



Ohio Administrative Code

Rule 5160-8-52 Services provided by a pharmacist.

Effective: January 17, 2021

(A) Definition. "Pharmacist" has the same meaning as in Chapter 4729:1-1 of the Administrative Code.

(B) Providers. An individual pharmacist may enroll in medicaid as a pharmacist provider.

(C) Coverage.

(1) Payment may be made only for a pharmacist service for which the following criteria are met:

(a) The service is within a pharmacist's scope of practice;

(b) The service is medically necessary in accordance with rule 5160-1-01 of the Administrative Code;

(c) For a service rendered by prescription, the pharmacist provider obtains an order issued by a practitioner having appropriate prescriptive authority and maintains supporting documentation; and

(d) The service is rendered for one of the following purposes:

(i) Managing medication therapy under a consulting agreement with a prescribing practitioner pursuant to section 4729.39 of the Revised Code;

(ii) Administering immunizations in accordance with section 4729.41 of the Revised Code; or

(iii) Administering medications in accordance with section 4729.45 of the Revised Code.

(2) Nothing in this rule precludes a medicaid managed care organization described in Chapters 5160-26 and 5160-58 of the Administrative Code from paying pharmacists for additional purposes, within scope of practice, including care management services that are rendered by a pharmacist without a



consult agreement.

(3) Payment may be made for covered telehealth services in accordance with rule 5160-1-18 of the Administrative Code.

(4) Services may be rendered through a standing order or protocol as described in Chapter 4729. of the Revised Code.

(D) Claim payment.

(1) For a covered pharmacist service rendered at a federally qualified health center (FQHC) or rural health clinic (RHC), payment as an FQHC medical service or an RHC medical service is made in accordance with Chapter 5160-28 of the Administrative Code.

(2) For a covered immunization, injection of medication, or provider-administered pharmaceutical, payment is made in accordance with rule 5160-4-12 of the Administrative Code.

(3) For all other covered pharmacist services, payment is the lesser of the submitted charge or eighty-five per cent of the medicaid maximum amount specified in appendix DD to rule 5160-1-60 of the Administrative Code.

(4) No separate payment will be made for pharmacist services provided in an inpatient or outpatient hospital, emergency department, or inpatient psychiatric facility place of service.