Colorado Pharmacist Services Billing Guide

January 2026

Table of **Contents**

Pharmacist Services Billing Guide for Colorado

This guide outlines reimbursement opportunities for pharmacist-provided care services in Colorado and explains how to begin billing under independent authority and collaborative practice. It is meant to be a comprehensive resource, but not an exhaustive one. Because provider billing is rapidly evolving, pharmacists are encouraged to consult additional sources for the most current information.

CPS partners with the Washington State Pharmacy Association for a more detailed billing manual that is a companion to this billing guide. Visit the CPS website for more information on how to obtain the *Pharmacy Practice Guidebook: Medical Billing, Coding, and Documentation for Pharmacy Professionals*.

What you'll find in this guide:

- Who is eligible

- What services may be reimbursed

- How to get started with payers

- Key documentation practices

- Billing basics

- Information on additional considerations including community health workers

Colorado is home to roughly 7,000 licensed pharmacists and about 1,300 pharmacies. Nationally, there are an estimated 60,000–65,000 community pharmacies, which in many cases serve as the most accessible healthcare destinations. In fact, studies show that more than 90% of Americans live within five miles of a pharmacy. Pharmacists have long met the public health needs of their communities, a role that expanded significantly during the COVID-19 pandemic.

As practice models evolve and access to care needs grow, pharmacies have a unique opportunity to build upon public trust and momentum to expand the range of clinical services they provide.

In Colorado, allowable expanded service opportunities, collaborative practice, and independent prescriptive authority are detailed in law and regulation. All pharmacists should consult both the **Pharmacy Practice Act and Laws** and the **Rules and Regulations** outlined by the Colorado State Board of Pharmacy to ensure all practice activities reside within the current Colorado scope of pharmacy practice.

Opportunities for Colorado pharmacist reimbursement were realized with the passage of laws (**SB 16-135**, **HB 18-1112**, **HB 20-1061** and **HB 21-1275**), championed by Colorado Pharmacists Society. The passage of these laws, historically known as "provider status," established the framework for advanced pharmacy practice models in Colorado, requiring both commercial payers and Colorado Medicaid to reimburse pharmacists for the delivery of non-dispensing clinical services. In 2024, legislation further expanded this framework by authorizing pharmacist prescribing and reimbursement for medications for opioid use disorder (MOUD) (**HB 24-1045**). While only a portion of pharmacists currently participate in these payment opportunities, the range of services covered, and the eligible patient population is extensive.

Unlike medication reimbursement, payment for advanced clinical services is processed through the patient's medical benefit. To receive payment, pharmacists must enroll separately from their existing pharmacy contracts with PBMs and other payers.

This guide is designed to help pharmacists navigate clinical service reimbursement opportunities in Colorado and begin billing for patient care services through independent authority and collaborative practice. The Colorado Pharmacists Society remains committed to advancing pharmacy practice and advocating for sustainable reimbursement for pharmacist-delivered clinical services in Colorado. For additional information and resources, please visit **www.copharm.org**.
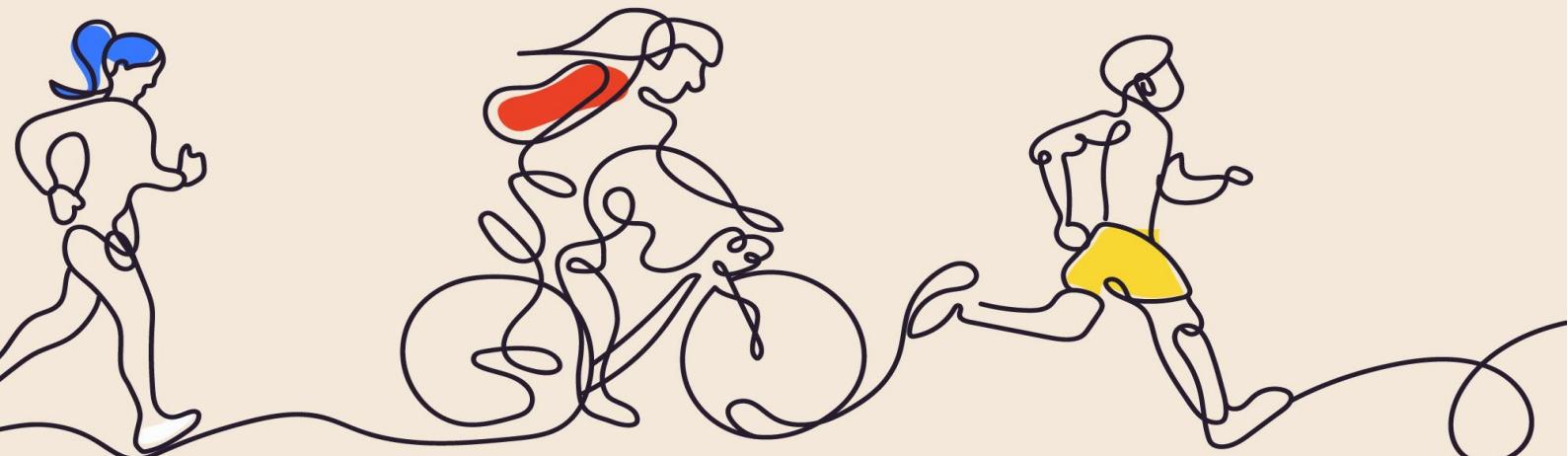
Which of my patients are eligible?

A key first step in getting reimbursed is understanding your patient population. This guide is designed to help you identify eligibility across major payers and maximize your billing opportunities

Major payers include

- ☑ Medicaid
- ☑ Medicare
- ☑ Commercial/Private Insurers
- ☑ Cash Pay (not covered in this manual but a viable revenue model to offer)
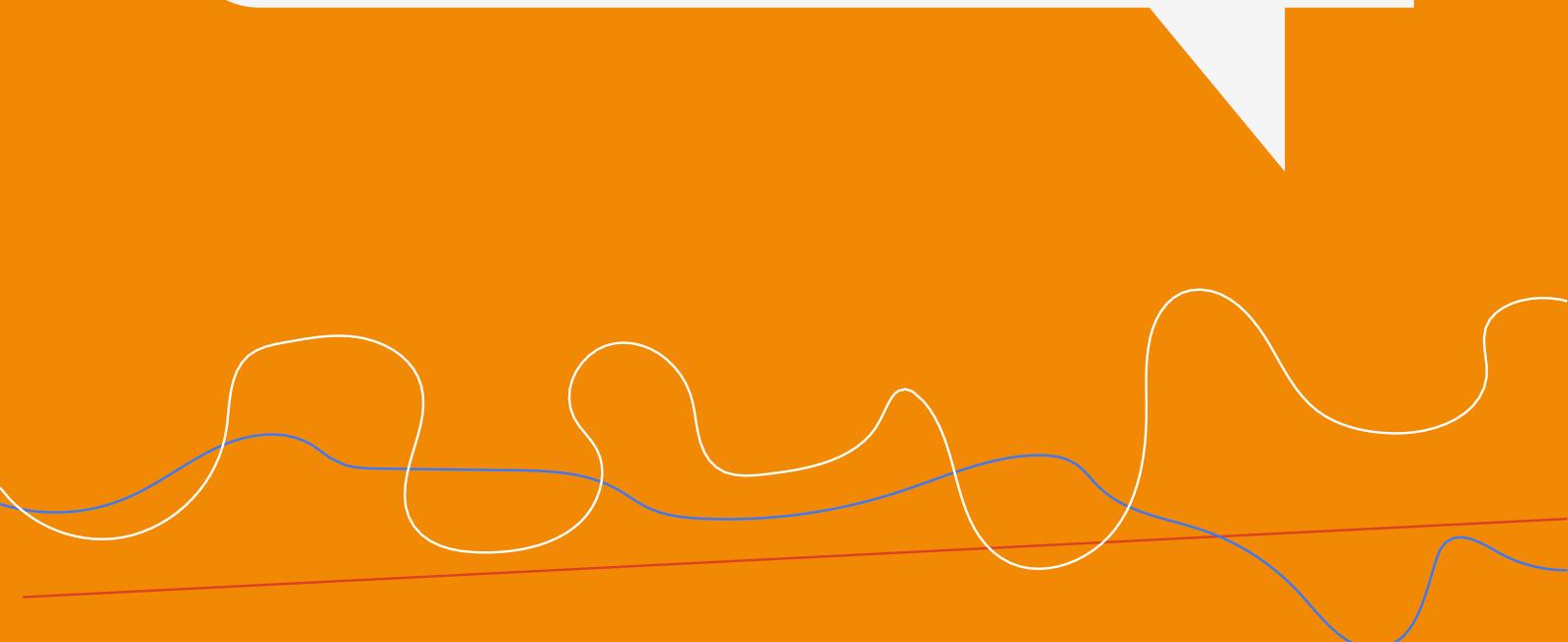
For what services can I bill?

Medicaid

Full details: **Colorado Medicaid Pharmacists Services Billing Manual**.

Per Colorado **HB 21-1275**, a pharmacist must be paid for services that are:

☑ Part of collaborative practice agreement (CPA) or statewide protocol (SWP)

☑ Within the pharmacist's scope of practice

☑ Medically necessary

Covered Pharmacist Services:

☑ CLIA-waived tests and COVID-19 diagnostic testing

☑ Prescribing certain OTCs

☑ Immunizations and other injections

☑ Ordering continuous glucose monitors (CGMs) and devices

☑ Comprehensive medication management (CMM)

☑ Procedure codes (extensive list available)

☑ Colorado Medicaid Diabetes Self-Management Education and Support (DSMES) Reimbursement Toolkit

Reminder on Documentation

As always, documentation must support the level and type of service being submitted for payment. Documentation should be readily retrievable, as audits by payers will be expected.

Other Helpful Medicaid Provider Resources

✓ **Provider Resources**

✓ **Co-pay information for Providers**

✓ **General Provider Information Manual**

✓ **Provider Rates and Fee Schedule**

✓ **Diabetes Self-Management Education and Support (DSMES)**

Medicare

At this point in time, pharmacists are not considered medical providers under Part B of the Social Security Act (i.e. no Medicare "Provider Status"). Efforts to change this are underway on a national advocacy level, and pharmacists are encouraged to actively support these efforts. Currently, other revenue-generating services include (but are outside the scope of this billing manual):

☑ "Incident-to" billing

☑ Medicare Annual Wellness Visits (AWVs)

☑ Principal and Chronic Care Management Visits

☑ Disease-specific (Tobacco cessation, asthma inhaler training)

☑ Office Administered Medications

☑ Remote Physiologic Monitoring

☑ Continuous Glucose Monitoring

☑ Home PT/INR Monitoring

☑ Point-of-Care Testing

☑ Medication Therapy Management under Part D programs

Many of these services must be billed by a Medicare Part B-recognized provider, with pharmacists delivering the care under collaborative agreements or supervision, particularly in health systems. Community pharmacies can get involved through partnerships with clinics, payer contracts, or statewide protocols, depending on the service and payer.

Medicare Continued

☑ Diabetes Self-Management Education and Support (DSMES)

- CDC DSMES Toolkit
- CDC DSMES Medical Billing Playbook for Pharmacies.

☑ National Diabetes Prevention Program (NDPP)

- The National DPP Customer Service Center
- Summary of National DPP Pharmacy Resources
- The CDC NDPP Medical Billing Playbook for Pharmacies
- The CDC Pharmacist Toolkit: Participate in the National Diabetes Prevention Program

As always, documentation must support the level and type of service being submitted for payment. Documentation should be readily retrievable, as audits by payers will be expected.
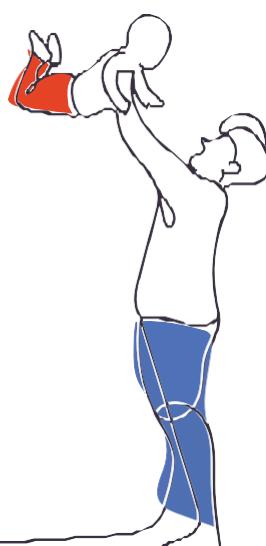
Commercial

According to these laws in Colorado, (**SB 16-135**, **HB 18-1112**, **HB 20-1061** and **HB 24-1045**) pharmacists must be reimbursed for "any healthcare services" if those services are reimbursable when delivered by a physician or advanced practice nurse and the pharmacist is in the insurer's network. The law guarantees payment in Health Professional Shortage Areas (HPSAs), but it does not prohibit payment outside those areas. Provisions in these laws also specifically address payment for HIV PrEP/PEP and MOUD care.

For commercial payers, there is no standardized list of services or billing codes. Pharmacists are encouraged to provide care within their scope of practice and submit appropriate codes for those services. Covered services are often defined at the contract level. All claims must be supported by clear, retrievable documentation, as payers may audit records. Pharmacists are also encouraged to negotiate coverage for pharmacist-provided services directly with commercial plans.

Specifically for DSMES, the CDC DSMES Medical Billing Playbook for Pharmacies includes tips on maximizing commercial reimbursement, with a dedicated section on "Commercial Billing for DSMES" in the appendix.
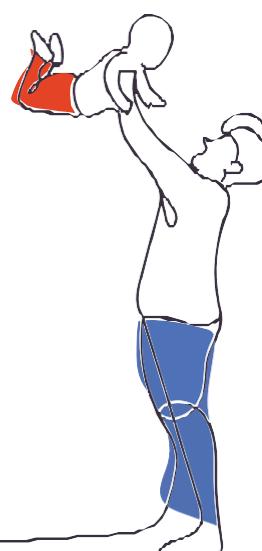
How can I start?

Step 1:
Validate that you have active Pharmacist status (DORA license) in the state of Colorado

Step 2:
Obtain or validate active professional liability insurance

Step 3:
Apply for a provider National Provider Identifier (NPI)

Step 4:
Identify a process to ensure capability to generate and submit claims to the patients' medical benefit

Medicaid:

Step 5:
Enroll as a Colorado Medicaid Provider

Commercial/Private:

Step 6:
Complete CAQH Profile and/or Pharmacy Profiles

How can I start?

All Payers:

Step 1:
Validate that you have active Pharmacist status (DORA license) in the state of Colorado. If prescribing controlled substances, a current PHA-CS license is also required (State Board of Pharmacy – see "Pharmacist MOUD")

License status can be verified here: **DORA License Verification**

Step 2:

To be eligible to participate in collaborative practice agreements, statewide protocols (SWP) and bill for services, pharmacists in the state of Colorado are required to carry adequate professional liability insurance in coverage of at least $1,000,000 per incident and at least $3,000,000 in aggregate **(Colorado Rule 17.00.30)**. Colorado Pharmacists Society recommends that all practicing pharmacists maintain their own policy of personal professional liability insurance in addition to any professional liability coverage provided by an employer. CPS recommends partnering with **Pharmacist Mutual** for your professional liability insurance.

Step 3:
Apply for a provider National Provider Identifier (NPI)

As mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, an NPI is required for all health care providers and organizations. Both a pharmacist and facility NPI are required to submit medical claims. The application for an NPI may be submitted electronically on the National Plan and Provider Enumeration System (NPPES) website. Once a provider is assigned an NPI, the provider must update information within 30 days of any changes. In addition, there is no cost to the provider to obtain an NPI.

Type 1 NPI numbers designate individual healthcare providers, whereas type 2 NPI numbers designate organizations (health care providers who are organizations, including physician groups, hospitals, and nursing homes). Pharmacists should enroll as Type 1 to obtain the correct NPI. While all NPIs include a taxonomy code, a general taxonomy code for pharmacists is: 183500000X. If you enroll as a pharmacist, it should select the correct taxonomy code, but there may be additional taxonomy codes for pharmacists that practice in different settings. For pharmacists in specialized practice areas, see associated taxonomy codes: **Taxonomy (nucc.org)** and scroll under "Pharmacy Service Providers."

Pharmacists should also know their affiliated billing entity's Type 2 NPI and their tax identifier number or employer identifier number (TIN or EIN), which is the practice site or pharmacy that will be the "billing provider." Pharmacists are "rendering providers," not "billing providers." At this time, pharmacists cannot be billing providers and bill independently (i.e. their own LLC or business) without a billing entity (a pharmacy or clinic/healthcare medical setting).

NPI application tips/tricks:

Apply Online

TYPE 1 - Individual Provider Identifier

To apply: [National Plan and Provider Enumeration System (NPPES Website)](#)

To complete the online NPI application, you must first obtain an Identity & Access (I&A) User ID. You may obtain this User ID by accessing **https://nppes.cms.hhs.gov** and completing steps 1-4 below:

- ✔ Select the Create a Login link on the Individual Provider side of the NPPES home page
- ✔ Note: You will be redirected to the I&A website
- ✔ Follow the steps to complete your I&A Registration
- ✔ Once you have successfully obtained an I&A User ID, you may return to the NPPES Home page and log into the NPPES website with your newly created I&A User ID

Select the Submit a New NPI Application to begin the NPI application process.

For more information: **NPPES FAQs — NPPES Documentation (hhs.gov)**

Step 4:

Identify a process to ensure capability to generate and submit claims to the patients' medical benefit.

To successfully provide and bill services, a pharmacy/pharmacist's processes & procedures must include robust patient record management and thorough clinical documentation. Non-dispensing pharmacy services must also have a method by which claims get submitted through the medical benefit pathway rather than the pharmacy benefit pathway. These processes can be optimized and incorporated into workflow through software and automation depending on payer.

Various vendor partners exist within the patient management, workflow optimization, and medical billing ecosystem. Additional tooling such as scheduling, HIPAA-compliant messaging, and interfacing with pharmacy dispensing systems are also available through software systems and can reduce barriers while promoting positive patient interactions. Pharmacies may use separate solutions to obtain these tools or more robust solutions that combine many of these features. CPS highly supports a model of medical billing using similar processes and codes as all other reimbursable healthcare providers. A list of potential vendors is available on the CPS website.

Medicaid

Step 5:
Enroll as a Colorado Medicaid Provider

To become a Colorado Medicaid provider, pharmacists must complete the registration process. A step-by-step guide is available in the Colorado Medicaid Pharmacist Services Billing Manual on the Colorado Department of Health Care Policy & Financing website, including sections on Provider Qualifications and Enrollment. This resource provides detailed instructions to help pharmacists navigate Medicaid billing for covered services.

Enrollment as an individual pharmacist is separate and distinct from enrolling as a pharmacy, clinic, or hospital. If a pharmacy, clinic, or hospital is already enrolled with Colorado Medicaid, an individual pharmacist wishing to provide services must enroll separately. Enrollment as a pharmacist will be as a "rendering provider" and the "billing provider" must also be selected at the time of enrollment and can be either a pharmacy or clinic/health system.

Some health systems take care of this enrollment during their credentialling process. You can confirm this by asking your credentialing or billing representative/department.

Helpful Medicaid Billing Resources

Provider Portal for Member Eligibility and Co-pay
https://hcpf.colorado.gov/verifying-eligibility-quickguide
- ☑ Step-by-step guide on using the provider portal to check eligibility and the copays that a specific member might encounter
- ☑ Provides in-depth about eligibility, co-pays, as well as third party liability
- ☑ Gives providers up to date information for the date of service. It is important to check this page every time a provider meets with a member so that the patient understands their eligibility details, as well as if a copay will be generated

Submitting a professional claim fully online
- ☑ https://hcpf.colorado.gov/submit-prof-claim
- ☑ Step-by-step guide covering how to submit a claim electronically through the Medicaid provider portal

Provider Web Portal Quick Guides
- ☑ https://hcpf.colorado.gov/interchange-resources
- ☑ Examples: Maintaining your Medicaid provider information, claims support for various billing situations and many more

Regional Provider Support
- ☑ https://hcpf.colorado.gov/regional-provider-support
- ☑ Resource to submit provider support tickets for Medicaid

Provider Billing Training Classes
- ☑ https://hcpf.colorado.gov/provider-training
- ☑ Class: Professional Claims (CMS-1500)

Provider Help Contacts
- ☑ https://hcpf.colorado.gov/provider-help
- ☑ Resource phone numbers and contact for provider support

Current Medicaid Reimbursement Rates
- ☑ https://hcpf.colorado.gov/provider-rates-fee-schedule
- ☑ Provider fee schedule for Colorado Medicaid providers

Commercial/Private:

To bill for services in commercial/private health plans, pharmacists need to enroll, credential, and contract with each desired plan. Plans pull your credentials from a centralized source. The most common places for pharmacists to store credentials are CAQH and Pharmacy Profiles.

Step 6:
Centralized Credentialing Platforms

CAQH is a free, centralized credentialing tool that most commercial/private plans utilize during the enrollment/contracting process to verify education, training, liability insurance, etc. We recommend pharmacists fully complete a CAQH Proview profile prior to requesting network participation with non-governmental payers.

> Note: Pharmacists may need to provide the Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) and/or the NPI of the clinic or pharmacy site where they will be providing services. Pharmacists are generally the rendering providers of care, not the billing providers of record.

Pharmacy Profiles is a free, pharmacy-focused credentialing tool designed to securely house and verify your professional credentials in one place. It is wholly owned by the American Pharmacists Association (APhA) and operates as an NCQA-certified Credentials Verification Organization (CVO). As an emerging resource built specifically for pharmacists, it offers a convenient place to manage licensure, certifications, and advanced training, including automated retrieval of many pharmacist credentials. Some health plans may use Pharmacy Profiles in their credentialing process.

Commercial/Private:

Depending on your practice site, centralized billing departments may handle this process on behalf of pharmacists within their organizations. Some software vendor partners can also provide support. Alternatively, pharmacists can begin individual enrollment directly through each payer's enrollment portal. Examples include:

- ☑ Aetna
- ☑ Anthem Blue Cross Blue Shield
- ☑ Cigna
- ☑ CO Access
- ☑ Denver Health
- ☑ Rocky Mountain Health Plans
- ☑ United Healthcare

Pharmacists are entitled to payment for services within their scope of practice in Health Professional Shortage Areas (HPSAs), but network inclusion is not guaranteed. This can make contracting with health plans a challenging step and may affect the likelihood or timeliness of network acceptance. Even so, pharmacists are encouraged to begin submitting claims as out-of-network providers once contracts have been requested, including for services outside HPSAs, since payment is not specifically prohibited elsewhere in Colorado. (**HB 18-1112**)

If enrollment is denied, pharmacists are encouraged to share examples with the **Division of Insurance** and the **Colorado Pharmacists Society.**

What do I need to document?

Strong clinical documentation is recommended to support the chosen billing codes and code levels. Audits by payers will be expected. Pharmacists can use external resources as needed to assist in ensuring appropriate level of documentation.

Best practices in documentation may include:

- The reason the patient was referred to you (specific disease state and goal of care)
- Referring/collaborating provider
- Location of patient & pharmacist (if doing telehealth)
- Time spent (usually easier than level of complexity)
- Level of complexity only if needed, and there needs to be an E&M "calculator" used to ensure this is calculated consistently across all patients
- Patient understanding the billing and potential copay for pharmacist services

For CPA/SWP services, pharmacists must also follow all documentation rules found in **Rule 17** in the Colorado Code of Regulations.

Cognitive Services:
For cognitive services, documentation must demonstrate medical necessity, meaning that there are no strict definitions providing guidance on required aspects of encounter documentation. It is recommended that depending on the type of care provided, that documentation clearly supports the use of any particular billing code or level.

How and what do I bill?

CPS partners with the Washington State Pharmacy Association for a more detailed billing manual that is a companion to this billing guide. Visit the CPS website for more information on how to obtain the *Pharmacy Practice Guidebook: Medical Billing, Coding, and Documentation for Pharmacy Professionals*.

Visits can be billed based on one of the following criteria:

Level of complexity: Four key components needed include level of medical decision making, number and complexity of problems addressed, amount/complexity of data to be reviewed/analyzed, and risk of complications/morbidity/mortality.

Time spent: Visits can be coded exclusively based on time spent (in which complexity is implied). Time generally includes prework, visit, and post-work involved.

Note: pharmacies must use a CMS-1500 form to manually code and submit for reimbursement or a certified technology platform capable of submitting medical claims in 837p format.

The following criteria should be considered to determine appropriate codes:

Patient type: new patient or established patient

Setting of service: office or other outpatient setting will be the one you most likely use, but there are also options of hospital inpatient, nursing facility, or emergency department. This may also include telehealth or telephone visits and/or in-person visits

Billing Medicaid:

- For billing codes, refer to the "Procedure Code List" on HCPF's **Pharmacist Services Billing Manual**

- For reimbursement rates, see the current **Provider Rates and Fee Schedule**

Billing Commercial:

- Processes will be unique to each individual payer and contract for services rendered

- Approvable billing codes will be determined by individual contracts

Other
considerations

Hospital-based outpatient clinics, also referred to as Hospital Outpatient Departments (HOPDs), typically bill two charges, a professional fee and a facility charge. If your practice is part of a hospital-based outpatient clinic, it is recommended you consult your billing department regarding requirements for billing and what charges your services may be eligible to bill.

Pharmacists cannot bill professional fees in a hospital-based clinic because they must follow CMS rules / conditions of participation (CoP) and are not Medicare eligible providers. This is regardless of whether the pharmacist is practicing under protocol or not.

Learners Performing Billable Services
Pharmacy students and residents can be involved with billable services. Credentialed pharmacists will need to supervise learners with joint physical presence and attest all documentation created by the learner. Charges will then be dropped under the credentialed pharmacist.

Community Health Workers

In Colorado, emerging opportunities are enhancing professional skill development and expanding the pharmacy workforce. The Colorado Pharmacists Society remains committed to supporting initiatives that strengthen and sustain this workforce and provide equitable care to all Coloradans.

Pharmacy technicians must complete approved training and obtain Community Health Worker (CHW) certification to work in a CHW role. CHW-certified pharmacy technicians can greatly expand patient outreach, navigation, health coaching, and chronic disease support within pharmacy practice. While billing pathways vary by payer, the following provides a concise, statewide overview. Learn more about approved CHW training programs in Colorado.

Colorado Medicaid

Status: *CHW services are authorized in statute but not billable yet.*
Health First Colorado has delayed implementation of CHW reimbursement until January 1, 2028. No Medicaid fee schedule, billing instructions, or enrollment pathways are currently active.
To track Medicaid progress, pharmacies may refer to HCPF's Community Health Worker webpage and its CHW/CHR Fact Sheet, which outlines the *proposed* scope of services and example procedure codes under consideration:

Medicare

Medicare is currently the *clearest* billing path for CHW-related work. CHW activities can be billed under a physician or other Medicare-recognized practitioner through:

Community Health Integration (CHI)
-   CHWs are treated as auxiliary personnel, working under *general supervision* of the billing practitioner.
-   Codes: G0019, G0022, G0511

Principal Illness Navigation (PIN / PIN-PS)
-   Also billed "incident to" a Medicare practitioner.
-   Codes: G0023, G0024 (navigation support) and G0140, G0146 (peer support variants)

Important for pharmacies:
Pharmacies cannot bill Medicare directly for CHW work, but they can partner with medical groups where CHWs or CHW-trained techs provide the service and the practitioner submits the claim.

Commercial Insurance

Commercial payers in Colorado **do not have a standardized CHW benefit**, and coverage varies by plan and contract. **Key point for pharmacies:** Billing rules are highly plan-specific. Pharmacies must confirm coverage with each contracted commercial payer.

CONTACT US

admin@copharm.org

www.copharm.org

COLORADO
PHARMACISTS
SOCIETY