




State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL PRACTITIONERS, FACILITIES, HOPITALS AND PHARMACIES PARTICIPATING
IN THE NEW MEXICO MEDICAID PROGRAM

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SUBJECT: PHARMACEUTICAL SERVICE REIMBURSEMENT PARITY

In accordance with House Bill 42, Pharmaceutical Service Reimbursement Parity, this supplement contains information regarding parity of reimbursement for all services provided by a Pharmacist Clinician (Ph.C.) and a Pharmacist with prescriptive authority who issues drug items billed through point-of-sale, or as HCPCS or CPT codes to the New Mexico Medicaid programs in an office, clinic, pharmacy, hospital, or any outpatient hospital setting.

Billing Requirements

Ph.C.s are not licensed for independent practice and cannot be paid directly. Reimbursement is made to the supervising provider or entity under which the extender works. See NMAC 8.310.3.11, Section C, 4, link below. Ph.C.s must enroll with the New Mexico Medicaid program. The purpose for required enrollment is so the Ph.C. can be identified as the rendering provider on the billing form.

https://www.hsd.state.nm.us/wp-content/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20310/8_310_3-Revised.pdf

Reimbursement for Pharmacist Clinicians (Ph.C.)

Reimbursement shall be paid to the Pharmacist Clinician or entity at the same rate that is paid to a licensed physician, physician assistant (PA), or advanced nurse practitioner (NP) for the same service. The Ph.C.'s NPI

is entered in the area designated for the Rendering Provider NPI and the supervising physician's NPI is entered in the billing provider information and the Service Facility NPI can also be listed in the Service Facility Location Information.

Instructions on filing CMS-1500 and UB-04 online claims can be found on the New Mexico Medicaid Portal website: <https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#FormsPubs>

A Ph.C. is a professional certified by the New Mexico Board of Pharmacy (NMBOP) who has the additional training and licensure to provide direct health care - often in a hospital, clinic, physician's office, or pharmacy - for a variety of acute and chronic disease states that are outlined in a prescriptive authority protocol approved by a supervising physician that is licensed by the New Mexico Medical Board. They may only furnish services within their scope of practice as defined by state law. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2020 and are effective for services provided on or after that date. All rates are published at: <https://www.hsd.state.nm.us/providers/fee-schedules/>.

Reimbursement for Services Provided by Pharmacists with Independent Prescriptive Authority

Reimbursement for services provided by a pharmacist with independent prescriptive authority shall be paid at the rate that is paid to the billing provider. The billing provider must bill using the appropriate billing form.

Instructions on filing CMS-1500 and UB-04 online claims can be found on the New Mexico Medicaid Portal website: <https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#TrainingPresentations>.

For point-of-sale drug claims, the payer sheet is available on the HSD website and the New Mexico Medicaid Portal.

HSD website: <https://www.hsd.state.nm.us/providers/hippa-standard-companion-guides/>

New Mexico Medicaid Portal: <https://nmmedicaid.portal.conduent.com/static/index.htm>

Provider Information: HSD/MAD Forms:

<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#HSD/MAD-Forms>

COVID Information: Codes and Resources

<https://nmmedicaid.portal.conduent.com/static/covid.htm#Telehealth>

New Mexico law allows pharmacists to be certified to prescribe in areas such as hormonal contraception, tobacco cessation, immunizations, Naloxone drug therapy, tuberculosis testing (serum prescribing, administration and follow up reading are included as a single submission), and HIV Post-Exposure Prophylaxis (PEP) therapy, in accordance with the written protocols approved by the NMBOP. Pharmacists with prescriptive authority often work in a retail setting and do not provide services under the supervision or direction of a physician. However, prescriptive authority shall be limited to those drugs, TB tests and vaccines delineated within—currently approved and future NMBOP written prescriptive authority drug therapy protocols.

For Point-Of-Sale (POS) Pharmacy Billing:

A pharmacy billing for services provided by pharmacists with prescriptive authority will bill using the following:

- The pharmacist’s NPI in the prescriber NPI field with the NDC for the prescribed product,
- a valid quantity dispensed and appropriate days’ supply,
- with the corresponding preventative medicine counseling and/or intervention service performed.

This would be approximately a 15-minute session billed at the updated Medicare reimbursement methodology.

Counseling sessions are not limited to 15 minutes, and providers should apply the appropriate quantity to reflect time spent as accurately as they are able to in 15-minute increments. Reimbursement will include the calculated cost of the prescribed drug, a \$10.30 professional dispensing fee and a submitted patient assessment clinical service payment at the most current Medicare based reimbursement fee schedule. The clinical service payment is intended to reimburse the pharmacy for the pharmacist prescribing and preventive medication evaluation and counseling of the determined drug therapy provided.

When a counseling session is provided at a pharmacy without dispensing a drug, the Preventive Medicine Counseling can be billed on a CMS-1500 under pharmacy provider type 416 with the procedure code for medication therapy management services by a pharmacist for assessments and interventions (Procedure Code 99605 New Patient or 99606 Established Patient) up to the initial 15 minutes and each additional 15 minutes (Procedure Code 99607).

NOTE: As of 03/01/2021, Indian Health Service providers will be reimbursed at the All- Inclusive Rate (AIR). The provider may reflect the services provided on the claim; however, additional payment will not be made for prescribing, counseling and/or drug administration.

For prescriptive authority billing, the pharmacy must populate the following NCPDP fields:

Field#	NCPDP Field Name	Value
405-D5	Days’ Supply	A valid day supply
407-D7	Product Service ID	A valid NDC#
409-D9	Ingredient Cost Submitted	Lesser of methodology
412-DC	Dispensing Fee Submitted	Value = \$10.30
420-DK	Submission Clarification Code	Value = 02 (Other Override)
438-E3	Incentive Amount Submitted	Medicare based reimbursement methodology
440-E5	Professional Service Code	“AS” – Patient Assessment
473-7E	Code Counter Value	Value = “1”

Questions regarding this Supplement can be directed to the Medical Assistance Division at MADInfo.HSD@state.nm.us. If you have any questions regarding submission of pharmacy point-of-sale claims, you may contact Conduent’s Pharmacy Helpdesk at 1-800-365-4944 option 3.