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| 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 |