California Assembly Bill 1114 Specified Pharmacist Services Reimbursement

California Assembly Bill 1114 (AB 1114) authorized pharmacist payment for specified pharmacist services provided to California Medicaid (Medi-Cal) beneficiaries. Currently, those services are limited to:

- Self-administered hormonal contraceptives
- Nicotine replacement therapies
- Travel medications
- Routine vaccinations
- Naloxone hydrochloride
- HIV pre-exposure and post-exposure prophylaxis

Information regarding billing codes and required documentation can be found on the Medi-Cal website at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/A7121167-6D74-4E71-A62C-FF248C861B5A/pharmserv.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

Per state regulations (WIC 14132.968), the rate of reimbursement for specified pharmacist services shall be at 85 percent of the fee schedule for physician services under the Medi-Cal program; reimbursement rates are shown in the table below. Claims will be submitted to CalOptima on a CMS-1500 form.

Procedure Code	Procedure Description	Medi-Cal Physician Rate	Pharmacy Provider Rate (85%)
90471	IMMUNIZATION ADMIN	$4.46	$3.79
99202	OFFICE/OUTPATIENT VISIT NEW	$34.90	$29.66
99212	OFFICE/OUTPATIENT VISIT EST	$18.10	$15.39

CalOptima Health will reimburse qualified pharmacists for specified pharmacist services. Requirements for qualified pharmacists include:

- Enrolled as an ordering, referring and prescribing (ORP) Medi-Cal provider; and
- Compliant with California State Board of Pharmacy regulations; and
- Employed by a Medi-Cal enrolled pharmacy; and
- The Medi-Cal enrolled pharmacy employer is contracted with CalOptima Health.

Pharmacists who are not yet enrolled as ORP Medi-Cal providers can enroll on the Medi-Cal website: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/faq/orp-faqs

For pharmacies interested in contracting with CalOptima Health or for billing questions, contact CalOptima Health Provider Relations at **714-246-8600** or email providerservices@caloptima.org.

Frequently Asked Questions

1. **Who is eligible as a recipient of this service?**
   A patient who has active Medi-Cal enrollment on the date of service. The provider must verify that the patient is eligible to receive Medi-Cal benefits.

2. **Who is qualified as a billing provider?**
   The Medi-Cal enrolled pharmacy.

3. **How does one become an eligible rendering pharmacist under AB 1114?**
   It is required that rendering pharmacists be enrolled as an ordering, referring, and prescribing (ORP) provider under Medi-Cal prior to rendering services. This means that for the reimbursement of these services, the pharmacist must be an approved ORP provider.

   Applications are available on the Medi-Cal website: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/faq/orp-faqs

4. **How does one become an eligible rendering pharmacist under AB 1114 and CalOptima?**
   - Maintain a valid California pharmacist license and liability insurance
   - Enroll as an ordering, referring and prescribing (ORP) Medi-Cal Provider
   - Qualified to provide specified pharmacist services pursuant to the requirements set forth by the California State Board of Pharmacy under the California Code of Regulations (CCR) and Business and Professions Code (BPC) protocols
   - Compliant with California State Board of Pharmacy regulations
   - Employed by a CalOptima Health contracted pharmacy

5. **How long does the ORP application take to be processed and approved by DHCS?**
   The statutory timeframe for processing an ORP application is 180 days.

6. **What are the eligible specified pharmacist services?**
   - Travel medications (BPC 4052(a) (10) (A) (3) and 16 CCR 1746.5)
   - Naloxone (BPC 4052.01 and 16 CCR 1746.3)
   - Self-administered hormonal contraception (BPC 4052.3 and 16 CCR 1746.1)
   - Immunizations (BPC 4052.8 and 16 CCR 1746.4)
   - Nicotine replacement therapy (BPC 4052.9 and 16 CCR 1746.2)
   - PrEP and PEP (SB 159)

7. **What are the statutory authorities for these services?**
   All pharmacists who render these services must follow the protocols in accordance with the requirements of the Business and Professions Code and California Code of Regulations (outlined in the previous question), including the training, provider notifications and all record keeping as specified in the protocols and in the pharmacists' scope of practice.

8. **What forms must pharmacy providers use for billing?**
   Pharmacy providers must bill for pharmacist services on a CMS-1500 health claim form or ASC X12N 837P v.5010 transaction.

9. What are Medi-Cal's authorized pharmacist services billing codes?

Pharmacies are to use the following CPT codes to bill for the corresponding services on the CMS-1500 health claim form or ASC X12N 837P v.5010 transaction:

CPT Code	Description	Services
99202	New Patient	• Furnishing naloxone • Furnishing self-administered hormonal contraception • Furnishing NRT • Furnishing travel medications • Furnishing PrEP and PEP • Initiating and administering any vaccination
99212	Established Patient	• Furnishing naloxone • Furnishing self-administered hormonal contraception • Furnishing NRT • Furnishing travel medications • Furnishing PrEP and PEP • Initiating and administering any vaccination
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	• Administering any vaccination

10. What are the definitions of New vs. Established patients?

- New patient: one who has not received any professional service from the pharmacist or pharmacy within the past 3 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 3 years will be paid at the level of the comparable established patient procedure.
- Established patient: one who has received applicable professional service from a pharmacy location within the past 3 years.

11. Are there any billing restrictions on 99212?

CPT code 99212 is currently restricted to six visits in 90 days per patient. 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.

12. How is reimbursement for pharmacist services defined/calculated?

- The rate of reimbursement for pharmacist services is at 85% of the fee schedule for physician services under the Welfare and Institutions Code Section 14132.968 (3).

- Med-Cal enrolled providers can look up the physician base rate on the Medi-Cal webpage under transaction services tab. Once logged in, click on Provider Automated Services → Procedure Code inquiry → enter CPT billing code → submit.

13. Since contracting is with the pharmacy and not the pharmacist, how will pharmacists working in the medical clinic where there is no pharmacy to be able to bill for services?

Welfare and Institutions Code Section 14132.968(c) does not establish authority for DHCS to reimburse a pharmacist provider directly. DHCS recommends that pharmacists who currently work within a collaborative practice agreement continue to do so as the scope of services generally exceeds what is permitted within the law. For example, in cases of pharmacist-run anticoagulation clinics, lipid or hypertension clinics, DHCS does not currently have legislation or State Plan Amendment (SPA) authority to include pharmacists as a reimbursable provider type.

14. Would rendering pharmacists need to do History & Physical (H&P), full assessments, and keep medical records for those if billing for CPT 99201?

A pharmacist may only provide services within their scope of practice. Medical record keeping should be consistent with California statutes and regulations governing the ability of a pharmacist to furnish medications in California along with the standards of practice for medical record keeping by pharmacists.

15. What documentation must be kept on site for these services?

Documentation of these services is a requirement. 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:

- Regulation-required questionnaire
- Reason for encounter
- Appropriateness of therapeutic services provided
- Applicable test results (BP, pulse, etc.)
- 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

16. What is the Place of Service code on the CMS-1500 form?

- A 2-digit code that is placed in the unshaded area of Box 24B of the CMS-1500 form indicating where the service was rendered
- The national Place of Service codes for professional claims is available on Center for Medicare and Medicaid Services website. Medi-Cal also lists the codes on page 16 in CMS-1500 Completion section in the Part 2 – General Medicine Medi-Cal Provider Manual.

17. Is "furnishing for self-administration" the same as CPT code 90471 administration fee?

The CPT code 90471 (administration fee) may only be billed by a pharmacy when a pharmacist within the pharmacy administers a vaccine via a method described in the definition of the code.