

For Health and Human Services use only:
General Letter No. 8-AP-509
**Employees' Manual, Title 8
Medicaid Appendix**
July 4, 2025

Point of Care Testing Manual Transmittal No. 25-1

ISSUED BY: Division of Medical Services

SUBJECT: **Pharmacy Point of Care Testing**, Chapter III., **Provider-Specific Policies**, Title Page 1, Table of Contents Page i, Title Page 2, Contents Page 1, and pages 1-5, new.

Summary

The Pharmacy Point of Care Testing Manual is created to provide information and policies relating to the provision of Point-of-Care testing for influenza, streptococcus A, and COVID-19.

Effective Date

Immediately.

Material Superseded

None.

Additional Information

The updated provider manual containing the revised pages can be found at:
<https://hhs.iowa.gov/media/16678>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@hhs.iowa.gov.

Pharmacy Point-of-Care Testing Provider Manual



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Chapter III. Provider-Specific Policies.

A. Pharmacists Eligible to Participate

1. Iowa Board of Pharmacy Statewide Protocols

The 89th General Assembly in 2022 passed Senate File 296 which amended Iowa Code 155A.46 (Iowa Pharmacy Practice Act) to permit:

A pharmacist may, pursuant to statewide protocols developed by the board in consultation with the department of public health and consistent with subsection 2, order and administer the following to patients ages six years and older:

(1) Point-of-Care Testing and treatment for influenza, streptococcus A and COVID-19 as defined in section 686D.2 at the point of interaction between a pharmacist and a patient.

Each protocol developed by the Board of Pharmacy has qualifications that must be met by the pharmacist, including specific Accreditation Council for Pharmacy Education (ACPE)-approved ongoing continuing education (CE) related to the specific area of the protocol for each license renewal period. Each pharmacist is required to comply with the requirements and report license renewals and CE as required under the Board of Pharmacy rules.

Additionally, each Board of Pharmacy point-of-care test and treat protocol has patient notification requirements, including timelines, to ensure coordination of care with the patient's primary care provider. In cases where there is not a primary care provider, the pharmacist should provide a record to the patient.

See [Iowa Board of Pharmacy Statewide Protocols](#).

2. Medicaid Provider Enrollment Requirements for Point-of-Care Testing (POCT)

a. Pharmacists Newly Enrolling as a Medicaid Provider

Complete the following steps to enroll as a new Medicaid Provider and include POCT for Influenza and/or Streptococcus A:

1. Complete entire Section B (pages 11-13) of the [Iowa Medicaid Universal Provider Enrollment Application, form 470-0254](#).

Box 16 – Type Code: Provider type 82

NOTE: Enter the pharmacy NPI, taxonomy and zip code in which you will be associated as a provider in boxes 31a-c.

2. Submit all qualifying documentation indicated in Section B for what you are enrolling for.
3. Mail or email the completed form pursuant to page 13 of the application or fax to Iowa Medicaid, Attn: Provider Enrollment at 515-725-1155.
4. The pharmacist will receive confirmation of enrollment via traditional mail.
5. After enrolling with Iowa Medicaid, the pharmacy and pharmacist must contract and credential with each Managed Care (MC) plan under both point-of-sale pharmacy billing and medical billing. For more information, visit the [Iowa Medicaid Pharmacy](#) webpage and refer to the **Provider Enrollment Toolkit**.

b. Currently Enrolled Medicaid Pharmacists

Complete the following steps to add on POCT for Influenza and/or Streptococcus A:

1. Using Section B of the [Iowa Medicaid Universal Provider Enrollment Application Form 470-0254](#) as a change request, please write 'Add-On' at the top of the form.
2. Complete the following boxes:
 - a. Provider or DBA Name (box 17)
 - b. Tax ID (box 18a)
 - c. National Provider Identifier (NPI) (box 23a)
 - d. Authorized Pharmacist (box 29) – steps d and e
 - e. Submit the qualifying documentation within those steps.
 - f. Complete page 13 for complete submission.
3. Mail or email the completed form pursuant to page 13 of the application or fax to Iowa Medicaid, Attn: Provider Enrollment at 515-725-1155.
4. The pharmacist will receive confirmation of enrollment via traditional mail.
5. Ensure the pharmacy and pharmacist are properly contracted and credentialed with each MC plan under both point-of-sale pharmacy billing and medical billing. For more information, visit the [Iowa Medicaid Pharmacy](#) webpage and refer to the **Provider Enrollment Toolkit**.

B. Coverage of Services

1. Medicaid Plans

Pharmacy POCT is reimbursable for members enrolled in a Managed Care or Fee-for-Service plan.

2. Common Denial Reasons

a. Continuing Education (CE)

Streptococcus A and Influenza specific ACPE-approved ongoing CE will be verified for both Streptococcus A and Influenza protocols. If the CE requirement is not met, claim submission will be denied.

b. Provider Enrollment

In addition to being enrolled with Iowa Medicaid FFS, providers must ensure they're credentialed and contracted with each MC for both point-of-sale pharmacy billing and medical billing.

POCT claims submitted with a pharmacist and/or pharmacy listed who is not properly enrolled, credentialed, or contracted will be denied.

c. Rendering Provider

The NPI of the rendering provider must be submitted on the medical claim form in field 24J (lower white portion). The rendering provider is the pharmacist who performed the testing, not the pharmacy. These guidelines ensure compliance with the Centers for Medicare and Medicaid Services (CMS) and requirements of the Iowa Medicaid program. An incorrect rendering provider NPI may result in a denied claim.

C. Billing Guidelines

1. Medical Billing Component

Pharmacists must submit a claim for the test services in accordance with medical benefits policies and procedures rather than point-of-sale.

- [Fee-for-Service CMS-1500 Form Instructions | Pages 1-12](#)
- [Iowa Total Care CMS-1500 Form Instructions | Pages 1-11](#)
- [Molina CMS-1500 Form Instructions | Pages 40-56](#)
- [Wellpoint CMS-1500 Form Instructions | Pages 8 - 10](#)

The claim(s) for the prescribed medication(s) resulting from the point-of-care test in pursuant with the respective protocol will be submitted through the pharmacy point-of-sale benefit.

a. CPT Codes

The following table lists the Current Procedural Terminology (CPT) codes for point-of-care testing and billing.

Please note: This list is subject to change based on updates to the fee schedule. Pharmacy providers should refer to the 'Pharmacist - Provider Type 82' fee schedule available on the [Iowa Medicaid Fee Schedules webpage](#) for the most up-to-date list of covered CPT codes.

Point-of-Care Testing and Treatment Billing Codes

Code	Definition
87804	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Influenza
87880	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Streptococcus, group A
99202	Office or other outpatient visit for the evaluation and management of a new patient. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter
99203	Office or other outpatient visit for the evaluation and management of a new patient. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional, typically 5 minutes

Code	Definition
99212	Office or other outpatient visit for the evaluation and management of an established patient. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter
99213	Office or other outpatient visit for the evaluation and management of an established patient. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter
99214	Office or other outpatient visit for the evaluation and management of an established patient. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter
99215	Office or other outpatient visit for the evaluation and management of an established patient. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter

b. New vs. Established Patient Definitions

The American Medical Association (AMA) defines a new and established patient as:

New - A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

Established - An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

"CPT® Evaluation and Management (E/M) Code and Guideline Changes." *American Medical Association*, 1 Jan. 2023, www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf.