Ryan White Part B Program

Medical Services Fee Schedule

April 1, 2022–March 31, 2023

Ryan White Part B Program
Andrew Johnson Tower, 4th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

TN Department of Health

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Authorizing Invoices for Ryan White Part B Medical Services

All providers must be authorized for the current grant year with the Ryan White Part B Program by the stated deadline. If not, the program will not be able to pay for any services for the remainder of that grant year. Every provider must submit an Authorization to Vendor (A to V) form for approval as a provider.

Only outpatient services are covered by the Ryan White Part B Program. Under no circumstances can payment be made for an IN-HOSPITAL stay or confinement to an institution.

All services must be provided to treat only HIV-specific problems or secondary problems directly related to OR expected to negatively impact the patient's HIV disease. Please see other applicable criteria at the beginning of each service listing.

All providers are to charge their usual and customary fee. The fee listed on this Fee Schedule is the maximum amount allowed for reimbursement. The patient may not be charged for any amount regardless of the regular fee charged by the provider.

All invoices must be submitted on a HCFA-1500 or UB-90 Form.

Based on federal guidelines, according to the Health Resources & Services Administration (HRSA), all invoices must be submitted no later than 60 days from date of service of each invoice. If an issue arises w/ this deadline, contact the Medical Services Coordinator to provide a reason and seek an extension

Invoices may not contain two different dates of service. Each date of service must be submitted on a separate invoice.

Ryan White Treatment Modernization Act legislation stipulates that it is payer of last resort. Services provided to eligible clients with insurance and/or another payer source should not be billed to Ryan White Part B Medical Services.

The amount paid by Ryan White Medical Services is considered payment in full. The difference in cost for a procedure cannot be obtained from the patient.

Any charges for procedures not covered by the Medical Services Program are the responsibility of the client.

Certain CPT codes will have an asterisk (*) after it denoting the use of a modifier. Those are listed at the end of the fee schedule.

Submit telehealth services claims, using Place of Service (POS) 02-Telehealth, to indicate you furnished the billed service as a professional telehealth service

In order to receive payment for the following services, all claims must be submitted on a form CMS-1500. The UB-92 form may be submitted by hospital based vendors.

A. All providers are to charge their usual and customary fee. The fee listed on this Fee Schedule is the maximum amount allowed for reimbursement. The patient may not be charged for any amount regardless of the regular fee charged by the provider.

B. This fee schedule is for HIV/AIDS patients who have no insurance, reside in Tennessee, and are treated on an OUTPATIENT basis only. Under no circumstances can payment be made for an IN-HOSPITAL stay or confinement to an institution.

C. All services must be provided to treat only HIV-specific problems or secondary problems directly related to OR expected to negatively impact the patient's HIV disease. Please see other applicable criteria at the beginning of each service listing.

MEDICAL SERVICES		
SURGERY – INTEGUMENTARY SYSTEM		
CPT Code	***Billable***	***Description***
10060*	$127.70	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	$218.71	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
11102	$105.55	Tangenital biopsy of skin (eg. Shave, scoop, saucerize, curette); single lesion
11103	$52.60	Tangenital biopsy of skin (eg. Shave, scoop, saucerize, curette); each separate/additional lesion
11104	$131.16	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	$61.25	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion
11106	$162.30	Incisional biopsy of skin (eg. wedge) (including simple closure, when performed); single lesion

SURGERY – INTEGUMENTARY SYSTEM cont.		
CPT Code	***Billable***	***Description***
11107	$74.06	Incisional biopsy of skin (eg. wedge) (including simple closure, when performed); each separate/additional lesion
17000*	$68.87	Destruction (e.g., Laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g.. actinic keratoses); first lesion
17003	$6.92	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g.. actinic keratoses); second through 14 lesions, each
17004	$173.03	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g.. actinic keratoses), 15 or more lesions
17110*	$116.62	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	$136.35	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions

SURGERY – CARDIOVASCULAR		
CPT Code	***Billable***	***Description***
36415	$3.00	Collection of venous blood by venipuncture
36430	$39.10	Transfusion, blood or blood components
36556	$224.94	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
38220	$160.57	Diagnostic bone marrow; aspiration(s)
38221	$167.15	Diagnostic bone marrow; biopsy(ies)
38500	$350.56	Biopsy or excision of lymph node(s); open, superficial
38505	$184.45	Biopsy or excision of lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)
38510	$547.82	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	$78.38	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad

SURGERY - DIGESTIVE		
CPT Code	***Billable***	***Description***
43235*	$314.57	Esophagogastroduodenoscopy, flexible transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45378*	$357.14	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380*	$460.26	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, with biopsy, single or multiple
45381	$469.61	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, with directed submucosal injection(s), any substance
45382*	$712.54	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, with control of bleeding, any method
45384	$518.05	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps
45385*	$478.60	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, with removal of tumor(s), polyp(s) or other lesion(s) by snare technique
45388	$2685.79	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, with ablation of tumor(s), polyp(s) or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45990	$107.28	Anorectal exam, surgical, requiring anesthesia (general, spinal or epidural), diagnostic
46600*	$126.66	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46601*	$159.80	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
46606*	$300.38	Anoscopy; diagnostic, with biopsy, single or multiple
46607*	$220.10	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
46900*	$247.09	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46922	$330.49	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision

SURGERY – DIGESTIVE cont.		
CPT Code	***Billable***	***Description***
46924*	$583.06	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)

SURGERY – MALE GENITAL		
CPT Code	***Billable***	***Description***
54056*	$145.69	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54065*	$226.67	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
SURGERY – FEMALE GENITAL		
CPT Code	***Billable***	***Description***
56501*	$201.75	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515*	$289.65	Destruction of lesion(s), vulva; extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57420	$136.35	Colposcopy of the entire vagina, with cervix if present
57421	$183.91	Colposcopy of the entire vagina, with biopsy(s) of vagina/cervix
57452	$131.16	Colposcopy of the cervix including upper/adjacent vagina
57454	$175.45	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	$167.49	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	$157.11	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57522	$315.61	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
58300	$33.00	Insertion of intrauterine device (IUD)
58301	$114.89	Removal of intrauterine device (IUD)

SURGERY – NERVOUS		
CPT Code	***Billable***	***Description***
62270	$130.47	Spinal puncture, lumbar, diagnostic
SURGERY – RADIOLOGY		
CPT Code	***Billable***	***Description***
70450*	$113.16	Computed tomography, head or brain; without contrast material
70460*	$159.19	Computed tomography, head or brain; with contrast material(s)
70470*	$187.22	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70491	$198.99	Computed tomography, soft tissue neck, with contrast
70551*	$212.14	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
70552*	$293.46	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); with contrast material(s)
70553*	$346.41	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
71045*	$26.65	Radiologic examination, chest, single view
71046*	$34.61	Radiologic examination, chest, 2 views
71048*	$47.76	Radiologic examination, chest, complete, 4 or more views
71250*	$142.23	Computed tomography, thorax; without contrast material(s)
71260*	$178.91	Computed tomography, thorax; with contrast material(s)
71270*	$212.83	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
72192*	$142.58	Computed tomography, pelvis; without contrast material
72193*	$251.59	Computed tomography, pelvis; with contrast material(s)
72194*	$277.54	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections

74150*	$147.08	Computed tomography, abdomen, without contrast material
74160*	$256.78	Computed tomography, abdomen; with contrast material(s)
SURGERY – RADIOLOGY cont.		
CPT Code	***Billable***	***Description***
74170*	$287.58	Computed tomography, abdomen; without contrast material, followed by contrast material(s and further sections

74176	$198.87	Computed tomography, abdomen and pelvis; without contrast material
74177	$333.26	Computed tomography, abdomen and pelvis; with contrast material(s)
74178	$373.66	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
76140	$24.60	Consultation on x-ray examination made elsewhere, written report
76536	$116.62	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76700*	$122.16	Ultrasound, abdominal, real time with image documentation; complete
76705	$91.36	Ultrasound, abdominal, real time with image documentation; limited (eg,single organ, quadrant, follow-up)
76770*	$113.16	Ultrasound, retroperitoneal (e.g. renal, aorta, nodes), real time with image documentation; complete
76999	$93.18	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77065*	$130.12	Diagnostic mammography, including computer-aided direction (CAD) when performed; unilateral (replaced 77055)
77066	$164.38	Diagnostic mammography, including computer-aided direction (CAD) when performed; bilateral (replaced 77056)
77067	$132.54	Screening mammography, bilateral (2-view study of each breast), including computer-aided (CAD) when performed (replaced 77057)
78598*	$297.61	Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed (replaced 78596)

PATHOLOGY and LABORATORY – ORGAN or DISEASE-ORIENTED PANELS		
CPT Code	***Billable***	***Description***
80048	$7.71	Basic Metabolic Panel (Calcium, total) - This panel must include the following: Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) 84520
80051	$6.48	Electrolyte Panel--This panel must include the following: Carbon dioxide (bicarbonate) (82374), Chloride (82435), Potassium (84132), and Sodium (84295).
80053	$9.64	Comprehensive Metabolic Panel-This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea Nitrogen (BUN) (84520).
80061	$14.97	Lipid Panel-This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)
80074	$51.46	Acute hepatitis panel-This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709); Hepatitis B core antibody (HbcAb), IgM antibody (86705); Hepatitis B surface antigen (HbsAg) (87340); Hepatitis C antibody (86803).
80076	$7.71	Hepatic Function Panel--This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450)

PATHOLOGY and LABORATORY – THERAPEUTIC DRUG ASSAYS		
CPT Code	***Billable***	***Description***
80157	$14.82	Carbamazepine; free

80164	$15.14	Valproic Acid (dipropylacetic acid); total
80173	$16.27	Haloperidol
80178	$7.39	Lithium
80184	$12.81	Phenobarbital

PATHOLOGY and LABORATORY – THERAPEUTIC DRUG ASSAYS cont.		
CPT Code	***Billable***	***Description***
80185	$14.82	Phenytoin; total
80189	$27.11	Itraconazole
80198	$15.82	Theophylline
80202	$15.14	Vancomycin
80305	$16.26	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay) (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service (replaced 80300)
80335	$17.33	Antidepressants, tricyclic and other cyclicals; 1 or 2

PATHOLOGY and LABORATORY – EVOCATIVE/SUPPRESSION TESTING		
CPT Code	***Billable***	***Description***
80438	$56.32	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)
80439	$75.10	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)

PATHOLOGY and LABORATORY – URINALYSIS		
CPT Code	***Billable***	***Description***
81000	$3.54	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these

		constituents; non-automated, with microscopy
81001	$3.54	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy

PATHOLOGY and LABORATORY – URINALYSIS cont.		
CPT Code	***Billable***	***Description***
81002	$2.86	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	$2.51	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81015	$3.39	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; microscopic only
81025	$7.07	Urine pregnancy test, by visual color comparison methods

PATHOLOGY and LABORATORY – MOLECULAR PATHOLOGY		
CPT Code	***Billable***	***Description***
81250	$50.00	G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
81381	$123.00	HLA Class 1 typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., B*57:01P), each

PATHOLOGY and LABORATORY – CHEMISTRY		
CPT Code	***Billable***	***Description***

81401	$400.00	Molecular pathology procedure, Level 2 (eg. 2-10 SNPs, 1 methylated variant, or 1 somatic variant (typically using non-sequencing target variant analysis), or detection of a dynamic mutation disorder/triplet repeat)
82040	$5.54	Albumin; serum, plasma or whole blood
82105*	$18.75	Alpha-fetoprotein (AFP); serum
82150	$7.25	Amylase

PATHOLOGY and LABORATORY – CHEMISTRY cont.		
CPT Code	***Billable***	***Description***
82175	$21.21	Arsenic
82247	$5.62	Bilirubin; total
82248	$5.62	Bilirubin; direct
82270	$3.59	Blood, occult by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)
82274	$17.78	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82310	$5.76	Calcium; total
82373	$20.18	Carbohydrate deficient transferrin
82374	$5.46	Carbon dioxide (bicarbonate)
82435	$5.14	Chloride; blood
82465	$4.86	Cholesterol, serum or whole blood, total
82540	$5.18	Creatine
82550	$7.28	Creatine kinase (CK), (CPK); total
82552	$14.97	Creatine kinase (CK), (CPK); isoenzymes
82565	$5.73	Creatinine ; blood

82607	$16.85	Cyanocobalamin (Vitamin B-12)
82626	$28.25	Dehydroepiandrosterone (DHEA)
82627	$24.86	Dehydroepiandrosterone-sulfate (DHEA-S)
82652*	$43.02	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
82668	$21.01	Erythropoietin
82728	$15.22	Ferritin

PATHOLOGY and LABORATORY – CHEMISTRY cont.		
CPT Code	***Billable***	***Description***
82746	$16.43	Folic acid; serum
82784	$10.39	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each
82945	$4.38	Glucose, body fluid, other than blood
82947	$4.38	Glucose; quantitative, blood (except reagent strip)
82955	$10.84	Glucose-6- phosphate dehydrogenase (G6PD); quantitative
82960	$6.78	Glucose-6- phosphate dehydrogenase (G6PD); screen
83026	$2.64	Hemoglobin; by copper sulfate method, non-automated
83036	$10.85	Hemoglobin; by copper sulfate method, glycosylated (A1C)
83090	$18.86	Homocysteine
83550	$9.77	Iron binding capacity
83690	$7.70	Lipase
83718	$9.15	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83735	$7.49	Magnesium
84075	$5.78	Phosphatase, alkaline
84132	$5.14	Potassium; serum, plasma or whole blood

84152	$20.56	Prostate specific antigen (PSA); complexed (direct measurement)
84153	$20.56	Prostate specific antigen (PSA); total
84154	$20.56	Prostate specific antigen (PSA); free
84155	$4.10	Protein; total, except by refractometry; serum, plasma or whole blood
84165*	$12.01	Protein; electrophoretic fractionation and quantitation; serum
84295	$5.38	Sodium; serum, plasma or whole blood

PATHOLOGY and LABORATORY – CHEMISTRY cont.		
CPT Code	***Billable***	***Description***
84402	$23.42	Testosterone; free
84403	$28.86	Testosterone; total
84436	$7.69	Thyroxine; total
84443	$18.78	Thyroid stimulating hormone (TSH)
84450	$5.78	Transferase; aspartate amino (AST) (SGOT)
84460	$5.92	Transferase; alanine amino (ALT) (SGPT)
84478	$6.43	Triglycerides
84479	$6.45	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84520	$4.41	Urea nitrogen; quantitative
84525	$4.20	Urea nitrogen; semiquantitative (e.g., reagent strip test)
84550	$5.05	Uric acid; blood
84681	$23.26	C-peptide
84702	$16.82	Gonadotropin, chorionic (hCG); quantitative
84703	$8.39	Gonadotropin, chorionic (hCG); qualitative

PATHOLOGY and LABORATORY – HEMATOLOGY and COAGULATION		
CPT Code	***Billable***	***Description***
85007	$3.85	Blood count; blood smear, microscopic examination with manual differential WBC count
85013	$2.65	Blood count; spun microhematocrit
85014	$2.65	Blood count; hematocrit (Hct)
85018	$2.65	Blood count; hemoglobin (Hgb)

PATHOLOGY and LABORATORY – HEMATOLOGY and COAGULATION cont.		
CPT Code	***Billable***	***Description***
85025	$8.69	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027*	$8.87	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85044	$4.81	Blood count; reticulocyte, manual
85049	$5.00	Blood count; platelet; automated
85610	$4.39	Prothrombin time
85651	$3.97	Sedimentation rate, erythrocyte; non-automated
85652	$3.02	Sedimentation rate, erythrocyte; automated

PATHOLOGY and LABORATORY – IMMUNOLOGY		
CPT Code	***Billable***	***Description***
86001	$5.84	Allergen specific IgG quantitative or semiquantitative, each allergen
86038	$13.51	Antinuclear antibodies (ANA)
86308	$5.78	Heterophile antibodies; screening
86318	$14.47	Immunoassay for infectious agent antibody (ies), qualitative or semiquantitative, single

		step method (e.g., reagent strip)
86359	$42.16	T cells; total count
86360	$52.52	T cells; absolute CD4 and CD8 count, including ratio
86361	$29.93	T cells; absolute CD4 count
86403	$11.39	Particle agglutination; screen, each antibody
86430	$6.34	Rheumatoid factor; qualitative
86480	$69.27	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon

PATHOLOGY and LABORATORY – IMMUNOLOGY cont.

CPT Code	***Billable***	***Description***
86481	$82.39	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
86485	$13.61	Skin test; candida
86486	$6.23	Skin test; unlisted antigen, each
86510	$7.33	Skin test; histoplasmosis
86580	$10.73	Skin test; tuberculosis, intradermal
86592	$4.58	Syphilis test; non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86593	$4.93	Syphilis test; non-treponemal antibody; quantitative
86609	$14.40	Antibody; bacterium, not elsewhere specified
86644	$16.09	Antibody; cytomegalovirus (CMV)
86677	$16.22	Antibody; Helicobacter Pylori
86704	$13.47	Hepatitis B core antibody (HbcAb); total
86705	$13.15	Hepatitis B core antibody (HbcAb), IgM antibody
86706	$12.01	Hepatitis B surface antibody (HBsAb)
86707	$12.93	Hepatitis Be antibody (HBeAb)

86708	$13.01	Hepatitis A antibody (HAAb)
86709	$12.58	Hepatitis A antibody (HAAb); IgM antibody
86735	$14.58	Antibody; mumps
86756	$14.41	Antibody; respiratory syncytial virus
86777	$16.09	Antibody; Toxoplasma

86778	$16.10	Antibody; Toxoplasma, IgM
86780	$14.80	Antibody; Treponema Pallidum
86803	$15.95	Hepatitis C antibody
PATHOLOGY and LABORATORY – IMMUNOLOGY cont.		
CPT Code	***Billable***	***Description***
86804	$16.24	Hepatitis C antibody; confirmatory test (e.g., immunoblot)

PATHOLOGY and LABORATORY – TRANSFUSION MEDICINE		
CPT Code	***Billable***	***Description***
86870	$8.76	Antibody identification, RBC antibodies, each panel for each serum technique
86900	$3.34	Blood typing, serologic; ABO
86920	$14.87	Compatibility test each unit; immediate spin technique

PATHOLOGY and LABORATORY – MICROBIOLOGY		
CPT Code	***Billable***	***Description***
87015	$7.46	Concentration (any type) for infectious agents
87040	$11.54	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	$10.54	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (e.g., KIA, LIA), Salmonella and Shigella species

87046	$10.54	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	$9.62	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates

PATHOLOGY and LABORATORY – MICROBIOLOGY cont.

CPT Code	***Billable***	***Description***
87071	$10.54	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87073	$10.54	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87075	$10.58	Culture, bacterial, any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	$9.03	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	$9.03	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	$7.41	Culture, presumptive, pathogenic organisms, screening only
87086	$9.02	Culture, bacterial; quantitative, colony count, urine
87101	$8.62	Culture, fungi (mold or yeast), isolation with presumptive identification of isolates; skin, hair, or nail
87103	$10.08	Culture, fungi (mold or yeast), isolation with presumptive identification of isolates; blood

87106	$11.54	Culture, fungi, definitive identification, each organism; yeast
87116	$8.10	Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87140	$6.23	Culture typing; immunofluorescent method, each antiserum
87149	$22.42	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87152	$4.67	Culture, typing; identification by pulse field gel typing
87177	$9.94	Ova and parasites, direct smears, concentration and identification

PATHOLOGY and LABORATORY – MICROBIOLOGY cont.		
CPT Code	***Billable***	***Description***
87185	$5.31	Susceptibility studies, antimicrobial agent: enzyme detection (e.g., beta lactamase), per enzyme
87188	$7.42	Susceptibilty studies, antimicrobial agent; macrobroth dilution method, each agent
87206	$5.20	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	$18.49	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	$20.09	Smear, primary source with interpretation; complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites
87210*	$4.58	Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps
87252	$29.14	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	$18.21	Virus isolation; tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	$21.86	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus

87327	$12.81	Cryptococcus neoformans
87340	$9.78	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunoabsorbent assay [ELISA], fluorescence immunoassay (FIA), immunochemiluminometric assay [IMCA]), qualitative and semiquantitative; hepatitis B surface antigen (HBsAg)
87341	$9.78	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunoabsorbent assay [ELISA], fluorescence immunoassay (FIA), immunochemiluminometric assay [IMCA]), qualitative and semiquantitative; hepatitis B surface antigen (HbsAg) neutralization

PATHOLOGY and LABORATORY – MICROBIOLOGY cont.		
CPT Code	***Billable***	***Description***
87350	$9.78	Infectious agent antigen detection by immunoassay technique, (eg, enzyme Infectious immunoassay [EIA], enzyme-linked immunoabsorbent assay [ELISA], fluorescence immunoassay (FIA), immunochemiluminometric assay [IMCA]), qualitative and semiquantitative; hepatitis Be antigen (HbeAg)
87385	$12.81	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunoabsorbent assay [ELISA], fluorescence immunoassay (FIA), immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Histoplasma capsulatum
87427	$12.81	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunoabsorbent assay [ELISA], fluorescence immunoassay (FIA), immunochemiluminometric assay [IMCA]), qualitative or semi-quantitative; Shiga-like toxin
87491	$39.23	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique
87497	$47.88	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87517	$47.88	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	$27.51	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C; direct probe technique

87521	$48.14	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C; amplified probe technique, includes reverse transcription when performed
87522	$47.88	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87534	$22.42	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	$39.23	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	$95.11	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87591	$39.23	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhea, amplified probe technique
87623	$47.76	Human Papillomavirus (HPV), low risk types (e.g., 6,11, 42, 43, 44)
PATHOLOGY and LABORATORY – MICROBIOLOGY cont.		
CPT Code	***Billable***	***Description***
87624	$47.76	Human Papillomavirus (HPV), high risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	$47.76	Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

87635	$51.31	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
87797	$22.42	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique, each organism
87798	$39.23	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, amplified probe technique, each organism
87800	$44.82	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	$78.46	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87899	$12.81	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified

87900	$145.69	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	$201.02	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics; HIV 1, reverse transcriptase and protease regions
87902	$201.02	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics; Hepatitis C Virus
87903	$546.18	Infectious agent phenotype analysis by nucleic acid (DNA and RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	$29.14	Infectious agent phenotype analysis by nucleic acid (DNA and RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested
87906	$126.54	Infectious agent phenotype analysis by nucleic acid (DNA and RNA); HIV 1, other region (e.g., integrase, fusion)
87910	$197.78	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus
PATHOLOGY and LABORATORY – MICROBIOLOGY cont.		
CPT Code	***Billable***	***Description***
87912	$197.78	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus
PATHOLOGY and LABORATORY – CYTOPATHOLOGY		
CPT Code	***Billable***	***Description***
87999	$1568.00	Unlisted microbiology procedure (Trofile test)
88104	$68.17	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88141	$22.49	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician
88142	$22.65	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	$22.65	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	$11.81	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision

88148	$11.81	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	$11.81	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	$11.81	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	$11.81	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88160*	$72.67	Cytopathology, smears, any other source; screening and interpretation
88161*	$74.47	Cytopathology, smears, any other source; preparation, screening and interpretation
88164	$11.81	Cytopathology, slides, cervical or vaginal (the Bethesda system); manual screening under physician supervision
88165	$11.81	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
PATHOLOGY and LABORATORY – CYTOPATHOLOGY cont.		
CPT Code	***Billable***	***Description***
88166	$11.81	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer assisted rescreening under physician supervision
88167	$11.81	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88184	$69.21	Flow cytometry, cell surface, cytoplasmic or nuclear marker, technical component only; first marker

PATHOLOGY and LABORATORY – SURGICAL PATHOLOGY		
CPT Code	***Billable***	***Description***
88304	$42.22	Level III - Surgical pathology, gross and microscopic examination
88305*	$71.98	Level IV – Surgical pathology, gross and microscopic examination
88321	$97.94	Consultation and report on referred slides prepared elsewhere.
88323	$114.20	Consultation and report on referred material requiring preparation of slides

88325	$158.84	Consultation, comprehensive, with review of records and specimens, with report on referred material.

PATHOLOGY and LABORATORY – OTHER PROCEDURES		
CPT Code	***Billable***	***Description***
89051	$6.16	Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood; with differential count

MEDICINE – IMMUNIZATION ADMINISTRATION for VACCINES/TOXOIDS		
CPT Code	***Billable***	***Description***
90471	$16.96	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	$12.80	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); each additional vaccine (single or combination vaccine toxoid) (list separately in addition to code for primary procedure)

MEDICINES – VACCINES/TOXOIDS		
CPT Code	***Billable***	***Description***
90632	$58.90	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use
90633	$21.35	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	$19.42	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-3 dose schedule, for intramuscular use

90636	$70.60	Hepatitis A and Hepatitis B vaccine (Hep A - Hep B), adult dosage, for intramuscular use
90649	$127.50	Human Papilloma virus vaccine, types 6, 11, 16,18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90651*	$30.00	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use
90656	$13.90	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL usage, for intramuscular use.
90657	$5.29	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL usage, for intramuscular use
90658	$10.58	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL usage, for intramuscular use
90662	$29.21	Influenza virus vaccine, split virus (IIV), preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use

MEDICINES – VACCINES/TOXOIDS cont.		
CPT Code	***Billable***	***Description***
90670	$137.02	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90672	$26.88	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90674	$35.00	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90682	$56.00	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.
90686	$19.03	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90702	$19.97	Diphtheria and tetanus toxoids absorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90707	$34.56	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90714	$15.58	Tetanus and diphtheria toxoids adsorbed (Td) , preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	$27.46	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use

90732	$23.78	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90734	$120.32	Meningococcal conjugate vaccine, serogroups A, C,W, Y, quadrivent, diphtheria toxoid carrier (MenACWY-D) or CRM197carrier (MenACWY-CRM), for intramuscular use
90739	$131.00	Hepatitis B vaccine (Hep B), adult dosage, 2 dose schedule, for intramuscular use
90744	$19.49	Hepatitis B vaccine (Hep B), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90746	$45.81	Hepatitis B vaccine (Hep B), adult dosage, 3 dose schedule, for intramuscular use
90747	$91.61	Hepatitis B vaccine (Hep B), dialysis or immunosuppressed patient dosage, 4 dose schedu intramuscular use
90750	$223.12	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanated, for intramuscular use

MEDICINE – CARDIOGRAPHY		
CPT Code	***Billable***	***Description***
93000	$14.54	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

MEDICINE – ECHOCARDIOGRAPHY		
CPT Code	***Billable***	***Description***
93307*	$143.62	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

MEDICINE – PULMONARY		
CPT Code	***Billable***	***Description***
94642	$23.24	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94726*	$55.72	Plethysmography for determination of lung volumes and, when performed, airway

		resistance (replaced 93720)
94760	$2.42	Noninvasive ear or pulse oximetry for oxygen saturation; single determination

MEDICINE – HYDRATION		
CPT Code	***Billable***	***Description***
96360	$34.95	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	$13.15	Intravenous infusion, hydration; each additional hour
96365	$69.21	Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); initial, up to 1 hour

MEDICINE – THERAPEUTIC, PROPHYLACTIC and DIAGNOSTIC INJECTIONS and INFUSIONS and CHEMOTHERAPY		
CPT Code	***Billable***	***Description***
96372	$14.31	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

MEDICINE – MEDICAL NUTRITION THERAPY		
CPT Code	***Billable***	***Description***
97802	$37.38	Medical nutritional therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	$32.43	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face, with the patient, each 15 minutes
97804	$17.30	Medical nutrition therapy; initial assessment and intervention, group (2 or more individual(s)), each 30 minutes

MEDICINE – MODERATE (CONSCIOUS) SEDATION		
CPT Code	***Billable***	***Description***
99152	$52.26	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	$11.07	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 intra-service time
99156	$77.46	Moderate sedation services provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient age 5 years or older
99157	$62.98	Moderate sedation services provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time

MEDICINE – MISCELLANEOUS SERVICES		
CPT Code	***Billable***	***Description***
99058	$32.00	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

EVALUATION and MANAGEMENT – NEW PATIENT		
CPT Code	***Billable***	***Description***
99202	$74.86	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 time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
99203	$113.85	Office or other outpatient visit for the evaluation and management of a new patient, which requires medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

99204	$169.57	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
99205	$224.25	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

EVALUATION and MANAGEMENT – ESTABLISHED PATIENT		
CPT Code	***Billable***	***Description***
99211	$23.53	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.
99212	$57.45	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 decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213	$92.05	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 time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99214	$129.77	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of

		total time is spent on the date of the encounter.
99215	$183.07	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

EVALUATION and MANAGEMENT – NEW or ESTABLISHED PATIENT		
CPT Code	***Billable***	***Description***
99241	$17.50	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are self- limited or minor. Typically, 15 minutes are spent face-to-face with patient and/or family.

EVALUATION and MANAGEMENT – NEW or ESTABLISHED PATIENT cont.		
CPT Code	***Billable***	***Description***
99243	$57.40	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination or care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99244	$57.40	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination or care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems (s) and of the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes

		are spent face-to-face with the patient and/or family.
99245	$68.90	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.

HCPCS – SCREENING, COLORECTAL, OTHER		
CPT Code	***Billable***	***Description***
G0121	$357.41	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

HCPCS – DIABETIC SUPPLIES		
CPT Code	***Billable***	***Description***
A4245	$1.39	Alcohol wipes, per box
A4253	$29.50	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4259	$9.36	Lancets, per box of 100
E0607	$163.08	Home blood glucose monitor
S8490	$25.00	Insulin syringes (100 syringes, any size)
HCPCS – DRUGS OTHER THAN CHEMOTHERAPY		

CPT Code	Billable	Description
J0285	$40.28/ 50mg	Injection, amphotericin B, (ABLC, Amphocin, Fungizone)
J0561	$356.48	Injection, penicillin G Benzathine, 100,000 units (Bicillin) (LA-Permopen)
J0696	$.53/ 250mg	Injection, ceftriaxone sodium, (Rocephin)
J0834	$39.82/ 0.25mg	Injection, cosyntropin, (replaced J0835)
J1455	$8.54/ 1000mg	Injection, foscarnet sodium, (Foscavir)
J1570	$48.41/ 500mg	Injection, ganciclovir sodium, (Cytovene)
J1746	$58.38 10 mg	Injection, ibalizumab-uiyk, (Trogarzo)

HCPCS – DRUGS OTHER THAN CHEMOTHERAPY cont.		
CPT Code	***Billable***	***Description***
J3370	$3.46/ 500mg	Injection, vancomycin HCl, (Vancocin) (Vancoled)
J3590	$24.06	Unclassified biologics (for Trogarzo – bill one unit)

HCPCS – LABORATORY SERVICES		
CPT Code	***Billable***	***Description***
P9019	$26.14/ unit	Platelet, each unit
P9021	$58.40/ unit	Red blood cells, each unit
U0001	$35.91	CDC 2019 novel coronavirus (2019-nCoV) real time RT-PCR diagnostic panel
U0002	$51.31	2019-nCoV coronavirus, SARS-Co-V-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC

HCPCS – VISION SERVICES		
CPT Code	***Billable***	***Description***
V2100	$31.41	Sphere, single vision, plano to plus or minus 4.00, per lens
V2200	$41.11	Sphere, bifocal, plano to plus or minus 4.00d, per lens

EVALUATION and MANAGEMENT – NEW PATIENT		
CPT Code	***Billable***	***Description***
99341	$53.99	Home visit for the evaluation and management of a new patient, which requires these 3 components: a problem focused history, a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family's needs.

EVALUATION and MANAGEMENT – ESTABLISHED PATIENT		
CPT Code	***Billable***	***Description***
99347	$54.68	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family's needs.

SKILLED NURSING VISITS

All skilled nursing and physical and occupational therapy are intended to supplement on-going medical care. Prior approval for continuation of services must be obtained for visits totaling more than 30 visits per patient per grant year.

EVALUATION and MANAGEMENT – NEW PATIENT		
CPT Code	***Billable***	***Description***
99342 new patient	$76.83	Home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family's needs.

EVALUATION and MANAGEMENT – ESTABLISHED PATIENT		
CPT Code	***Billable***	***Description***
99348 established patient	$83.06	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family's needs.

PHYSICAL THERAPY All skilled nursing and physical and occupational therapy are intended to supplement on-going medical care. Prior approval for continuation of services must be obtained for visits totaling more than 30 visits per patient per grant year.		
MEDICINE – PHYSICAL MEDICINE and REHABILITATION		
CPT Code	***Billable***	***Description***
97110	$30.11	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97161	$102.43	Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbities that impact the plan of care; an examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. (replaced 97001)
97162	$102.43	Physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with

		the patient and/or family. (replaced 97002)

OCCUPATIONAL THERAPY

All skilled nursing and physical and occupational therapy are intended to supplement on-going medical care. Prior approval for continuation of services must be obtained for visits totaling more than 30 visits per patient per grant year.

CPT Code	***Billable***	***Description***
97165	$103.13	Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (i.e. relating to physical, cognitive or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s) and consideration of a limited number of treatment options. Patient presents with no comorbities that affect occupational performance. Modification or tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family. (replaced 97003)
97166	$103.13	Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (i.e. relating to physical, cognitive or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s) and consideration of several treatment options. Patient may present with comorbities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family. (replaced 97004)
97535	$33.57	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assisted technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.

NUTRITIONAL SERVICES

All nutritional assessments must be billed to Ryan White Services on a monthly or quarterly basis. Invoices shall group all clients served during the billing period, with attached documentation consisting of client names, Social Security numbers, CPT codes for services rendered and the date of service for all clients during the billing period. (The reason for this change in billing procedure is to allow for payment of nutritional services, which are not covered by TennCare and many health insurance companies, without qualifying those clients for all Ryan White Services.) Vendors may group uninsured clients, TennCare and private insurance clients on one bill.

Tennessee Department of Health county and regional clinics shall bill via journal voucher, rather than submitting a claim to Ryan White Services via the Fee Schedule. Supporting documentation shall be submitted along with your request for reimbursement.

EVALUATION and MANAGEMENT – PREVENTIVE MEDICINE SERVICES

CPT Code	***Billable***	***Description***
99401	$40.60	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	$68.61	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	$94.82	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	$122.11	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes

SUBSTANCE ABUSE COUNSELING/SERVICES

All counseling services are intended to cover therapeutic interventions needed to help patients in dealing with their HIV infection, or secondary mental health issues (addiction, substance abuse) likely to negatively impact their HIV infection.

This component does not reimburse for case management services or for time spent in therapy discussing case management issues. Examples of case management issues include: TennCare/disability eligibility, housing, resource identification and/or referral, financial concerns, transportation, and other community level service needs.

Counseling services must be delivered by one of the following educational levels:

A. Master's level licensed clinician (including licensed substance abuse counselors)

B. Doctoral level licensed psychologist

C. Psychiatrist

Prior approval must be obtained for all visits exceeding 15 visits per patient per grant year.

MEDICINE - PSYCHIATRY

CPT Code	***Billable***	***Description***
90791 Doctoral Level (P)	$178.91	Psychiatric diagnostic evaluation (Psychologist, Ph.D.)
90791 Master's Level (M)	$191.91	Psychiatric diagnostic evaluation (Psychologist, Nurse Practitioner, LCSW)
90791 Psychiatrist (D)	$200.67	Psychiatric diagnostic evaluation (Physician, MD)

MEDICINE – PSYCHIATRY cont.		
CPT Code	***Billable***	***Description***
90792	$200.37	Psychiatric diagnostic evaluation with medical services
90832 ALL LEVELS	$77.86	Psychotherapy, 30 minutes with patient
90833 ALL LEVELS	$71.29	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
90834 ALL LEVELS	$102.78	Psychotherapy, 45 minutes with patient
90836 ALL LEVELS	$89.98	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
90837	$150.88	Psychotherapy, 60 minutes with patient
90853 Doctoral Level	$27.34	Group psychotherapy (other than of a multiple-family group)
90853 Master's Level	$29.26	Group psychotherapy (other than of a multiple-family group)
90853 Psychiatrist	$30.59	Group psychotherapy (other than of a multiple-family group)
90863 Psychiatrist only	$39.70	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (replaced 90862)

MEDICINE – CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS		
CPT Code	***Billable***	***Description***
96130 All Levels	$121.47	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

MEDICINE – CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS cont.		
CPT Code	***Billable***	***Description***
96131	$90.32	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour
96132	$132.54	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96116	$95.86	Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
MEDICINE – GASTROENTEROLOGY		
91200*	$31.49	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

OPHTHALMIC SERVICES

Ryan White Services will cover the following codes, but the client must be referred to an ophthalmologist by their primary care or infectious disease physician. (All ophthalmology claims must have referral documentation attached in order to receive payment. Long term ophthalmology patients should only be referred for follow-up appointments when there is a medical condition that warrants such examination.)

MEDICINE - OPTHALMOLOGY		
CPT Code	***Billable***	***Description***
92002	$87.55	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	$151.92	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	$90.67	Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient

MEDICINE – OPTHALMOLOGY cont.		
CPT Code	***Billable***	***Description***
92014	$128.39	Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92134	$41.18	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral, retina
92235	$127.70	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92250	$34.20	Fundus photography with interpretation and report

92081	$34.20	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

PROFESSIONAL COMPONENT MODIFIER 26		
CPT Code	***Billable***	***Description***
10060	$16.22	With professional component modifier 26
17000	$24.60	With professional component modifier 26
17110	$16.40	With professional component modifier 26
43235	$225.00	With professional component modifier 26
45378	$285.80	With professional component modifier 26
45380	$250.00	With professional component modifier 26
45382	$225.00	With professional component modifier 26
45385	$550.00	With professional component modifier 26
46600	$14.79	With professional component modifier 26
46601	$91.05	With professional component modifier 26
46606	$15.00	With professional component modifier 26
46607	$122.26	With professional component modifier 26

46900	$14.40	With professional component modifier 26
PROFESSIONAL COMPONENT MODIFIER 26 cont.		
CPT Code	***Billable***	***Description***
46922	$80.53	With professional component modifier 26
46924	$80.53	With professional component modifier 26
54056	$33.28	With professional component modifier 26
54065	$207.50	With professional component modifier 26

56501	$46.43	With professional component modifier 26
56515	$275.00	With professional component modifier 26
70450	$41.18	With professional component modifier 26
70470	$62.29	With professional component modifier 26
70551	$72.33	With professional component modifier 26
70552	$88.86	With professional component modifier 26
70553	$111.43	With professional component modifier 26
71045	$9.00	With professional component modifier 26
71046	$10.73	With professional component modifier 26
71048	$15.23	With professional component modifier 26
71250	$52.60	With professional component modifier 26
71260	$56.41	With professional component modifier 26
71270	$61.25	With professional component modifier 26
72192	$52.95	With professional component modifier 26
72193	$56.41	With professional component modifier 26
72194	$59.52	With professional component modifier 26
74150	$58.48	With professional component modifier 26
74160	$62.29	With professional component modifier 26
74170	$68.52	With professional component modifier 26

76700	$39.45	With professional component modifier 26

PROFESSIONAL COMPONENT MODIFIER 26 cont.

CPT Code	Billable	Description
76770	$35.99	With professional component modifier 26
77065	$39.45	With professional component modifier 26
78598	$40.14	With professional component modifier 26
82105	$37.25	With professional component modifier 26
82652	$67.03	With professional component modifier 26
84165	$18.34	With professional component modifier 26
87210	$13.74	With professional component modifier 26
88160	$25.61	With professional component modifier 26
88161	$25.26	With professional component modifier 26
88305	$37.38	With professional component modifier 26
90651	$12.00	With professional component modifier 26
91200	$11.17	With professional component modifier 26
93307	$45.36	With professional component modifier 26
94726	$12.21	With professional component modifier 26

TECHNICAL COMPONENT MODIFIER TC

CPT Code	Billable	Description
10060	$16.22	With technical component modifier TC
17000	$24.60	With technical component modifier TC
17110	$16.40	With technical component modifier TC
43235	$225.00	With technical component modifier TC
45378	$285.80	With technical component modifier TC
45380	$250.00	With technical component modifier TC

TECHNICAL COMPONENT MODIFIER TC		
CPT Code	**Billable**	**Description**
45382	$225.00	With technical component modifier TC
45385	$550.00	With technical component modifier TC
46600	$14.79	With technical component modifier TC
46601	$91.05	With technical component modifier TC
46606	$15.00	With technical component modifier TC
46607	$122.26	With technical component modifier TC
46900	$14.40	With technical component modifier TC
46922	$80.53	With technical component modifier TC
46924	$80.53	With technical component modifier TC
54056	$33.28	With technical component modifier TC
54065	$207.50	With technical component modifier TC

56501	$46.43	With technical component modifier TC
56515	$275.00	With technical component modifier TC
70450	$74.32	With technical component modifier TC
70460	$107.82	With technical component modifier TC
70470	$129.80	With technical component modifier TC
70551	$148.30	With technical component modifier TC
70552	$219.48	With technical component modifier TC
70553	$249.84	With technical component modifier TC
71045	$17.10	With technical component modifier TC
71046	$23.38	With technical component modifier TC
71048	$30.71	With technical component modifier TC
71250	$92.82	With technical component modifier TC
71260	$127.36	With technical component modifier TC

71270	$157.72	With technical component modifier TC
72192	$92.82	With technical component modifier TC
TECHNICAL COMPONENT MODIFIER cont.		
CPT Code	***Billable***	***Description***
72193	$196.80	With technical component modifier TC
72194	$222.97	With technical component modifier TC
74150	$91.77	With technical component modifier TC
74160	$196.10	With technical component modifier TC
74170	$222.27	With technical component modifier TC
76700	$84.79	With technical component modifier TC
76770	$78.86	With technical component modifier TC
77065	$91.42	With technical component modifier TC
78598	$271.47	With technical component modifier TC
82105	$37.25	With technical component modifier TC
82652	$67.03	With technical component modifier TC
84165	$17.95	With technical component modifier TC
87210	$13.74	With technical component modifier TC
88160	$46.06	With technical component modifier TC
88161	$46.41	With technical component modifier TC
88305	$33.85	With technical component modifier TC
90651	$12.00	With technical component modifier TC
91200	$21.63	With technical component modifier TC
93307	$101.54	With technical component modifier TC
94726	$43.27	With technical component modifier TC