Credentialing and Billing
for Strep Test and Treat Services in Community Pharmacies

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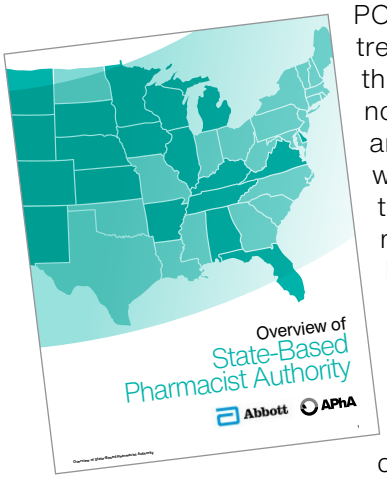
Introduction

Streptococcus pyogenes, also referred to as group A *Streptococcus* (group A strep), can infect both children and adults and result in a variety of noninvasive and invasive diseases.[1] The Centers for Disease Control and Prevention estimates that several million cases of noninvasive group A strep infections (e.g., pharyngitis, impetigo) occur annually in the United States, with pharyngitis being the most common infection. An estimated 5.2 million outpatient visits for pharyngitis occur annually in patients younger than 65 years, with these visits resulting in approximately 2.8 million antibiotic prescriptions each year.

Given the high rates of pharyngitis occurring in the community, pharmacists play an increasingly vital role in testing and treating group A strep infections. In over 20 states across the country, pharmacists have the authority to utilize point-of-care testing (POCT) in their practice settings to test for group A strep, with some states also allowing pharmacists to treat select patient populations.



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POCT by community pharmacists is advantageous because it enables the screening and treatment (depending on states' regulations) to be completed during a single encounter, thereby improving access to care, counseling, and patient outcomes. Two primary diagnostic tools are used in clinical settings: rapid antigen and molecular strep tests.[2] Rapid antigen tests detect specific antigens produced by *S. pyogenes* from the patient sample, with results usually available in minutes. While rapid antigen strep tests are known for their speed and ease of use, they are generally less sensitive compared with molecular methods and may result in false negatives and the need for further confirmatory testing (i.e., throat culture confirmation). Molecular strep tests detect the genetic material of pathogens and are highly sensitive as they can detect even minute quantities of bacterial DNA. These tests have a reduced risk of false negatives. Traditionally, molecular tests took longer to complete; however, rapid molecular point-of-care tests are now available with results generated within minutes and without the need for culture confirmation for negative results.[3] The American Pharmacists Association (APhA) has created a Frontline Insights Interview Series, where experts discuss strep test and treat service implementation in their pharmacy. See youtube.com/@aphapharmacists/videos to review the programs.

The availability of POCT for group A strep in the community enhances patient convenience and access, especially in rural and underserved areas or during off hours when providers are unavailable. The rapid identification of strep infections can also drive the appropriate use of antibiotics for documented infections and potentially limit antibiotic use for viral-associated illnesses.

The purpose of this document is to inform community pharmacists about authority to provide strep test and treat in each state, how to credential with payers if available, and provide an overview of best practices to bill for strep test and treat services.

Getting Started

Types of Authority

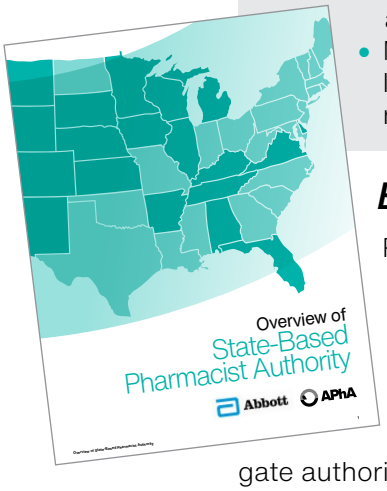
Each state varies in the type of authority it grants pharmacists regarding their ability to perform strep test and treat services (see Overview of state-based pharmacist authority). The authority can include population-based collaborative practice agreements, statewide protocols, and/or independent prescribing authority.

Alabama, Florida, Kentucky, Minnesota, Nebraska, South Dakota, Tennessee, Utah, Washington, Wisconsin, and Wyoming allow collaborative practice agreements in which an individual pharmacist jointly works with an individual physician under a collaborative agreement to provide a range of agreed-upon services to patients meeting eligibility criteria. Arkansas, Delaware, Iowa, Kansas, New Mexico, and Virginia have statewide protocols that outline the screening, assessment, and treatment recommendations for pharmacists to follow when providing strep test and treat services. For example, Arkansas has a "Group A Streptococcal Pharyngitis Treatment Protocol," which stipulates that the Board of Pharmacy will adopt a screening assessment and questionnaire to be used by pharmacists throughout the state.[4] Additionally, the protocol gives guidance on patients who are eli-

gible for treatment (e.g., 3 years and older), ineligible patients (e.g., immunocompromised, pregnant, clinically unstable), and lists specific first-line treatment recommendations and contraindications.

Colorado, Idaho, Illinois, and Montana grant pharmacists independent prescribing authority as long as select criteria are met. For example, Idaho law notes that a pharmacist may independently prescribe provided the following general requirements are met by the pharmacist[5]:

- Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained.
- Only issue a prescription for a legitimate medical purpose arising from a patient–prescriber relationship.
- Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence.
- Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate.
- Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan.



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Education and Training Requirements

Prior to pharmacists initiating POCT in the pharmacy, pharmacies must first obtain a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver, with information on the intended tests (i.e., strep, COVID-19, etc.) and the specific machine(s) used. Many states also require pharmacists to complete specific training related to POCT. Student pharmacists and pharmacy technicians have also become increasingly involved in POCT services and play a vital role in improving patient outcomes and enhancing the efficiency of health care delivery. In some states, pharmacists may delegate authority for testing to student pharmacists and technicians. For technicians, several training resources are available. One example is the POCT Certificate offered by the Pharmacy Technician Certification Board. This certificate ensures technicians are competent in conducting POCT, understand CLIA-waived POCT protocols, and are trained in safe and accurate testing procedures.

Education and training requirements vary by state, therefore pharmacists are encouraged to determine the specific education and training requirements for the state in which they practice (see Overview of state-based pharmacist authority).

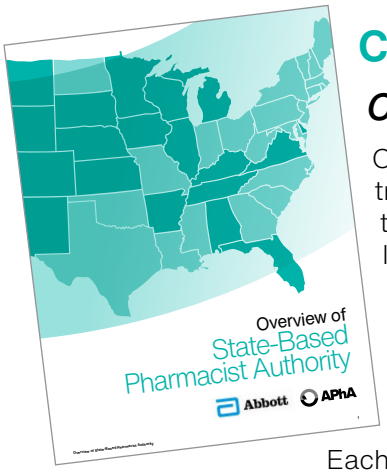
Some of these education and training requirements may include but are not limited to:

- Successful completion of education and training in point-of-care CLIA-waived testing techniques.
- Documented hands-on training for specimen collection, which includes infection control measures.
- Documented successful completion of Accreditation Council for Pharmacy Education–approved continuing education related to streptococcal infection.
- Successful completion of a certification course that addresses patient assessments; POCT procedures (as noted above); safe and effective treatment of minor, nonchronic health conditions; and identification of contraindications.
- Familiarity with the current Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis by the Infectious Diseases Society of America.
- Successful completion of an accredited residency program or have Board of Pharmacy Specialties certification.

Patient education is another important consideration for POCT. Some of these services will be covered by various health plans via the medical benefit, therefore educating patients on the differences of prescription versus medical billing is essential. Patients are well versed in showing their pharmacy benefit card at the pharmacy counter; they will also need to be educated to share their medical insurance card for these types of POCT services.

Billing/Payment Models

Billing for strep test and treat services varies by state and health plan (see Overview of state-based pharmacist authority). The ability to bill for certain POCT-related services is contingent on state scope of practice and state insurance laws.[6] In some states, pharmacists are currently billing under a cash-based model, whereas in other states, credentialed pharmacists contracted with health plans can be reimbursed for their services under the medical health benefit. For example, Senate Bill 272 in Delaware requires health insurance providers to provide the same reimbursement to pharmacists that is already provided for other providers performing the same services.[7] The reimbursement must be at the same rate, also known as payment parity, as advanced practice registered nurses and physician assistants/physician associates. Many states do not have such legislation in place and instead pharmacist-led services are reimbursed via a cash-based model. APhA continues to advocate for payment at the state and national levels.



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Credentialing and Contracting

Credentialing With Plans

Once pharmacists have determined the authority in their state to conduct strep test and treat services and have assessed the educational and training requirements, they must then determine whether they can be reimbursed for their services. Some states have legislation in place in which pharmacists can bill health plans and receive payment, whereas others do not so cash pay is the only option. In states where pharmacists can be paid for clinical services, the first steps are credentialing and contracting with payers to bill the medical benefit and receive reimbursement for POCT services from payers.[6]

The credentialing process focuses on verifying and assessing the qualifications, credentials, and eligibility of health care providers to participate in a payer's network.[6] Each individual pharmacist needs to be credentialed with each payer, and an individual National Provider Identifier (NPI) is needed to be credentialed with an insurance company for medical billing and to submit prescription claims.[8] This process establishes pharmacists as recognized health care providers with payers and allows them to bill for services and accept third-party reimbursement.

Navigating the credentialing process can be challenging and complex as it entails completing and submitting detailed provider applications and understanding different requirements for the various types of payers (e.g., Medicaid, commercial insurance plans).

There are a few best practices to ease the burden of the credentialing process. Assigning a credentialing lead may help streamline the process, because this person can help manage all of the paperwork, deadlines, and communication with payers. It may also be helpful to create a checklist of required documents and verification steps needed for each payer. The specific requirements may vary depending on the payer and the pharmacist's specialty, but may include the following[8]:

- Individual NPI numbers.
- Personal information (e.g., name, contact information, Social Security Number, demographics).
- Practice location information (e.g., legal name, Employer Identification Number, contact information, NPI, hours of operation).
- Pharmacist licensure information (e.g., state, number, expiration).
- Education (e.g., program information, start and end dates).
- Professional training and certifications (e.g., program information, start and end dates).
- Employment history, including start and end dates, explanation of gap dates, etc.
- Background check.
- Professional references.
- Copy of current professional liability insurance policy.
- Résumé.

Select tools can help streamline credentialing application requirements. APhA's Pharmacy Profiles is a tool specific for pharmacists as providers.[9] It is the first single source repository of pharmacist providers in the United States and collects, maintains, and verifies pharmacists' professional information, enabling them to unlock their full potential as trusted health care providers.

The Council for Affordable Quality Healthcare is another online portal allowing providers to create and maintain a comprehensive profile of their professional and practice information.[10] This profile can be shared with multiple payers, thereby eliminating the need to submit the same information repeatedly. Provider CSAO is another program that also helps streamline the credentialing and contracting process.[11] The benefits of these services are that they make the credentialing process simpler and more efficient; however, the costs associated with these services may be burdensome. The turnaround time for being credentialed can be long; it usually takes about 2 to 4 months to be credentialed by a payer. Additionally, pharmacists must typically recredential with payers on a routine basis (depending on the payer) to maintain their in-network status. This may involve pharmacists updating their information and providing documentation of any new certifications or training they have completed.

Contracting With Plans

Contracting with payers is needed as this formalizes the relationship between the pharmacy and the payer and outlines the terms for service provision and reimbursement.[6] Contracting allows the pharmacy to enter into an agreement with the insurance plan, managed care organization, or third-party payer. Some general steps involved in contracting with health plans include:

- Identifying the target health plans that the pharmacy wants to work with, including Medicaid and private payers.
- Contacting payer representatives to inquire about enrollment procedures and eligibility requirements.
- Completing the credentialing process (as outlined above) for each pharmacist and enrollment with each plan to ensure billing for clinical services.
- Requesting to join as a laboratory (this allows billing for the test itself).
- Requesting to join the network as a billable provider (this is necessary to bill for the clinical visit, test interpretation, and any interventions).
- Reviewing the terms of the contract agreement and paying close attention to the claims filing time limits, reimbursements, and services allowed under the agreement.

Billing Logistics

Medical claims submission involves using Current Procedural Terminology (CPT) codes and/or Healthcare Common Procedure Coding System (HCPCS) codes to represent the services provided by pharmacists.[6] In addition to CPT codes, there are International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes that are assigned based on the patient's condition and provide context to the payer regarding the medical necessity of the services. It is important for providers to determine the correct billing codes for the services being provided (Table 1).

Evaluation and management (E/M) billing is a coding and reimbursement process used by health care providers that applies to visits and services involving evaluating and managing patient health.[6] In some cases, pharmacists may be involved in services billed under "incident-to" provisions. These "incident-to" services use E/M codes that are based on the time and complexity of the encounter (Table 2).[12] However, incident-to billing is subject to strict requirements and typically applies only in physician-based clinics, not stand-alone pharmacy settings, unless delivered under specific telehealth arrangements. CPT codes higher than Level 1 are routinely not allowed by most payers; however, depending on the state scope of practice or the specific payer, these may be available. It is important for pharmacists to refer to the practice act within their state to determine billable codes available as a provider.

Table 1. *ICD-10 Symptom/Diagnosis Codes* [8, 13]

ICD-10 Code	Symptom/Diagnosis Description
B95.0	Streptococcus, group A
B95.1	Streptococcus, group B
B95.5	Unspecified Streptococcus
R07.0	Pain in throat

Table 2. *E/M Overview* [12]

Patient Type	Code	Total Time Range
New		
	99202	15–29 minutes
	99203	30–44 minutes
Established		
	99211 (Level 1)	<10 minutes
	99212 (Level 2)	10–19 minutes
	99213 (Level 3)	20–29 minutes
	99214 (Level 4)	30–39 minutes
	99215 (Level 5)	40–54 minutes

There are also specific CPT codes for POCT testing/CLIA-waived tests. CPT codes for strep tests vary based on the method of testing. For example, to bill for a rapid molecular/polymerase chain reaction test, pharmacists may use 87651QW.[8,14,15] Proper code selection depends on the technique used and any additional laboratory processes performed. The comprehensive list of CPT codes for CLIA-waived tests is available at: www.cdc.gov/clia/docs/tests-granted-waived-status-under-clia.pdf.

Proper training of staff is necessary to ensure they understand specific requirements and procedures for billing and claims submission for each plan. APhA offers a Pharmacy-Based Test and Treat Certificate Training Program, and state pharmacy associations often provide billing and POCT training specific to Medicaid and commercial insurers. Utilizing pharmacy technicians/support staff to manage the reimbursement process can be beneficial. Additionally, use of software for billing, coding, and claims tracking can enable pharmacists to efficiently run their practice with fewer hours spent submitting, tracking, and adjudicating claims. The Kansas Pharmacists Association provides a comprehensive list of vendors available to assist pharmacists with medical billing and collection of copayments at time of service (www.ksrx.org/resources/medical-billing).[15]

Conclusion

Pharmacist-led strep test and treat services offer patients a convenient option for rapid diagnoses and appropriate antibiotic treatment. Additionally, strep test and treat services present an opportunity for pharmacists to obtain reimbursement. To maximize payment, pharmacists should be familiar with their state's prescriptive authority as well as the credentialing, contracting, and billing processes necessary for proper reimbursement.

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