Presumptive Eligibility for Pregnant People: Billing Codes

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This section includes the billing codes for the Presumptive Eligibility for Pregnant People (PE4PP) program. Providers should also view important information in the following provider manual sections:

- *Presumptive Eligibility for Pregnant People*
- *Presumptive Eligibility for Pregnant People Program Process*

Code List of Benefits for PE for Pregnant People

PE for Pregnant People (PE4PP) services are billed with the following CPT®, HCPCS and PLA codes. PE4PP services follow Medi-Cal policy. Prescription drugs for conditions related to pregnancy also are reimbursable.

Reimbursable CPT Codes

CPT Code	Description
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)
‹‹0988T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous and subfascial››

Reimbursable CPT Codes (continued)

CPT Code	Description
‹‹0989T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial››
‹‹0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging››
‹‹0994T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous››
‹‹0995T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open››
‹‹0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed››
‹‹1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)››
‹‹1021T	Active thoracic irrigation (separate procedure)››
01965 ~, 01966 ~	Anesthesia for abortion procedures
‹‹37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery››
‹‹43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed››
‹‹47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous››

Reimbursable CPT Codes (continued)

CPT Code	Description
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)
58301	Removal of intrauterine device (IUD)
59000 ~	Amniocentesis
59000 ~	Amniocentesis
59012	Cordocentesis
59020	Fetal contraction stress test
59025	Fetal non-stress test
59812	Treatment of spontaneous abortion
59820, 59821	Treatment of missed abortion
59830	Treatment of septic abortion
59840 thru 59857 †	Induced abortion
‹‹62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar››
‹‹62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)››
‹‹63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)››
‹‹64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation››

Reimbursable CPT Codes (continued)

CPT Code	Description
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation
76801 ~, 76802 ~, 76805 ~, 76810 ~, 76811 ~, 76812 ~, 76813 ~, 76814 ~, 76815 ~, 76816 ~, 76817 ~	Ultrasound
76819	Fetal biophysical profile; without non-stress testing
76825 ~	Fetal echocardiography
80055	Obstetric panel
80081	Obstetric panel (includes HIV testing)
80143	Acetaminophen
80151	Amiodarone
80161	Carbamazepine; -10,11-epoxide
80163	Digoxin; free
80165	Valproic acid; free
80167	Felbamate
80179	Salicylate
80181	Flecainide
80189	Itraconazole
80193	Leflunomide
80204	Methotrexate
80210	Rufinamide
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only includes sample validation when performed, per date of service

Reimbursable CPT Codes (continued)

CPT Code	Description
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation, includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers, chromatography, and mass spectrometry either with or without chromatography, includes sample validation when performed, per date of service
81025	Pregnancy test (urine)
81220 ‡	CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants (e.g., ACMG/ACOG guidelines)
81221 ₡	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; known familial variants
81222 ₡	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants
81223 ₡	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence
81225 ₡	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *8, *17)
81228 ₡	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
81229 ₡	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis
81329 ₡	SMN1 (survival of motor neuron 1, telomeric) gene analysis; dosage/deletion analysis, includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed

Reimbursable CPT Codes (continued)

CPT Code	Description
81412	Ashkenazi Jewish associated disorders (e.g., Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least nine genes including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
81420	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
81508 §	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-a, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
81511 §	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score
81515	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1 and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, when reported
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (e.g., IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)
82105	Alpha-fetoprotein (AFP); serum
82681	Estradiol; free, direct measurement (e.g., equilibrium dialysis)
82731 **	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82950	Glucose; quantitative post glucose dose
82951	Glucose; tolerance test (GTT), three specimens (includes glucose)
82952	Glucose; tolerance test, each additional beyond three specimens
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	Hemoglobin fractionation and quantitation; chromotography (e.g., A2, S, C, and/or F)
84702	Quantitative chorionic gonadotropin

Reimbursable CPT Codes (continued)

CPT Code	Description
84703	Qualitative chorionic gonadotropin
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85009	Blood count; manual differential WBC count, buffy coat
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count)
86328 ∞	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e. g, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86408 ∞	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease (COVID-19); screen
86409 ∞	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease (COVID-19); titer
86413 ∞	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86592	Syphilis test; qualitative (e.g., VRDL, RPR, ART)
86689	HTLV or HIV antibody, confirmatory test
86701	HIV-1
86702	HIV-2
86703	Antibody, HIV-1 and HIV-2, single assay
86762	Antibody; rubella
86769 ∞	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19[)
86780 §	Antibody; treponema pallidum
86794 §	Antibody; Zika virus, IgM
86803	Hepatitis C antibody
86804	Hepatitis C antibody, confirmatory test (eg, immunoblot)
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; Rh(D)
87077	Blood typing, serologic; aerobic isolate, additional methods required for definitive identification, each isolate

Reimbursable CPT Codes (continued)

CPT Code	Description
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87147	Culture typing; immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution
87340	Infectious agent antigen detection by immunoassay technique, qualitative or semi-quantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87389	Infectious agent antigen detection by immunoassay technique, qualitative or semi-quantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87426 ∞	Infectious agent antigen detection by immunoassay technique, (e. g, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
87428 ∞	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87467	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; Hepatitis B surface antigen (HBsAg), quantitative

Reimbursable CPT Codes (continued)

CPT Code	Description
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87535	HIV-1, amplified probe technique, includes reverse transcription when performed
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each)
‹‹87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique››
87624 ∞	Human papillomavirus, high-risk types
87625 ∞	Human papillomavirus, types 16 and 18 only, includes type 45, if performed
87626 ∞	Detection test by nucleic acid for Human Papillomavirus (HPV), separately reported high-risk types
87634 ∞	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
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
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
87637 ∞	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease (COVID-19), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87661	Trichomonas vaginalis, amplified probe technique
87662 ∞	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

Reimbursable CPT Codes (continued)

CPT Code	Description
87806	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87811 ∞	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
‹‹87812 ∞	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]) and influenza virus types A and B››
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision (Thinprep)
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88174	Cytopathology cervical or vaginal, collected in preservation fluid, automated thin layer preparation, screening by automated system, under physician supervision
88175	Cytopathology cervical or vaginal, collected in preservation fluid, automated thin layer preparation, screening by automated system, under physician supervision and manual rescreening or review, under physician supervision
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells

Reimbursable CPT Codes (continued)

CPT Code	Description
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6 to 12 colonies, one karyotype, with banding
88300 §	Level I – Surgical pathology, gross examination only
88304 §	Level III – Surgical pathology, gross, and microscopic examination
88305 §	Level IV – Surgical pathology, gross, and microscopic examination
‹‹90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes››
‹‹90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes››
‹‹90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes››
90632 ϕ	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90636 ϕ	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, intramuscular use
90656	Influenza virus vaccine, trivalent, split virus, preservative free, 0.5 ml dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent, split virus, 0.5 ml dosage, for intramuscular use
90661 ϕ	Influenza virus vaccine, trivalent, derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA, hemagglutinin protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use

Reimbursable CPT Codes (continued)

CPT Code	Description
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
90682 ϕ	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, for intramuscular use
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 ml dosage, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 ml dosage, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90746 ¥	Hepatitis B vaccine (HepB), adult dosage; 3 dose schedule, for intramuscular use
90756 ϕ	Influenza virus vaccine quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
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

Reimbursable CPT Codes (continued)

CPT Code	Description
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
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization)
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour
96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug

Reimbursable CPT Codes (continued)

CPT Code	Description
99000	Handling and/or conveyance of specimen
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99202	Office visit – new patient (for confirmation of pregnancy; see the Pregnancy: Early Care and Diagnostic Services section in the appropriate Part 2 manual)
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.
99281	Emergency department visit; self-limited or minor
99282	Emergency department visit; low to moderate severity
99283	Emergency department visit; moderate severity
99284	Emergency department visit; high severity
99285	Emergency department visit; high severity with immediate threat to life or physiologic function
‹‹99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period››
‹‹99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes››

Note: When the patient's pregnancy test is negative, use CPT code 99202 or 99211 for the office visit and code 81025 for the pregnancy test. These are the only reimbursable codes when the pregnancy test is negative.

Reimbursable HCPCS Codes

HCPCS Code	Description
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0390	ALS mileage (per mile)
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests
A4564	Pessary, disposable any type
A4649 †	Surgical supply; miscellaneous
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)
C8014	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)
C9507	COVID-19 convalescent plasma (emergency use authorization)
E0678	Non-pneumatic sequential compression garment, full leg
E0679	Non-pneumatic sequential compression garment, half leg
E0681	Non-pneumatic compression controller without calibrated gradient pressure
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E2102	Adjunctive continuous glucose monitor or receiver
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
G0011	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk HIV risk reduction and medication adherence, 15 to 30 minutes
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit
G0022	Community health integration services, each additional 30 minutes per calendar month
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes time (this code is used for Medicaid billing purposes)
G0312	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, five to 15 minutes time (this code is used for Medicaid billing purposes)
G0313	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, 16-30 mins time (this code is used for Medicaid billing purposes)
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT)

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT)
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
G0475 €	HIV antigen/antibody, combination assay, screening
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 1 thru 7 drug class(es), including metabolite(s) if performed

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 8 thru 14 drug class(es), including metabolite(s) if performed
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 15 thru 21 drug class(es), including metabolite(s) if performed
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
G0567	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, screening, amplified probe technique
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays and enzymatic methods, performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
G1020	Clinical decision support mechanism curbside clinical augmented workflow, as defined by the Medicare appropriate use criteria program
G1021	Clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the Medicare appropriate use criteria program
G1022	Clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the Medicare appropriate use criteria program
G1023	Clinical decision support mechanism persivia clinical decision support, as defined by the Medicare appropriate use criteria program
G8431 ±	Screening for depression is documented as being positive and a follow-up plan is documented
G8510 ±	Screening for depression is documented as negative a follow-up plan is not required
‹‹G9871	Behavioral counseling for diabetes prevention online 60 minutes››

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
J0134	Injection, acetaminophen (fresenius kabi), 10 mg
J0136	Injection, acetaminophen (b.braun), 10 mg
J0162	Injection, epinephrine (Fresenius Kabi), not therapeutically equivalent to J0165, 0.1 mg
J0163	Injection, epinephrine in sodium chloride (Endo), 0.1 mg
J0164	Injection, epinephrine in sodium chloride (Baxter), 0.1 mg
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg
J0167	Injection, epinephrine (Hospira), not therapeutically equivalent to J0165, 0.1 mg
J0168	Injection, epinephrine (International Medication Systems), not therapeutically equivalent to J0165, 0.1 mg
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to J0165, 0.1 mg
J0248	Injection, remdesivir, 1 mg
J0391	Injection, artesunate, 1 mg
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)
J0462	Injection, atropine sulfate, not therapeutically equivalent to J0461, 0.01 mg
J0525	Injection, cefotetan disodium, 10 mg
J0528	Injection, fosfomycin disodium, 20 mg
J0570	Buprenorphine implant 74.2mg
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine
J0573	Buprenorphine/naloxone, oral, greater than 3 mg but less than or equal to 6 mg buprenorphine
J0574	Buprenorphine/naloxone, oral, greater than 6 mg but less than or equal to 10 mg buprenorphine
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
‹‹J0643	Injection, leucovorin calcium, not otherwise specified, 1 mg››
‹‹J0644	Injection, leucovorin calcium (Avyxa), 1 mg››
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg
J0651	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg
J0652	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg
J0675	Injection, carboprost tromethamine, 0.1 mg
J0696 µ	Injection, ceftriaxone sodium, per 250 mg

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)
J0799	FDA approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified
‹‹J0871	Injection, daptomycin (Endo), not therapeutically equivalent to J0878, 1 mg››
J1164	Injection, diltiazem HCl in 0.72% sodium chloride, 0.5 mg
J1201	Injection, cetirizine hydrochloride, 0.5 mg
J1308	Injection, famotidine, 0.25 mg
J1370	Injection, esomeprazole sodium, 1 mg
J1558	Injection, immune globulin (xembify), 100 mg
J1612	Injection, glucagon (Gvoke), 0.01 mg
J1807	Injection, ethacrynate sodium, 1 mg
J1808	Injection, folic acid, 0.1 mg
J1834	Injection, isoniazid, 1 mg
J2291	Injection, nafcillin sodium (Baxter), 20 mg
J2601	Injection, vasopressin (baxter), one unit
J2788	Injection, rho(d) immune globulin, human, minidose, 50 micrograms (250 IU)
J2790	Injection, rho(d) immune globulin, human, full dose, 300 micrograms (1500 Ini.u)
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 IU
J2792	Injection, rho(d) immune globulin, intravenous human, solvent detergent, 100 IU
J3424	Inj, hydroxocobalamin iv 25 mg
J3425	Injection, hydroxocobalamin, intramuscular 10 mcg
J7342 µ	Installation, ciprofloxacin otic suspension, 6 mg
J7354	Cantharidin for topical administration, 0.7 percent, single unit dose applicator (3.2 mg)
P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit
P9027	Red blood cells, leukocytes reduced, oxygen/carbon dioxide reduced, each unit
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)

Reimbursable HCPCS Codes (continued)

HCPCS Code	Description
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Q0144 µ	Azithromycin dihydrate, oral, capsules/powder, 1 gram
Q9001	Assessment by chaplain services
Q9002	Counseling, individual, by chaplain services
Q9003	Counseling, group, by chaplain services
Q9991 µ	Injection, buprenorphine extended-release, (Sublocade), less than or equal to 100 mg
Q9992 µ	Injection, buprenorphine extended-release, (Sublocade), greater than 100 mg
S0190 †	Mifepristone, oral, 200 mg (RU-486)
S0191 †	Misoprostol, buccal, 200 mcg
S0197	Prenatal vitamins, 30-day supply
S0199 †	Medically induced abortion by oral ingestion of medication including all associated services and supplies except drugs
S8035	Magnetic source imaging
T1033	Services performed by a doula, per diem
T2047	Habilitation, prevocational, waiver; per 15 minutes
U0001 ∞	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002 ∞	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
Z1032	Initial antepartum office visit
Z1034	Antepartum follow-up office visit
Z6200 thru Z6500 (excluding Z6208, Z6308 and Z6414)	CPSP services (CPSP providers only)
Z7500	Treatment room
Z7502	Use of emergency room
Z7506, Z7508, Z7510	Use of operating room or cystoscopic room
Z7512	Use of recovery room

‹‹Reimbursable Proprietary Laboratory Analyses (PLA) Codes§››

PLA Code	Description
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

Reimbursable PLA Codes (continued)

PLA Code	Description
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions

Reimbursable PLA Codes (continued)

PLA Code	Description
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (mic)? based antimicrobial susceptibility for each organisms identified
0321U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service

Reimbursable PLA Codes (continued)

PLA Code	Description
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected
0371U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiquantitative identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
‹‹0402U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected››

Reimbursable PLA Codes (continued)

PLA Code	Description
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free dna sequence analysis for detection of fetal presence or absence of 1 or more of the rh, c, c, d, e, duffy (fya) or kell (k) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected
0494U	Red blood cell antigen (fetal rhd gene analysis), next-generation sequencing of circulating cell-free dna (cfdna) of blood in pregnant individuals known to be rhd negative, reported as positive or negative
‹‹0527U	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected››
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
~	Medical justification is required. See the *Pregnancy: Early Care and Diagnostic Services* section in the appropriate Part 2 manual for applicable policy and billing information.
†	Refer to the *Abortions and Directly Related Medical Services and Supplies* section in the appropriate Part 2 manual for specific billing information.
‡	Refer to the *Genetic Counseling and Screening* section in the appropriate Part 2 manual for applicable policy and billing information.
₡	Refer to the *Pathology: Molecular Pathology* section in the Part 2 manual for applicable billing with an appropriate diagnosis code and/or frequency limitations.
§	Refer to pathology sections in the appropriate Part 2 manual for specific billing information.
**	Refer to the *Pregnancy: Early Care and Diagnostic Services* section in the appropriate Part 2 manual for applicable diagnosis and frequency billing restrictions.
∞	Refer to the *Pathology: Microbiology* section in the appropriate Part 2 manual for specific billing information.
ϕ	Refer to the *Immunization* section in the appropriate Part 2 manual for specific billing information.
¥	For use only in high-risk situations while pregnant
€	Frequency limited to once per month
±	Refer to the *Evaluation and Management* (E&M) section of the appropriate Part 2 manual for specific billing information.
µ	‹‹Refer to the *List of Physician-Administered Drugs and HCPCS Codes* section in the appropriate Part 2 manual for specific billing information.››