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California Department of Health Care Access and Information (HCAI)
Office of Health Care Affordability (OHCA)

Total Health Care Expenditures Data Submission Guide

OHCA Primary Care Addendum

April 2026

Table of Contents

Table	Page
Primary Care Provider Taxonomy Codes	3
Primary Care Place of Service Codes	5
Primary Care Service Codes	7
Medi-Cal Only Vaccines for Children (VFC) Program Services	42

Primary Care Provider Taxonomy Codes

Primary care providers are defined by National Uniform Claim Committee (NUCC) taxonomy codes on claims.¹ The taxonomies listed, in combination with service and place of service criteria, are included in the claims-based definition of primary care.² Rows with an asterisk (*) indicate taxonomies for physicians, physician assistants, and nurse practitioners.

Taxonomy	NUCC Name
163W00000X	Nurse, non-practitioner
172V00000X	Community Health Worker
183500000X	Pharmacist
1835P0018X	Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist
1835G0303X	Geriatric Pharmacist
1835P0200X	Pediatric Pharmacist
207Q00000X	Family Medicine*
207QA0000X	Family Medicine, Adolescent Medicine*
207QA0505X	Family Medicine, Adult Medicine*
207QG0300X	Family Medicine- Geriatric Medicine*
207R00000X	Internal Medicine*
207RA0000X	Internal Medicine, Adolescent Medicine*
207RG0300X	Internal Medicine- Geriatric Medicine*
208000000X	Pediatrics*
2080A0000X	Pediatrics, Adolescent Medicine*
208D00000X	General Practice*
261QC0050X	Critical Access Hospital Clinic/Center
261QF0400X	Federally Qualified Health Center
261QP2300X	Clinic/Center- Primary Care
261QR1300X	Clinic/Center- Rural Health
363AM0700X	Physician Assistant, Medical*
363L00000X	Nurse Practitioner*
363LA2200X	Nurse Practitioner- Adult Health*
363LC1500X	Nurse Practitioner, Community Health*
363LF0000X	Nurse Practitioner- Family*

Taxonomy	NUCC Name
363LG0600X	Nurse Practitioner, Gerontology*
363LP0200X	Nurse Practitioner- Pediatrics*
363LP2300X	Nurse Practitioner- Primary Care*
363LS0200X	Nurse Practitioner, School*
364SA2200X	Certified clinical nurse specialist- adult health
364SC1501X	Certified clinical nurse specialist- community health/public health
364SC2300X	Certified clinical nurse specialist- chronic health
364SF0001X	Certified clinical nurse specialist- family health
364SG0600X	Certified clinical nurse specialist- gerontology
364SP0200X	Certified clinical nurse specialist- pediatrics
363A00000X	Physician Assistant, General*
146E00000X	Community Paramedic

¹ National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy: <https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40>

² Office of Health Care Affordability Recommendations to the California Health Care Affordability Board: Proposed Primary Care Investment Benchmark. https://hcai.ca.gov/wp-content/uploads/2024/04/OHCA-Recommendations-to-Board_Proposed-Primary-Care-Investment-Benchmark.pdf

Primary Care Place of Service Codes

Primary care places of service are defined by the Centers for Medicare and Medicaid Services (CMS) Place of Service (POS) codes on claims.³ The listed POS codes, in combination with service and provider criteria, are included in the claims-based definition of primary care.⁴

POS Code	Place of Service
02	Telehealth Provided Other than in Patient's Home
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
07	Tribal 638 Free-standing Facility
09	Prison/ Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
18	Place of Employment- Worksite
19	Off Campus- Outpatient Hospital
22	On Campus- Outpatient Hospital
26	Military Treatment Facility
27	Outreach Site/ Street
32	Nursing Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities
66	Programs of All-Inclusive Care for the Elderly (PACE) Center
71	Public Health Clinic
72	Rural Health Clinic

³ CMS Place of Service Code Set: <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

⁴ Office of Health Care Affordability Recommendations to the California Health Care Affordability Board: Proposed Primary Care Investment Benchmark. https://hcai.ca.gov/wp-content/uploads/2024/04/OHCA-Recommendations-to-Board_Proposed-Primary-Care-Investment-Benchmark.pdf

Primary Care Service Codes

Primary care services are defined by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes on claims.⁵ The listed service codes, in combination with provider taxonomy and place of service, are included in the claims-based definition of primary care.⁶

Code	Description
10040	Acne surgery
10060	Drainage Of Skin Abscess Simple
10061	Drainage Of Skin Abscess Complicated
10080	Drainage Of Pilonidal Cyst Simple
10081	Drainage of pilonidal cyst
10120	Remove Foreign Body Simple
10121	Remove Foreign Body Complicated
10140	Drainage of hematoma/fluid
10160	Puncture Drainage Of Lesion
10180	Complex drainage wound
11000	Debride Infected Skin
11055	Trim Skin Lesion Single
11056	Trim Skin Lesions 2 To 4
11102	Tangntl bx skin single les
11103	Tangntl bx skin ea sep/addl
11104	Punch bx skin single lesion
11105	Punch bx skin ea sep/addl
11106	Incal bx skn single les
11107	Incal bx skn ea sep/addl
11200	Removal Of Skin Tags <W/15
11201	Remove Skin Tags Add-On
11300	Shave Skin Lesion 05 Cm/<
11301	Shave Skin Lesion 06-10 Cm
11302	Shave Skin Lesion 11-20 Cm
11303	Shave Skin Lesion >20 Cm

Code	Description
11305	Shave Skin Lesion 05 Cm/<
11306	Shave Skin Lesion 06-10 Cm
11307	Shave Skin Lesion 11-20 Cm
11308	Shave skin lesion >2.0 cm
11310	Shave Skin Lesion 05 Cm/<
11311	Shave Skin Lesion 06-10 Cm
11312	Shave skin lesion 1.1-2.0 cm
11313	Shave skin lesion >2.0 cm
11400	Exc Tr-Ext B9+Marg 05 Cm<
11401	Exc Tr-Ext B9+Marg 06-1 Cm
11402	Exc Tr-Ext B9+Marg 11-2 Cm
11403	Exc Tr-Ext B9+Marg 21-3 Cm
11404	Exc tr-ext b9+marg 3.1-4 cm
11406	Exc tr-ext b9+marg >4.0 cm
11420	Exc H-F-Nk-Sp B9+Marg 05/< Cm
11421	Exc H-F-Nk-Sp B9+Marg 06-1 Cm
11422	Exc H-F-Nk-Sp B9+Marg 11-2 Cm
11423	Exc H-F-Nk-Sp B9+Marg 21-3 Cm
11424	Exc h-f-nk-sp b9+marg 3.1-4
11426	Exc h-f-nk-sp b9+marg >4 cm
11440	Exc face-mm b9+marg 0.5 cm/<
11441	Exc face-mm b9+marg 0.6-1 cm
11442	Exc face-mm b9+marg 1.1-2 cm
11443	Exc face-mm b9+marg 2.1-3 cm
11444	Exc face-mm b9+marg 3.1-4 cm
11446	Exc face-mm b9+marg >4 cm
11719	Trimming Nondystrophic Nails Any Number
11720	Debride Nail 1-5
11721	Debride Nail 6+
11730	Removal Of Nail Plate Simple

Code	Description
11732	Remove nail plate add-on
11740	Evacuation Subungual Hematoma
11750	Removal Of Nail Bed Partial/Complete
11765	Excision Of Nail Fold Toe
11900	Inject Skin Lesions </W 7
11901	Inject Skin >7 Lesions
11976	Remove Contraceptive Capsule
11980	Implant hormone pellet(s)
11981	Insert Drug Implant Device
11982	Remove Drug Implant Device
11983	Remove W/ Insert Drug Implant
12001	Simple Rpr S/N/Ax/Gen/Trnk 25Cm/<
12002	Rpr s/n/ax/gen/trnk2.6-7.5cm
12004	Rpr s/n/ax/gen/trk7.6-12.5cm
12005	Rpr s/n/a/gen/trk12.6-20.0cm
12006	Rpr s/n/a/gen/trk20.1-30.0cm
12007	Rpr s/n/ax/gen/trnk >30.0 cm
12011	Rpr f/e/e/n/l/m 2.5 cm/<
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm
12016	Rpr fe/e/en/l/m 12.6-20.0 cm
12017	Rpr fe/e/en/l/m 20.1-30.0 cm
12018	Rpr f/e/e/n/l/m >30.0 cm
12020	Closure of split wound
12021	Closure of split wound
12031	Intmd rpr s/a/t/ext 2.5 cm/<
12032	Intmd rpr s/a/t/ext 2.6-7.5
12034	Intmd rpr s/tr/ext 7.6-12.5
12035	Intmd rpr s/a/t/ext 12.6-20

Code	Description
12036	Intmd rpr s/a/t/ext 20.1-30
12037	Intmd rpr s/tr/ext >30.0 cm
12041	Intmd rpr n-hf/genit 2.5cm/<
12042	Intmd Rpr N-Hf/Genit26-75
12044	Intmd rpr n-hf/genit7.6-12.5
12045	Intmd rpr n-hf/genit12.6-20
12046	Intmd rpr n-hf/genit20.1-30
12047	Intmd rpr n-hf/genit >30.0cm
12051	Intmd rpr face/mm 2.5 cm/<
12052	Intmd rpr face/mm 2.6-5.0 cm
12053	Intmd rpr face/mm 5.1-7.5 cm
12054	Intmd rpr face/mm 7.6-12.5cm
12055	Intmd rpr face/mm 12.6-20 cm
12056	Intmd rpr face/mm 20.1-30.0
12057	Intmd rpr face/mm >30.0 cm
13160	Late closure of wound
15839	Excise Excess Skin & Tissue
16020	Dress/debrid p-thick burn s
17000	Destroy Premalg Lesion
17003	Destroy Premalg Lesion 2-14
17004	Destroy Premalg Lesions 15/>
17106	Destruction of skin lesions
17107	Destruction of skin lesions
17108	Destruction of skin lesions
17110	Destroy B9 Lesion 1-14
17111	Destroy B9 Lesion 15 Or More
17250	Chem Caut Of Granlt Tissue
17281	Destroy Malgnt Skin Lesions 06-1 Cm
17340	Cryotherapy For Acne
19000	Drainage Of Breast Lesion

Code	Description
20520	Removal Of Foreign Body Simple
20550	Inj Tendon Sheath/Ligament
20551	Inj Tendon Origin/Insertion
20552	Inj Trigger Point 1/2 Muscl
20553	Inject Trigger Points 3/>
20600	Drain/Inj Joint/Bursa W/O Us Small
20604	Drain/inj joint/bursa w/us
20605	Drain/Inj Joint/Bursa W/O Us Intermediate
20606	Drain/inj joint/bursa w/us
20610	Drain/Inj Joint/Bursa W/O Us Major
20611	Drain/inj joint/bursa w/us
20612	Drain/Inj Ganglion Cyst
24640	Closed Treat Radial Head Sublx Child
27096	Inject sacroiliac joint
29105	Apply long arm splint
29125	Apply forearm splint
29126	Apply forearm splint
29130	Application of finger splint
29131	Application of finger splint
29200	Strapping of chest
29240	Strapping of shoulder
29260	Strapping of elbow or wrist
29280	Strapping of hand or finger
29505	Application long leg splint
29515	Application lower leg splint
29520	Strapping of hip
29530	Strapping of knee
29540	Strapping of ankle and/or ft
29550	Strapping of toes
29581	Apply multlay comprs lwr leg

Code	Description
29584	Appl multlay comprs arm/hand
30300	Removal Foreign Body Intranasal Office Procedure
30901	Control of nosebleed
30903	Control of nosebleed
30905	Control of nosebleed
30906	Repeat control of nosebleed
36410	Non-routine bl draw 3/> yrs
36415	Routine Venipuncture
36416	Capillary Blood Draw
40804	Removal foreign body mouth
40805	Removal foreign body mouth
46600	Diagnostic anoscopy spx
51702	Insert temp bladder cath
51798	Us urine capacity measure
54050	Destruction Penis Lesion Chem Simple
54056	Cryosurgery Penis Lesion Simple Cyro
55250	Removal Of Sperm Duct
56405	I & d of vulva/perineum
56420	Drainage of gland abscess
56605	Biopsy of vulva/perineum
56606	Biopsy of vulva/perineum
56820	Exam of vulva w/scope
56821	Exam/biopsy of vulva w/scope
57010	Drainage of pelvic abscess
57020	Drainage of pelvic fluid
57100	Biopsy of vagina
57105	Biopsy of vagina
57150	Treat vagina infection
57160	Insert pessary/other device
57170	Fitting Of Diaphragm/Cap

Code	Description
57180	Treat vaginal bleeding
57410	Pelvic examination
57420	Exam of vagina w/scope
57421	Exam/biopsy of vag w/scope
57452	Exam of cervix w/scope
57454	Bx/curett of cervix w/scope
57455	Biopsy of cervix w/scope
57456	Endocerv curettage w/scope
57500	Biopsy of cervix
58300	Insert Intrauterine Device
58301	Remove Intrauterine Device
59425	Antepartum Care Only 4-6 Visits
59426	Antepartum Care Only 7< Visits
59430	Postpartum Care Only
59510	Routine Ob Care
59812	Treatment of miscarriage
59820	Care of miscarriage
59821	Treatment of miscarriage
59830	Treat uterus infection
69200	Clear Outer Ear Canal W/Out Anesthesia
69205	Clear outer ear canal
69209	Remove Impacted Ear Wax Irrigation
69210	Remove Impacted Ear Wax Instruments
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
81000	Urinalysis Dip Stick/Tablet Reagnt Non-Auto Microscopy
81001	Urinalysis Dip Stick/Tablet Reagent Auto Microscopy
81025	Urine Pregnancy Test Visual Color Comparison
82044	Urine Albumin Semiquantitative

Code	Description
82270	Blood Occult Peroxidase Actv Qual Feces 1 Determination
82272	Blood Occult Peroxidase Actv Qual Feces 1-3 Spec Determination
82465	Cholesterol Serum/Whole Blood Total
82947	Glucose Quantitative Blood Xcpt Reagent Strip
82948	Glucose Blood Reagent Strip
82950	Glucose Post Glucose Dose
83655	Assay Of Lead
83718	Lipoprotein Dir Meas High Density Cholesterol
85013	Blood Count Spun Microhematocrit
85014	Blood Count Hematocrit
85018	Blood Count Hemoglobin
86580	Skin Test Tuberculosis Intradermal
87205	Smr Prim Src Gram/Giemsa Stain Bct Fungi/Cel
90460	Immunization Admin 1St/Only Component 18 Years<
90461	Immunization Admin Each Addl Component 18 Years<
90471	Immunization Admin 1 Vaccine Single/Combo
90472	Immunization Admin Each Add-On Single/Combo
90473	Immunization Admin Oral/Nasal Single/Combo
90474	Immunization Admin Oral/Nasal Addl Single/Combo
90480	Admn Sarscov2 Vacc 1 Dose
90481	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes
90791	Psych Diagnostic Evaluation
90792	Psych Diag Eval W/Med Services

Code	Description
90882	Envr Intrvt for Medical Mgmt on a Psycl Pts
90885	Psy evaluation of records
90887	Consultation with family
91065	Breath hydrogen/methane test
92502	Ear and throat examination
92551	Pure Tone Hearing Test Air
92552	Pure Tone Audiometry Air
92558	Evoked Auditory Test Qual
92567	Tympanometry
92587	Evoked auditory test limited
92625	Tinnitus assessment
93000	Ecg Routine Ecg W/Least 12 Lds W/I&R
93005	Ecg Routine Ecg W/Least 12 Lds Trcg Only W/O I&R
93010	Ecg Routine Ecg W/Least 12 Lds I&R Only
93015	Cardiovascular stress test
93016	Cardiovascular stress test
93017	Cardiovascular stress test
93018	Cardiovascular stress test
93040	Rhythm Ecg 1-3 Leads W/Interpretation & Report
93041	Rhythm ecg tracing
93042	Rhythm ecg report
93268	Xtrnl Pt Activ Ecg Transmis W/R&I </30 Days
93271	Ecg/monitoring and analysis
93272	Ecg/review interpret only
93784	Ambl Bld Press W/Tape&/Disk 24/> Hr Alys I&R
93786	Ambl bp mntr w/sw rec only
93788	Ambl bp mntr w/sw a/r
93790	Ambl bp mntr w/sw i&r
93793	Anticoag mgmt pt warfarin
94010	Spirometry

Code	Description
94011	Spirometry up to 2 yrs old
94012	Spirimtry w/brnchdil inf-2 yr
94014	Pt Recorded Spirometry Complex
94015	Pt Recorded Spirometry Simple
94016	Review Pt Spirometry
94060	Bronchodilation Responsiveness
94070	Bronchodilation Provocation Evaluation
94375	Respiratory Flow Volume Loop
94640	Pressurized/Nonpressurized Inhalation Treatment
94664	Evaluate pt use of inhaler
94760	Noninvasive Ear/Pulse Oximetry Single Deter
94761	Noninvasive Ear/Pulse Oximetry Multiple Deter
95004	Percut allergy skin tests
95017	Perq & icut allg test venoms
95018	Perq&ic allg test drugs/biol
95024	Icut allergy test drug/bug
95027	Icut allergy titrate-airborn
95028	Icut allergy test-delayed
95044	Allergy patch tests
95056	Photosensitivity tests
95060	Eye allergy tests
95065	Nose allergy test
95070	Bronchial allergy tests
95115	Prof Services Allergen Immutherapy Single Injection
95117	Prof Services Allergen Immutherapy Multiple Injection
95144	Antigen therapy services
95170	Antigen therapy services
95180	Rapid desensitization
95249	Cont gluc mntr pt prov eqp
95250	Cont gluc mntr phys/qhp eqp

Code	Description
95251	Cont gluc mntr analysis i&r
95851	Range of motion measurements
95852	Range of motion measurements
95992	Canalith repositioning proc
96105	Assessment of aphasia
96110	Developmental Screen W/Score
96112	Devel tst phys/qhp 1st hr
96113	Devel tst phys/qhp ea addl
96116	Nubhvl xm phys/qhp 1st hr
96121	Nubhvl xm phy/qhp ea addl hr
96125	Cognitive test by hc pro
96127	Brief Emotional/Behav Assmt
96151	Assessment Health/ Behavioral subsequent
96156	Health Behavior Assessment Or Re-Assessment
96158	Health Behavior Intervention, Individual Face-To-Face 30 Min
96159	Health Behavior Intervention, Individual Face-To-Face 15 Min
96160	Pt-Focused Hlth Risk Assmt
96161	Caregiver Health Risk Assmt
96164	Health Behavior Intervention, Group (2<) Face-To-Face 30 Min
96165	Health Behavior Intervention, Group (2<) Face-To-Face 15 Min
96167	Health Behavior Intervention, Family (W/ Pt) Face-To-Face 30 Min
96168	Health Behavior Intervention, Family (W/ Pt) Face-To-Face 15 Min
96170	Health Behavior Intervention, Family (W/Out Pt) Face-To-Face 30 Min
96171	Health Behavior Intervention, Family (W/Out Pt), Face-To-Face 15 Min
96202	Mlt fam grp bhv train 1st 60
96203	Mlt fam grp bhv train ea add
96372	Ther/Proph/Diag Inj Sc/Im
96373	Therapeutic, Prophylactic, Or Diagnostic Injection
96374	Therapeutic, Prophylactic, Or Diagnostic Injection Single
96375	Each additional sequential intravenous push of a new substance/drug

Code	Description
96376	Each additional sequential intravenous push of the same substance/drug provided in a facility
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
97152	Behavior Identification-Supporting Assessment, Each 15 Min
97597	Debridement Open Wound 20 Sq Cm/<
97598	Rmvl devital tis addl 20cm/<
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical Nutrition Group
98000	Synchronous Audio-Video Evaluation and Management Services
98001	Synchronous Audio-Video Evaluation and Management Services
98002	Synchronous Audio-Video Evaluation and Management Services
98003	Synchronous Audio-Video Evaluation and Management Services
98004	Synchronous Audio-Video Evaluation and Management Services
98005	Synchronous Audio-Video Evaluation and Management Services
98006	Synchronous Audio-Video Evaluation and Management Services
98007	Synchronous Audio-Video Evaluation and Management Services
98008	Synchronous Audio-Video Evaluation and Management Services
98009	Synchronous Audio-Video Evaluation and Management Services
98010	Synchronous Audio-Video Evaluation and Management Services
98011	Synchronous Audio-Video Evaluation and Management Services
98012	Synchronous Audio-Video Evaluation and Management Services
98013	Synchronous Audio-Video Evaluation and Management Services
98014	Synchronous Audio-Video Evaluation and Management Services
98015	Synchronous Audio-Video Evaluation and Management Services
98016	Brief communication technology-based service (eg, virtual check-in)
98925	Osteopath manj 1-2 regions
98926	Osteopath manj 3-4 regions
98927	Osteopath manj 5-6 regions
98928	Osteopath manj 7-8 regions
98929	Osteopath manj 9-10 regions

Code	Description
98960	Self-mgmt educ & train 1 pt
98961	Self-mgmt educ/train 2-4 pt
98962	Self-mgmt educ/train 5-8 pt
98966	Hc Pro Phone Call 5-10 Min
98967	Non-Physician Telephone Services 11-20 Min
98968	Non-Physician Telephone Services 21-30 Min
98969	Online Service By Hc Pro
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) to monitor musculoskeletal system, each 30 days
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes
98984	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period
98985	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period
98986	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period
99050	Medical Services After Hrs

Code	Description
99056	Med Service Out Of Office
99058	Office Emergency Care
99078	Phys/QHP Education Materials for Pts In Group Setting
99091	Collj & interpj data ea 30 d
99170	Anogenital exam child w imag
99173	Visual Acuity Screen
99174	Ocular Instrumnt Screen Bil Remote Analysis
99177	Ocular Instrumnt Screen Bil On Site Analysis
99188	App Topical Fluoride Varnish
99195	Phlebotomy
99201	Office/ outpatient visit new
99202	Office/OutPt Visit New 15-29 Min
99203	Office/OutPt Visit New 30-44 Min
99204	Office/OutPt Visit New 45-59 Min
99205	Office/OutPt Visit New 60-74 Min
99211	Office/OutPt Visit Est
99212	Office/OutPt Visit Est 10-19 Min
99213	Office/OutPt Visit Est 20-29 Min
99214	Office/OutPt Visit Est 30-39 Min
99215	Office/OutPt Visit Est 40-54 Min
99241	Office Or Other OutPt Consultations 15 Min
99242	Office Or Other OutPt Consultations 30 Min
99243	Office Or Other OutPt Consultations 40 Min
99244	Office Or Other OutPt Consultations 60 Min
99245	Office Or Other OutPt Consultations 80 Min
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

Code	Description
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.
99339	Individual Physician Supervision Of Pt (W/OutPt) In Home, Domiciliary Or Rest Home Complex 15-29 Min
99340	Individual Physician Supervision Of Pt (W/OutPt) In Home, Domiciliary Or Rest Home Complex 30 Min
99341	Home Visit New Pt 20 Min
99342	Home Visit New Pt 30 Min
99343	Home Visit New Pt 45 Min
99344	Home Visit New Pt 60 Min
99345	Home Visit New Pt 75 Min
99346	Home Visit New Pt
99347	Home Visit Established Pt 15 Min
99348	Home Visit Established Pt 25 Min
99349	Home Visit Established Pt 40 Min
99350	Home Visit Established Pt 60 Min
99354	Prolonged Service OutPt 60 Min
99355	Prolonged Service OutPt Add 30 Min
99358	Prolong Service W/O Contact
99359	Prolong Serv W/O Contact Add 30 Min
99366	Team Conf W/ Pt By Healthcare Prof 30 Min W/Physician
99367	Team Conf W/Out Pt By Healthcare Prof 30 Min W/Physician
99368	Team Conf W/Out Pt By Healthcare Prof 30 Min W/Out Physician
99374	Home/Nursing Facility Visits 15-29 Min
99375	Home/Nursing Facility Visits 30 Min
99376	Care Plan Oversight/Over
99379	Nursing fac care supervision
99380	Nursing fac care supervision
99381	Init Pm E/M New Pat Infant
99382	Init Pm E/M New Pat 1-4 Yrs
99383	Prev Visit New Age 5-11
99384	Prev Visit New Age 12-17

Code	Description
99385	Prev Visit New Age 18-39
99386	Prev Visit New Age 40-64
99387	Prev Visit New Age 65 and older
99391	Periodic Pm Reeval Est Pat Infant 1>
99392	Prev Visit Est Age 1-4
99393	Prev Visit Est Age 5-11
99394	Prev Visit Est Age 12-17
99395	Prev Visit Est Age 18-39
99396	Prev Visit Est Age 40-64
99397	Per Pm Reeval Est Pat 65+ Yr
99401	Preventive Counseling Indiv 15 Min
99402	Preventive Counseling Indiv 30 Min
99403	Preventive Counseling Indiv 45 Min
99404	Preventive Counseling Indiv 60 Min
99406	Behav Chng Smoking 3-10 Min
99407	Behav Chng Smoking > 10 Min
99408	Audit/Dast 15-30 Min
99409	Alcohol/Substance Screen & Intervention >30 Min
99411	Preventive Counseling Group 30 Min
99412	Preventive Counseling Group 60 Min
99415	Prolng clin staff svc 1st hr
99416	Prolng clin staff svc ea add
99417	Prolng op e/m each 15 min
99420	Administration and interpretation of health risk assessments
99421	Ol dig e/m svc 5-10 min
99422	Ol dig e/m svc 11-20 min
99423	Ol dig e/m svc 21+ min
99424	Prin care mgmt phys 1st 30
99425	Prin care mgmt phys ea addl
99426	Prin care mgmt staff 1st 30

Code	Description
99427	Prin care mgmt staff ea addl
99429	Unlisted Preventive Service
99437	Chrnc care mgmt phys ea addl
99439	Chronic care management services each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99441	Phys/Qhp Telephone Evaluation 5-10 Min
99442	Phone E/M Phys/Qhp 11-20 Min
99443	Phys/Qhp Telephone Evaluation 21-30 Min
99444	Phys/Qhp Online Evaluation & Management Service
99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30day period
99446	Interprofessional Electronic Health Assessment 5-10 Min
99447	Interprofessional Electronic Health Assessment 11-20 Min
99448	Interprofessional Electronic Health Assessment 21-30 Min
99449	Interprofessional Electronic Health Assessment 31 Min <
99450	Basic Life And/Or Disability Exam
99451	Interprofessional Electronic Health Assessment 5 Min >
99452	Telephone or internet referral service, 30 minutes
99453	Remote Monitoring Physiologic Parameters Initial
99454	Remote Monitoring Physiologic Parameters Programed Transmission
99455	Work Related Disability Exam
99456	Disability Examination
99457	Remote Physiologic Monitoring Treatment Management Services, First 20 Min
99458	Remote Physiologic Monitoring Treatment Management Services, Additional 20 Min
99460	Initial Evaluation And Management Of Newborn At Hospital
99461	Initial Evaluation And Management Of Newborn Outside Of Hospital
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes
99473	Self-meas bp pt educate/train

Code	Description
99474	Self-meas bp 2 readg bid 30d
99483	Assmt & Care Planning Pt W/Cognitive Impairment
99484	Care Mgmt Svc Bhvl Health Conditions 20 Min
99487	Complex Care W/O Pt Visit 60 Min
99489	Complex Chronic Care Addl 30 Min
99490	Chron Care Mgmt Srvc 20 Min
99491	Chronic Care Management Services At Least 30 Min
99492	1St Psyc Collab Care Mgmt
99493	Sbsq Psyc Collab Care Mgmt
99494	1St/Sbsq Psyc Collab Care
99495	Trans Care Mgmt 14 Day Disch
99496	Trans Care Mgmt 7 Day Disch
99497	Advncd Care Plan 30 Min
99498	Advncd Care Plan Addl 30 Min
99499	Unlisted evaluation and management service
99502	Home Visit For Newborn Care And Assessment
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD
0004A	ADM SARSCOV2 30MCG/0.3ML BST
0011A	ADM SARSCOV2 100MCG/0.5ML1ST
0012A	ADM SARSCOV2 100MCG/0.5ML2ND
0013A	ADM SARSCOV2 100MCG/0.5ML3RD
0021A	ADM SARSCOV2 5X1010VP/.5ML 1ST
0022A	ADM SARSCOV2 5X1010VP/.5ML 2ND
0031A	ADM SARSCOV2 VAC AD26 .5ML
0034A	ADM SARSCOV2 VAC AD26 .5ML B
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND
0044A	ADM SARSCOV2 5MCG/0.5ML BST

Code	Description
0051A	ADM SARSCV2 30MCG TRS-SUCR 1
0052A	ADM SARSCV2 30MCG TRS-SUCR 2
0053A	ADM SARSCV2 30MCG TRS-SUCR 3
0054A	ADM SARSCV2 30MCG TRS-SUCR B
0064A	ADM SARSCOV2 50MCG/0.25MLBST
0071A	ADM SARSCV2 10MCG TRS-SUCR 1
0072A	ADM SARSCV2 10MCG TRS-SUCR 2
0073A	ADM SARSCV2 10MCG TRS-SUCR 3
0074A	ADM SARSCV2 10MCG TRS-SUCR B
0081A	ADM SARSCOV2 3MCG TRS-SUCR 1
0082A	ADM SARSCOV2 3MCG TRS-SUCR 2
0083A	ADM SARSCOV2 3MCG TRS-SUCR 3
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD
0094A	ADM SARSCOV2 50MCG/0.5 MLBST
0104A	ADM SARSCOV2 5MCG/.5ML AS03B
0111A	ADM SARSCOV2 25MCG/0.25ML1ST
0112A	ADM SARSCOV2 25MCG/0.25ML2ND
0113A	ADM SARSCOV2 25MCG/0.25ML3RD
0121A	ADM SARSCV2 BVL 30MCG/.3ML 1
0124A	ADM SARSCV2 BVL 30MCG/.3ML B
0134A	ADM SARSCV2 BVL 50MCG/.5ML B
0141A	ADM SRSCV2 BVL 25MCG/.25ML 1
0142A	ADM SRSCV2 BVL 25MCG/.25ML 2
0144A	ADM SARSCV2 BVL 25MCG/.25ML B
0151A	ADM SARSCV2 BVL 10MCG/.2ML 1
0154A	ADM SARSCV2 BVL 10MCG/.2ML B
0164A	ADM SRSCV2 BVL 10MCG/0.2ML B
0171A	ADM SARSCV2 BVL 3MCG/0.2ML 1

Code	Description
0172A	ADM SARSCV2 BVL 3MCG/0.2ML 2
0173A	ADM SARSCV2 BVL 3MCG/0.2ML 3
0174A	ADM SARSCV2 BVL 3MCG/0.2ML B
0362T	Behavior Identification Supporting Assessment, each 15 mins
0500F	Initial Prenatal Care Visit
0501F	Prenatal Flow Sheet
0502F	Subsequent Prenatal Care
0503F	Postpartum Care Visit
1000F	Tobacco Use Assessed
1031F	Smoking & 2Nd Hand Assessed
1032F	Current Tobacco Smoker Or 2Nd Hand Exposed
1033F	Tobacco Nonsmoker Not Exposed 2Nd Hand
1034F	Current Tobacco Smoker
1035F	Current Smokeless Tobacco User
1036F	Current Tobacco Non-User
1220F	Pt Screened For Depression
3016F	Pt Screened For Unhlthy Alcohol Use
3085F	Suicide Risk Assessed
3351F	Neg Scrn Depression Symptoms By Dep Tool
3352F	No Sig Dep Symp By Dep Tool
3353F	Mild-Mod Dep Symp By Dep Tool
3354F	Clin Sig Dep Sym By Dep Tool
3355F	Clin Sig Dep Sym By Dep Tool
4000F	Tobacco Use Cessation Intervention Counseling
4001F	Tobacco Use Cessation Intervention Pharmacologic
4004F	Pt Tobacco Screen And Cessation Intervention
4290F	Pt Screened For Injection Drug Use (Hiv)
4293F	Pt Screened For High Risk Sexual Behavior (Hiv)
82075	Alcohol (ethanol); breath
82077	Assay of Alcohol (Ethanol) Spec XCP UR&Breath IA

Code	Description
96111	Developmental Test extend
96150	Assess health/ Behavioral assessment
97153	Adaptive Behavior Treatment By Protocol, Administered by Technician, face-to-face with one patient, under the direction of a physician or other qualified health care professional; each 15 minutes
98970	Qualified Nonphysician Health Care Professional Online Digital Assessment and Management for an Established Patient for up to 7 days, cumulative time during the 7 days, 5-10 minutes
98971	Qualified Nonphysician Health Care Professional Online Digital Assessment and Management for an Established Patient for up to 7 days, cumulative time during the 7 days, 11-20 minutes
98972	Qualified Nonphysician Health Care Professional Online Digital Assessment and Management for an Established Patient for up to 7 days, cumulative time during the 7 days, 21 or more minutes
99051	Service(s) Provided in Office During Regularly Scheduled Evening, Weekend or Holiday Office Hours In Addition to Basic Service
99053	Service(s) Provided between 10:00pm and 8:00am at the 24-hour facility, In Addition to Basic Service
99060	Service(s) Provided on an Emergency Basis out of the Office, which disrupts other scheduled office services; In Addition to Basic Service
99199	Unlisted Special Service, Procedure or Report
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.
99324	Domiciliary or Rest Home Visit for the Evaluation and Management of a New Patient which requires a problem-focused history/exam and straightforward MDM
99325	Domiciliary or Rest Home Visit for the Evaluation and Management of a New Patient which requires an expanded problem-focused history/exam and MDM of low complexity
99326	Domiciliary or Rest Home Visit for the Evaluation and Management of a New Patient which requires a detailed history/exam and MDM of moderate complexity

Code	Description
99327	Domiciliary or Rest Home Visit for the Evaluation and Management of a New Patient which requires a comprehensive history/exam and MDM of moderate complexity
99328	Domiciliary or Rest Home Visit for the Evaluation and Management of a New Patient which requires a comprehensive history/exam and MDM of high complexity
99334	Domiciliary or Rest Home Visit for the Evaluation and Management of an Established Patient which requires a problem-focused history/exam and straightforward MDM
99335	Domiciliary or Rest Home Visit for the Evaluation and Management of an Established Patient which requires an expanded problem-focused history/exam and MDM of low complexity
99336	Domiciliary or Rest Home Visit for the Evaluation and Management of an Established Patient which requires a detailed history/exam and MDM of moderate complexity
99337	Domiciliary or Rest Home Visit for the Evaluation and Management of an Established Patient which requires a comprehensive history/exam and MDM of moderate to high complexity
99605	Medication Therapy Management Service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention, initial, 15 minutes, new patient
99606	Medication Therapy Management Service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention, initial, 15 minutes, established patient
99607	Medication Therapy Management Service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention, each additional 15 minutes
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp) to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes
G0012	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence laxis-prep-hiv-prevention
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (sdoh) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit
G0022	Community health integration services, each additional 30 minutes per calendar month

Code	Description
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition.
G0024	Principal illness navigation services, additional 30 minutes per calendar month
G0071	Payment for Communication Technology-Based Services for 5 minutes or more of a Virtual (non face-to-face) communication between a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) practitioner and RHC or FQHC patient or 5 minutes or more of remote evaluation of recorded video and/or images by a RHC or FQHC practitioner, occurring in lieu of an office visit
G0076	Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model
G0077	Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model
G0078	Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model
G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model
G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model
G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model
G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model
G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model
G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model

Code	Description
G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model
G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model
G0101	Cancer Screen; Pelvic/Breast Exam
G0102	Prostate Cancer Screening; Digital Rectal Examination
G0103	PSA Screening
G0104	Colorectal cancer screening, flexible sigmoidoscopy
G0105	Colorectal cancer screening, colonoscopy on individual at high risk
G0106	Colorectal cancer screening, alternative to G0104
G0108	Diab manage trn per indiv
G0109	Diabetes OutPt Self-Management Training Services Group
G0120	Colorectal Cancer Screening, alternative to G0105, screening colonoscopy, barium enema
G0123	Screen Cerv/Vag Thin Layer
G0124	Screen c/v thin layer by md
G0140	Nav srv peer sup 60 min pr m
G0143	Scr c/v cyto,thinlayer,rescr
G0144	Scr c/v cyto,thinlayer,rescr
G0145	Scr C/V Cyto,Thinlayer,Rescr
G0146	Nav srv peer sup add 30 pr m
G0147	Scr c/v cyto, automated sys
G0148	Scr c/v cyto, autosys, rescr
G0162	Skilled Services by a Registered Nurse (RN) for management and evaluation of the plan of care, each 15 minutes
G0177	Training and Educational Services related to the care and treatment of patient's disabling mental health problems. Per Session (45 minutes or more); per session; (45 minutes or more)
G0179	Phys Re-Cert Mcr-Covr Hom Hlth Srvc Re-Cert Prd
G0180	Phys Cert Mcr-Covr Hom Hlth Srvc Per Cert Prd
G0181	Home/Nursing Facility Visits W/Out Pt Medicare Approved

Code	Description
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
G0202	Screening Mammography Digital
G0270	Medical Nutrition Therapy Reassessment and Subsequent interventions following second referral in same year for change in diagnosis, medical condition or treatment regimen, individual, face-to-face with the patient, each 15 minutes
G0271	Medical Nutrition Therapy, Reassessment And Subsequent Intervention Group 30 Min
G0283	Therapy Electric Stimulation Other Than Wound
G0323	Care manage beh svs 20mins
G0396	Alcohol/Subs Misuse Intervention 15-30 Min
G0397	Alcohol/Subs Misuse Intervention 30 Min <
G0399	Home Sleep Test/Type 3 Porta
G0402	Welcome to Medicare visit
G0403	Ekg For Initial Prevent Exam
G0404	Ekg Tracing For Initial Prev
G0405	Ekg Interpret & Report Prev
G0436	Smoke Tob Cessation Cnsl As Pt; Intrmed 3-10 Min
G0437	Smoking & Tob Cess Cnsl As Pt; Intensive >10 Min
G0438	Ppps, Initial Visit
G0439	Ppps, Subseq Visit
G0442	Annual Alcohol Screen 15 Min
G0443	Brief Alcohol Misuse Counsel
G0444	Depression Screen Annual 15 Min
G0445	High Intensity Behavioral Counseling Std 30 Min
G0447	Behavior counsel obesity 15m
G0451	Development Testing, with interpretation and report, per standardized instrument form

Code	Description
G0463	Hospital Outpt Clinic Visit
G0466	FQHC Visit, New Pt
G0467	FQHC Visit, Established Pt
G0468	FQHC Preventive Visit
G0469	Federally Qualified Health Center (FQHC) visit, Mental Health, New Patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between a New Patient and a FQHC Practitioner
G0470	Federally Qualified Health Center (FQHC) visit, Mental Health, Established Patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an Established Patient and a FQHC Practitioner
G0472	Hepatitis C Antibody Screening
G0473	Group behave counTs 2-10
G0475	HIV Antigen/Antibody, Combination Assay, Screening
G0476	HPV Combo Assay Cancer Screen
G0480	Drug test(s) - per day, 1-7 Drug Class(es), including metabolite(s) if performed
G0481	Drug test(s) - per day, 8-14 Drug Class(es), including metabolite(s) if performed
G0482	Drug test(s) - per day, 15-21 Drug Class(es), including metabolite(s) if performed
G0483	Drug test(s) - per day, 22 or More Drug Class(es), including metabolite(s) if performed
G0490	Face-to-Face Home Health Nursing Visit by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies
G0499	Hepb screen high risk indiv
G0505	Cognition and functional assessment
G0506	Comprehensive Asses Care Plan Chronic Care Mgmt Services
G0511	Chronic Care Management Rural Health Clinic
G0512	Psych collab care rural health clinic or FQHC
G0513	Prolong Preventive Services, First 30 Min
G0514	Prolonged Preventive Service Addl 30 Min
G0537	Risk ascvd tst once pr 12 mo
G0538	Ascvd rsk mng clin stf pr mo
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes

Code	Description
G0539	Initial care training 30 m
	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes
G0540	Train for caregiver add 15
G0541	No pt prsnt train initial 30
G0542	No pt prsnt train add 15
G0543	Group train w/o patient
G0546	Phone/internet ehr assess
G0547	Phone/internet svcs 11-20m
G0548	Phone/inter svcs 21-30 m
G0549	Phone/inter for treat>31m
G0550	Phone/inter for dx/treat >5m
G0551	Phn/intr svcs fr dx treat 30m
G0556	Advanced primary care management services for a patient with one chronic condition expected to last at least 12 months, or until the death of the patient
G0557	Advanced primary care management services for a patient with multiple or two chronic conditions expected to last at least 12 months, or until the death of the patient
G0558	Advanced primary care management services for a patient that is a qualified Medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe

Code	Description
G0568	Initial psychiatric collaborative care management, in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
G0569	Subsequent psychiatric collaborative care management, in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment
G0570	Care management services for behavioral health conditions, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team
G2001	Brief (20 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model

Code	Description
G2002	Limited (30 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model
G2003	Moderate (45 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model
G2004	Comprehensive (60 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model
G2005	Extensive (75 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model
G2006	Brief (20 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model
G2007	Limited (30 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model
G2008	Moderate (45 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model
G2009	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model
G2010	Remote Evaluation Of Recorded Video/Images
G2011	Alcohol/sub misuse assess
G2012	Brief check in by md/qhp
G2013	Extensive (75 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model
G2015	Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model
G2021	Health Care Practitioners Rendering Treatment in Place
G2025	Payment for a telehealth distant site service furnished by a rural health clinic (rhc) or federally qualified health center (fqhc) only
G2058	Ccm add 20min
G2061	Qualified Non-Physician Healthcare Professional Online Assessment and Management Service; For An Established Patient for up to 7 Days, Cumulative Time During the 7 Days; 5-10 Minutes

Code	Description
G2062	Qualified Non-Physician Healthcare Professional Online Assessment and Management Service; For An Established Patient for up to 7 Days, Cumulative Time During the 7 Days; 11-20 Minutes
G2063	Qualified Non-Physician Healthcare Professional Online Assessment and Management Service; For An Established Patient for up to 7 Days, Cumulative Time During the 7 Days; 21 or more Minutes
G2064	Comprehensive Care Management Services for a Single High-Risk Disease, e.g. principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month
G2065	Comprehensive Care Management Services for a Single High-Risk Disease, e.g. principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional time per calendar month
G2067	Medication Assisted Treatment, Methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2068	Medication Assisted Treatment, Buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2069	Medication Assisted Treatment, Buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2070	Medication Assisted Treatment, Buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2071	Medication Assisted Treatment, Buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2072	Medication Assisted Treatment, Buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2073	Medication Assisted Treatment, Naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2074	Medication Assisted Treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing
G2075	Medication Assisted Treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
G2077	Periodic Assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment in a Medicare-enrolled opioid treatment program
G2080	Each additional 30 minutes of counseling in a week of Medication Assisted Treatment

Code	Description
G2086	Off base opioid tx 70min
G2087	Off base opioid tx, 60 m
G2088	Off base opioid tx, add30
G2211	Longitudinal care code
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the maximum required time of the primary procedure; Each Additional 15 minutes of Total Time (list separately in addition to codes 99205, 99215 for other office or other outpatient E/M services)'
G2214	Initial or subsequent psych collab care mgmt
G2250	Remot img sub by pt, non e/m
G2251	Brief chkin, 5-10, non-e/m
G2252	Brief chkin by md/qhp, 11-20
G3002	Chronic pain mgmt 30 mins
G3003	Chronic pain mgmt addl 15m
G8431	Pos clin depres scrn f/u doc
G8482	Influenza Immunization Administered Or Previously Received
G8510	Scr dep neg, no plan reqd
G8731	Pain Assessment Documented
G9001	Coordinated Care Fee, Initial Rate
G9002	Coordinated Care Fee, Maintenance Rate
G9003	Coordinated Care Fee, Risk Adjusted High, initial
G9004	Coordinated Care Fee, Risk Adjusted Low, initial
G9005	Coordinated Care Fee, Risk Adjusted Maintenance
G9006	Coordinated Care Fee, Home Monitoring
G9007	Coordinated Care Fee, Scheduled Team Conference
G9008	Coordinated Care Fee, Physician Coordinated Care Oversight Services
G9009	Coordinated Care Fee, Risk Adjusted Maintenance Level 3
G9010	Coordinated Care Fee, Risk Adjusted Maintenance Level 4
G9011	Coordinated Care Fee, Risk Adjusted Maintenance Level 5
G9012	Other specified case management service not elsewhere classified

Code	Description
G9016	Smoking Cessation Counseling, Individual, in the absence of or in addition to any other evaluation and management service, per session (6 to 10 minutes)
G9685	Physician Service or Other Qualified Health Care Professional for the Evaluation and Management of a Beneficiary's acute change in condition in a nursing facility
G9903	Pt Screened For Tobacco Use And Identified As A Non-User
G9919	Screening performed and positive and provision of recommendations
G9920	Screening performed and negative
GPCM1	APCM for pt w up to one chronic condition
GPCM2	APCM for pt with multiple chronic conditions
GPCM3	APCM for QMBs enrollees with multiple chronic conditions
H0001	Alcohol and/or drug assessment
H0002	Behavioral Health Screening To Admit To Treatment Program
H0003	Alcohol and/or Drug Screening, laboratory analysis of specimens for presence of alcohol and/or drugs
H0004	Behavioral Health Counseling and Therapy; per 15 minutes
H0005	Alcohol and/or Drug Services; Group Counseling by a Clinician
H0006	Alcohol and/or Drug Services; Case Management
H0007	Alcohol and/or Drug Services; Crisis Intervention (outpatient)
H0020	Alcohol and/or Drug Services; Methadone Administration and/or service (provision of the drug by a licensed program)
H0021	Alcohol and/or Drug Training Service
H0022	Alcohol and/or Drug Intervention Service (planned facilitation)
H0023	Behavioral Health Outreach Service (planned approach to reach a targeted population)
H0024	Behavioral Health Prevention Information Dissemination Service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral Health Prevention Information Dissemination Service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0026	Alcohol and/or Drug Prevention Process Service, Community-Based
H0027	Alcohol and/or Drug Prevention Environmental Service
H0028	Alcohol and/or Drug Prevention Problem Identification and Referral Service, does not include assessment
H0029	Alcohol and/or Drug Prevention Alternatives Service

Code	Description
H0031	Mental Health Assess By Non-MD
H0032	Mental Health Service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication Training and Support; per 15 minutes
H0038	Self-Help/Peer Services; Per 15 minutes
H0039	Assertive Community Treatment, Face-to-Face; Per 15 minutes
H0040	Assertive Community Treatment Program; Per Diem
H0046	Mental Health Services, Not Otherwise Specified
H0047	Alcohol and/or Other Drug Abuse Services, not otherwise specified
H0048	Alcohol and/or Other Drug Testing; Collection and Handling Only, specimens other than blood
H0049	Alcohol/Drug Screening
H0050	Alcohol/drug service 15 min
H0052	Missing and murdered indigenous persons (mmip) mental health and clinical care
H0053	Historical trauma (ht) mental health and clinical care for indigenous persons
H1000	Prenatal Care, At-Risk Assessment
H1001	Prenatal Care, At-Risk Enhanced Service; Antepartum Management
H1002	Prenatal Care, At-Risk Enhanced Service; Care Coordination
H1003	Prenatal Care, At-Risk Enhanced Service; Education
H1004	Prenatal Care, At-Risk Enhanced Service; Follow-Up Home Visit
H1005	Prenatal Care, At-Risk Enhanced Service Package (includes H1001 - H1004)
H1011	Family assessment
H2000	Comprehensive Multidisciplinary Evaluation
H2010	Comprehensive Medication Services; Per 15 minutes
H2011	Crisis Intervention Service; Per 15 minutes
H2014	Skills Training and Development
H2015	Comp comm supp svc, 15 min
H2016	Comprehensive Community Support Services; Per Diem
H2017	Psychosocial Rehabilitation Services; Per 15 minutes
H2018	Psychosocial Rehabilitation Services; Per Diem
H2019	Therapeutic Behavioral Services; Per 15 minutes

Code	Description
H2020	Therapeutic Behavioral Services; Per Diem
H2021	Community-Based Wrap-Around Services; Per 15 minutes
H2022	Community-Based Wrap-Around Services; Per Diem
H2025	Ongoing Support to Maintain Employment; Per 15 minutes
H2026	Ongoing Support to Maintain Employment; Per Diem
H2027	Psychoed svc, per 15 min
H2032	Activity Therapy; per 15 minutes
H2033	Multisystemic Therapy for Juveniles; per 15 minutes
H2035	Alcohol and/or Other Drug Treatment Program; per hour
H2036	Alcohol and/or Other Drug Treatment Program; per diem
M0201	Covid-19 vaccine home admin
Q0091	Obtaining Screen Pap Smear
S0610	Annual Gynecological Examine New Pt
S0612	Annual Gynecological Examine Established Pt
S0613	Annual Breast Exam
S0622	Phys Exam For College
S4981	Insertion Of Levonorgestrel-Releasing Intrauterine Sys
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per
S9117	Back To School Visits
S9445	Peer Support Services
S9446	Pt Education Not Classified Group
S9475	Ambulatory Setting Substance Abuse Treatment or Detoxification Services; per diem
S9482	Family Stabilization Services; per 15 minutes
S9484	Crisis Intervention Mental Health Services; per hour
S9485	Crisis Intervention Mental Health Services; per diem
T1001	Nursing Assessment/Evaluation
T1002	RN Services, up to 15 minutes
T1003	LPN/LVN Services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes

Code	Description
T1005	Respite Care Services, up to 15 minutes
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling
T1007	Alcohol and/or Substance Abuse Services, Treatment Plan Development and/or modification
T1012	Alcohol and/or Substance Abuse Services, Skills Development
T1013	Sign language or oral interpretive services, per 15 minutes
T1014	Telehealth transmission, per minute, professional services bill separately
T1015	Clinic Service All-Inclusive
T1016	Case management
T1017	Targeted Case Management; each 15 minutes
T1021	Home Health Aide or Certified Nurse Assistant, per visit
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1027	Family training & counseling
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
T1502	Administration of Oral, Intramuscular and/or Subcutaneous Medication by Health Care Agency/Professional, Per Visit
T1503	Administration of Medication, Other Than Oral and/or Injectable by Health Care Agency/Professional, Per Visit
T2024	Service Assessment/Plan of Care Development, Waiver
Z1032	Initial Antepartum Office Visit
Z1034	Antepartum Follow-up Office Visit
Z1038	Postpartum Follow-up Office Visit

⁵ HCPCS and CPT codes are maintained by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA): <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>

⁶ Office of Health Care Affordability Recommendations to the California Health Care Affordability Board: Proposed Primary Care Investment Benchmark. https://hcai.ca.gov/wp-content/uploads/2024/04/OHCA-Recommendations-to-Board_Proposed-Primary-Care-Investment-Benchmark.pdf

Medi-Cal Only Vaccines for Children (VFC) Program Services

Services in this table are to be included in Medi-Cal primary care spend measurement ONLY, for claims lines with a modifier SL, in accordance with the Data Submission Guide section 4.9.1 Primary Care Paid via Claims.

CPT	Vaccine
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage for intramuscular use (Beyfortus™)
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage for intramuscular use (Beyfortus™)
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use (Enflonsia™)
90587	Dengue vaccine, quadrivalent, live three dose schedule, for subcutaneous use (Dengvaxia)
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use (JYNNEOS)
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use (MenQuadfi)
90620	Meningococcal vaccine serogroup B (Bexsero)
90621	Meningococcal vaccine serogroup B (Trumenba)
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use (Penbraya™)
90632	Hepatitis A vaccine (HepA), adult dosage, intramuscular, non-VFC, purchased vaccine (Vaqta®, Havrix®- for adults)
90633	Hepatitis A vaccine/pediatric/adolescent (Vaqta, Havrix)
90647	Haemophilus influenzae b (Hib) vaccine (PedvaxHIB®)
90648	Haemophilus influenzae b (Hib) vaccine (ActHIB®, HibereX)
90651	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent, for intramuscular use (Gardasil-9®)
90656	Afluria® Trivalent»
90657	Afluria® Trivalent, Fluvirin, Fluzone, Flulaval»
90658	Afluria® Trivalent, Fluvirin, Fluzone, Flulaval»
90661	Flucelvax® Trivalent»

CPT	Vaccine
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), intramuscular use (Prevnar 13™)
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use (Vaxneuvance)
90672	Influenza virus vaccine, quadrivalent, live, (LAIV4), for intranasal use (FluMist® Quadrivalent)
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use (Flucelvax®)
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use (Prevnar 20®)
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use (Abrysvo™)
90680	Rotavirus vaccine, oral (RotaTeq®) (three dose schedule)
90681	Rotavirus vaccine, oral (2 dose schedule) (Rotarix®)
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Flublok Quad)
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.25 ml dosage (Afluria Quad, Fluzone Quad)
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage (Afluria Quad, Fluarix Quad, Flulaval Quad, Fluzone Quad)
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use (Afluria, Flulaval, Fluzone Quad)
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage (Afluria Quad, Flulaval Quad, Fluzone Quad)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTap-IPV) (Kinrix®, Quadracel®)
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 (Vaxelis™)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use (Pentacel)
90700	DTaP Vaccine (Tripedia®, Daptacel®, Infarix®)
90707	MMR Vaccine (MMR II®)
90710	MMRV Vaccine (ProQuad®)
90713	Inactivated Polio Vaccine (IPOL®)

CPT	Vaccine
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), (7 years of age and older) (Boostrix®, Adacel®)
90716	Varicella Vaccine (Varivax®)
90723	DTaP-HepB-IPV Vaccine (Pediarix®)
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 (Pneumovax® 23)
90734	Meningitis Conjugate Vaccine [MenACWY-CRM] (Menveo®)
90740	Hepatitis B vaccine HepB, dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use (Recombivax HB®)
90743	Hepatitis B Vaccine (Recombivax HB®)
90744	Hepatitis B Vaccine (Engerix B®, Recombivax HB)
90756	Influenza virus vaccine, quadrivalent, subunit, antibiotic free, 0.5 ml dosage (Flucelvax Quad)
91304	Severe acute respiratory syndrome coronavirus 2 [SARSCoV-2] [coronavirus disease COVID-19] vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use
91318	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91319	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91321	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 25 mcg/0.25 ml dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 50 mcg/0.5 ml dosage, for intramuscular use