

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202568 MAY 27, 2025

IHCP announces new pharmacist provider specialty enrollment and reimbursement

Effective July 1, 2025, the Indiana Health Coverage Programs (IHCP) will expand provider enrollment to include licensed pharmacists. This new provider specialty (241 – *Pharmacist*) will allow eligible pharmacists to enroll as rendering providers linked to a group provider. Group providers may be reimbursed for evaluation and management (E/M) services related to hormonal contraceptives provided by IHCP-enrolled pharmacists, as outlined in *Indiana Code* [IC 25-26-25](#).



Enrollment requirements for pharmacists

Pharmacists may enroll as IHCP rendering providers using the [IHCP Provider Healthcare Portal \(IHCP Portal\)](#) or via paper application. An active pharmacist license and successful completion of training as specified in *IC 25-26-25* are required for IHCP pharmacist enrollment. Pharmacists will enroll under the rendering provider classification, with provider type 24 – *Pharmacy* and specialty 241 – *Pharmacist*, and using their Type 1 (individual) National Provider Identifier (NPI).

The pharmacist rendering provider classification cannot bill the IHCP directly; therefore, pharmacists must be linked to an IHCP-enrolled group provider to receive reimbursement for services performed. Pharmacists enrolled under provider specialty 241 may be linked to any of the following group provider enrollments:

- Type 08 – *Clinic*
 - ⇒ All specialties
- Type 11 – *Behavioral Health Provider*
 - ⇒ Specialty 110 – *Outpatient Mental Health Clinic*
 - ⇒ Specialty 111 – *Community Mental Health Center (CMHC)*
 - ⇒ Specialty 623 – *Certified Community Behavioral Health Clinic (CCBHC)*
- Type 24 – *Pharmacy**
- Type 31 – *Physician*
 - ⇒ All specialties

****Please note that pharmacists may only be linked to a provider type 24 – Pharmacy that has converted to a group provider classification. The pharmacy group classification conversion must occur prior to the pharmacist linkage.***

When enrolled as a provider with the IHCP, pharmacists may also enroll as a provider with the IHCP's managed care programs – Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect and Indiana Pathways for Aging (PathWays) – by applying directly with one or more of the contracted managed care entities (MCEs).

Enrollment requirements for pharmacies

To bill for pharmacist services related to *IC 25-26-25*, pharmacies must convert from a billing to group provider classification. Pharmacy group enrollment will allow pharmacists the ability to link to the pharmacy as rendering providers. Pharmacies can update existing enrollment to the group provider classification using the [IHCP Portal](#) or via paper application. Pharmacy group enrollment applications submitted to the IHCP must include a Type 2 (organizational) NPI as established in *IHCP Bulletin BT201863*. Pharmacies may convert back to the billing classification through the provider enrollment process; all pharmacist linkages to the pharmacy group will end-date with this action.

Pharmacist service reimbursement

Pharmacist services, as detailed in *IC 25-26-25*, may be billed through the IHCP medical benefit via a professional claim (CMS-1500 paper claim form, IHCP Portal professional claim or 837P electronic transaction). Claims should include the group provider NPI as the billing provider, and pharmacist NPI as the rendering provider.

The diagnosis codes in Table 1 and procedure codes in Table 2 may be used to bill for pharmacist-provided E/M services for dates of service (DOS) on or after July 1, 2025. For current reimbursement rates, see the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) webpage at in.gov/medicaid/providers.

Table 1 – Allowable diagnosis codes for IHCP pharmacist (specialty 241) claims, effective for DOS on or after July 1, 2025

Diagnosis code	Code description
Z30.011	Encounter for initial prescription of contraceptive pills
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30.016	Encounter for initial prescription for transdermal patch hormonal contraception
Z30.41	Encounter for surveillance of contraceptive therapy pills
Z30.42	Encounter for surveillance of DMPA
Z30.44	Encounter for surveillance of vaginal ring
Z30.45	Encounter for surveillance of transdermal patch hormonal contraceptive therapy

Table 2 – Covered E/M procedure codes for IHCP pharmacist (specialty 241) claims, effective for DOS on or after July 1, 2025

Procedure code	Code description
99202	New patient office or other outpatient visit with straightforward medical decision making, if using time, 15 minutes or more
99212	Established patient office or other outpatient visit with straightforward medical decision making, if using time, 10 minutes or more

Audits

Pharmacist service claims will be subject to audit. Providers must follow the rules and regulations specified in *IC 25-26-25* and complete all necessary documentation requirements.

For more information

Please direct enrollment and professional claim submission questions for fee-for-service (FFS) members to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). For pharmacy questions for FFS members, including reject 71 – *Provider not covered* messaging, please contact the Optum Rx Clinical and Technical Help Desk by calling toll-free 855-577-6317.

Questions regarding pharmacist enrollment and service reimbursement for members in the HIP, Hoosier Care Connect, Hoosier Healthwise and PathWays plans should be referred to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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