
Pharmacist Services

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This section contains information about pharmacist services policy and billing for Medi-Cal providers who participate in the delivery of pharmacist services authorized pursuant to *Welfare and Institutions Code (W&I Code) Section 14132.968*.

Pharmacist Services

«W&I Code Section 14132.968 requires the Department of Health Care Services to establish reimbursement and policy for services provided to a Medi-Cal recipient. These services include:»

- Furnishing naloxone
- Furnishing self-administered hormonal contraception
- Initiating and administering immunizations
- Furnishing nicotine replacement therapy
- «Furnishing HIV pre-exposure and post-exposure prophylaxis»
- Furnishing travel medications

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.

Billing Pharmacy

Pharmacy services must be billed by a Medi-Cal enrolled pharmacy.

Eligible Recipient

Pharmacist services are benefits for eligible fee-for-service Medi-Cal beneficiaries.

Covered Services

Billing Code Chart

The following CPT® codes should be used by the pharmacy to bill for the corresponding services on the *CMS-1500* health claim form or ASC X12N 837P v.5010 transaction. Pharmacy providers should not use the *Pharmacy Claim Form (30-1)* or *Compound Drug Pharmacy Claim Form (30-4)* when billing for these services.

Specific requirements to administer each service and required documentation are explained in detail in following pages.

Billing Code Chart Table

CPT Code	Description	Services
99202	New patient	<ul style="list-style-type: none"> • Furnishing naloxone • Furnishing self-administered hormonal contraception • Initiating and administering any vaccination • Furnishing nicotine replacement • «Furnishing HIV pre-exposure and post-exposure prophylaxis» • Furnishing travel medication
99212	Established patient	<ul style="list-style-type: none"> • Furnishing naloxone • Furnishing self-administered hormonal contraception • Initiating and administering any vaccination • Furnishing nicotine replacement • «Furnishing HIV pre-exposure and post-exposure prophylaxis» • Furnishing travel medication
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	<ul style="list-style-type: none"> • Administering any vaccination

Furnishing Naloxone

A pharmacist may furnish naloxone hydrochloride pursuant to *Business and Professions Code* (B&P Code) Section 4052.01. The furnishing pharmacist must do so in accordance with the standardized protocols promulgated in the *California Code of Regulations* (CCR), Title 16, Section 1746.3, that includes, but is not limited to the following:

- The ordering pharmacist must be qualified to furnish naloxone pursuant to the Board of Pharmacy Regulation.
- Proof of successful completion of training must be retained onsite for auditing purposes.
- The pharmacy must retain encounter documentation.

Refer to “Documents Required” for additional information.

The following CPT codes and corresponding ICD-10-CM diagnosis codes should be used to bill for the furnishing of naloxone hydrochloride:

ICD-10-CM Diagnosis Codes Table

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
<<99202>>	New patient	F11.1 thru F11.99
99212	Existing patient	F11.1 thru F11.99

Furnishing Self-Administered Hormonal Contraception

A pharmacist may furnish self-administered hormonal contraception pursuant to B&P Code Section 4052.3. The furnishing pharmacist must follow the standardized protocols promulgated in 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 “Documents Required” for additional information.

The following CPT codes and corresponding ICD-10-CM diagnosis codes should be used 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	Z30.09, Z30.011 thru Z30.013, Z30.015, Z30.016, and Z30.40 thru Z30.45
99212	Existing patient	Z30.09, Z30.011 thru Z30.013, Z30.015, Z30.016, and Z30.40 thru Z30.45

Initiating and Administering Vaccines

A pharmacist may initiate and administer a vaccine pursuant to B&P Code Section 4052 and 4052.8. The furnishing pharmacist must follow the standardized protocols promulgated in CCR, Title 16, Section 1746.4 that includes, but is not limited to the following:

- The initiating pharmacist must be qualified to initiate and administer vaccines pursuant to the Board of Pharmacy Regulation.
- Proof of successful completion of training and basic life support certification must be retained and be available onsite for auditing purposes.
- The pharmacy must retain documentation associated with the service.

Refer to “Documents Required” for additional information.

The following CPT codes and corresponding ICD-10-CM diagnosis codes should be used to bill for the initiating and administering of vaccines:

ICD-10-CM Diagnosis Codes Table

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
<<99202>>	New patient	Z23
99212	Existing patient	Z23
90471	Administration of vaccine	Z23

Note: CPT code 90471 may only be billed if a vaccine was administered.

Furnishing Nicotine Replacement Products

A pharmacist may furnish nicotine replacement products pursuant to B&P Code Section 4052.9. The furnishing pharmacist must follow the standardized protocols promulgated in CCR Title 16, Section 1746.2 that includes, but is not limited to the following:

- The ordering pharmacist must be qualified to furnish nicotine replacement products pursuant to the Board of Pharmacy Regulation.
- Proof of successful completion of:
 - A minimum of two hours of an approved continuing education program specific to smoking cessation therapy and nicotine replacement therapy, or
 - An equivalent curriculum-based training program completed within the last two years. The completion certificate must be retained for auditing purposes.
- The pharmacy must retain documentation associated with the service.

Refer to “Documents Required” for additional information.

The following CPT codes and corresponding ICD-10-CM diagnosis codes should be used to bill for the furnishing of nicotine replacement products:

ICD-10-CM Diagnosis Codes Table

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
<<99202>>	New patient	Z72.0
99212	Existing patient	Z72.0

«Furnishing HIV Pre-exposure and Post-exposure Prophylaxis

A pharmacist may furnish HIV pre-exposure prophylaxis (PrEP) pursuant to Section 4052.02 of the Business and Professions (B&P) Code and HIV post-exposure prophylaxis (PEP) pursuant to Section 4052.03 of the B&P Code. The furnishing pharmacist must follow the standardized protocols promulgated in *California Code of Regulations* (CCR) Title 16, Section 1747, including but not limited to:

- An ordering pharmacist must be qualified pursuant to the Board of Pharmacy regulation.
- Proof of successful completion of training is required to be retained for audit purposes.
- The pharmacy must retain proper records including screening questionnaire.

The following CPT codes and corresponding ICD-10-CM diagnosis codes should be used to bill for HIV pre-exposure prophylaxis and post-exposure prophylaxis:

ICD-10-CM PrEP and PEP Diagnosis Codes Table

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
99202	New patient	Z20.2, Z20.6, Z77.2
99212	Existing patient	Z20.2, Z20.6, Z77.2»

Furnishing Travel Medications

A pharmacist may furnish travel medications pursuant to B&P Code Section 4052(a)(10)(A)(3). A pharmacist may furnish prescription medications that do not require a diagnosis that have been recommended by the Centers for Disease Control and Prevention (CDC) for individuals traveling outside of the United States following the standardized protocols promulgated in CCR, Title 16, Section 1746.5, that includes, but is not limited to the following:

- The ordering pharmacist must meet the training requirements within CCR, Title 16, Section 1746.5(c), to furnish travel medications.
- Proof of successful completion of:
 - An immunization program pursuant to B&P Code Section 4052.8(b)(1)
 - A travel medication training program
 - A CDC yellow fever vaccine course
 - Basic life support course
 - Two hours of an approved continuing education program focused on travel medicine completed within the last two years

Records of completion for all courses and programs must be retained and available onsite for auditing purposes.

- The pharmacy must retain documentation associated with the service.

Refer to “Documents Required” for additional information.

The following CPT codes and corresponding ICD-10-CM diagnosis codes should be used to bill for the furnishing of travel medication:

ICD-10-CM Diagnosis Codes Table

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
99202	New patient	Z41.8
99212	Existing patient	Z41.8
90471	Administration of vaccine	Z23

Note: CPT code 90471 may only be billed if a vaccine was administered.

Documentation Requirements

Documentation is required to be retained for all pharmacist evaluation and management services. All providers should be aware that if the service was not documented, then the service will not be 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:

- Regulation required questionnaire
- Reason for encounter
- Appropriateness of therapeutic services provided
- Applicable test results (blood pressure/pulse)
- Recipient's relevant medical history
- Site of service
- Total time spent with recipient 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

Authorization

A *Treatment Authorization Request* (TAR) is not required for pharmacy services.

Other Health Coverage

Providers should follow existing Medi-Cal billing practices when billing for services rendered to recipients with Other Health Coverage (OHC). For example, if a recipient has a commercial insurance plan that will not cover pharmacy services, providers should bill the commercial insurance plan, receive a denial and then bill Medi-Cal with the OHC denial.

Share of Cost

Some Medi-Cal recipients must pay, or agree to pay, a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits. This dollar amount is called Share of Cost (SOC). Providers should follow existing Medi-Cal billing practices when billing for services rendered to recipients with a SOC.

Note: Providers cannot clear SOC for pharmacy services utilizing National Council for Prescription Drug Programs (NCPDP) or *Pharmacy Claim Form (30-1)* transactions.

New Patient

A new patient is one who has not received any professional services from the pharmacist or pharmacy within the past three years. If a new patient visit has been paid, any subsequent claim for a new patient service by the same provider, for the same recipient, received within three years, will be paid 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.

Frequency

Pharmacists may bill CPT code 99212 for each covered pharmacist service rendered in a visit. This frequency restriction may be exceeded with medical justification. Providers must submit the medical justification, with the original claim, when an evaluation and management visit with an established patient exceeds six visits in 90 days. Providers must document that the patient's acute or chronic condition requires frequent visits in order to monitor their condition with the goal of decreasing hospitalizations.

CMS-1500 Claim Form Example

Figure 1: Sample Claim for Furnishing Naloxone Hydrochloride

This is a sample only. Please adapt each submission to your specific billing situation.

In this example, a pharmacy is billing for the evaluation and management services associated with furnishing a recipient naloxone hydrochloride. CPT code 99202 (office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter) is entered in the *Procedures, Services or Supplies* field (Box 24D).

An appropriate ICD-10-CM diagnosis code (in the case of furnishing naloxone hydrochloride, F11.1 thru F11.9 [opioid dependence]) is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21). An ICD-10-CM diagnosis code within the appropriate range is not illustrated but indicated by D1D1D1D1 in this example.

Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

“21A” is entered in the *Diagnosis Pointer* field (Box 24E) to reference the applicable diagnosis code in Box 21 that corresponds with the service being billed for.

For detailed instructions on how to complete a *CMS-1500* claim form, providers should refer to the *CMS-1500 Completion* section in this manual.

Figure 1: Sample Claim for Furnishing Naloxone Hydrochloride

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.			
A. D1D1D1D1				B. _____		C. _____		D. _____		23. PRIOR AUTHORIZATION NUMBER							
E. _____				F. _____		G. _____		H. _____									
I. _____				J. _____		K. _____		L. _____									
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	SUPPLIER INFORMATION
From MM DD YY To MM DD YY		SERVICE		EMG		CPT/HCPCS MODIFIER			DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
1 04 25 19						99202			21A		140 00		1		NPI		
2															NPI		
3															NPI		

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.