

**Northern California College of Clinical Pharmacy (NCCCP)  
Grassroots Advocacy Committee  
(ncccp.net)**

This is a joint project of NCCCP, CSHP, and CPhA state association leadership. Our current focus is advocating adequate compensation for pharmacists providing services payable under AB 1114.

California AB 1114 authorizes MediCal payments to pharmacists for providing naloxone, contraception, smoking cessation, travel meds, and immunizations services authorized by SB 493. Billing codes needed to implement AB 1114 were assigned by the Department of Health Care Services (DHCS) as CPT codes 99201 for new patients 99212 for returning patients, and 90471 for immunizations to be used for pharmacist services. See Table 1, below.

The assigned codes are not adequate to address the specific requirements pharmacists must meet when providing naloxone, contraception, smoking cessation, and travel meds, and immunizations meds, services. The assigned codes also do not reflect the CPT codes that are used by physicians to provide the same services. If pharmacist services are not coded correctly, pharmacists will not be compensated for the time required to deliver services to their patients and, in effect, these SB 493 services still cannot be implemented. See Table 2, on the back of this handout.

**What can pharmacists do to advocate adequate coding for pharmacist cognitive services?** Write to the administrators who determine the codes for implementing AB 1114! Names and addresses are listed at the end of this handout. And, share this information with friends and colleagues!

**Table 1. DOCUMENTATION REQUIREMENTS FOR NEW- AND ESTABLISHED-PATIENT OFFICE VISITS**

<b>New patient</b>				
Code	History	Exam	Medical Decision-making	Typical face-to-face Time (minutes)
99201	Problem-focused	Problem-focused	Straightforward	10
99202	Expanded problem-focused	Expanded problem-focused	Straightforward	20
99203	Detailed	Detailed	Low	30
99204	Comprehensive	Comprehensive	Moderate	45
99205	Comprehensive	Comprehensive	High	60
*All three key components must be met.				
<b>Established Patient</b>				
Code	History	Exam	Medical Decision-making	Typical face-to-face Time (minutes)
99211	Not required	Not required	Not required	5
99212	Problem-focused	Problem-focused	Straightforward	10
99213	Expanded problem-focused	Expanded problem-focused	Low	15
99214	Detailed	Detailed	Moderate	25
99215	Comprehensive	Comprehensive	High	High 40
*Two of the three key components must be met.				

**Administrators to address letters for advocating correct coding for AB 1114**

<b>DHCS</b>	<b>DHCS</b>
<i>Harry Hendrix Chief, Pharmacy Benefits Division Department of Health Care Services 1500 Capitol Ave. Sacramento, CA 95814</i>	<i>Mike Wofford, Pharm D. Chief, Pharmacy Policy Branch, Pharmacy Benefits Division Department of Health Care Services 1500 Capitol Ave. Sacramento, CA 95814</i>

Please go to: <https://www.surveymonkey.com/r/AB1114> to tally your letter-writing activity. We will communicate these numbers to DHCS. You may also sign up to help organize activities or just to be kept in the loop. If you help to distribute this info, please go to: <https://www.surveymonkey.com/r/AB1114Champions> to share your experiences.

**Table 2. Requirements for Pharmacists Providing AB1114 Services**

<p>Furnishing Travel Medications pursuant to CCR 1746.5</p>	<p>Prior to furnishing travel medications, a pharmacist shall perform a good faith evaluation of the patient, including evaluation of the patient's travel history using destination-specific travel criteria. The travel history must include all the information necessary for a risk assessment during pre-travel consultation, as identified in the CDC Yellow Book.</p>
<p>Furnishing Naloxone Hydrochloride pursuant to CCR 1746.3</p>	<p>Screen the potential recipient. Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the antidote naloxone. The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources. The pharmacist shall answer any questions the recipient may have regarding naloxone hydrochloride. A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. A pharmacist shall label the naloxone hydrochloride consistent with law and regulations. The pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy. Each naloxone hydrochloride product furnished by a pharmacist pursuant to this protocol shall be documented in a medication record for the naloxone recipient, and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense.</p>
<p>Furnishing Self-administered Hormonal Contraception pursuant to 1746.1</p>	<p>When a patient requests self-administered hormonal contraception, the pharmacist shall complete the following steps:          (A) Ask the patient to use and complete the self-screening tool;          (B) Review the self-screening answers and clarify responses if needed;          (C) Measure and record the patient's seated blood pressure if combined hormonal contraceptives are requested or recommended;          (D) Before furnishing self-administered hormonal contraception, the pharmacist shall ensure that the patient is appropriately trained.          (E) When a self-administered hormonal contraceptive is furnished, the patient shall be provided with appropriate counseling and information on the product furnished, including: 1. Dosage; 2. Effectiveness; 3. Potential side effects; 4. Safety; 5. The importance of receiving recommended preventative health screenings; 6. That self-administered hormonal contraception does not protect against sexually transmitted infections (STIs). The pharmacist shall provide the patient with a self-screening tool containing the list of questions specified in this protocol. The pharmacist should provide the patient with a copy of a current, consumer-friendly, comprehensive birth control guide such as that created by the Food and Drug Administration (FDA). The pharmacist shall provide the patient with the FDA-required patient product information leaflet included in all self-administered hormonal contraception products, as required by Business and Professions Code Section 4052.3(c). The pharmacist should provide the patient with a copy of an administration-specific factsheet. The pharmacist shall notify the patient's primary care provider of any drug(s) or device(s) furnished to the patient or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. The pharmacist, in consultation with the patient, may select any hormonal contraceptive listed in the current version of the USMEC for individuals identified as Category 1 or 2. Each self-administered hormonal contraceptive furnished by a pharmacist pursuant to this protocol shall be documented in a patient medication record and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense.</p>
<p>Initiating &amp; Administering Immunizations pursuant to CCR 1746.4</p>	<p>A pharmacist shall notify each patient's primary care provider of any vaccine administered to the patient or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the primary care provider. A pharmacist shall report, in accordance with section 4052.8, subdivision (b)(3), of the Business and Professions Code, the information described in section 120440, subdivision (c), of the Health and Safety Code within 14 days of the administration of any vaccine. A pharmacist shall inform each patient or the patient's guardian of immunization record sharing preferences, detailed in section 120440, subdivision (e), of the Health and Safety Code. For each vaccine administered by a pharmacist, a patient vaccine administration record shall be maintained in an automated data processing or manual record mode such that the information required under section 300aa-25 of Title 42 of the United States Code is readily retrievable during the pharmacy or facility's normal operating hours. A pharmacist shall provide each patient with a Board of Pharmacy Order of Adoption 16 CCR§ 1746.4 vaccine administration record, which fully documents the vaccines administered by the pharmacist.</p>
<p>Providing Tobacco Cessation Counseling and Furnishing Nicotine Replacement Therapy pursuant to CCR 1746.2</p>	<p>When a patient requests nicotine replacement therapy or other smoking cessation medication, or when a pharmacist in his or her professional judgment decides to initiate smoking cessation treatment and counseling, the pharmacist shall complete the following steps:          Review the patient's current tobacco use and past quit attempts.          Ask the patient the following screening questions:          (i) Are you pregnant or plan to become pregnant? (If yes, do not furnish and refer to an appropriate health care provider).          (ii) Have you had a heart attack within the last 2 weeks? (If yes, furnish with caution and refer to an appropriate health care provider).          (iii) Do you have any history of heart palpitations, irregular heartbeats, or have you been diagnosed with a serious arrhythmia? (If yes, furnish with caution and refer to an appropriate health care provider).          (iv) Do you currently experience frequent chest pain or have you been diagnosed with unstable angina? (If yes, furnish with caution and refer to an appropriate health care provider).          (v) Do you have any history of allergic rhinitis (e.g., nasal allergies)? (If yes, avoid nasal spray).          (vi) Have you been diagnosed with temporal mandibular joint (TMJ) dysfunction? (If yes, avoid nicotine gum).          The pharmacist shall review the instructions for use with every patient using a nicotine replacement product. Pharmacists should recommend the patient seek additional assistance for behavior change. The pharmacist shall answer any questions the patient may have regarding smoking cessation therapy and/or nicotine replacement products. The pharmacist, in consultation with the patient, may select any nicotine replacement product (alone or in combination) from the list of therapies specified in this protocol in the Table "Nicotine Replacement Therapy Medications for Smoking Cessation."          The pharmacist shall notify the patient's primary care provider of any prescription drug(s) and/or device(s) furnished to the patient or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. Each nicotine replacement product provided for smoking cessation and furnished by a pharmacist pursuant to this protocol shall be documented in a patient medication record and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense. A patient medication record shall be maintained in an automated data processing or manual record mode such that the required information under title 16, sections 1717 and 1707.1 of the California Code of Regulations is readily retrievable during the pharmacy or facility's normal operating hours.</p>