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C. Edwin Webb, Pharm.D., M.P.H.
Director, Government & Professional Affairs

October 15, 2008

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
ATTN: CMS-0009-P
P.O. Box 8014
Baltimore, MD 21244-1850

RE: File Code CMS-0009-P

Dear Sir/Madam:

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide information and comment on the Notice of Proposed Rule Making published in the August 22, 2008, issue of the *Federal Register* concerning modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards. ACCP is a national professional and scientific society representing almost 10,000 clinical pharmacist practitioners, researchers, and educators. Our members have been among the profession's leaders for almost three decades in developing and providing clinical pharmacy services, consultation, cutting-edge clinical research, and educational programs that improve the quality of medication use in the broad range of health care settings in which they practice.

ACCP supports the intent of the proposed rule, as articulated in the background, to promote enhanced efficiency and functionality of electronic standards for health care transactions authorized under HIPAA. Specifically, ACCP:

- fully supports the proposal to adopt, over the implementation timeline described in the rule, revised standards for ASC X12-based transactions (from Version 4010A to Version 5010) for health professionals;
- fully supports the proposal to adopt, over the implementation timeline described in the rule, revised standards for NCPDP-based transactions for prescription drug claims (from Version 5.1 to Version D.0);
- fully supports the proposal to adopt the NCPDP Batch Standard Medicaid Subrogation Implementation Guide, Version 3.0 as the HIPAA standard for Medicaid pharmacy subrogation transactions between health plans and state Medicaid agencies; and
- **cautiously** supports the proposal to allow flexibility in use of either the ASC X-12 5010 standard or the NCPDP D.0 standard for billing for retail pharmacy supplies and services to support current and evolving business practices in that setting.

ACCP urges, however, that implementation of the last proposal be carefully and explicitly structured to assure that no required linkage would exist between the process of submitting a claim for pharmacists' professional services and the process of submitting a prescription drug claim, regardless of which transaction standard a pharmacy practice setting might choose to utilize in its business procedures.

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Michael S. Maddux, Pharm.D., FCCP, Executive Director

As noted in the discussion within section II D of the proposed rule (page 49753), the implementation and continuing evolution of pharmacists' medication therapy management services, both within the Medicare Part D drug benefit and in a range of other public and private health benefits programs, requires the ability of pharmacists to bill for professional services not tied directly to the dispensing of a medication to support this evolving clinical pharmacy practice/business model. This is especially true in pharmacy practice settings other than the retail pharmacy setting, although such services are increasingly being provided in that setting as well.

Further, the development, approval, and expanding use of specific Category I CPT codes (99605, 99606, and 99607) for **pharmacist-provided medication therapy management services** is based on a recognition, at both the professional practice and business need levels, of the breadth, depth and scope of professional services that pharmacists provide to patients to help them achieve quality outcomes from their use of medications. The evolution of both sets of HIPAA-compliant standards must allow and facilitate the use of these and any future CPT codes developed and approved for use in documentation and billing for pharmacists' professional services.

The wisdom demonstrated by CMS in its original proposals in 2000 and 2003 to include pharmacists' professional services within the ASC X-12 framework was an important event in the continuing evolution of patient-centered pharmacy practice. ACCP believes that this decision was and is the correct one and should continue to be the foundational standard for billing for pharmacists' professional services. We cannot stress enough that any allowance for increased flexibility in claims processing at the retail pharmacy level, which is certainly desirable, must **NOT** result in an artificial or required link between claims being processed for medications and claims for payment for pharmacists' professional services.

Thank you for the opportunity to comment on this proposed rule. Please do not hesitate to contact us if we can provide further information or assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Edwin Webb". The signature is fluid and cursive, with the first name "C." and last name "Webb" clearly distinguishable.

C. Edwin Webb, Pharm.D., M.P.H.
Director, Government and Professional Affairs

cc: Michael S. Maddux, Pharm.D., FCCP
Executive Director

ACCP Board of Regents