



On the pathway to sustainable pharmacy provider status: medical billing by community pharmacists. Grant Report

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Overview:

This report provides a summary of the Kelley-Ross Pharmacy Group’s experience in pharmacist-provider claim billing during a nine-month period in 2017. The tables below summarize the billing events that happened during the course of our patient care activities and also report on the overall and plan-level reimbursement that occurred.

Table 1. Claims Summary by CPT Code:

This table displays the total of all claims billed through Kelley-Ross providers between April 1, 2017 and December 31, 2017, stratified by CPT code

	Count of Claims
CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE, 90661	1
Collection of capillary blood specimen (eg, finger, 36416	305
Collection of venous blood by venipuncture, 36415	374
Creatinine; blood, 82565	322
HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM, 90636	1
HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES, 99349	1
HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS, 99350	1
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE, 87389	19
IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES, 87806	292
IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE, 90658	1
IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE, 90471	12
IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE, 90472	1
IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX, 90460	5
OFFICE OUTPATIENT NEW 45 MINUTES, 99204	45
OFFICE OUTPATIENT NEW 60 MINUTES, 99205	20
OFFICE OUTPATIENT VISIT 10 MINUTES, 99212	8
OFFICE OUTPATIENT VISIT 15 MINUTES, 99213	119
OFFICE OUTPATIENT VISIT 25 MINUTES, 99214	284
OFFICE OUTPATIENT VISIT 40 MINUTES, 99215	1
OFFICE OUTPATIENT VISIT 5 MINUTES, 99211	4

PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN, 99401	2
PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN, 99402	1
PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN, 99404	1
RABIES VACCINE INTRAMUSCULAR, 90675	14
SKIN TEST TUBERCULOSIS INTRADERMAL, 86580	2
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM, 96372	1
TYPHOID VACCINE LIVE ORAL, 90690	1
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM, 90691	1
URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS, 81025	1
Grand Total	1840

IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT															
VAC/TOX, 90460															\$30
OFFICE OUTPATIENT NEW 45 MINUTES, 99204	\$184	\$197	\$192	\$354				\$354			\$354	\$184	\$197	\$184	
OFFICE OUTPATIENT NEW 60 MINUTES, 99205	\$228	\$292	\$240								\$444		\$248	\$228	
OFFICE OUTPATIENT VISIT 10 MINUTES, 99212	\$49	\$62	\$43	\$96									\$62	\$43	
OFFICE OUTPATIENT VISIT 15 MINUTES, 99213	\$87	\$35	\$87	\$85	\$159	\$159		\$159			\$159	\$159	\$87	\$35	
OFFICE OUTPATIENT VISIT 25 MINUTES, 99214	\$119	\$129	\$107	\$234	\$59	\$234	\$234	\$234	\$234	\$234	\$234	\$119	\$234	\$129	\$59
OFFICE OUTPATIENT VISIT 40 MINUTES, 99215	\$160														\$160
OFFICE OUTPATIENT VISIT 5 MINUTES, 99211		\$28										\$45			\$28
PREVENT MED COUNSEL&/RISK FACTOR REDJ															
SPX 15 MIN, 99401															\$43
PREVENT MED COUNSEL&/RISK FACTOR REDJ															
SPX 30 MIN, 99402															\$150
PREVENT MED COUNSEL&/RISK FACTOR REDJ															
SPX 60 MIN, 99404										\$210					\$210
RABIES VACCINE INTRAMUSCULAR, 90675	\$406	\$75													\$75
SKIN TEST TUBERCULOSIS INTRADERMAL, 86580		\$0													\$0
THERAPEUTIC PROPHYLACTIC/DX INJECTION															
SUBQ/IM, 96372	\$29														\$29
TYPHOID VACCINE LIVE ORAL, 90690													\$75		\$75
TYPHOID VACCINE VI CAPSULAR															
POLYSACCHARIDE IM, 90691		\$69													\$69
URINE PREGNANCY TEST VISUAL COLOR															
CMPRSN METHS, 81025										\$25					\$25
Grand Total	\$3	\$2	\$0	\$3	\$12	\$2	\$12	\$12	\$12	\$12	\$12	\$3	\$12	\$3	\$0

Table 5. Maximum reimbursement by health plan: This table displays the highest reimbursement paid for each CPT code billed through Kelley-Ross providers between April 1, 2017 and December 31, 2017 for each health plan that was contracted during the period (anonymized)

Max of Allowable Amount															
Row Labels	A	B	C	D	E	F	G	H	I	J	K	L	M	N	Grand Total
CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE, 90661		\$121													\$121
Collection of capillary blood specimen (eg, finger, 36416	\$12	\$12	\$12	\$8	\$12	\$12		\$12	\$12	\$12	\$12	\$12		\$12	\$12
Collection of venous blood by venipuncture, 36415	\$3	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Creatinine; blood, 82565	\$6	\$14	\$14	\$9	\$14	\$14	\$14	\$14	\$14	\$14	\$14	\$14	\$14	\$14	\$14
HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM, 90636														\$250	\$250
HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES, 99349					\$274										\$274
HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS, 99350					\$379										\$379
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE, 87389		\$35	\$35		\$35	\$35								\$28	\$35
IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES, 87806	\$28	\$45	\$45	\$30	\$45	\$45		\$45	\$45	\$45	\$45	\$45		\$45	\$45
IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE, 90658			\$15												\$15
IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE, 90471		\$50	\$50											\$50	\$50
IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE, 90472			\$20												\$20
IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX, 90460			\$50												\$50
OFFICE OUTPATIENT NEW 45 MINUTES, 99204		\$354	\$354	\$192	\$354			\$354			\$354	\$184		\$354	\$354

OFFICE OUTPATIENT NEW 60 MINUTES, 99205	\$444	\$444	\$240								\$444		\$248	\$444	
OFFICE OUTPATIENT VISIT 10 MINUTES, 99212	\$96	\$62	\$43	\$96									\$62	\$96	
OFFICE OUTPATIENT VISIT 15 MINUTES, 99213	\$87	\$159	\$159	\$108	\$159	\$159	\$159			\$159		\$159	\$159	\$159	
OFFICE OUTPATIENT VISIT 25 MINUTES, 99214	\$234	\$234	\$234	\$234	\$59	\$234	\$234	\$234	\$234	\$234	\$234	\$234	\$234	\$234	
OFFICE OUTPATIENT VISIT 40 MINUTES, 99215	\$160													\$160	
OFFICE OUTPATIENT VISIT 5 MINUTES, 99211		\$45									\$45			\$45	
PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN, 99401		\$43												\$43	
PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN, 99402		\$150												\$150	
PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN, 99404						\$210								\$210	
RABIES VACCINE INTRAMUSCULAR, 90675	\$406	\$406												\$406	
SKIN TEST TUBERCULOSIS INTRADERMAL, 86580		\$11												\$11	
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM, 96372	\$29													\$29	
TYPHOID VACCINE LIVE ORAL, 90690													\$75	\$75	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM, 90691		\$69												\$69	
URINE PREGNANCY TEST VISUAL COLOR CMPSRN METHS, 81025						\$25								\$25	
Grand Total	\$87	\$444	\$444	\$240	\$379	\$210	\$234	\$354	\$234	\$234	\$444	\$234	\$234	\$354	\$444

*Additional claim level detail is available in the appendix excel spreadsheet.