
Pharmacy Billing Overview

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This section is a Family Planning, Access, Care and Treatment (Family PACT) Program billing overview for pharmacy providers only. For a list of reimbursable drugs and contraceptive supplies dispensed by pharmacies, refer to the *Pharmacy Formulary* section in this manual.

Pharmacy Dispensing

Medi-Cal pharmacy providers may bill Family PACT for FDA-approved drugs and medical supplies that are included in the *Pharmacy Formulary* section in this manual and are prescribed by an enrolled Family PACT provider or associated practitioner.

No Enrollment Necessary for Medi-Cal Pharmacy Providers

Medi-Cal pharmacy providers are not required to enroll in the Family PACT Program. In addition, pharmacy providers are not required to attend a Provider Orientation in order to be reimbursed for services rendered to Family PACT clients.

Real-Time Internet Pharmacy

It is recommended that pharmacies use the Real-Time Internet Pharmacy (RTIP) claim submission system for all Family PACT drug and contraceptive supply billing transactions.

Reimbursement Rate

The reimbursement rates for Family PACT drugs and contraceptive supplies dispensed at pharmacies are the same as those for the Medi-Cal program.

No Charge to Clients

Pharmacy providers may not request a copayment, donation or other amount in conjunction with provision of services to Family PACT clients.

Codes for Contraceptives

Pharmacists must bill the following contraceptive supplies using a National Drug Code (NDC), Universal Product Code (UPC) or Health Related Items (HRI) number:

- Condoms (internal and male)
- Diaphragms
- Cervical caps
- Basal thermometers
- Lubricating jelly
- Spermicides and vaginal films

Treatment Authorization Request

All drugs to manage a pre-selected complication of a Family PACT benefit require authorization using a *Treatment Authorization Request (TAR)*. Drugs needed to treat complications are limited to drugs and supplies identified in the *Pharmacy Formulary and Clinic Formulary* sections in this manual.

For more TAR information, refer to the *Treatment Authorization Request (TAR)* section in this manual.

Use of Authorized Labelers

For the list of current authorized labelers, refer to the *Drugs: Contract Drugs List Part 5 – Authorized Manufacturer Labeler Codes* section in the Part 2 Medi-Cal Pharmacy manual.

Pharmacist Services

This heading provides information on pharmacist services policy and billing for pharmacy providers who are enrolled in Medi-Cal and participate in the delivery of pharmacist services authorized pursuant to *Welfare and Institutions Code (W&I Code)*, Section 14132.968. The services include, among other things, furnishing self-administered hormonal contraception.

Furnishing Pharmacist

Furnishing pharmacists (the pharmacist ordering the medication) must be enrolled as an ordering, referring and prescribing (ORP) provider for claims to be reimbursed. Applications are available on the Medi-Cal website: www.medi-cal.ca.gov.

A pharmacist may furnish self-administered hormonal contraception pursuant to *Business and Professions Code (B&P Code)*, Section 4052.3. The furnishing pharmacist must follow the standardized protocols promulgated in *California Code of Regulations (CCR)*, Title 16, Section 1746.1, that includes, but is not limited to, the following:

- The ordering pharmacist must be qualified to furnish self-administered hormonal contraception pursuant to the Board of Pharmacy Regulation.
- Proof of successful completion of training must be retained onsite for auditing purposes.
- The pharmacy must retain proper records.

Refer to “Documentation Requirements” for additional information

The following CPT® codes and corresponding ICD-10-CM diagnosis codes must be used by the pharmacy to bill for the furnishing of self-administered hormonal contraception:

ICD-10-CM Diagnosis Codes Table

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
«99202»	New patient	Z30.011, Z30.012, Z30.015, Z30.016, Z30.09, Z30.41, Z30.44 and Z30.45
99212	Established patient	Z30.011, Z30.012, Z30.015, Z30.016, Z30.09, Z30.41, Z30.44 and Z30.45

New Patient

A new patient is one who has not received any professional services from the pharmacy within the past three years. If a new patient visit has been reimbursed, any subsequent claim for a new patient service by the same provider, for the same patient, received within three years, will be reimbursed at the level of the comparable established patient procedure.

Established Patient

An established patient is one who has received applicable professional services from a pharmacist at the same pharmacy location within the past three years.

Determination of new or established patient status is based on the owner of the medical record, which is generally the pharmacy and not the individual pharmacist providing the service at the time.

ICD-10-CM Diagnosis Codes

ICD-10-CM diagnosis codes that relate to family planning services are listed in the *Benefits: Family Planning* section of this manual.

Documentation Requirements

Providers are required to retain documentation for all pharmacist evaluation and management services. All providers should be aware that if the service is not documented, the service is not considered to have been provided.

Medical record documentation is required to record an individual's applicable health history including applicable past and present illnesses, self-screening questionnaires, tests, treatments and outcomes. The medical record chronologically documents the care of the patient and is an important element that contributes to high quality care.

An appropriately documented medical record may serve as a legal document to verify the care provided. Documentation should be complete, legible and concise. At a minimum, the records must include the following:

- Regulation-required questionnaire
- Reason for encounter
- Appropriateness of therapeutic services provided
- Applicable test results (blood pressure/pulse)
- Client's relevant medical history
- Site of service
- Total time spent with client and time spent on counseling, if applicable
- Date, time of service and identity of pharmacist providing the service
- Action taken as a result of the encounter

CMS-1500 Claim Form Example

For a claim form example, refer to the *Claim Completion: CMS-1500* section in this manual.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.