

# BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

**Bulletin Number:** MMP 26-20

**Distribution:** All Providers

**Issued:** June 1, 2026

**Subject:** Expansion of Coverage for Pharmacist-Provided Services

**Effective:** July 1, 2026

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS), MICHild, Plan First, MI Coordinated Health (MICH) Program

**Note: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).**

The purpose of this policy is to align program coverage with the newly expanded scope of practice services for Medicaid-enrolled pharmacists pursuant to sections [333.17724](#), [333.17724a](#), [333.17744g](#), and [500.3406tt](#) of the Public Health Code and in accordance with the Rules promulgated by the Michigan Board of Pharmacy. Effective for dates of service on and after July 1, 2026, Medicaid will expand coverage to include a broader range of services provided by pharmacists, including the following:

- Ordering and administration of qualified immunizing agents
- Ordering and administration of qualified laboratory tests
  - Including ordering of antiviral treatment based on test results
- Counseling for and prescribing of self-administered hormonal contraceptives

This policy establishes coverage, enrollment, and billing requirements for these expanded services furnished by qualified pharmacists. These services are covered when:

- provided within established standards of practice;
- in compliance with applicable laws, rules, regulations and existing Michigan Department of Health and Human Services (MDHHS) policy;
- intended to increase access to preventive and diagnostic services; and
- supporting timely treatment of common conditions while ensuring patient safety.

## **I. Enrollment and Training Requirements**

### **A. Enrollment**

Pharmacists who order, prescribe, and administer medications, immunizations, and laboratory tests must be enrolled as a Medicaid provider and be identified on claims. To enroll as a Medicaid provider, the pharmacist must complete an online application in the [Community Health Automated Medicaid Processing System \(CHAMPS\)](#). Pharmacists should enroll with an individual (Type 1) National Provider Identifier (NPI) and select the applicable "Pharmacist Prescribing" and/or "Laboratory Testing" subspecialty designation(s) within CHAMPS.

### **B. Training and Attestation**

#### **1. Contraceptives and Immunizing Agents**

Prior to ordering self-administered contraceptive products and ordering and administering immunizing agents, a pharmacist must have completed a training course on the administration of vaccines and/or a course on how to prescribe and dispense contraceptives, as applicable. The course(s) or entity providing the course(s) must be accredited by the Accreditation Council of Pharmacy Education (ACPE). Pharmacists must attest to having completed the required training within the CHAMPS provider enrollment checklist during their initial enrollment and revalidation processes by selecting "Yes" to the following question: "Have you completed the required training program in accordance with the Michigan Administrative Code for assessing and ordering medications and immunizations allowed within the pharmacist scope of practice?" Pharmacists must also upload an electronic copy of each successfully completed accredited training program certificate for which they plan to provide services. Pharmacists who do not attest will not be eligible to enroll with the "Pharmacist Prescribing" subspecialty and may not prescribe medications or immunizations for Medicaid beneficiaries.

#### **2. Laboratory Tests**

Prior to ordering Medicaid-covered laboratory tests, a pharmacist must have completed a training program in how to administer and interpret each laboratory test ordered by the pharmacist as specified under 338.581a of the Michigan Administrative Code. The training may be employer-based, completed as part of a professional degree from a school of pharmacy accredited by the ACPE, or a certificate program. Pharmacists who complete training through a certificate or employer-based training program must upload their certificate and/or employer verification as part of their enrollment application. Pharmacists must also attest to having completed the required training within the CHAMPS provider enrollment checklist during their initial enrollment and revalidation processes. Pharmacists who have completed the required training to order laboratory tests should select "Yes" to the following question: "Have you completed the required training program in accordance with the Michigan Administrative Code on how to order, administer, and

interpret qualified laboratory tests allowed under the pharmacist's scope of practice?" Pharmacists who do not attest will not be eligible to enroll with the "Laboratory Testing" subspecialty and may not order laboratory tests for Medicaid beneficiaries.

### 3. Currently Enrolled Pharmacists - COVID-19 Testing

The current CHAMPS pharmacist subspecialty identified as "COVID-19 Testing" will be renamed as "Laboratory Testing". All pharmacists currently enrolled under the "COVID-19 Testing" subspecialty will automatically be reassigned to the "Laboratory Testing" subspecialty. However, pharmacists must attest to having completed the required laboratory training within their CHAMPS provider enrollment checklist by July 31, 2026, in order to keep this subspecialty. If the attestation is not completed by this date, the pharmacist's "Laboratory Testing" subspecialty will be end dated until this step is complete.

### 4. Training Validation

It is the responsibility of pharmacists to furnish documentation verifying that they have fulfilled the training requirements applicable to each type of pharmacist service in accordance with Michigan Board of Pharmacy Rules. When required by MDHHS, pharmacists must upload an electronic copy of each successfully completed accredited training program certificate or other acceptable documentation for which they plan to provide services.

## II. Documentation Requirements

### A. **General Documentation Requirements**

Pharmacies must maintain complete, accurate, and audit-ready documentation for all Medicaid-reimbursed services and drug products. Pharmacists are responsible for ensuring that all Medicaid claims submitted by the pharmacy are supported by appropriate documentation and meet all program requirements. Pharmacists must review and follow the [MDHHS Medicaid Provider Manual](#), applicable bulletins, and program updates to ensure compliance with current rules and procedures. Documentation must be retained in accordance with statutory and regulatory requirements and must be made available upon request during audits, reviews, or investigations. The pharmacy must develop an appropriate mechanism to document the identification of the ordering/administering pharmacist for any billed service.

### B. **Laboratory**

The ordering pharmacist must document the medical necessity of laboratory tests in the beneficiary's medical record and is held responsible for excessive or unnecessary laboratory tests ordered regardless of who performs the service.

### **C. Counseling for Self-Administered Hormonal Contraceptives**

Documentation within the patient record for pharmacist-provided face-to-face counseling should include start, stop, and total counseling time to support accuracy and audit readiness. The recorded time should reflect only qualified provider activities performed on the date of service, including but not limited to reviewing relevant medical records, discussing treatment options, addressing patient questions, explaining medication risks and benefits, addressing adherence strategies, and same-day care coordination. Including a summary of discussion regarding specific risks, contraceptive methods, and referral information to an appropriate healthcare provider is encouraged.

### **III. Billing and Reimbursement Requirements**

Covered services are eligible for reimbursement only when billed in accordance with applicable billing instructions, coding requirements, and provider enrollment criteria. Claims must accurately reflect the services furnished.

Reimbursement is not available for services that are bundled, duplicative, or otherwise reimbursed under another benefit category or payment methodology.

Claims are subject to post-payment review. Claims submitted for non-covered services, services furnished outside of the pharmacist's authorized scope of practice, or services that do not meet documentation or training requirements may be denied or subject to recoupment.

### **IV. Qualified Laboratory Tests**

#### **A. Pharmacists Ordering Laboratory Tests**

In accordance with allowances granted under section 333.17724 of the Public Health Code, effective for dates of service on and after July 1, 2026, Medicaid will allow enrolled pharmacists to order laboratory tests that fall within the practitioner's scope of practice. Qualified laboratory tests currently include Clinical Laboratory Improvement Amendments (CLIA)-waived tests used to detect or screen for COVID-19, influenza, or a respiratory infection where the specimen is collected by a nasal or throat swab or finger prick.

Pharmacists who order laboratory tests must be enrolled as a Medicaid provider and be identified as the ordering/referring clinician on laboratory claims.

#### **B. Pharmacies Performing Laboratory Testing**

Bulletin [MSA 20-52](#) allows pharmacies to enroll with Medicaid as Independent Clinical Laboratories. Pharmacies are required to obtain the appropriate CLIA certificate prior to performing laboratory testing and must complete an online application in CHAMPS if not already enrolled. Pharmacies already enrolled with Medicaid can initiate laboratory billing privileges by modifying their current CHAMPS enrollment and adding the "Clinical

Laboratory" specialty and applicable CLIA certificate information to their CHAMPS record. Once modifications are approved, the pharmacy may begin submitting claims for laboratory services.

Laboratory tests performed by a pharmacy enrolled as an Independent Clinical Laboratory must be billed to Medicaid on the professional claim format and must report their CLIA number on claims. Pharmacies are limited to billing the laboratory services that they are CLIA certified to perform. A Medicaid-enrolled pharmacist with a "Laboratory Testing" subspecialty or another Medicaid-allowable provider must be uniquely identified on the claim as the ordering provider.

## **V. Antivirals**

Pharmacists may order and dispense an antiviral drug for treatment following test interpretation for COVID-19 or influenza. The pharmacist must determine that antiviral therapy is clinically indicated based on the test result, the drug must be available at the dispensing pharmacy, and coverage for antiviral products must be in alignment with ordering and drug coverage of other prescription drugs under MDHHS parameters within the [MDHHS Single Preferred Drug List \(PDL\)](#) and the [Michigan Pharmaceutical Products List \(MPPL\)](#).

Qualified pharmacist ordering of antiviral drugs used to treat COVID-19 or influenza where appropriate does not contradict or override any existing standing orders, physician delegations, federal or state law, or emergency order.

Pharmacists must exercise professional clinical judgment and review the patient's available medical history, along with all required prescribing documentation and verification elements, prior to dispensing the antiviral medication. (Refer to the Pharmacy chapter of the MDHHS Medicaid Provider Manual for established documentation requirements and policy.)

## **VI. Immunizing Agents**

Medicaid will cover a qualified immunizing agent when ordered and administered by a pharmacist. This policy is based on applicable federal and state requirements. Under Michigan Compiled Law (MCL) Section 333.17724, a qualified immunizing agent meets the requirement that it is recommended by the Advisory Committee on Immunization Practices (ACIP). In addition, Medicaid coverage of immunizing agents includes vaccines recommended by the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) in accordance with the published [Michigan Immunization Recommendations](#). When differences exist between ACIP, AAP, and AAFP recommendations, this policy will apply the most comprehensive standard to ensure full compliance with federal and state law, optimal patient care, and protection of public health.

Ordering or administration of immunizing agents otherwise excluded or limited under federal or state law, or immunizing agents that are not authorized for emergency use by the Food and Drug Administration (FDA), will not be covered. This policy does not expand

coverage for ordering or administering immunizations otherwise excluded or limited under existing federal or state regulations. This policy does not reduce current coverage of pharmacists administering vaccines as a delegated act on behalf of another healthcare provider.

Eligible beneficiaries under the policy include individuals 3 years of age or older who are otherwise eligible for immunization benefits under Medicaid. Coverage for immunization services furnished to individuals less than 19 years of age is subject to coordination with the Vaccines for Children (VFC) Program.

#### **A. Pharmacist Requirements**

Pharmacy providers must inform the beneficiary or responsible party of potential eligibility for the VFC program and provide information regarding local VFC-participating providers for beneficiaries less than 19 years of age unless a public or private third-party payer covers the cost.

Pharmacy providers must adhere to existing vaccine requirements as listed in the MDHHS Medicaid Provider Manual and supplemental policy bulletins. Pharmacists must retain documentation demonstrating compliance with training, reporting, and scope of practice requirements and make such documentation available upon request for audit or compliance review.

#### **B. Billing Requirements**

To receive reimbursement for administration of immunizations, pharmacies must be Medicaid-enrolled and submit claims through the MDHHS contracted Pharmacy Benefits Administrator (PBA) in accordance with relevant policy and claim processing manual instructions.

### **VII. Self-Administered Hormonal Contraceptives and Emergency Contraception**

Medicaid covers certain contraceptive products, including oral and self-administered hormonal contraceptives (e.g., pills, patches, rings), when ordered and dispensed by a pharmacist. Coverage also includes the patient-initiated consultation associated with ordering a covered contraceptive product.

Ordering of a self-administered contraceptive product must occur where appropriate following completion and review of a self-screening risk assessment tool. Coverage for contraceptive products must be in alignment with ordering and drug coverage of other prescription drugs under MDHHS parameters such as the Single PDL and the MPPL.

This policy does not expand coverage for contraceptive products or services otherwise excluded or limited under MDHHS prescribing parameters, nor does it alter existing utilization limits, prior authorization requirements, or benefit parameters.

## A. Pharmacist Requirements

A beneficiary self-screening risk assessment tool must be completed and reviewed by the pharmacist in accordance with the [Board of Pharmacy Rules](#), ensuring appropriate clinical judgement for medical necessity and safety upon issuing a prescription. Upon issuing a prescription, the pharmacist must refer a beneficiary to a primary care provider in accordance with the rules. (NOTE: Examples of both a self-screening risk assessment tool and a referral Pharmacist Visit Summary and Referral will be posted on the pharmacy website at <https://mi.primetherapeutics.com> >> Provider Portal prior to the policy effective date.)

## B. Billing Requirements

Pharmacists shall counsel patients in accordance with Michigan Board of Pharmacy Rules and may bill for this service whether medication is issued or not. Counseling claims must be submitted on the professional claim format (HIPAA 837P). Services will be reimbursed based on published rates for the procedure codes listed below. Published rates can be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Physicians / Practitioners / Medical Clinics.

Current Procedural Terminology (CPT) Code	Service Description
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes

## VIII. Managed Care Organizations

Managed Care Organizations (MCO) must provide, at a minimum, the full range of covered services described in this policy. MCOs may choose to provide additional services over and above those specified. MCOs are allowed to develop prior authorization and documentation requirements that differ from Fee-For-Service (FFS) Medicaid requirements in accordance with their contract, applicable state law, and federal regulations. For beneficiaries enrolled in an MCO, the provider must check with the health plan for coverage requirements and additional enrollment, credentialing, and contract requirements beyond those required by MDHHS.

### Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large initial 'M' and 'G'.

Meghan E. Groen, Chief Deputy Director  
Health Services