultant practice, home health care practice). Perhaps the most important benefit is the professional image that a superbill can help to create.

Patients are accustomed to receiving superbills from their physician and other health care providers; however, they are not accustomed to receiving one from their pharmacist. If you are providing MTM or disease management services, the use of a superbill can help communicate to the patient that an important health service is being provided. In this way, the profession of pharmacy is not recreating a mechanism for pharmacy practice; instead, it is adjusting practice management to fit the generally accepted procedures of other health care service providers. By adopting generally accepted procedures, the pharmacist overcomes many psychosocial barriers to patient and provider acceptance of pharmacist-provided MTM and disease management services. Superbills may give a busy community pharmacy practice a more professional look and feel and cre-

ate a different expectation of what to expect when one comes to the pharmacy.

Another benefit of the superbill to pharmacists that may be unrecognized is its role in the economic transaction for nondispensing services. In a busy community pharmacy practice, it is not unusual for the pharmacist to end up at the cash register exchanging money with a patient. Although this is necessary in many pharmacy practices, it is not an ideal situation. Patients don't expect to hand money to their physician or their dentist; they expect to receive care from these individuals. In the same regard, pharmacists need to create an atmosphere that mimics the atmosphere that already exists in medical practice, and part of creating this atmosphere means that the pharmacist should designate someone else to collect the fees (deductibles and copays) from the patient. The superbill communicates to the patient that the encounter with the pharmacist has now ended, and it is time to move to a checkout station (i.e., cashier) for departure. In addition, the patient may better accept the expectation for payment because an exchange of copayment dollars with a medical practice typically occurs when the superbill is presented to the discharge or exit clerk. Although some of this may sound somewhat standoffish, the reality is that using superbills in this manner simply places pharmacy in line with the currently accepted procedures for practice management by other health care providers.

Detailing the model superbill

The model superbill (Figure 1) was created by the authors based on their collective experiences in providing nondispensing patient care services. In addition, superbills currently being used by medical practices were reviewed to compare format and style.¹ Pharmacists are encouraged to customize the model superbill based on individual practice service offerings and with preprinted practice information to minimize the need for detailed writing during the patient encounter. The form also should be produced in duplicate, with one copy retained by the billing staff and the second copy provided to the patient.

The information in the upper section of the superbill is primarily for the benefit of the billing staff. This demographic and insurance information is essential for ensuring that the correct insurer is billed for the correct patient. Additionally, space is provided to record the exact amount to be billed, as well as any out-of-pocket amount collected from the patient. The information in this section may be used by the patient for income tax or MSA reimbursement purposes.

The superbill format is often divided into three columns. Generally, a superbill will record the nature of the visit in the column farthest to the left. In our model, we have listed the CPT codes for MTM services in this column, as we suspect that this will represent the most commonly used codes by pharmacists.² Because MTM CPT codes are time based, the pharmacist may need to record multiple units for the "each additional 15 minute" line of this section.² If MTM services do not describe the type of services provided, the model form offers other commonly provided services for which pharmacists have a path for third-party remuneration as selection choices. These include

diabetes self-management education (both individual and group education), group education other than diabetes education, and smoking cessation consultation. Patient self-pay services for self-care consults are also listed in this column.

The second column lists laboratory services and procedures that are commonly conducted by pharmacists using point-of-care testing devices. This list is not intended to detail every test that could be performed by a pharmacist; instead, the list represents the most common tests and procedures conducted by pharmacists at this time.

The last column is for immunization services. Each vaccine is listed individually. In addition, for influenza and pneumococcal vaccine, the administration code for each vaccine used in billing Medicare Part B is listed as well. Of note, charging an administration fee in addition to the fee for the vaccine itself that is customary. One will also find in this column the listing of "travel health consult" as an additional service provided by the pharmacist.

The final service codes appear across the bottom of the second and third columns. For several years, institutions with pharmacists in outpatient/ambulatory care settings providing drug therapy management services for solid-organ transplant patients, patients with HIV/AIDS, and patients taking anticoagulants and other specialty pharmaceuticals have used "incident to" billing codes to successfully bill for these services. Incident to billing is not an option for most pharmacists as a result of stringent requirements surrounding the use of these codes. For example, the services must be essential to patient care and provided incident to the physician but not by the physician. In addition, the services must be provided in a location where a physician is available on-site. Documentation requirements are also very stringent. Thus, the incident to billing codes are provided in the model superbill primarily for the benefit of those pharmacists in practice settings where these codes have been successfully used in the past and who meet the criteria for use of these codes.

In addition to opportunities to indicate the services billed, space is provided at the bottom of the first column for indicating any known diagnoses given to the patient by his or her physician. Pharmacists should use caution and list only those conditions officially diagnosed by the physician because this information will be used by billing personnel for insurance billing. An incorrect diagnosis listing could create tremendous issues for a patient with his or her insurer related to preexisting conditions and payment for other health care services. Pharmacists should consult with the patient's primary care physician for official diagnosis codes to ensure appropriate billing.

Finally, one should also note the space provided to record the date and time of the next visit with the pharmacist for follow-up care, along with a signature line for the pharmacist to record his or her name and NPI number.¹ Space for any referral information appears in the bottom right hand column. A signature line for the patient is provided but may be unnecessary if the patient intake forms used by the pharmacy have already collected the signature of the patient, acknowledging acceptance of payment responsibility.



Pharmacists' Services 123 Main Street Birmingham, Alabama 12345 123.451.6789 (P) 987.654.3210 (F)							
Date of Service:			Insurance:				
Patient Name: (Last, First)			Cardholder Name: (Last, First)		Previous balance		
Address:			Group #:		Today's charge		
Phone:			ID #:		Today's payment:		
DOB:	Age:	Sex:	Provider Name:			Balance due:	
Description	CPT Code	Billable Units	Description	CPT Code	Billable Units	Description	CPT Code
Medication Management Service			Laboratory Services/Procedures			Immunization Services	
New PT	99605		POC Blood Glucose	W82962		Influenza > 3 y.o	90658 + G008
Est. Pt.	99606		POC A1C	W85018		Influenza Intranasal	90660
Additional 15 min	99607		POC INR	W85610		HPV	90649
Full MTM Review (check)			POC TC/HDL			Varicella (Chickenpox)	90716
Follow-up MTM Review (check)			POC Lipid Panel	QW80061		VZV	90736
MTM for			POC ALT	W84460		MMR	90707
			Other			Immune-globulin	
Diabetes outpt self-management training services	G0108		Urine Drug Screen	80100/80101		PPV	90732 + G0009
Diabetes outpt self-management training services – group session	G0109		Bone Densitometry			Hepatitis A	90632
Smoking Cess. Consult (Indiv.)	\$XX		Spirometry	94010		Hepatitis A/B Comb	90636
Self-Care Consult	\$XX		Other			Hepatitis B	90746
			Drug Administration (non-Vaccine)	90772		Tdap	90715
			International Travel Consult	\$XX		Td	90718
						IPV	
Known Diagnosis (ICD-9 codes)							
			Incident to Billing in a Physician's Office or Clinic				
			New Patient		Est. Patient		
			99201		99211		
			99202		99212		
			99203		99213		
			99204		99214		
			99205		99215		
Next patient visit:			For non-incident to billing (Pharmacist): _____ NPI #: _____				
			NPI #: _____ Secondary-Provider Signature (Pharmacist): _____ NPI #: _____				
Instructions:							
<p><i>You have consented to the services provided above. We will make every attempt to collect from your insurance company, if applicable, any amount due above your copayment. You will be responsible for any service covered by your insurance company.</i></p> <p>**Disclaimer: The example Superbill is a template developed for pharmacists providing medication management and other clinical services in an ambulatory care/community pharmacy setting. Providers customize the Superbill template to their individual practice or utilize in its entirety.</p>							

Figure 1. Model superbill for pharmacist provision of nondispensing patient care services

Conclusion

The opportunities for pharmacists to provide MTM, disease management, and other professional, nondispensing services are tremendous. However, implementation of practice management solutions, which enable these services to be provided, is essential. Superbills offer one such solution and allow the pharmacist to easily adopt a generally accepted format for service provision that is both professionally appealing and time efficient. Superbills also meet the tax and insurance needs of patients and are highly recognizable because of their wide use by other health care practitioners. Superbills may or may not improve the pharmacist's overall ability to receive insurance remuneration, but we believe that greater recognition by patients of the nondispensing activities of pharmacists can be achieved by using a superbill and that this may lead to more opportuni-

ties for payment for MTM in the future. Research is needed to assess whether incorporating superbills into a variety of pharmacy practice settings improves patient perceptions of the pharmacist and to discover how superbills effect practice efficiency. Until such research is done and following the lead of colleagues in medicine, we believe that this is a positive step and encourage pharmacists to adopt this practice management strategy.

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