

December 13, 2017

Harry Hendrix, Jr., Chief  
Pharmacy Benefits Division  
Dept. of Health Care Services  
Sacramento, CA 95814

**RE: FOLLOW UP TO OCTOBER MEETING ON AB 1114 IMPLEMENTATION**

Dear Harry,

The California Pharmacists Association (CPhA), the National Association of Chain Drug Stores (NACDS), and the California Retailers Association appreciate the opportunity to work with the Department of Healthcare Services' (DHCS) on the implementation of Assembly Bill 1114 (2016, Eggman).

This letter serves to clarify the concerns we expressed during our October meeting.

The services outlined in AB 1114 contain a range of time and complexity-based medical interventions that are primarily dependent on the patients' relationship with the pharmacist as well as comorbidities, chronic or underlying disease states, and complicating medical history. The Department's recommendation to limit the clinical services to CPT Codes 99201 and 99211 fails to take this into consideration. We are concerned with some statements made in our discussion with regards to the perceived "scope of practice" of a pharmacist by the Medi-Cal billing staff team that underestimates the true scope or practice and statutory and regulatory clinical requirements that a pharmacist must fulfill in carrying out these services. Dr. Pontrelli's acknowledgement that the medical billing staff did not have the opportunity to review our in-depth correspondence of May 24, 2017 in which we detailed the requirements for each service may have contributed to these misperceptions.

Pharmacists should be treated like other health care professionals when billing for the same services. The Department's suggested coding will create an inequitable system among health care providers.

For example, a nurse could see a new patient for a blood pressure check and bill under 99201, yet a pharmacist could see the same patient and provide more advanced clinical services, such as prescribing birth control, which involves a full patient assessment, counseling and product selection, but still only bill under the same 99201 code.

Additionally, existing patients billed under 99211 generally consist of a five-minute evaluation by any provider, allowing no additional time for risk assessment or consultation. The same is true for consultations involving self-administered hormonal contraception. Further, under the Affordable Care Act, smoking cessation reimbursement is available using either 99406 if the counseling is up to 10 minutes or 99407 if the counseling goes beyond 10 minutes, which we indicated in our previous letter and are not included in your proposal.

The suggested codes contained in our previous letter are consistent with what we believe to be appropriately based on the range of time and complexity for the same services that that other healthcare providers are using under Medi-Cal. As recognized healthcare providers in California, pharmacists can also serve Medi-Cal patients with these approved clinical services resulting in expanded access to care, and financial savings to the state with equivalent clinical outcomes. However, unless pharmacists are

treated the same as other providers for these same services, the cost savings to the state cannot be fully realized.

We urge the Department to reconsider using the CPT codes suggested in our May correspondence (attached). We would also request a meeting to continue to discuss this issue as well as a more comprehensive list of codes since more complex patients appear not to be covered by your proposal. Billing of services should be based upon time and complexity to ensure improved patient outcomes. CPT code billing was originally developed to cover a range of services to patients and is not intended to be "one size fits all" as proposed by the state.

If you have any questions or would like to discuss this further, please do not hesitate to contact us.

Best regards,



Jon R. Roth, CAE  
Chief Executive Officer  
California Pharmacists Association



Mary Staples  
Director, State Government Affairs  
National Association of Chain Drug Stores



Angie Manetti  
Director, Government Relations  
California Retailers Association

<b>Patient Activity/Presenting Problem</b>	<b>Patient Type</b>	<b>CPT Code Recommend.</b>	<b>Medical Requirements of Pharmacist</b>
Furnishing Travel Medications pursuant to CCR 1746.5	<p>New Patient</p> <p>Established Patient</p>	<p>99201 - 99205</p> <p>99211 – 99215</p> <p>Specific billing code dependent on the type (new or established), time and complexity of consultation with patient.</p> <p>In addition, may bill appropriate vaccine CPT code if vaccination is administered.</p>	<p>Prior to furnishing travel medications, a pharmacist shall perform a good faith evaluation of the patient, including evaluation of the patient’s travel history using destination-specific travel criteria. The travel history must include all the information necessary for a risk assessment during pre-travel consultation, as identified in the CDC Yellow Book.</p>
Furnishing Naloxone Hydrochloride pursuant to CCR 1746.3	<p>New Patient</p> <p>Established Patient</p>	<p>99201 - 99205</p> <p>99211 – 99215</p> <p>Specific billing code dependent on the type (new or established), time and complexity of consultation with patient.</p>	<p>Screen the potential recipient. Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the antidote naloxone. The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf---life, and safety. The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources. The pharmacist shall answer any questions the recipient may have regarding naloxone hydrochloride. A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. A pharmacist shall label the naloxone hydrochloride consistent with law and regulations. The pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy. Each naloxone hydrochloride product furnished by a pharmacist pursuant to this protocol shall be</p>

			documented in a medication record for the naloxone recipient, and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense.
Furnishing Self-administered Hormonal Contraception pursuant to 1746.1	New Patient  Established Patient	99201 - 99205  99211 – 99215  Specific billing code dependent on the type (new or established), time and complexity of consultation with patient.	<p>When a patient requests self-administered hormonal contraception, the pharmacist shall complete the following steps:</p> <p>(A) Ask the patient to use and complete the self-screening tool;</p> <p>(B) Review the self-screening answers and clarify responses if needed;</p> <p>(C) Measure and record the patient’s seated blood pressure if combined hormonal contraceptives are requested or recommended;</p> <p>(D) Before furnishing self-administered hormonal contraception, the pharmacist shall ensure that the patient is appropriately trained.</p> <p>(E) When a self-administered hormonal contraceptive is furnished, the patient shall be provided with appropriate counseling and information on the product furnished, including:</p> <ol style="list-style-type: none"> <li>1. Dosage;</li> <li>2. Effectiveness;</li> <li>3. Potential side effects;</li> <li>4. Safety;</li> <li>5. The importance of receiving recommended preventative health screenings;</li> <li>6. That self-administered hormonal contraception does not protect against sexually transmitted infections (STIs).</li> </ol> <p>The pharmacist shall provide the patient with a self-screening tool containing the list of questions specified in this protocol. The pharmacist should provide the patient with a copy of a current, consumer-friendly, comprehensive birth control guide such as that created by the Food and Drug Administration (FDA). The pharmacist shall provide the patient with the FDA-required patient product information leaflet included in all self-administered hormonal contraception products, as required by Business and Professions Code Section 4052.3(c). The pharmacist should provide the patient with a copy of an administration-specific factsheet. The pharmacist shall notify the patient’s primary care provider of any drug(s) or device(s) furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. The pharmacist, in consultation with the patient, may select any hormonal contraceptive listed in the current version of the USMEC for individuals identified as Category 1 or 2. Each self-administered hormonal contraceptive furnished by a pharmacist pursuant to this protocol shall be documented in a patient medication record</p>

			and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense.
Initiating & Administering Immunizations pursuant to CCR 1746.4	New Patient  Established Patient	G0009 – Administration; G0008 – Administration of influenza virus vaccine  May use appropriate time and complexity code: 99201-99203 or 99211-99213 in addition to administration code only if additional time is spent with patient on consultation and warrants the additional service billing	A pharmacist shall notify each patient's primary care provider of any vaccine administered to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the primary care provider. A pharmacist shall report, in accordance with section 4052.8, subdivision (b)(3), of the Business and Professions Code, the information described in section 120440, subdivision (c), of the Health and Safety Code within 14 days of the administration of any vaccine. A pharmacist shall inform each patient or the patient's guardian of immunization record sharing preferences, detailed in section 120440, subdivision (e), of the Health and Safety Code. For each vaccine administered by a pharmacist, a patient vaccine administration record shall be maintained in an automated data processing or manual record mode such that the information required under section 300aa-25 of Title 42 of the United States Code is readily retrievable during the pharmacy or facility's normal operating hours. A pharmacist shall provide each patient with a Board of Pharmacy Order of Adoption 16 CCR§ 1746.4 vaccine administration record, which fully documents the vaccines administered by the pharmacist.
Providing Tobacco Cessation Counseling and Furnishing Nicotine Replacement Therapy pursuant to CCR 1746.2	New and Established Patient	99407 for initial visit  99406 for follow up encounters	When a patient requests nicotine replacement therapy or other smoking cessation medication, or when a pharmacist in his or her professional judgment decides to initiate smoking cessation treatment and counseling, the pharmacist shall complete the following steps: Review the patient's current tobacco use and past quit attempts. Ask the patient the following screening questions: (i) Are you pregnant or plan to become pregnant? (If yes, do not furnish and refer to an appropriate health care provider). (ii) Have you had a heart attack within the last 2 weeks? (If yes, furnish with caution and refer to an appropriate health care provider). (iii) Do you have any history of heart palpitations, irregular heartbeats, or have you been diagnosed with a serious arrhythmia? (If yes, furnish with caution and refer to an appropriate health care provider).

		<p>(iv) Do you currently experience frequent chest pain, or have you been diagnosed with unstable angina? (If yes, furnish with caution and refer to an appropriate health care provider).</p> <p>(v) Do you have any history of allergic rhinitis (e.g., nasal allergies)? (If yes, avoid nasal spray).</p> <p>(vi) Have you been diagnosed with temporal mandibular joint (TMJ) dysfunction? (If yes, avoid nicotine gum).</p> <p>The pharmacist shall review the instructions for use with every patient using a nicotine replacement product. Pharmacists should recommend the patient seek additional assistance for behavior change. The pharmacist shall answer any questions the patient may have regarding smoking cessation therapy and/or nicotine replacement products. The pharmacist, in consultation with the patient, may select any nicotine replacement product (alone or in combination) from the list of therapies specified in this protocol in the Table “Nicotine Replacement Therapy Medications for Smoking Cessation.” The pharmacist shall notify the patient’s primary care provider of any prescription drug(s) and/or device(s) furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. Each nicotine replacement product provided for smoking cessation and furnished by a pharmacist pursuant to this protocol shall be documented in a patient medication record and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense. A patient medication record shall be maintained in an automated data processing or manual record mode such that the required information under title 16, sections 1717 and 1707.1 of the California Code of Regulations is readily retrievable during the pharmacy or facility’s normal operating hours.</p>
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