



07/19/2022

Notice to Providers – HPG, PPG, Tribal Clinic, FQHC, Pharmacy, Pharmacist

**Re: Billing for Paxlovid™ Prescribed by Enrolled Pharmacist Renderers Under EUA,  
Effective July 7, 2022**

Dear Providers,

On July 6, 2022, the U.S. Food and Drug Administration (FDA) released a [statement](#) announcing revision of the Emergency Use Authorization ([EUA](#)) that “authorize[s] state-licensed pharmacists to prescribe Paxlovid [(nirmatrelvir and ritonavir)] to eligible patients, with certain limitations to ensure appropriate patient assessment and prescribing of Paxlovid.”<sup>1</sup>

**Alaska Medicaid billing guidance for services rendered by enrolled Pharmacists**

All authorized prescribers and dispensers of Paxlovid must adhere to the FDA’s [EUA](#) for Paxlovid. When prescribed and dispensed in accordance with [EUA](#) requirements, enrolled Alaska Medicaid billing providers may bill for services rendered by enrolled and appropriately affiliated pharmacists.<sup>1,2</sup>

	Alaska Medicaid Enrolled Provider					
	Rendering Provider	Billing Provider				
	RPh <sup>β</sup>	HPG [PT-21]	PPG [PT-21]	Tribal Clinic [PT-08]	FQHC [PT-51]	Pharmacy [PT-70]
<b>Test-to-Treat or Treatment Eval</b>						
Swab collection, if applicable <sup>α</sup>	R	B	B	B	B	--
COVID-19 molecular or rapid immunoassay test, if applicable	R	C	C	C	C	--
		<i>refer to billing manual regarding <a href="#">CLIA-waiver</a> requirements if performing Test-to-Treat</i>				--
Test evaluation; referred on, if applicable <sup>α</sup>	R	B	B	B	B	--
		CPT 99202, 99211				--
Test evaluation, positive; prescribed or referred on, if applicable <sup>α</sup>	R	B	B	B	B	--
		CPT 99202, 99211, 99212				--
<b>Dispensing</b>						
Drug ingredient cost, actual	Prescriber NCPDP field [411-DB]	(refer to billing manual if a non-pharmacy dispensing provider)				B
Professional Dispensing Fee	--	\$0				B
**Services not subject to patient cost-sharing**						

R = eligible rendering provider; B = eligible billing provider; C = conditional; <sup>α</sup> = included in total billable E/M time

<sup>β</sup> = Licensed pharmacist (RPh) acting within scope and competency, 12 AAC 52.010(1), 12 AAC 52.150

### *Enrollment requirements – Rendering Pharmacists*

Alaska Medicaid has [enrolled](#) Pharmacists as Rendering Providers since July 2020 consistent with [42 C.F.R. Part 455](#). Pharmacists providing non-dispensing professional services as Rendering Providers must be formally affiliated with an actively enrolled billing provider – such as a Health Professional Group (HPG), HPG/Pharmacy Professional Group (PPG), Tribal clinic, or Federally Qualified Health Center (FQHC). If a rendering pharmacist is not affiliated with the billing provider, claims will not pay. To enroll or to update an individual-to-group affiliation, please visit the Provider Enrollment [page](#) for more information.

### *Billing requirements – Billing Providers of Rendering Pharmacists*

Actively enrolled billing providers who have formally affiliated an Alaska Medicaid enrolled pharmacist (i.e., a group-to-individual affiliation) may submit claims for services rendered by that specific pharmacist via the professional billing format (i.e., CMS-1500 or 837P). Payment of claims is dependent upon adherence to state and federal billing rules. Billing providers may submit claims for SARS-CoV-2 testing and prescribing of permitted COVID-19 treatments (i.e., “Test-to-Treat”) using the pharmacist’s unique National Provider Identifier (NPI) in the Rendering Provider field, the appropriate diagnosis code, and the most appropriate CPT code: 99202, 99211, or 99212. Note: CPT 99201 obsolete effective 01/01/2021; refer to 99202.

### *Billing requirements – Pharmacies dispensing COVID-19 treatments prescribed by Pharmacists*

Actively enrolled Alaska Medicaid Pharmacies may submit claims for COVID-19 treatments prescribed by the enrolled Pharmacist and dispensed by the Pharmacy via the NCPDP D.0 billing format with the prescribing pharmacist’s NPI in the Prescriber ID field [411-DB]. Pharmacies may only submit the NPI of the pharmacist who performed the evaluation in the prescriber field. Pharmacies should never submit the NPI of a pharmacist who did not directly evaluate the patient. Pharmacies are eligible for a professional dispensing fee regardless of whether the pharmacist prescribing the treatment is also the dispensing pharmacist; however, if the pharmacist is the same, pharmacists are advised to ensure all documentation supports the E/M code billed and accurately reflects the actual time required for the distinct professional service rendered.

## **Summary of responsibilities**

### *Pharmacist responsibilities (not all inclusive)*

- Adhere to all provider enrollment requirements and billing rules.
- Adhere to scope of practice and all [EUA](#) authorizations and limitations.
- Review recent patient health records, less than 12 months old electronic or printed, including any outside SARS-CoV-2 test results, to determine appropriateness of Paxlovid therapy.<sup>2,3,4</sup>
- If clinically appropriate, prescribe Paxlovid in accordance with conditions of the [EUA](#) effective 07/06/2022.
- Refer patient to a physician, advanced practice registered nurse, or physician assistant for clinical evaluation when conditions exist as per the Paxlovid [EUA](#).<sup>2</sup>
- Document and maintain clinical records per state and federal requirements.

*Billing provider responsibilities (not all inclusive)*

- Adhere to all provider enrollment requirements and billing rules, including only billing for services rendered and allowable billing [codes](#).
- Submit claims using the appropriate format within timely filing, adhering to coordination of benefit rules, and applying appropriate diagnosis (including pharmacies) and place of service codes.
- Ensure rendering providers whose services are billed under their organization adhere to all conditions outlined in the Paxlovid [EUA](#) and Medicaid [rules](#).
- Not assessing the patient for any cost sharing (i.e., copay).
- Maintain clinical records per state and federal requirements.
- Establish protocols to prevent fraud, waste, and abuse and ensure internal enforcement to prevent recoupments and other adverse actions, including, but not limited to, ensuring only appropriate patients are tested and treated, patients requiring referral are referred for the appropriate level of evaluation and care, documentation is complete and maintained, and only billing with the NPI of the rendering professional who performed the clinical service.

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- 1 U.S. Food and Drug Administration (2022, Jul 6). Coronavirus (COVID-19) Update: FDA Authorizes Pharmacists to Prescribe Paxlovid with Certain Limitations. Accessed Jul 6, 2022. <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pharmacists-prescribe-paxlovid-certain-limitations>
  - 2 Pfizer (2022, Jul 6). Fact Sheet for Healthcare Providers: Emergency Use Authorization for Paxlovid™. Accessed Jul 6, 2022. <https://www.fda.gov/media/155050/download>
  - 3 Centers for Disease Control and Prevention (2022, Jun 15). Overview of Testing for SARS-CoV-2, the virus that causes COVID-19. Accessed Jul 15, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>
  - 4 Alaska Section of Epidemiology (SOE) (2022, Apr 4). Guidance for Coronavirus Disease 2019 (COVID-19) Testing in Alaska. Accessed Jul 15, 2022. <https://health.alaska.gov/dph/Epi/id/siteassets/pages/humanCOV/AKCOVIDTestingGuidance.pdf>
  - 5 Statutes and Regulations: Pharmacy (2022, Jul). Accessed Jul 18, 2022. <https://www.commerce.alaska.gov/web/portals/5/pub/PharmacyStatutes.pdf>