

Services provided by a pharmacist
OAC 5160-8-52



CPT/HCPCS Code	Description	Place of Service Restriction per Appendix DD to 5160-1-60	Reimbursement
99202	Office or other outpatient visit for the E&M of a new patient, typically 15-29 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	33.09
99203	Office or other outpatient visit for the E&M of a new patient, typically 30-44 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	49.09
99211	Office or other outpatient visit for the E&M of an established patient, typically 5 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	12.32
99212	Office or other outpatient visit for the E&M of an established patient, typically 10-19 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	22.72
99213	Office or other outpatient visit for the E&M of an established	Not covered in an inpatient or outpatient hospital,	37.06

	patient, typically 20-29 minutes	emergency department or inpatient psychiatric facility place of service	
99441	Telephone or internet E&M provided by consultative physician with verbal and written report 5-10 minutes of medical consultative discussion and review	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	9.52
99442	Telephone or internet E&M provided by consultative physician with verbal and written report 11-20 minutes of medical consultative discussion and review	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	18.62
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services provided to an established patient	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service	9.74

90460	ADMINISTRATION OF FIRST VACCINE OR TOXOID COMPONENT THROUGH 18 YEARS OF AGE WITH COUNSELING	15.00
90471	ADMINISTRATION OF 1 VACCINE	19.35

90472	IMMUNIZATION ADMIN EACH ADD	9.50
90473	ADMINISTRATION OF 1 NASAL OR ORAL VACCINE	19.35
90474	IMMUNE ADMIN ORAL/NASAL ADDL	9.50
96372	Ther/proph/diag inj, sc/im	14.57

The Provider-Administered Pharmaceuticals table lists the current coverage and fees for vaccines, injectable medications, and other drugs administered by practitioners, that may be performed by a pharmacist. It reflects the policy set forth in the Ohio Administrative Code in rule 5160-4-12.

<https://www.medicaid.ohio.gov/Provider/FeeScheduleandRates/SchedulesandRates#1682583-provider-administered-pharmaceuticals>

For pharmacists employed in a community behavioral health setting, please see Medicaid Behavioral Health manual at: <https://bh.medicaid.ohio.gov/manuals>

