


ISSUE DATE February 13, 2024	EFFECTIVE DATE March 1, 2024	NUMBER 01-24-01, 08-24-02, 10-24-03, 24-24-01, 31-24-02
SUBJECT Pharmacist Billing		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to advise providers about updates to the Medical Assistance (MA) Program Fee Schedule related to the services rendered by pharmacists for MA beneficiaries, effective with dates of service on and after March 1, 2024.

SCOPE:

This bulletin applies to MA enrolled pharmacists who render medical services to MA beneficiaries. Pharmacists providing services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization (MCO) with coding or billing questions.

BACKGROUND:

Beginning November 1, 2021, the Department of Human Services (Department) enrolled pharmacists as Provider Type (PT) 24 (Pharmacy)/Specialty (Spec) 247 (Pharmacist) to allow pharmacies to bill for services rendered by pharmacists. The Department subsequently received requests to allow payment for services rendered by pharmacists in settings other than pharmacies, including physician offices and clinics.

Beginning March 1, 2024, the Department will enroll pharmacists as PT 10 (Mid-Level Practitioner)/Spec 247. For additional information about pharmacist enrollment, refer to MA Bulletin 10-24-02, titled "Pharmacist Enrollment in the Medical Assistance Program"

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

(<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2024020101.pdf>). As a result, the PT 24/Spec 247 will be closed.

DISCUSSION:

The Department is making the following updates to the MA Program Fee Schedule, effective with dates of service on and after March 1, 2024.

The Department is adding the following procedure codes to the MA Program Fee Schedule for pharmacists to bill using PT 10/Spec 247:

Procedure Code	National Code Description	MA Fee
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$24.93
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	\$44.80
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	\$29.18
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	\$27.96

The Department is adding PT 10/Spec 247 combination to the following procedure codes that are on the MA Program Fee Schedule. These procedure codes are for services that are provided by pharmacists, including vaccine counseling, diabetic counseling, and specimen collection for screening tests.

Procedure Code and Modifiers				
83036	83036 (QW)	85610	85610 (QW)	87400
87400 (QW)	87426	87426 (QW)	87430	87430 (QW)
87635	87635 (QW)	87636	87636 (QW)	87804
87804 (QW)	87811	87811 (QW)	87880	87880 (QW)
95249	95250	95251	96372	99202
99203	99211	99212	99213	G0108
G0109	G0312	G0315	U0002	U0002 (QW)

The Department is also adding PT 10/Spec 247 combination to the following procedure codes. These procedure codes are to be used to bill for the administration of vaccines. There are specific procedure codes for most vaccines.

Procedure Code				
90380	90381	90581	90585	90587
90589	90611	90619	90620	90621
90622	90623	90625	90626	90627
90630	90632	90633	90636	90647
90648	90651	90656	90662	90670
90671	90672	90674	90675	90677
90678	90679	90680	90681	90682
90683	90685	90686	90687	90688
90691	90696	90697	90698	90700
90702	90707	90710	90713	90714
90715	90716	90717	90723	90732
90734	90736	90738	90739	90743
90744	90746	90747	90749	90750
90756	90758	90759	91304	91318
91319	91320	91321	91322	G0008
G0009				

The Department is end-dating non-specific vaccine administration procedure codes 90471 and 90472.

The Department is end-dating PT 24/Spec 247 combination for dates of service after February 29, 2024, for the following procedure codes, as this PT/Spec combination will no longer be utilized in the MA Program. These codes may be billed by pharmacists using the new PT 10/Spec 247 combination.

Procedure Code				
90380	90381	90581	90589	90623
90678	90679	90683	90738	90758
91304	91318	91319	91320	91321
91322				

PROCEDURE:

Attached is the “Pharmacists Covered Services Chart, Effective March 1, 2024”, for pharmacists to use when billing for services they provide to MA beneficiaries. The chart includes the procedure code, procedure code description, PT, Spec, Place of Service,

modifier, MA fee, prior authorization requirement, MA unit, and limits. The Department updated the MA Program Fee Schedule, and providers may access the online version of the Fee Schedule on the Department's website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

Medication therapy management (MTM) procedure code 99605 is to be used for the initial assessment of a new patient. After the initial visit, procedure code 99606 should be billed for MTM services of an established patient. Multiple procedure codes for MTM services can be used for one visit, dependent on the length of the service provided. Procedure code 99607 may be used on the second line of a claim for an additional 15 minutes, as needed, with procedure codes 99605 or 99606. Providers should maintain the necessary documentation in the MA beneficiary's medical record.

When a provider determines a MA beneficiary needs a service or item in excess of the established MA Program Fee Schedule limits, the provider may request a waiver of the limits through the Department's 1150 Administrative Waiver Program Exception (PE) process. For PE requests in excess of MA Program Fee Schedule limits, providers should submit the MA 97 – Outpatient Services Authorization Request Form, available on the Department's website at: <https://www.dhs.pa.gov/providers/FAQs/Documents/MA%2097%20-%20Outpatient%20Services%20Authorization%20Request.pdf>.

In the Fee-for-Service (FFS) delivery system, providers should submit an 837 Professional or PROMISe™ Internet claim to the Department to receive payment for services rendered to MA beneficiaries by pharmacists. A pharmacist may be identified on the claim as the rendering and billing provider to receive payment directly.

Pharmacists employed by or under contract with a hospital-based medical clinic, independent medical surgical clinic, pharmacy, or physician and physician group, may assign their payment fee to the MA enrolled billing provider. Fee assignment is completed during the pharmacist's enrollment application. The pharmacist will be identified on the claim as the rendering provider, but the billing provider will receive the payment for services rendered by the pharmacist.

These procedure code updates do not apply to pharmacist services provided in the Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). The Department will pay FQHCs and RHCs their provider-specific Prospective Payment System (PPS) rate for services rendered by pharmacists when the FQHC or RHC bills using procedure code T1015. When a billable encounter includes providing MTM services to MA beneficiaries, FQHCs and RHCs are to bill procedure code T1015 to receive payment based on their PPS rate and, on a separate claim line, are to include the appropriate MTM procedure code with the pricing modifier AT so the Department can identify and track these services. FQHCs and RHCs should bill the appropriate MTM procedure code(s) based on the length of time of the visit for the service provided, as described above and according to the National Code Description.

Pharmacists may not use the standard National Council for Prescription Drug Programs (NCPDP) transaction for submitting claims for medical services provided to MA beneficiaries in the FFS delivery system. For questions about billing in the FFS delivery system, providers should contact the Provider Service Center at 1-800-537-8862, options 2, 6, 1.

MCOs are required to provide coverage for MA beneficiaries in the managed care delivery system for the same services, at a minimum, as the FFS delivery system. However, the MCOs may have different procedure codes or billing procedures. For specific guidance related to the MA MCOs, providers should contact the appropriate MCO. The MCO directory is available on the Department's website at:

https://www.dhs.pa.gov/providers/Providers/Documents/Managed_Care_Information/MCO_Directory.pdf.

RESOURCES:

Pharmacists are reminded to follow MA regulations for providers including 55 Pa. Code § 1101 (General Provisions) and 55 Pa. Code § 1150 (MA Program Payment Policies) available at: <https://www.pacodeandbulletin.gov/>.

Pharmacies billing for vaccines administered by pharmacists should refer to the billing instructions for pharmacy claims in MA Bulletin 01-21-19, titled "Vaccine Administration by Pharmacists – Pharmacy Services", available on the Department's website at: <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2021123001.pdf>.

Providers that administer vaccines to MA beneficiaries should refer to MA Bulletin 99-24-01, titled "Medical Assistance Program Vaccine Desk Reference", available on the Department's website at: <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2024012401.pdf>.

Pharmacists with any questions related to claims, billing, or remaining questions, may refer to Provider Quick Tip #41, available on the Department's website at: <https://www.dhs.pa.gov/providers/Quick-Tips/Documents/QTip%2041.pdf>.

ATTACHMENT:

Pharmacists Covered Services Chart, Effective March 1, 2024

Pharmacists Covered Services Chart, Effective March 1, 2024

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
83036	Hemoglobin; glycosylated (A1C)	10	247	11			\$ 7.00	No	per test	once per day
83036	Hemoglobin; glycosylated (A1C)	10	247	11		QW	\$ 7.00	No	per test	once per day
85610	Prothrombin time;	10	247	11			\$ 4.00	No	per test	once per day
85610	Prothrombin time;	10	247	11		QW	\$ 4.00	No	per test	once per day
87400	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Influenza, A or B, each	10	247	11			\$ 6.09	No	per test	once per day
87400	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Influenza, A or B, each	10	247	11		QW	\$ 6.09	No	per test	once per day
87426	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	10	247	11			\$ 34.94	No	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
87426	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	10	247	11		QW	\$ 34.94	No	per test	once per day
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	10	247	11			\$ 6.30	No	per test	once per day
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	10	247	11		QW	\$ 6.30	No	per test	once per day
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique	10	247	11			\$ 35.49	No	per test	once per day
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique	10	247	11		QW	\$ 35.49	No	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10	247	11			\$ 112.86	No	per test	once per day
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10	247	11		QW	\$ 112.86	No	per test	once per day
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	10	247	11			\$ 11.35	No	per test	once per day
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	10	247	11		QW	\$ 11.35	No	per test	once per day
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10	247	11			\$ 11.51	No	per test	once per day
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10	247	11		QW	\$ 11.51	No	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	10	247	11			\$ 6.30	No	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	10	247	11		QW	\$ 6.30	No	per test	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90675	Rabies vaccine, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90682	Influenza vaccine (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90717	Yellow fever vaccine, live, for subcutaneous use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	10	247	11, 12			\$ 10.00	No	per administration	once per day
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90749	Unlisted vaccine/toxoid	10	247	11, 12			\$ 10.00	No	per administration	once per day
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
90758	Zaire ebolavirus vaccine, live, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	10	247	11, 12			\$ 10.00	No	per administration	once per day
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 40.00	No	per administration	once per day
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	10	247	11, 12			\$ 40.00	No	per administration	once per day
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	10	247	11, 12			\$ 40.00	No	per administration	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	10	247	11, 12			\$ 40.00	No	per administration	once per day
91321	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	10	247	11, 12			\$ 40.00	No	per administration	once per day
91322	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	10	247	11, 12			\$ 40.00	No	per administration	once per day
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	10	247	11			\$ 42.14	No	per procedure, minimum of 72 hours	once per calendar year
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	10	247	11			\$ 88.26	No	per procedure, minimum of 72 hours	two per 365 days
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	10	247	11			\$ 28.90	No	per procedure, minimum of 72 hours	two per 365 days
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	10	247	11			\$ 12.70	No	per administration	three per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	10	247	11			\$ 35.33	No	per visit	once per day
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	10	247	11			\$ 54.25	No	per visit	once per day
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	10	247	11			\$ 20.00	No	per visit	once per day
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	10	247	11			\$ 26.00	No	per visit	once per day
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	10	247	11			\$ 35.00	No	per visit	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	10	370	11			\$ 19.33	No	per procedure	one visit per day, and a maximum of 70 visits per calendar year
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	10	247	11			\$ 24.93	No	per procedure	once per day
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	08	080	50	AT		\$ 0.00	No	per procedure	once per 3 years
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	08	081	72	AT		\$ 0.00	No	per procedure	once per 3 years
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	10	247	11			\$ 44.80	No	per procedure	once per 3 years
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	08	080	50	AT		\$ 0.00	No	per procedure	once per month
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	08	081	72	AT		\$ 0.00	No	per procedure	once per month

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	10	247	11			\$ 29.18	No	per procedure	once per month
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	08	080	50	AT		\$ 0.00	No	per procedure	once per date of service
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	08	081	72	AT		\$ 0.00	No	per procedure	once per date of service
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	10	247	11			\$ 27.96	No	per procedure	once per date of service
G0008	Administration of influenza virus vaccine	10	247	11, 12			\$ 10.00	No	per administration	one per 270 days per flu season
G0009	Administration of pneumococcal vaccine	10	247	11, 12			\$ 10.00	No	per administration	once per day
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	10	247	11			\$ 21.41	No	per session	twenty per year
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	10	247	11			\$ 12.07	No	per session	twenty per year

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time (This code is used for Medicaid billing purposes)	10	247	11			\$ 10.00	No	per visit	once per day
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	10	247	11			\$ 10.00	No	per visit	once per day
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiples types or subtypes (includes all targets), non-CDC	10	247	11			\$ 28.07	No	per test	once per day
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiples types or subtypes (includes all targets), non-CDC	10	247	11		QW	\$ 28.07	No	per test	once per day