



*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](#).*

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
<b>86701</b>	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)
<b>87389</b>	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.
<b>87806</b>	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

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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
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

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Procedure Code	Rate Reference	Rate	Code Description**
			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
99404	1	\$96.90	Preventive medicine counseling and/or risk factor reduction intervention(s)

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			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
99441	1	\$47.05	New and established patients telephone visit; 5-10 minutes
99442	1	\$75.5	New and established patients telephone visit; 11-20 minutes

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Procedure Code	Rate Reference	Rate	Code Description**
99443	1	\$106.23	New and established patients telephone visit; 21-30 minutes
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	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]) 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

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Procedure Code	Rate Reference	Rate	Code Description**
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
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)

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Procedure Code	Rate Reference	Rate	Code Description**
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	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*		service shall, as a minimum, be set at the same rate as the medical assistance program rate for a	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*		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; 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
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

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Procedure Code	Rate Reference	Rate	Code Description**
			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 codes CPS advocated for.

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\\_2022701-20240701\\_V1.2.xlsx](https://hcpf.colorado.gov/sites/hcpf/files/03%20CO_Fee%20Schedule_CD%20UPL%20Rates_Tracking_2022701-20240701_V1.2.xlsx)
3. Immunizations Fee Schedule: <https://hcpf.colorado.gov/immunizations-billing-manual#season>

## Pharmacy Injection List – Fee Schedule

Effective 10/1/2024-12/31/2024

Pharmacist Injections	HCPCS	Fee	Notes
Buprenorphine XR	Q9991	\$1,878.94	100 mg or less
	Q9992	\$1,878.94	Over 100 mg
Naltrexone, Depot Form	J2315	\$4.21	
Aripiprazole ER Inj., 1 mg	J0401	\$6.84	
Aripiprazole lauroxil, 1 mg	J1944	\$3.12	
Aristada Initio Inj., 1 mg	J1943	\$3.09	



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Pharmacist Injections	HCPCS	Fee	Notes
Fluphenazine Decanoate, 25 mg	J2680	\$9.87	
Haloperidol Decanoate Inj.	J1631	\$6.56	
Paliperidone Palmitate Inj.	J2426	\$14.27	
Perseris Inj., 0.5 mg	J2798	\$11.79	
Risperidone, Long Acting	J2794	\$10.93	
Olanzapine Long-Acting Inj.	J2358	\$2.82	

**References**

See Physician Administered Drugs – Fee Schedule:

[https://hcpf.colorado.gov/sites/hcpf/files/PAD%20Fee%20Schedule%20-%20CY%202024\\_Q1\\_Q2\\_Q3\\_Q4%20V1.0.xlsx](https://hcpf.colorado.gov/sites/hcpf/files/PAD%20Fee%20Schedule%20-%20CY%202024_Q1_Q2_Q3_Q4%20V1.0.xlsx)

Please refer to <https://hcpf.colorado.gov/provider-rates-fee-schedule> (section “Physician-Administered Drug Fee Schedule”) for updates beyond 12/31/2024.