



**PAYMENT GUIDELINE**

**Guideline No: GL-006**

**Payment Guideline: Pharmacist Reimbursement for Medical Services**

**Read First**

**IMPORTANT INFORMATION CONCERNING  
WELLFLEET PAYMENT GUIDELINES**

This Payment Guideline serves as notice to health care providers of Wellfleet’s payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, other Payment Guidelines, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member’s benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

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**Applicable  
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
  - Fully Insured
    - Excluding policies issued in the following states: N/A
    - Excluding Wellfleet Global
    - Excluding True Choice Plans
  - Self-Funded

**PAYMENT GUIDELINE****Guideline No: GL-006**

- Excluding policies issued by the following schools: N/A
- Student Sports
  - Fully Insured; for policies issued by the following carriers:
    - AIG
    - Wellfleet Insurance Company/Wellfleet New York Insurance Company
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
  - AIG
  - Wellfleet Insurance Company/Wellfleet New York Insurance Company

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**Purpose**

The purpose of this guideline is to provide direction on processing/paying claims for reimbursement of medical services when performed by a Pharmacy or Pharmacist.

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**Scope**

Pharmacies or Pharmacists can submit for reimbursement of medical services performed by them that are within their scope of practice.

For the purpose of this guideline, a medical service is a service that a pharmacist would perform outside of the dispensing of a medication including, but not limited to, counseling and prescribing.

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**Guidelines**

Using a standard HCFA form, pharmacists may submit for reimbursement of medical services as allowed by the state they are licensed in. Please see state(s) below for more information.

**California-** Applicable to pharmacists licensed and practicing in CA when services rendered are for a member on a plan issued in CA.

Per Cal. Ins. Code Section 10125.1 (a)-(c) services rendered by a duly licensed pharmacist, acting within their scope of practice, will be reimbursed to the same extent as identical services performed by other licensed health care providers. Services will be reimbursed when

**PAYMENT GUIDELINE****Guideline No: GL-006**

performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the plan has an out-of-network pharmacy benefit.

Duly licensed pharmacist will be reimbursed for services provided that are within their lawful scope of practice. Reimbursement and coverage for services will follow specific plan documents; please review certificate of coverage for more information. Services may include, but are not limited to, medication therapy management, anticoagulation management, pharmacogenomic applications, immunizations, PrEP encounters and services, and contraceptive management & counseling.

To prevent the application of cost sharing to integral services for PrEP, providers should ensure that PrEP encounters and integral services are billed with ICD-10 diagnosis code Z29.81 in the primary position.

Claims cannot be paid to more than one provider for duplicate services and cannot be interpreted to limit physician reimbursement.

**Colorado** - Applicable to pharmacies/pharmacists licensed and practicing in CO when services rendered are for a member on a plan issued in CO.

Pharmacists acting within the pharmacist's scope of practice, as required by Colo. Rev. Stat., § 10-16-144, must be reimbursed at the same in-network rate as licensed physicians or advanced practice registered nurses for the provisions of medication-assisted treatment services for substance use disorders.

**Connecticut** - Applicable to pharmacies/pharmacists licensed and practicing in CT when services rendered are for a member on a plan issued in CT.

Pharmacies may submit a vaccine consultation fee claim for a total reimbursement of \$50 for a 20-minute consultation between the individual and a health care provider authorized to administer the immunizations to the individual.

**PAYMENT GUIDELINE****Guideline No: GL-006**

Pharmacies may submit CPT code 90460 (Immunization administration up to and including 18 years of age, via any route of administration, with counseling by physician or other qualified health care professional).

**Illinois** - Applicable to pharmacies/pharmacists licensed and practicing in IL when services rendered are for a member on a plan issued in IL.

Per Section 3 of the IL Pharmacy Practice act (225 ILCS 85/3), a pharmacist, acting within the scope of the pharmacist's license, must be reimbursed for the ordering and administration of point of care tests, and screenings, and treatments for (i) influenza, (ii) SARS-CoV-2, (iii) Group A Streptococcus, (iv) respiratory syncytial virus, (v) adult-stage head louse, and (vi) health conditions identified by a statewide public health emergency with notification to the patient's physician, if any, and appropriate record retention or pursuant to hospital pharmacy and therapeutics committee policies and procedures the same as if they were performed by a physician, an advanced practice registered nurse, or a physician assistant.

**Louisiana** - Applicable to pharmacies/pharmacists licensed and practicing in LA when services rendered are for a member on a plan issued in LA.

L.A R.S. 37:1218.2 requires that pharmacists must be reimbursed at the same rate as any other participating health care provider, providing the same service(s) noted below, according to the patient's health coverage plan.

1. Performing a rapid HIV test at the pharmacy and order laboratory tests for HIV for persons age 17 or older.
2. Dispensing and administering up to a 30-day supply of HIV pre-exposure prophylaxis and a 28-day course of HIV post-exposure prophylaxis to any person age 17 or older under rules promulgated by the Department of Health if there is no prescription order.

"Post-exposure prophylaxis" means an emergency regimen comprising highly active antiretroviral therapy with baseline and follow-up HIV testing,

**PAYMENT GUIDELINE****Guideline No: GL-006**

which should be used within a certain amount of time after potential exposure.

"Pre-exposure prophylaxis" means a prophylactic regimen that includes medication, regular counseling, and regular screening.

The plan is not required to reimburse a pharmacist or pharmacy as an in-network or preferred provider.

**Maryland-** Applicable to pharmacies/pharmacists licensed and practicing in MD when services rendered are for a member on a plan issued in MD.

Per MD Code, Insurance § 15-716, the following services, when rendered by a licensed pharmacist acting within their lawful scope of practice, will be covered to the same extent as services rendered by any other licensed health care practitioner:

1. Patient assessment regarding and
2. Administration of:
  - A. A self-administered medication that is prescribed by an authorized prescriber.
  - B. A maintenance injectable medication or an injectable medication for the treatment of a sexually transmitted infection that is not a biological product *and* prescribed by an authorized prescriber.

**Nevada** – Applicable to pharmacies/pharmacists licensed and practicing in NV when services rendered are for a member on a plan issued in NV.

Medical services, in the following categories, that are performed by an in-network Pharmacy or Pharmacist within their scope of practice will be reimbursable at a rate equal to a physician, physician assistant or advanced practice registered nurse who perform the same or similar medical procedures.

For applicable CPT/HCPCS codes, please see Appendix A: Nevada Codes.

1. Human Immunodeficiency Virus and Hepatitis C: Ordering and performing necessary laboratory tests for therapy, prescribing, and

**PAYMENT GUIDELINE****Guideline No: GL-006**

administering medication; as required by N.R.S. 639.28085 & N.R.S. 689A.0437.

2. Counseling for Self-Administered Contraceptives as required by N. R.S. 689A.0418.
3. Medication Assisted Treatment as required by Chapter 689C of N.R.S.: For these purposes, “medication-assisted treatment” means treatment for an opioid use disorder using medication approved by the FDA for that purpose.
  - A. Assessing a patient to determine if they have opioid use disorder *and* if medication assisted treatment would be appropriate for the patient.
  - B. Counseling and providing information to the patient concerning evidence-based treatment for opioid use disorders, including without limitation, medication-assisted treatment.
  - C. Prescribing a drug for medication-assisted treatment

**North Carolina** – Applicable to pharmacies/pharmacists licensed and practicing in NC when services rendered are for a member on a plan issued in NC.

Medical services or procedures that are performed by a pharmacist within their scope of practice will be covered similar to if the service or procedure was performed by any other healthcare provider.

**Rhode Island** – Applicable to pharmacies/pharmacists licensed and practicing in RI when services rendered are for a member on a plan issued in RI.

Per RI Gen. Laws § 5-19.1-36, contraceptive counseling services rendered by a licensed pharmacist who has prescribed and dispensed an FDA-approved hormonal contraceptive will be reimbursed at the same rate as any other licensed prescriber of hormonal contraceptives.

**PAYMENT GUIDELINE**
**Guideline No: GL-006**
**Change  
History**

<b>Version</b>	<b>Effective Date</b>	<b>Next Review Date</b>
1.0	3/1/2024	3/1/2025
2.0	4/1/2024	4/1/2025
2.1	9/1/2024	4/1/2025
3.0	11/1/2025	9/1/2026

<b>Appendix A Nevada Codes</b>		
<b>Category</b>	<b>Code</b>	<b>Description</b>
Contraceptive/STI Counseling	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
Contraceptive/STI Counseling	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
Contraceptive/STI Counseling	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
Contraceptive/STI Counseling	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
HIV	86701	Antibody; HIV-1
HIV	86702	Antibody; HIV-2
HIV	86703	Antibody; HIV-1 and HIV-2, single result
HIV	87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

**PAYMENT GUIDELINE**
**Guideline No: GL-006**

HIV	87389	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
HIV	87390	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1
HIV	87391	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-2
HIV	87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
HIV	87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)
HIV	0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility
HIV	3490F	History of AIDS-defining condition (HIV)
HIV	3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)
HIV	3492F	History of nadir CD4+ cell count <350 cells/mm <sup>3</sup> (HIV)
HIV	3493F	No history of nadir CD4+ cell count <350 cells/mm <sup>3</sup> and no history of AIDS-defining condition (HIV)
HIV	3494F	CD4+ cell count <200 cells/mm <sup>3</sup> (HIV)
HIV	3495F	CD4+ cell count 200 - 499 cells/mm <sup>3</sup> (HIV)
HIV	3496F	CD4+ cell count >=500 cells/mm <sup>3</sup> (HIV)
HIV	3497F	CD4+ cell percentage <15% (HIV)
HIV	3498F	CD4+ cell percentage >=15% (HIV)
HIV	3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)
HIV	3502F	HIV RNA viral load below limits of quantification (HIV)
HIV	3503F	HIV RNA viral load not below limits of quantification (HIV)
Hep C	1119F	Initial evaluation for condition (HEP C)(EPI, DSP)
Hep C	1121F	Subsequent evaluation for condition (HEP C)(EPI)



**PAYMENT GUIDELINE**
**Guideline No: GL-006**

Hep C	3218F	RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)
Hep C	3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)
Hep C	3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)
Hep C	3266F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)
Hep C	3514F	Hepatitis C screening documented as performed (HIV)
Hep C	4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)
Hep C	4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)
Hep C	81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necro inflammatory activity in liver
Hep C	86803	Hepatitis C antibody
Hep C	86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)
Hep C	87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
Hep C	87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
Hep C	87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
Hep C	87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
Hep C	G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)
Hep C	G9383	Patient received screening for HCV infection within the 12 month reporting period
Hep C	G9451	Patient received one-time screening for HCV infection
MAT	G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)
MAT	G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed



# Pharmacist Reimbursement for Medical Services

## PAYMENT GUIDELINE

## Guideline No: GL-006

		(provision of the services by a Medicare-enrolled opioid treatment program)
MAT	G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)