SUPERBILL FOR PHARMACY PRACTICE **TOOLS**

Pharmacists’ Services

*123 Main Street*

*Birmingham, Alabama 12345 123.451.6789 (P) 987.654.3210 (F)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date of Service: | |  |  |  |  |  | Insurance: | |  |  |  |  |  |  |  |  |  |  |
|  | Patient Name: (Last, First) | | | |  |  |  | Cardholder Name: (Last, First) | | | | |  |  | Previous balance | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address: |  |  |  |  |  |  | Group #: | |  |  |  |  |  | Today’s charge | | | |  |
|  | Phone: |  |  |  |  |  |  | ID #: | |  |  |  |  |  | Today’s payment: | | | |  |
|  | DOB: | Age: | | | Sex |  |  | Provider Name: | |  |  |  |  |  | Balance due: | | | |  |
|  | ***Description*** |  | ***CPT*** |  | ***Billable*** |  | ***Description*** | | | ***CPT Code*** | |  | ***Billable Units*** | | | ***Description*** | | | ***CPT*** |
|  |  |  | ***Code*** |  | ***Units*** |  |  |  |  |  |  |  |  |  |  |  |  |  | ***Code*** |
|  | **Medication** |  |  |  |  |  | **Laboratory** | | |  |  |  |  |  |  | **Immunization** | | |  |
|  | **Management** |  |  |  |  |  | **Services/Procedures** | | |  |  |  |  |  |  | **Services** | | |  |
|  | **Service** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | New PT |  | 99605 |  |  |  | POC Blood Glucose | | | W82962 | |  |  |  |  | Influenza | | | 90658 + |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | > 3 y.o | | | G008 |
|  | Est. Pt. |  | 99606 |  |  |  | POC A1C | | | W85018 | |  |  |  |  | Influenza Intranasal | | | 90660 |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | Additional 15 min |  | 99607 |  |  |  | POC INR | | | W85610 | |  |  |  |  | HPV | | | 90649 |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | Full MTM Review |  |  |  |  |  | POC TC/HDL | | |  |  |  |  |  |  | Varicella (Chickenpox) | | | 90716 |
|  | (check) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Follow-up MTM |  |  |  |  |  | POC Lipid Panel | | | QW80061 | |  |  |  |  | VZV | | | 90736 |
|  | Review (check) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | MTM for |  |  |  |  |  | POC ALT | | | W84460 | |  |  |  |  | MMR | | | 90707 |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Other | | |  |  |  |  |  |  | Immune-globulin | | |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | Diabetes outpt self- | | G0108 |  |  |  | Urine Drug Screen | | | 80100/80101 | |  |  |  |  | PPV | | | 90732 + |
|  | management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | G0009 |
|  | training services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Diabetes outpt self- | | G0109 |  |  |  | Bone Densitometry | | |  |  |  |  |  |  | Hepatitis A | | | 90632 |
|  | management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | training services – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | group session |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Smoking Cess. |  | $XX |  |  |  | Spirometry | | | 94010 | |  |  |  |  | Hepatitis A/B Comb | | | 90636 |
|  | Consult (Indiv.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Self-Care Consult |  | $XX |  |  |  | Other | | |  |  |  |  |  |  | Hepatitis B | | | 90746 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Drug Administration | | | 90772 | |  |  |  |  | Tdap | | | 90715 |
|  |  |  |  |  |  |  | (non-Vaccine) | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | International Travel | | | $XX | |  |  |  |  | Td | | | 90718 |
|  |  |  |  |  |  |  | Consult | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | IPV | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Known Diagnosis | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (ICD-9 codes) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Incident to Billing in a Physician’s Office or Clinic** | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  | New Patient | | |  |  |  |  |  | Est. Patient | | |  |  |  |
|  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  | 99201 |  |  |  |  |  |  |  | 99211 |  |  |
|  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  | 99202 |  |  |  |  |  |  |  | 99212 |  |  |
|  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  | 99203 |  |  |  |  |  |  |  | 99213 |  |  |
|  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  | 99204 |  |  |  |  |  |  |  | 99214 |  |  |
|  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  | 99205 |  |  |  |  |  |  |  | 99215 |  |  |
|  |  | |  | |  |  | | |  | |  | | |  | | |  |  | |
|  | Next patient visit: | | | |  | For non-incident to billing (Pharmacist): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | NPI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | NPI #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
|  |  |  |  |  |  | Secondary-Provider Signature (Pharmacist): \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  | NPI #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Instructions: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*You have consented to the services provided above. We will make every attempt to collect from your in company, if applicable, any amount due above your copayment. You will be responsible for any servic covered by your insurance company.*

*\*\*Disclaimer: The example Superbill is a template developed for pharmacists providing medication th management and other clinical services in an ambulatory care/community pharmacy setting. Providers customize the Superbill template to their individual practice or utilize in its entirety.*

**Figure 1.** Model superbill for pharmacist provision of nondispensing patient care services