



*This document has been created by the Colorado Pharmacists Society with the intent of efficiency, but all users should consult the Colorado HCPF [Pharmacists Services Billing Manual](#).*

## Contents

Table 1: Procedure Codes .....	1
Table 2: Preventive Medicine Counseling Codes .....	9
Table 3: Pharmacy Injection List - Fee Schedule .....	10

### Table 1: Procedure Codes

Procedure Code	Rate Reference	Rate	Code Description**
86328	1	\$47.99	Immunoassay for infectious agent antibody, qualitative or semiquantitative, <b>single step</b> method (eg, once per reagent strip) for COVID-19
86701	2	\$8.89	HIV-1 Antibody
86769	1	\$44.70	COVID-19 antibody tests with multi-step methods where two distinct analyses are performed (e.g, IgG and IgM)
87389	2	\$24.08	HIV-1 antibodies with HIV-1 & HIV-2 immunoassay
87635	2	\$51.31	Infectious agent detection by nucleic acid (DNA or RNA) for COVID-19 with amplified probe technique.

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
87806	2	\$32.77	HIV-1 antigen(s) with HIV-1 & HIV-2 antibodies immunoassay with direct optical observation
90471	3	\$21.17	First dose of vaccine, excluding vaccines administered orally or nasally
90472	3	\$12.29	Immunization admin, each additional
90473	3	\$21.17	Immunization administration for oral/nasal route
90474	3	\$12.29	Each additional immunization admin for oral/nasal route
90653	1	\$65.39	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
96372	1	\$14.89	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
99202	1	\$90.77-96.22	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
99203	1	\$131.57-137.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a low level of medical decision making; 30-44 minutes
99204	1	\$200.09-205.55	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision making; 45-59 minutes
99205	1	\$199.78-205.21	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of medical decision making; Over 60 minutes

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
99211	1	\$24.94-30.38	Office or other outpatient visit (face-to-face) for the evaluation and management of an established patient that may not require the presence of a physician
99212	1	\$53.49-58.92	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; 10-19 minutes
99213	1	\$88.68-94.12	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision making; 20-29 minutes
99214	1	\$130.11-135.55	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision making; 30-39 minutes
99215	1	\$177.65-183.10	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of medical decision making; Over 40 minutes
99401	1	\$29.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	1	\$55.19	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); 30 minutes
99403	1	\$76.05	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); 45 minutes

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
99404	1	\$96.90	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); 60 minutes
99406	1	\$12.83	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	1	\$11.57-\$26.97	Smoking and tobacco use cessation counseling visit; intermediate, greater than 10 minutes
99408	1	\$31.04	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services, 15 to 30 minutes
99409	1	\$58.51	Alcohol and/or substances (other than tobacco) abuse structured screening and brief intervention services, greater than 30 minutes
99411	1	\$16.25	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a <b>group</b> setting (separate procedure); approximately 30 minutes
99412	1	\$12.86	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a <b>group</b> setting (separate procedure); approximately 60 minutes
98000	1 (New 2025)	\$40.58	New patient, audio-video visits, 15-29 min
98001	1 (New 2025)	\$66.76	New patient, audio-video visits, 30-44 min
98002	1 (New 2025)	\$106.39	New patient, audio-video visits, 45-59 min

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
98003	1 (New 2025)	\$141.02	New patient, audio-video visits, 60+ min
98004	1 (New 2025)	\$31.38	Established patient, audio-video visit, 10-19 min
98005	1 (New 2025)	\$54.75	Established patient, audio-video visit, 20-29 min
98006	1 (New 2025)	\$80.66	Established patient, audio-video visit, 30-39 min
98007	1 (New 2025)	\$106.94	Established patient, audio-video visit, 40+ min
98008	1 (New 2025)	\$38.50	New patient, audio-only visit, straight-forward medical decision-making and 10+ min medical discussion or at least 15 min of total time on the encounter date
98009	1 (New 2025)	\$63.67	New patient, audio-only visit, low medical decision-making and 10+ min medical discussion or at least 30 min of total time on the encounter date
98010	1 (New 2025)	\$98.98	New patient, audio-only visit, moderate medical decision-making and 10+ min medical discussion or at least 45 min of total time on the encounter date
98011	1 (New 2025)	\$128.74	New patient, audio-only visit, high medical decision-making and 10+ min medical discussion or at least 60 min of total time on the encounter date
98012	1 (New 2025)	\$28.71	Established patient, audio-only visit, straightforward medical decision-making and 10+ min medical discussion or at least 10 min of total time on the encounter date
98013	1 (New 2025)	\$50.02	Established patient, audio-only visit, low medical decision-making and 10+ min medical discussion or at least 20 min of total time on the encounter date
98014	1 (New 2025)	\$73.01	Established patient, audio-only visit, moderate medical decision-making and 10+ min medical discussion or at least 30 min of total time on the encounter date
98015	1 (New 2025)	\$106.12	Established patient, audio-only visit, high medical decision-making and 10+ min

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
			medical discussion or at least 40 min of total time on the encounter date
98016	1 (New 2025)	\$12.89	A brief communication technology-based service (e.g., virtual check-in) by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient. This service should not originate from a related evaluation and management service provided within the previous seven days nor lead to an evaluation and management service or procedure within the next 24 hours or soonest available appointment. It involves 5-10 minutes of medical discussion.
99473	1	10.25	SMBP using a device validated for clinical accuracy; patient education/training and device calibration
99474	1	13.15	Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
G0108	1	\$45.24	Diabetes Self-Management Training (DSMT), individual, per 30 minutes
G0109	1	\$12.41	DSMT, group (2 or more), per 30 minutes
G0433	2	\$14.92	ELISA HIV-1/HIV-2 SCREEN
G2023	1	\$24.89	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source
G2024	1	\$27.01	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
			from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source
U0001	2	\$35.92	CDC lab test for Covid-19
U0002	2	\$51.31	Non-CDC lab test for Covid-19
U0003	1	\$80.38	Infectious agent detection by nucleic acid (DNA or RNA) for COVID-19 using amplified probe technique, making use of high throughput technologies
U0004	1	\$80.38	COVID-19, any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies
U0005	1	\$26.80	Infectious agent detection by nucleic acid (DNA or RNA) for COVID-19 using amplified probe technique, CDC or non-CDC, making use of high throughput technologies (Add-on payment to U0003/4) *completed within 2 calendar days from date and time of specimen collection.
81002	2	\$3.48	Non-automated UA - dip stick or tablet reagent - without microscopy
81003	2	\$2.25	Automated UA - dip stick or tablet reagent - without microscopy
87804	2	\$16.55	Rapid influenza test approved by the FDA requiring Clinical Laboratory Improvement Act (CLIA)-waived status
87807	2	\$13.10	Rapid immunoassay for the qualitative detection of RSV antigen
87809	2	\$21.76	Adenovirus antigen detection by immunoassay with direct optical observation
87880	2	\$16.53	Streptococcus group A antigen detection by immunoassay
93784	1	\$41.51	Ambulatory blood pressure monitoring - technical and professional components.
93786	1	\$20.90	Ambulatory blood pressure monitoring - technical component only

## CO MEDICAID PHARMACIST BILLING 2024

Procedure Code	Rate Reference	Rate	Code Description**
93788	1	\$4.61	Ambulatory blood pressure monitoring - 3 <sup>rd</sup> party analysis
93790	1	\$15.99	Ambulatory blood pressure monitoring - professional component only
95249	1	\$39.30	Technical services of starting a patient on a personal continuous glucose monitoring (CGM) system
95250	1	\$125.73	Ambulatory continuous glucose monitoring (CGM)
95251	1	\$28.46	Analysis, interpretation, and reporting of continuous glucose monitoring (CGM) data
93792*		\$55.26	Initial education and setup of a patient or caregiver for home international normalized ratio (INR) testing
93793*		\$11.80	Managing patients taking warfarin who undergo International Normalized Ratio (INR) monitoring
99421*		[C.R.S.2017, 25.5-5-320(2)]  Reimbursement for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service.	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422*			Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423*			Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99439*			Add-on code used to bill for each additional 20 minutes of non-complex chronic care management (CCM) services provided by clinical staff
99453*			Initial setup and education of a patient in a remote patient monitoring (RPM) program



Procedure Code	Rate Reference	Rate	Code Description**
99454*			Remote patient monitoring (RPM), each 30 days
99457*			The first 20 minutes of interactive communication with a patient during a remote patient monitoring (RPM) program
99458*			Additional 20-minute intervals of interactive communication and clinical staff time for a patient's remote patient monitoring (RPM) program
99495*		Not a benefit	Transitional care management (TCM) services for patients with moderate medical complexity
99496*		Not a benefit	Transitional care management (TCM) services for patients with high medical complexity
99091*		Not a benefit	Collection and interpretation of a patient's remote physiologic data
G2012*			Brief communication technology-based service—eg, virtual check-in—by a physician or other qualified healthcare professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

\*codes are either not in the current HCPF Fee Schedule or are not a currently covered benefit but are appropriate for pharmacists and other billable providers based on contemporary and evolving care.

\*\*Code descriptions from/modified from: <https://www.cms.gov/medicare/physician-fee-schedule/search> and <https://www.cms.gov/> and <https://www.ama-assn.org/topics/cpt-codes>

RED indicates codes that were also part of CPS's advocacy efforts.

Rate References:

1. Physician Fee Schedule: <https://hcpf.colorado.gov/provider-rates-fee-schedule>
2. CDL UPL Codes: [https://hcpf.colorado.gov/sites/hcpf/files/03%20CO\\_Fee%20Schedule\\_CD%20UPL%20Rates\\_Tracking\\_202701-20240701\\_V1.2.xlsx](https://hcpf.colorado.gov/sites/hcpf/files/03%20CO_Fee%20Schedule_CD%20UPL%20Rates_Tracking_202701-20240701_V1.2.xlsx)
3. Immunizations Fee Schedule: <https://hcpf.colorado.gov/immunizations-billing-manual#season>

**Table 2: Preventive Medicine Counseling Codes**

Description	CPT Code	Rate	Notes
Immunize counsel 5-15m	G0310	\$34.29	

Description	CPT Code	Rate	Notes
Immunize counsel 16-30m	G0311	\$58.79	Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service when vaccine administration codes are inclusive of counseling.  Codes can be billed at only one visit for each member per day, but there are no quantity limits for the number of times this education is provided to an individual member.
Immunize counsel <21yr 5-15m	G0312	\$34.29	
Immunize counsel <21yr 16-30m	G0313	\$58.79	
Immunize counsel for COVID-19 <21 16-30m	G0314	\$58.79	
Immunize counsel for COVID-19 <21 5-15m	G0315	\$34.29	

**References**Immunizations Billing Manual: <https://hcpf.colorado.gov/immunizations-billing-manual#prevMed>Immunization Fee Schedule: <https://hcpf.colorado.gov/provider-rates-fee-schedule#immunization>Health First Colorado Fee Schedule: <https://hcpf.colorado.gov/provider-rates-fee-schedule>**Table 3: Pharmacy Injection List - Fee Schedule****Effective 4/1/2025 - 6/30/2025\***

Pharmacist Injections	HCPSC	Fee	Notes
Buprenorphine XR	Q9991	\$1,861.70	100 mg or less
	Q9992	\$1,861.70	Over 100 mg
Naltrexone, Depot Form	J2315	\$4.21	
Aripiprazole ER Inj., 1 mg	J0401	\$6.80	
Buprenorphine, oral, 1 mg	J0571	Manually Priced	
Buprenorphine/naloxone, oral, ≤3 mg buprenorphine	J0572	Manually Priced	
Buprenorphine/naloxone, oral, >3 mg, but ≤ 6 mg buprenorphine	J0573	Manually Priced	
Buprenorphine/naloxone, oral, >6 mg, but ≤10 mg buprenorphine	J0574	Manually Priced	
Buprenorphine/naloxone, oral, >10 mg buprenorphine	J0575	Manually Priced	
Injection, buprenorphine ER (Brixadi), ≤7 days of therapy	J0577	\$411.37	

Pharmacist Injections	HCPCS	Fee	Notes
Injection, buprenorphine ER (Brixadi), >7 days and up to 28 days of therapy	J0578	\$1645.46	
Aripiprazole lauroxil, 1 mg	J1944	\$3.15	
Aristada Initio Inj., 1 mg	J1943	\$3.04	
Fluphenazine Decanoate, 25 mg	J2680	\$8.54	
Haloperidol Decanoate Inj.	J1631	\$4.46	
Paliperidone Palmitate Inj.	J2426	\$14.25	
Perseris Inj., 0.5 mg	J2798	\$11.75	
Risperidone, Long Acting	J2794	\$10.15	
Olanzapine Long-Acting Inj.	J2358	\$2.82	

**Injection Billing Instructions**

When billing these injections (considered Physician-Administered Drugs [PADs]) to the medical benefit, valid HCPCS/NDC combinations are required to be included on the claim. Refer to the Department's HCPCS/NDC Crosswalk ([Appendix X](#)) for valid and reimbursable HCPCS/NDC combinations.

**References**

\*See Physician Administered Drugs - Fee Schedule: <https://hcpf.colorado.gov/provider-rates-fee-schedule> for updates beyond 6/30/2025.