

CONTRACEPTIVE SERVICES BILLING PRIMER

Summary: This document provides a general overview on the concepts in billing for contraceptive services provided by pharmacists and a quick guide on how to get started. Always verify your local laws, regulations, and payor policies.

GENERAL CONCEPTS IN BILLING CONTRACEPTIVE SERVICES

The challenge with billing for contraceptive services stems from inconsistent recognition of provider status for pharmacists across the states and amongst payors. In addition, the billing structure can vary amongst the payors. States with existing medication therapy programs are more likely to have the necessary framework for contraceptive service billing, while others may not have well-established systems. It is up to the pharmacy and pharmacist to conduct due diligence so that contraceptive services will be reimbursed appropriately. Pharmacists must be enrolled or credentialed with each payor as an approved or “in-network” provider in order to submit claims for reimbursement.

Important: Some states have policies that require payment for pharmacist contraceptive services. In the absence of policies mandating coverage for pharmacist services, some health plans have elected to proactively cover pharmacist services. Please check for specific billing opportunities in your state.

Payors for Contraceptive Services

Public Payors

Medicare. At the federal level, Medicare does not currently recognize pharmacists as providers and therefore lacks a system to reimburse pharmacist care services. If the pharmacist establishes a collaboration with a physician’s office, the physician’s office may be able to submit claims on the pharmacist’s behalf using the physician’s provider status. This is commonly referred to as “incident-to billing.” For pharmacists practicing in hospitals or health systems, they may be able to bill a flat “facility fee” for visits with a pharmacist. Generally, the patients seeking contraception will not have Medicare insurance, though there may be exceptions.

Medicaid. Pharmacists will likely be required to enroll as providers. Pharmacists must follow the procedures set forth by the state to receive contraceptive services reimbursement. The procedures may be limited to Medicaid fee-for-service (FFS) or also apply to Medicaid managed care organization (MCO) plans. Each state has their own billing criteria and procedures that may be detailed in the Provider Manual.

Private Payors

Commercial Insurance. Each commercial insurance plan may cover varying levels of service, as well as require credentialing. Processes and requirements may or may not be the same as state requirements. Commercial insurance plans may be employer sponsored, so one insurance company may have multiple plans.

Cash-Pay. An individual may seek contraceptive services and pay cash out-of-pocket. If you have a contract with a health plan for other services, you may not be allowed to utilize the cash-pay model with the members of that plan. Your cash-pay fees may need to align with the fees that you bill the health plans.

Other Models. A private entity (e.g. pharmacy service network, philanthropy grant) may partner with the pharmacy or pharmacist to provide care to its members or community.

Pharmacy Billing vs. Medical Billing

Another consideration is the billing pathway for patient care services, also known as evaluation and management (E/M). Traditionally, pharmacists submit prescription reimbursement through the patient’s **pharmacy benefits**, a real-time claim adjudication to pharmacy benefit management (PBM) companies. These PBM coding standards are not the same as those for patient care services, which is considered a **medical benefit**. The billing codes for medical benefits are a better representation of the patient care services provided and can be submitted via [Health Level 7](#) (HL7) standards. HL7 standards allow healthcare systems to communicate with each other. The pharmacy may need additional software for medical billing based on the payor’s requirements.

Terminology

HCPCS - Healthcare Common Procedure Coding System

What type of service was provided?

Pharmacists should be familiar with medical billing codes, known as the Healthcare Common Procedure Coding System (HCPCS). This standardized coding system is used by healthcare providers to submit claims to payors for medical procedures, supplies, products, and services. Two subsystems, Level I and Level II, are used depending on the services rendered.¹ Refer to the payor’s instructions on which subsystem and codes to use.

	HCPCS Level I	HCPCS Level II
Also known as	CPT Codes, Current Procedural Terminology	HCPCS Codes
Maintained by	American Medical Association (AMA)	Centers for Medicare and Medicaid Services (CMS)
Code structure	Numeric - 5 numbers Ex: 99202 (new patient visit that is straightforward and lasts 15-29 minutes)	Alphanumeric - 1 letter + 4 numbers Ex: E0570 (nebulizer, with compressor)
Used for	Standard medical, surgical, and diagnostic services provided by healthcare professionals, divided into 3 categories – Category I is most commonly used by pharmacies. ²	Services that are outside of the categories in Level I, sometimes called “nonphysician services” such as products, supplies, and durable medical equipment, orthotics, prosthetics, and certain drugs.

CPT Codes - Common Procedural Terminology

What service was provided?

These are also known as HCPCS Level I codes. Used to report standard medical and provider services and procedures across 3 categories, with pharmacies commonly using Category I codes. A payor may specify which CPT codes are eligible for reimbursement. A subset of CPT codes from 99202-99499 for evaluating or managing a patient's health are known as Evaluation and Management (E&M) codes. These codes are based on the level of medical decision-making or total time spent by the provider during the encounter, as documented in the patient's medical record.

Example: 99202 (new patient visit that is straightforward and lasts 15-29 minutes)

ICD-10-CM Codes - International Classification of Diseases, Tenth Revision, Clinical Modification

Why was the service provided?

Global standard coding system used to classify and describe diseases, signs, symptoms, and external causes of injury or death. A payor may specify which ICD-10-CM codes are eligible for reimbursement.

Example: Z30.011: Encounter for initial prescription of contraceptive pills

NPI - National Provider Identifier

Who provided the service?

Unique identification number for healthcare providers. Each pharmacist should have their own NPI. You can register for an NPI through [NPPES](#). When submitting for payment, the rendering provider NPI is the pharmacist who provided the service and the billing provider NPI should be the pharmacy or healthcare organization that is receiving the payment.

Example: Alex Do, PharmD, NPI 1234567890

NDC - National Drug Code

What product was dispensed?

Unique 10- or 11-digit identifier for a drug product that includes the labeler (manufacturer), product (drug, strength, dosage form, formulation), and package size.

Example: 12345-6789-00

NCPDP Telecommunication Standard

The National Council for Prescription Drug Programs (NCPDP) has provided the [NCPDP Implementation of Telecommunication Standard](#) as a resource for pharmacies to bill payors using the traditional pharmacy billing system, if allowed by the payor.² When allowed by the payor, this method allows for direct real-time claim adjudication for the services rendered. The pharmacy can bill for both the drug product and the consultation service **separately**, using pharmacy and medical billing codes, respectively.³

However, pharmacists may need to use manual paper billing (i.e., CMS1500 form) or medical billing software for the payors that accept only medical billing for contraceptive services. This type of claim adjudication would not be real-time. See Appendix A for a sample CMS1500 form.

GETTING STARTED WITH MEDICAL BILLING

1. Set up provider enrollment and credentialing with the payors.
 - a. Credentialing must be completed for each payor
 - b. The **pharmacist(s)** must be credentialed as the rendering provider(s), and the **pharmacy or healthcare organization** must be credentialed as the billing provider
2. Check that the state and payor requirements for providing contraceptive services are met. These requirements will vary by payor. Examples include but are not limited to:
 - a. Review the payor’s instructions on reimbursement submission - codes, time allotted, age restriction, etc.
 - b. Use required encounter forms (e.g.; assessment form, consultation form)
 - c. Have a designated private area for consultation (pharmacy counter may not be sufficient)
 - d. Obtain medical billing software, if needed
3. Determine how you will collect payments from patients:
 - a. Co-payment
 - b. If the health plan rejects the claim
4. For each visit:
 - a. Ensure all encounter forms are completed with proper documentation and signatures
 - b. Submit to the patient’s payor using the appropriate codes and billing method specified by the payor
 - c. Monitor claim submission and reconcile claim rejections and denials
5. Maintain “in-network” approval for health plans. Some health plans require attestation as frequently as every 90 days.
6. Review claims for denials and opportunities to improve documentation and/or coding.

REFERENCES

1. Healthcare Common Procedure Coding System (HCPCS). Centers for Medicare & Medicaid Services. Available at: <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>. Accessed October 20, 2025.
2. NCPDP Implementation of Telecommunication Standard vD.0 Service Billing Transactions for Pharmacist Professional Services. National Council for Prescription Drug Programs. Available at: <https://www.ncpdp.org/NCPDP/media/images/Resources%20Items/NCPDP-Implementation-of-Telecommunication-Standard-vD-0-Service-Billing-Transactions-for-Pharmacist-Professional-Services.pdf?ext=.pdf>. Accessed October 20, 2025.
3. Billing Guidance for Pharmacists' Professional and Patient Care Services. National Council for Prescription Drug Programs. Available at: <https://www.ncpdp.org/NCPDP/media/pdf/WhitePaper/Billing-Guidance-for-Pharmacists-Professional-and-Patient-Care-Services-White-Paper.pdf?ext=.pdf>. Accessed October 20, 2025.

APPENDIX A: SAMPLE CMS 1500 FORM

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										PICA <input type="checkbox"/>																																																																															
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLX (LUNG) <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare) (Medicaid) (DoD/DoM) (Member/IDM) (ID#) (ID#) (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 123456AB																																																																															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Jones, Anna, H										3. PATIENT'S BIRTH DATE MM DD YY SEX 01 22 2002 M F X																																																																															
5. PATIENT'S ADDRESS (No., Street) 123 Main Street										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																																																																															
CITY Anytown					STATE IN					7. INSURED'S ADDRESS (No., Street)					CITY					STATE																																																																					
ZIP CODE 12345					TELEPHONE (Include Area Code) (999) 987-6543					8. RESERVED FOR NUCC USE					ZIP CODE					TELEPHONE (Include Area Code)																																																																					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																					
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY SEX MM DD YY M F																																																																					
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										b. OTHER CLAIM ID (Designated by NUCC)																																																																					
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																					
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																																																					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																																					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																																					
SIGNED Signature on File																				SIGNED																																																																					
DATE 10/01/2025																				DATE																																																																					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																					
17b. NPI										17c.										19. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24b) A Z30.011 B Z30.09 C D E F G H I J K L 																				22. SUBMISSION CODE ORIGINAL REF. NO.																																																																					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. EXPD (Partly Paid)										I. ID. QUAL										J. REFERRING PROVIDER ID #									
10 01 24 10 01 25 01										99202										A										66.74										1										NPI										1234567890																													
2										3										4										5										6										7										8										9										0									
25. FEDERAL TAX I.D. NUMBER										SSN ESN										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (If yes, NUPC, see text) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 66.74										29. AMOUNT PAID \$										30. Refd for NUCC Use																													
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Jane Doe, PharmD																				32. SERVICE FACILITY LOCATION INFORMATION Main Street Pharmacy 456 Main Street Anytown, IN 12345																				33. BILLING PROVIDER INFO & PH # (999) 123-4567 Jane Doe, PharmD 456 Main Street Anytown, IN 12345																																																	
SIGNED 10/01/25																				DATE																				SIGNED																				DATE																													

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED CMB-035-1107 FORM 1500 (02-12)

Clear Form

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by CMS, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101; 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, "Carrier Medicare Claims Record," published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1126B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0090. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.