Fee-for-service professional billing for retail and community pharmacists

Frequently asked questions about pharmacy professional billing

Eligibility

How does one become an eligible prescribing pharmacist?

The Oregon Board of Pharmacy requires prescribing pharmacists to complete adequate training for specific prescribing practices. Prescribing pharmacists must enroll as an Oregon Medicaid provider. This means that for the reimbursement of these services, the pharmacist must be enrolled in Oregon Medicaid **and** abide by all Oregon Board of Pharmacy rules.

What are the laws and rules related to eligible pharmacist services?

Pharmacists must provide eligible services in accordance with the requirements and protocols outlined in Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OARs).

The Oregon Board of Pharmacy rules for Oregon pharmacist prescriptive and administration authority include:

- OAR 855-019-0265 (Pharmacist Administration of Drugs)
- OAR 855-019-0270 to 0290 (Pharmacist Immunization)
- OAR 855-019-0460 (Pharmacist Prescription of Naloxone)
- OAR 855-020-0110 to 0300 (Pharmacist Prescriptive Authority through Public Health and Pharmacy Formulary Advisory Committee or “PHPFAC”, Formulary Compendium and Protocol Compendium)

The Oregon Medicaid rules related to fee-for-service coverage for prescriptive services are:

- OAR 410-120-1260
- OAR 410-121-0145

Training

The Oregon Board of Pharmacy requires licensed Oregon pharmacists to complete training in order to prescribe certain types of medication. Please consult with the Oregon Board of Pharmacy for currently available training opportunities. Resources below may not be a complete and current list of trainings.

What training is available for pharmacist prescribing and related professional services?

The courses below were developed with guidance from the Oregon Board of Pharmacy. Updated links to each can be found at: https://oregon-state-pharmacy-ce.catalog.instructure.com/

- Oregon Comprehensive Contraceptive Education and Certification for the Prescribing Pharmacist: Training for the pharmacist to prescribe contraceptives.

- HIV Prevention: Pharmacist Prescribed PrEP and PEP for the Oregon Pharmacist Clinical Education and Strategies for Trauma-Informed Approaches to Pharmacy-Led HIV Prevention Efforts

- Comprehensive Tobacco Cessation Implementation for Oregon Pharmacists: Training for the pharmacist to prescribe tobacco cessation medications.

- Pharmacist Medical Billing Toolkit: Provides pharmacists with the knowledge to receive reimbursement for clinical services.
- Successful Implementation of Patient Assessment and Proper Billing: Overview of the fundamentals of medical billing, including HCPCS, CPT, and ICD10 codes, credentialing/enrollment and billing mechanics.
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Enrollment

Oregon pharmacists must enroll with Oregon Medicaid to be reimbursed for professional services. All prescribing providers must also enroll with Oregon Medicaid for the prescriptions they write to be covered by Medicaid.

What is required to enroll as an Oregon Medicaid provider?

The pharmacy will need to enroll to bill point-of-sale and serve as the billing provider. The employed pharmacist will need to complete and submit a cover page and the OHP 3113 to enroll as a rendering provider. The pharmacy will bill on the pharmacist's behalf. To learn more about provider enrollment, visit the Provider Enrollment web page.

Covered Services

Oregon Medicaid will reimburse pharmacists for certain professional services.

Who is an eligible recipient of this service?

To be an eligible recipient of this service, the patient's Oregon Health Plan eligibility must be active on the date of service. The provider must verify that the patient is eligible to receive Oregon Health Plan benefits.

Who qualifies as a billing provider?

The requirement is that a claim for payment of pharmacist services may only be submitted by an enrolled Oregon Medicaid pharmacy provider. The **pharmacy** should submit the claim and not the individual pharmacist.

Recordkeeping and documentation

Pharmacies must maintain adequate record keeping and documentation according to Oregon Board of Pharmacy rules.

What are the requirements for medical record keeping related to pharmacist professional services?

Medical recordkeeping should be consistent with Oregon statutes and regulations governing the ability of a pharmacist to prescribe mediations in Oregon along with standards of practice for medical record keeping by pharmacists.

What documentation must be kept on site for these services?

Documentation of these services is a requirement. Medical record keeping should be consistent with Oregon statute and regulation governing the ability of a pharmacist to furnish medications in Oregon along with standards of practice for medical record keeping by pharmacists.

The medical record documentation must record the patient's applicable health history including pertinent past and present illnesses, self-screening questionnaires, tests, treatments, and outcomes. This documentation is a legal verification of the care provided and should be complete, legible, and concise. At a minimum, the records must include the following:

- 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 because of the encounter.

Billing and reimbursement

Pharmacists enrolled in Oregon Medicaid will be appropriately reimbursed for the professional services they provide.

How is reimbursement for pharmacist services defined/calculated?

The final reimbursement rate is subject to any applicable legislative reductions and supplemental payments.

For the purposes of this benefit, what are the definitions of New versus Established Patients?

- **New Patient:** One who has not received any professional service from the pharmacist or pharmacy within the past three years.
- **Established Patient:** One who has received applicable professional service from a pharmacy location within the past three years.

How would a pharmacist bill for prescribed non-hormonal contraceptive supplies?

Pharmacists may bill the following contraceptive supplies using a National Drug Code (NDC) at point-of-sale.

- Condoms
- Diaphragms
- Cervical caps
- Spermicides and vaginal films

What forms must pharmacy providers use for billing these services?

Pharmacies must bill pharmacist services through the MMIS Provider Portal, on a CMS-1500 professional claim form, or ASC X12N 837P transaction.

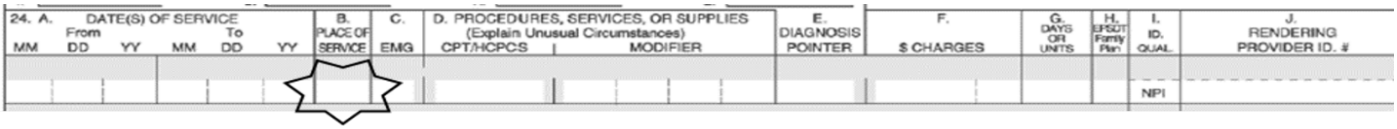
Will the pharmacist be able to bill for the CPT/J code of the dispensed medication on the same form as the service or does FFS still rely on them to bill through NCPDP pharmacy billing?

The enrolled pharmacy must bill drug claims via the current authorized standards in compliance with Oregon fee-for-service billing policy.

What is the Place of Service code?

A two-digit national Place of Service code is placed in the unshaded area of Box 24B, of the CMS-1500 form, indicating where the service was rendered.

The Place of Service code to be used in a pharmacy is 01, although other codes are open to coverage based on your facility. All POS codes are available on the Centers for Medicare & Medicaid Services (CMS) website.



Authorized fee-for-service billing codes for pharmacist services

The pharmacy should use the following CPT codes to bill for the corresponding services.

Pharmacists working in a hospital or other institutional facility may use other CPT codes for services they provide under their scope of practice.

Prescribing services

Procedure codes

Code	Description
99202	New patient, problem-focused, 15-29 minutes
99203	New patient, problem-focused, 30-44 minutes
99204	New patient, problem-focused, 45-59 minutes
99205	New patient, problem-focused, 60-74 minutes
99212	Established patient, 15-29 minutes
99213	Established patient, 30-44 minutes
99214	Established patient, 45-59 minutes
99215	Established patient, 60-74 minutes

Diagnosis codes

Prescription type	ICD-10 codes
Hormonal contraception	Z30.011-Z30.9, Z31.61-Z31.69, Z39.2, or Z40.03
Smoking Cessation products	F17.200 – F17.228; F17.290 – F17.299, Z71.6, or Z72.0
Any additional medication as authorized by state or federal law	
Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)	Z20.2, Z20.6, Z01.812, Z11.3, Z11.4, and Z11.59
Initiating vaccination	

Immunization administration

Code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; **first** or **only component** of each vaccine or toxoid administered
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care

	professional; **each additional vaccine or toxoid component** administered (List separately in addition to code for primary procedure),
90471	Immunization administration, **1 vaccine** (single or combination vaccine/toxoid) Administering any vaccination (includes percutaneous, intradermal, subcutaneous, or intramuscular injections)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); **each additional vaccine** (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure),
96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention

Medication Therapy Management (MTM)

Code	Description
99605	MTM: New Patient
99606	MTM: Established Patient
99607	MTM: Each additional 15 minutes; list separately in addition to code for the primary service/in conjunction with 99605 or 99606.

Preventive counseling

Do not use these codes in conjunction with other codes where counseling is previously credited.

Code	Description
99401	Preventive medicine counseling, approximately 15 minutes**
99402	Preventive medicine counseling, approximately 30 minutes**
99403	Preventive medicine counseling, approximately 45 minutes**
99404	Preventive medicine counseling, approximately 60 minutes**

- **About pharmacy point of sale and prior authorizations for fee-for-service prescriptions:** Call the Oregon Pharmacy Call Center at 888-202-2126.
- **About physical health prescriptions for patients in a coordinated care organization (CCO):** Contact the CCO.
- **Patient questions or concerns:** Please share our Client Services toll-free number with OHP patients: 800-273-0557. Representatives are available Monday through Friday, 8:00 a.m. to 4:45 p.m.