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

Effective 10/1/25

Procedure Code	Rate Reference	Rate	Code Description**
86328	2	$45.28	Immunoassay for infectious agent antibody, qualitative or semiquantitative, **single step** method (eg, once per reagent strip) for COVID-19
86701	2	$8.89	HIV-1 Antibody
86769	2	$42.13	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.

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
96372	1	$14.89	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
98000	1 (New 2025)	$49.39	New patient, audio-video visits, 15-29 min
98001	1 (New 2025)	$102.87-107.87	New patient, audio-video visits, 30-44 min
98002	1 (New 2025)	$136.94-141.94	New patient, audio-video visits, 45-59 min
98003	1 (New 2025)	$186.02-191.02	New patient, audio-video visits, 60+ min
98004	1 (New 2025)	$47.49-52.49	Established patient, audio-video visit, 10-19 min
98005	1 (New 2025)	$75.50-80.50	Established patient, audio-video visit, 20-29 min
98006	1 (New 2025)	$106.67-111.67	Established patient, audio-video visit, 30-39 min
98007	1 (New 2025)	$149.29-154.29	Established patient, audio-video visit, 40+ min
98008	1 (New 2025)	$49.39-54.39	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)	$102.87-107.87	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)	$136.94-141.94	New patient, audio-only visit, moderate medical decision-making and 10+ min

Procedure Code	Rate Reference	Rate	Code Description**
			medical discussion or at least 45 min of total time on the encounter date
98011	1 (New 2025)	$186.02-191.02	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)	$47.49-52.49	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)	$75.50-80.50	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)	$106.67-111.67	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)	$149.29-154.29	Established patient, audio-only visit, high medical decision-making and 10+ min 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.
99091	1	$41.90	Collection and interpretation of a patient's remote physiologic data
99202	1	$49.39-54.39	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically

Procedure Code	Rate Reference	Rate	Code Description**
			appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes
99203	1	$102.87-107.87	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	$136.94-141.94	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	$186.02-191.02	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	$19.74-24.84	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	$47.49-52.59	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	$75.50-80.50	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	$106.67-111.67	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or

Procedure Code	Rate Reference	Rate	Code Description**
			examination and a moderate level of medical decision making; 30-39 minutes
99215	1	$149.29-154.29	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) 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

Procedure Code	Rate Reference	Rate	Code Description**
			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 **group** 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 **group** setting (separate procedure); approximately 60 minutes
99453	1	$16.50	Initial setup and education of a patient in a remote patient monitoring (RPM) program
99454	1	$36.18	Remote patient monitoring (RPM), each 30 days
99457	1	$39.38	The first 20 minutes of interactive communication with a patient during a remote patient monitoring (RPM) program
99458	1	$31.48	Additional 20-minute intervals of interactive communication and clinical staff time for a patient's remote patient monitoring (RPM) program
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

Procedure Code	Rate Reference	Rate	Code Description**
G0011	1	$26.99	Individual counseling for pre-exposure prophylaxis (PrEP) to prevent HIV, provided by a physician or other qualified health care professional (QHP). The counseling session, which lasts 15–30 minutes, includes an HIV risk assessment, risk reduction strategies, and medication adherence.
G0013	1	$23.51	Procedure code G0013 is for individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent HIV. This service includes HIV risk assessment, risk reduction strategies, and medication adherence counseling. It is distinct from code G0011, which is provided by a physician or other qualified health professional
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	G2023/G2024 were temporary COVID specimen-collection codes that are no longer in use.		
G2024			
U0001	2	$35.92	CDC lab test for Covid-19
U0002	2	$51.31	Non-CDC lab test for Covid-19
U0003	U0003–U0005 were temporary COVID high-throughput testing codes that are now retired.		
U0004			
U0005			
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
81007	2	$29.98	UA bacteriuria screen
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

Procedure Code	Rate Reference	Rate	Code Description**
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 – 3rd 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*	1	$55.26	Initial education and setup of a patient or caregiver for home international normalized ratio (INR) testing
93793*	1	$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	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

Procedure Code	Rate Reference	Rate	Code Description**
		a comparable in-person service.	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
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
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. Clinical Diagnostic Laboratory Test, Upper Payment Limit: https://hcpf.colorado.gov/provider-rates-fee-schedule
3. Immunizations Rate Schedule: https://hcpf.colorado.gov/provider-rates-fee-schedule

Table 2: Preventive Medicine Counseling Codes

Description	CPT Code	Rate	Notes
Immunize counsel 5-15m	G0310	$34.29	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.
Immunize counsel 16-30m	G0311	$58.79	
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	permitted under HCPF for	
Immunize counsel for COVID-19 <21 5-15m	G0315		

Description	CPT Code	Rate	Notes
		counseling-only vaccine visits, but rarely used; confirm with payer prior to billing	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.

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 10/01/2025 - 12/31/2025*

Pharmacist Injections	HCPCS	Fee	Notes
Buprenorphine XR	Q9991	$1,949.88	100 mg or less
	Q9992	$1,949.88	Over 100 mg
Methadone	J1230	$18.69	
Naltrexone, Depot Form	J2315	$4.33	
Aripiprazole ER Inj., 1 mg	J0401	$7.04	
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	$406.76	
Injection, buprenorphine ER (Brixadi), >7 days and up to 28 days of therapy	J0578	$1,627.02	
Aripiprazole lauroxil, 1 mg	J1944	$3.23	
Aristada Initio Inj., 1 mg	J1943	$3.14	
Fluphenazine Decanoate, 25 mg	J2680	$6.49	
Haloperidol Decanoate Inj.	J1631	$4.26	
Paliperidone Palmitate Inj.	J2426	$14.61	

Pharmacist Injections	HCPCS	Fee	Notes
Perseris Inj., 0.5 mg	J2798	$11.74	
Risperidone, Long Acting	J2794	$10.62	
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 12/31/2025.*