
Pharmacists, Pharmacy Interns, and Pharmacy Technicians as Providers

This supplement provides information for pharmacists/pharmacies that bill for the clinical services outlined below that are provided through a patient's medical benefit. For the comprehensive Practitioner Manual, please visit [here](#) and for the Pharmacy Manual, please visit [here](#).

For information on managed care claims, please refer to the each MCO's manual.

Enrollment

Pharmacists must follow the enrollment process as outlined in Chapter 2 of the Practitioner Manual and Chapter 2 of the Pharmacy Manual.

Services provided by pharmacy interns and technicians must be billed under the supervising pharmacist's NPI.

Pharmacists will not be charged an application fee at this time. Any change will be announced in future editions of this supplement.

To be eligible for enrollment, pharmacists must be licensed by the Virginia Board of Pharmacy and must practice within 50 miles of the Virginia border.

Payable Services

Pursuant to Senate Bill 1538 of the 2023 General Assembly, the Agency will begin reimbursing for services by a pharmacist, pharmacy technician, or pharmacy intern starting January 1, 2024. The specific services that the Agency will reimburse include those:

- (i) performed under the terms of a collaborative agreement as defined in the Code of Virginia §54.1-3300.
- (ii) related to services and treatment in accordance with the Code of Virginia §54.1-3303.1 including:
 - a. Virginia Naloxone Statewide Protocol for Pharmacists
 - b. Virginia Epinephrine Statewide Protocol
 - c. Tobacco Cessation Statewide Protocol
 - d. Vaccine Protocol for 18+
Vaccine Protocol for Ages 3-17
 - e. Virginia Prenatal Vitamin Statewide Protocol
 - f. Coronavirus Testing of Adults
 - g. Tuberculin Skin Testing One-Step Protocol
 - h. Tuberculin Skin Testing Two Step Protocol
 - i. HIV Post-Exposure (PEP) Statewide Protocol
 - j. HIV Pre-Exposure Prophylaxis (PrEP) Statewide Protocol
 - k. Virginia Routine Contraceptive Statewide Protocol
 - l. Virginia Emergency Contraceptive Statewide Protocol
 - m. Virginia Statewide Protocol to Lower Out-of-Pocket Expense
 - n. Pharmacist Protocol for Testing and Initiating Treatment for COVID-19 Virus Infection
 - o. Suspected Acute Uncomplicated Lower Urinary Tract Infection in Women

- p. Pharmacist Protocol for Testing and Initiating Treatment for Acute Group A Streptococcus Bacteria Infection
 - (iii) performed under the terms of the state plan or a managed care contractor provider contract

Telehealth services will be eligible for payment when deemed appropriate by Virginia Board of Pharmacy protocols. Any change will be announced in future editions of this supplement.

Billing

The following codes may be provided to individuals with Medicaid or FAMIS coverage and billed to DMAS by pharmacists or pharmacy technicians/interns under the supervision of the licensed pharmacist:

CPT/HCPCS Code	Description
99202	Office or other outpatient visit for the E&M of a new patient lasting 15-29 minutes
99211	Office or other outpatient visit for the E&M of an established patient lasting up to 9 minutes
99212	Office or other outpatient visit for the E&M of an established patient lasting 10-19 minutes
99213	Office or other outpatient visit for the E&M of an established patient lasting 20-29 minutes
86580-QW*	Tuberculosis Skin Test
87428-QW *	COVID + Flu Antigen Test (Digital)
87635-QW *	COVID Antibody Test
87811-QW *	COVID Antigen Test
87426-QW *	COVID Antigen Test (Digital)
87804-QW *	Flu A+B Antigen test, visually read, qualitative from nasal swab

81002-QW *	Urinalysis, Dipstick Test Strip Visual Read
87880-QW *	Strep A, Immunoassay
86701-QW*	Qualitative immunoassay to detect antibodies to HIV-1

* These codes may be billed in addition to an evaluation and management code. QW modifiers must be included as shown to indicate these are CLIA waived tests.

The procedure fee file and CPT search page located at <https://www.dmas.virginia.gov/providers/rates-and-rate-setting/> provides detailed information including rates, covered/non-covered designation, etc. Please refer to the Frequently Asked Questions located at this [link](#) for an explanation of the characters in each field of the procedure fee file. This document is updated three times per week.