

Billing for assessment by a pharmacist for Paxlovid treatment

1. Clinical documentation
 - a. Collect – Documentation of the encounter should include all the data the pharmacist needs to determine if Paxlovid is indicated, or in the scope of the authorization to prescribe. The [Fact Sheet](#) for Healthcare Providers on the Emergency Use Authorization (EUA) for Paxlovid, as well as the [EUA](#) itself, allow a pharmacist to prescribe Paxlovid provided that a pharmacist has sufficient information within the last 12 months to assess renal and hepatic function and for potential drug interactions, and that no dose modification is needed to prevent interactions (FDA’s screening [checklist](#)). If any of these are unavailable, or if one of the patient’s routine medications requires a dose adjustment, the pharmacist must refer the patient to the care of a physician, physician assistant, or advanced practice registered nurse (“other licensed prescribers”). The pharmacist must document each of these, plus the results of a SARS-CoV-2 test, for a regulator or payer that may audit to ensure compliance with the EUA and provide evidence that fraudulent billing is not occurring. If the SARS-CoV-2 test is performed in the pharmacy, staff should document symptoms or history of exposure that made the test indicated.
 1. Symptoms
 2. Vitals (temperature, pulse, pulse ox)
 3. Labs (covid, renal function, hepatic function)
 4. Medication list
 - b. Assess – The pharmacist will use the information collected to determine if Paxlovid is indicated and if prescribing is in the scope of the EUA.
 - c. Plan – Based on the assessment, one of three plans is likely and should be documented:
 1. SARS-CoV-2 Positive: Pharmacist issues a prescription (written, telephone, fax, eRx) for Paxlovid that is appropriately dosed.
 2. SARS-CoV-2 Positive: Pharmacist does not issue prescription and refers patient to the care of other licensed prescribers due to severe symptoms or routine medication requiring a dose adjustment.
 3. SARS-CoV-2 Negative: Pharmacist does not issue a prescription and may do any of the following: recommend getting up-to-date on COVID-19 immunization; perform influenza test; advise on self-care and monitoring for mild illness; and/or refer to the care of other licensed prescribers for evaluation of moderate to severe illness.
 - d. Implement
 1. Dispense medication or transmit prescription to a pharmacy that has Paxlovid in stock with appropriate dosage.
 2. Identify referral destination and make referral, calling 911 if appropriate for severe symptoms (e.g. pulse ox below a clinically significant percentage).

- e. Monitor – The pharmacist or, under direct supervision of the pharmacist, pharmacy intern or pharmacy technician should, although not required by the EUA, follow-up with the patient to collect information on symptom improvement or deterioration or other information reported by the patient and proceed as appropriate. The pharmacist must report all serious events and medication errors potentially related to Paxlovid within seven calendar days from the pharmacist’s awareness of the event, using FDA Form 3500 to MedWatch, as described in Section 6.4 of the [fact sheet](#).
2. Claims submission for assessment – NCPA is advocating that Medicare allow reimbursement of \$75 for COVID-19 assessment by a pharmacist anticipating only one code will be allowed. As of the date in the footer, Medicare will not reimburse a pharmacist for this assessment. This amount was determined to balance reimbursement for a panel of patients that might take the pharmacy 15-45 minutes to assess. This does not include reimbursement for a test performed in the pharmacy’s CLIA-waived laboratory or a no-cost-product dispensing fee.
- a. Medicaid- If your state has given provider status to pharmacists, refer to the Medicaid program for information about submitting claims for COVID-19 antiviral assessment by a pharmacist.
 - b. Medicare – As of the date in the footer, Medicare will not reimburse assessment by a pharmacist.
 - c. Commercial health plan
 - 1. Medical benefit – Pharmacists who are credentialed and able to bill a health plan medical benefit will use the appropriate CPT code for a new or existing patient and length of the visit. Most patients that would be considered moderately or highly complex (i.e. patients who will require dose adjustments of Paxlovid or another medication) will be referred to the care of a other licensed prescribers; efficient pharmacy operations should be able to quickly make that determination and still be able to use one of the codes below.
 - 1. New patient – Claim reimbursement for CPT code 99202 (15-29 min, low complexity) or 99203 (30-44 minutes, low complexity) depending on the length of the visit and patient complexity.
 - 2. Existing patient – Claim reimbursement for CPT code 99212 (10-19 min, low complexity) or 99213 (20-29 minutes, low complexity) depending on the length of the visit and patient complexity.
 - 2. Prescription benefit
 - 1. Some PBMs may adopt NCPDP guidance on claiming reimbursement for Assessment by a Pharmacist. Refer to the PBM’s provider manual or helpdesk for instructions to claim reimbursement for the assessment

when the pharmacist is the prescriber on the prescription in addition to their instructions on claiming reimbursement for dispensing Paxlovid. NCPDP guidance suggests using Professional Service Code (440-E5) “AS – Patient Assessment,” Incentive Amount Submitted (438-E3) for the assessment, and Submission Clarification Code (420-DK) 42 – “Prescriber ID Submitted is valid and prescribing requirements have been validated” when the pharmacist NPI is rejected as an invalid prescriber ID.

2. When Paxlovid is not prescribed or when the prescription is transmitted to a different pharmacy that stocks Paxlovid, there is not currently a way to claim reimbursement for the assessment.
- d. Cash – There are no preclusions to charging patients for a SARS-CoV-2 antiviral assessment even though charging for the product is prohibited. Pharmacists and other providers are encouraged to be clear and fair with pricing. Documentation of the assessment should be sufficient for a patient to submit to their health plan for reimbursement.

3. Pharmacy location considerations

- a. OSHA’s [Health Care Emergency Temporary Standard \(ETS\)](#): Most of OSHA’s Health Care ETS has been withdrawn in December 2021, but the record keeping and its general standards, including the Personal Protective Equipment (PPE) and Respiratory Protection Standards requirements, are still in effect. However, OSHA is encouraging continued voluntary compliance with the entire Health Care ETS. (NCPA [summary](#)).

The Health Care ETS applies to pharmacies only if a pharmacy offers additional health care services, like COVID-19 testing, therapeutics, or vaccinations. Note that the Health Care ETS requirements only apply to settings in which health care is provided. If your pharmacy provides COVID-19 testing and/or vaccines within the larger retail setting, the Health Care ETS requirements apply only to the setting in which COVID-19 testing is performed, not to the pharmacy as a whole. However, if a pharmacist purely dispenses prescriptions in retail settings, then the Health Care ETS does not apply.

- b. Administering COVID-19 tests puts employees at risk for exposure to SARS-CoV-2, so pharmacists need to document a hazard assessment and draft a plan to mitigate hazards identified (e.g. PPE for staff, distancing, barriers, ventilation, etc.).
 1. Is there adequate space and privacy for specimen collection? Can a pharmacist, pharmacy intern, or pharmacy technician collect a specimen outdoors or while the patient is in their car?
 2. Is the space within the pharmacy used for any other purpose? If yes, design scheduling and cleaning procedures to prevent exposure

- c. Pharmacists should consider offering assessment by telehealth. Use a platform that provides an audio and visual connection to the patient. Because of the public health emergency, there is enforcement discretion for telecommunication technologies that might normally not comply with HIPAA. [Click here](#) to read more and see lists of HIPAA-compliant technologies and of common applications that are covered or excluded from this temporary enforcement discretion. Document observations and information such as positive home antigen test, thermometer reading, screenshot or screenshare or patient's view of their health record portal showing relevant labs, etc.

- d. The authority to prescribe Paxlovid is not dependent on stocking the drug. If you stock Paxlovid, establish procedures for accepting a prescription issued by a pharmacist. Dispensing would be the only activity in this scenario. A payer is likely to review a second assessment as a wasteful claim subject to recoupment if paid.