

## Payment Policy

Pharmacist	
Original effect date:	Revision date:
04/8/2015	08/03/2018

### IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This information is intended to serve only as a general reference regarding Blue Shield’s payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member’s programs benefits.

### Application

Blue Shield of California’s Pharmacist Payment Policy will apply to professional services performed by a Pharmacist that are within her/his scope of license as defined by the State of California.

### Policy

Payment Policy shall apply to the following services, when allowable:

- 75% of the Blue Shield of California published physician fee schedule for all professional services including Evaluation and Management Services (99050 – 99499) that are within their scope of licensure.
- 100% of the Blue Shield of California published physician fee schedule for medical supplies within their scope of licensure.

### Rationale

Billing codes for physicians are based on the level of complexity of the care provided to the patient, whereas pharmacist medication therapy management codes are time based. CPT codes for professional services as well as evaluation and management may be referred to as level 1–5 visits, describes the characteristics of CPT codes used by physicians for established patients as well as the most recent fee schedule for CPT codes in California. Level 1 visits have the lowest fee, whereas level 5 visits have the highest charge. Because pharmacists do not have provider status, CPT codes higher than a level 1 visit are not routinely allowed by most insurance companies.

### Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards for adjudication of professional claims and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Code (s) impacted	
	<i>All codes within scope of licensure</i>
Resources	
<ul style="list-style-type: none"><li>• American Medical Association <a href="http://www.ama-assn.org/ama">http://www.ama-assn.org/ama</a></li><li>• Centers for Medicare &amp; Medicaid Services <a href="http://www.cms.gov/">http://www.cms.gov/</a></li></ul>	

## Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
04/08/2015	New Policy Adoption	Payment Policy committee
01/01/2016	Maintenance	Payment Policy committee
07/08/2017	Maintenance	Payment Policy committee
08/03/2018	Maintenance	Payment Policy committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available