



CO L O R A D O

Department of Health Care
Policy & Financing

Dear Providers,

On July 6, 2022, the Food and Drug Administration (FDA) modified the Emergency Use Authorization (EUA) for Paxlovid to allow pharmacists to prescribe under limited circumstances. Consistent with this guidance, enrolled pharmacists may bill for medically necessary procedures related to the prescribing of Paxlovid with the following limitations:

- All pharmacists authorized to prescribe Paxlovid must adhere to all the terms set in the FDA's [updated EUA](#).
- The pharmacy dispensing fee already includes counseling meaning that providers should not separately bill the Department for it.
- Providers must ensure they are fully meeting the requirements of a code before using it to describe a procedure.
- Billed medical procedures must be billed on a Centers for Medicare & Medicaid Services (CMS) 1500 claim, not a pharmacy claim.
- Provider documentation must support the choice of code used and accurately reflect the time spent prescribing, if applicable.

In order to help providers understand this change, the Department of Health Care Policy & Financing (the Department) has also assembled the following Frequently Asked Questions (FAQ):

Q: What does this change mean for billing when prescribing and dispensing happen at the same time?

A: Prescribing is a separate action from dispensing and counseling. This means that providers may not use any part of the dispensing process, including topics potentially covered in counseling but not required by the FDA's EUA, to elongate or supplement the prescribing process. Refer to [10 CCR 2505 10 8.800.9.B.2](#) for more information on member counseling.

Q: Can providers bill for COVID-19 testing as part of the prescription process?

A: Pharmacists may already bill the department for medically necessary testing that they are authorized to perform by federal and state regulations. As a reminder, the

Department's testing policy is that pharmacists may only bill for tests performed in their clinic or pharmacy. Tests performed by laboratories or hospital outpatient laboratories must be billed by the performing laboratory.

Q: How are co-pays handled?

A: Health First Colorado has temporarily waived co-pay amounts for treatments and services related to COVID-19 when ICD-10 diagnosis codes B99.9, B94.8, J12.82, M35.81, M35.89, O98.5, R05, R06.02, R50.9, U07.1, U09.9, Z20.822, Z86.16, Z11.52, J18.9, Z13.9, Z11.59, Z20.818, or Z20.828 is entered on the claim.

Contact Cameron Amirfathi at Cameron.Amirfathi@state.co.us with further questions.

Thank you,

Department of Health Care Policy & Financing

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