

POLICY AND PROCEDURE

Policy # and TITLE:

Pharmacist Services

Primary Policy owner:

Pharmacy Department

POLICY #:

PH33

Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined

- 1) ☐ All Departments
- 2) ☐ Behavioral Health & Social Services (BH/SS)
- 3) ☒ Benefits Administration (BA)
- 4) ☐ Care Management (CM)
- 5) ☒ Claims (CLMS)
- 6) ☐ Community Marketplace & Member Engagement (MAR)
- 7) ☐ Compliance (CMP/HPA)
- 8) ☐ Configuration (CFG)
- 9) ☐ Provider Contracting (CONT)
- 10) ☐ Cultural & Linguistics (CL)
- 11) ☐ Customer Service (CS)

- 12) ☐ Facilities (FAC)
- 13) ☐ Finance (FIN)
- 14) ☐ Human Resources (HR)
- 15) ☐ Information Technology/Core Systems (IT)
- 16) ☒ Pharmacy (PH)
- 17) ☐ Provider Networks (PRO)
- 18) ☒ QI Health Equity (GRV/HE/HEQ/PHM/QM)
- 19) ☐ Utilization Management (UM)
- 20) ☐ Procurement (PRM)
- 21) ☐ Administration (SAF/BC/EM)
- 22) ☐ Medical Management (MM)

PRODUCT TYPE:

☒ Medi-Cal

Supersedes Policy Number:

N/A

I. PURPOSE

The purpose of this policy is to describe the benefits and oversight of pharmacy services provided as a reimbursable Medi-Cal benefit to all Medi-Cal managed care members as defined by AB 1114 pursuant to Welfare and Institutions (WIC) Code

Section 14132.968 and to comply with requirements related to the provision of immunization services per the Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008 Immunization Requirements which supersedes APLs 18-004 and 16-009.

II. POLICY

AB 1114 requires all managed care plans, including Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan"), to provide specified pharmacist services as a reimbursable Medi-Cal benefit when rendered to a Medi-Cal managed care member in the outpatient pharmacy setting. DHCS APL 24-008 specifies specific requirements as it relates to the dispensing and administration of immunizations.

III. PROCEDURE

A. Covered Services

1. Health Plan shall provide the specified pharmacy services outlined within the Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008 Immunization Requirements. Services must be provided by a registered pharmacist (see requirements for rendering provider below) and must be billed by a Medi-Cal enrolled pharmacy (see requirements for billing provider below). Future services may be added as determined by DHCS, authorized by the California Business and Professions Code (BPC) and implemented within the California Code of Regulations (CCR) by the California Board of Pharmacy (BOP).
 - a. Furnishing travel medications
 - b. Furnishing naloxone hydrochloride
 - c. Furnishing self-administered hormonal contraception

- d. Initiating and administering immunizations
 - e. Providing tobacco cessation counseling and furnishing nicotine replacement therapy
2. The following describes clarification of requirements related to the provision of immunization services.
- a. The coverage obligation is to provide immunizations that are U.S. Food and Drug Administration (FDA) approved vaccines and are recommended on the Advisory Committee on Immunization Practices (ACIP). Immunizations included in the Immunizations and Vaccines for Children (VFC) sections of the Medi-Cal Provider Manual. These are provided as a medical benefit. All vaccines are provided at no cost to the member.

- b. Timely provision of immunizations to Health Plan Members in accordance with the most recent schedule and recommendations published by ACIP, regardless of a Member's age, sex, or medical condition, including pregnancy.
- c. Preventive services and screenings in accordance with United States Preventive Services Task Force (USPSTF) grade "A" or "B" recommendations, as well as American Academy of Pediatrics/Bright Futures for Health Plan Members under the age of 21. USPSTF views immunizations as a preventive service and recommends that all immunizations be provided as recommended by ACIP.
- d. Immunizations for both children and adults.
 - i. Childhood immunizations in accordance with the most

recent childhood immunization schedule and recommendations published by ACIP for the Centers for Disease Control and Prevention (CDC).

- ii. As ACIP-recommended immunizations are viewed as preventive services, these services must not be subject to Prior Authorization and be provided at no cost to the member.
- iii. In instances where the Medi-Cal Provider Manual outlines immunization criteria that are less restrictive than ACIP criteria, Health Plan provides the immunization in accordance with the less restrictive Medi-Cal Provider Manual criteria.

B. Provider Requirements

1. Requirements for rendering providers include the following but are not limited to:

- a. Business and Professions Code (B&P) section 4052(a)(11) authorizes pharmacists to administer immunizations pursuant to a protocol with a prescriber
- b. A pharmacist may also independently initiate and administer vaccines authorized by the U.S. Food and Drug Administration and listed on the routine immunization schedules recommended by ACIP for persons three years of age and older if the pharmacist meets certain requirements, such as training, basic life support certification, continuing education, and recordkeeping requirements.

- c. Health Plan Network Providers must document each Health Plan Member's need for ACIP recommended immunizations as part of all regular health visits, including, but not limited to the following types of Encounters:
 - i. Illness, care management, or follow-up appointments
 - ii. Initial Health Appointments (IHAs)
 - iii. Pharmacy services
 - iv. Prenatal and postpartum care
 - v. Pre-travel visits
 - vi. Sports, school, or work physicals
 - vii. Visits to an LHD
 - viii. Well patient checkups
- 2. Health Plan ensures that initiating and administering immunizations as a pharmacist service are a reimbursable Medi-Cal benefit when rendered to a Health Plan Member in the outpatient pharmacy setting by a pharmacist

who is trained and operates under a Board of Pharmacy protocol.

- a. A pharmacist with an active license that is in good standing status.
- b. Enrolled with Medi-Cal as an ordering, referring, and prescribing (ORP) provider with a valid and active Type 1 National Provider Identification (NPI) number.

C. Billing, Claims, and Payments

1. Requirements for billing provider include the following but are not limited to:
 - a. Billing provider must be a pharmacy as defined by CA Business & Professions Code 4037- Board of Pharmacy Regulations
 - b. Screened and enrolled pharmacy pursuant to DHCS APL 22-013 Provider Credentialing/ Re-Credentialing and Screening/Enrollment

- c. Billing Codes: The following billing and administration codes may be submitted for reimbursement under Health Plan's benefit:
 - i. Evaluation and Management (E&M) billing codes:
 - 1) 99201 – New patient
 - 2) 99202 means patient is new to that specific pharmacy
 - 3) 99212 – Established patient
 - ii. Administration billing code:
 - 1) 90471 – Vaccine administration
- 2. Billing frequency:
 - a. Rendering pharmacists may bill for an established patient code of each covered service rendered in a visit.
 - b. The frequency restriction of Current Procedural Terminology (CPT) code 99212 of six visits in 90 days may be exceeded with medical

justification provided with the original claim.

3. In 2016, the Legislature added section 14132.968 to the Welfare and Institutions Code (W&I). This section added pharmacist services to the Medi-Cal schedule of benefits together with authorization for reimbursement for these services, which includes initiating and administering immunizations, as authorized in B&P section 4052.8 and as described in 16 California Code of Regulations (CCR) section 1746.4.
4. Health Plan provides the specified pharmacist services as a reimbursable Medi-Cal benefit when rendered to a Health Plan Member in the outpatient pharmacy setting by a pharmacist who is trained and is providing the service in accordance with the Board of Pharmacy (B&P) protocols.

- a. Pharmacist services may be billed to Health Plan on a medical claim for Health Plan Members.
 - b. Health Plan reimburses pharmacy providers for rendering the specified pharmacist services in accordance with the requirements of B&P and CCR.
- 5. When billed as a pharmacy benefit to Medi-Cal Rx, the Department of Health Care Services (DHCS) reimburses pharmacy providers for the professional services associated with the administration of the vaccines and the professional dispensing fee when administered in accordance with ACIP recommendations.
- 6. The initiation fee (consultation and assessment of need for vaccination) billed under pharmacist services as a medical benefit, are billed to Health Plan for Health Plan Members.

7. Health Plan allows Health Plan Members to access local health departments (LHDs) for immunizations and Health Plan reimburses LHDs for the administration fee for immunizations administered to Health Plan members, excluding immunizations for which Health Plan Member is already up to date.
8. Vaccines are available to Health Plan members younger than 19 years of age free of charge through the VFC program. Medi-Cal pharmacy providers who are enrolled as VFC providers may administer VFC-funded vaccines to VFC-eligible Health Plan Members.
 - a. The vaccines must be administered in accordance with ACIP recommendations.
 - b. The ordering pharmacists must be enrolled in Medi-Cal as an ORP provider for claim reimbursement.

9. Reporting Requirements:

- a. Health and Safety Code (H&S) section 12044014 requires that all California health care providers submit patient vaccination records to local health departments operating countywide or regional immunization information and reminder systems and the State Department of Public Health, as soon as possible.
- b. 16 CCR section 1746.4 (e) requires pharmacists to report the administration of any vaccine, within 14 days, to the appropriate immunization registry designated by the immunization branch of the California Department of Public Health which is represented by the California Immunization Registry (CAIR).
- c. Effective January 1, 2023, Assembly Bill 1797 amended H&S section 120440 to require all California

healthcare providers who administer vaccines to enter immunization information for each patient in the immunization registry and allows the information to be used to support assessment of health disparities in immunization coverage.

- d. Health Plan Contracts require that Health Plan ensure that Member-specific immunization information is reported to an immunization registry(ies) established in Health Plan's service areas as part of the Statewide Immunization Information System. Reports must be made within 14 calendar days, and in accordance with state and federal laws.
- e. Since the reporting obligation is Member-specific and not Provider specific, Health Plan is still required

- to report Member-specific immunization records to a registry.
- f. Although providers are obligated under the state law to report the immunization data to the registry, Health Plan must ensure compliance.
 - i. Health Plan is not responsible for oversight of Providers who are not in our Network.
 - g. Health Plan has a process for ensuring compliance with reporting requirements from pharmacies.

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. DHCS APL 24-008 Immunization Requirements
- B. DHCS APL 22-013 Provider Credentialing/ Re-Credentialing and Screening/ Enrollment

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
001	New Policy	09/19/2024
Initial Effective Date: 09/19/2024		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	02/20/2025
<ul style="list-style-type: none"> Privacy & Security Oversight Committee (PSOC) 		
<ul style="list-style-type: none"> Program Integrity Committee 		

Committee Name	Version	Date
• Audits & Oversight Committee		
• Policy Review	001	11/27/2024
Quality Improvement Health Equity Committee (QIHEC)		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager	001	10/31/2024
Department of Managed Care (DMHC)			

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy