

APPENDIX J-5

LIST OF CPCP COVERED SERVICES

All services required to be provided pursuant to the PCPRI RFA shall be as set forth herein.

Primary Care Bundle Procedure Codes

A star indicates a code that will only be included in the CPCP if billed by a primary care physician (with a specialty of family medicine, internal medicine, or pediatrics) or another professional billing under the license of such a physician or an independent nurse practitioner. All claims paid through the Outpatient system of Payment Amount Per Episode (PAPE) shall be excluded from the bundle.

Proc Code	Procedure Description	Required Dx Code
1000F	TOBACCO USE ASSESSED	
1111F	DISCHARGE MEDS RECONCILED	
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN	
90465	IMMUNIZATION ADMIN, 1 INJ, < 8 YEARS	
90466	IMMUNIZATION ADMIN, ADDL INJ, < 8 YEARS	
90467	IMMUNIZATION ADMIN, ORAL/NASAL, < 8 YEARS	
90468	IMMUNIZATION ADMIN, ORAL/NASAL, ADDL, < 8 YEARS	
90471	IMMUNIZATION ADMIN	
90472	IMMUNIZATION ADMIN, EACH ADD	
90473	IMMUNIZATION ADMIN ORAL/NASAL	
90474	IMMUNIZATION ADMIN ORAL/NASAL ADDL	
90476	ADENOVIRUS VACCINE, LIVE, ORAL USE	
90477	ADENOVIRUS VACCINE, LIVE, ORAL USE	
90581	ANTHRAX VACCINE	
90585	BCG VACCINE, PERCUT	
90586	BCG VACCINE, INTRAVESICAL	
90632	HEP A VACCINE, ADULT IM	
90633	HEP A VACCINE, PED/ADOL, IM USE	
90634	HEP A VACCINE, PED/ADOL, IM USE	
90636	HEP A/HEP B VACC, ADULT IM	
90644	MENINGOCOCCAL/Hib VACCINE, PED 2–15 MOS, IM USE	
90645	Hib, 4 DOSE SCHEDULE, IM USE	
90646	Hib, BOOSTER USE ONLY	
90647	Hib, 3 DOSE SCHEDULE, IM USE	
90648	Hib, 4 DOSE SCHEDULE, IM USE	

Proc Code	Procedure Description	Required Dx Code
90649	H PAPILOMA VACC 3 DOSE IM	
90650	HPV VACCINE, IM USE	
90653	FLU VACCINE, INACTIVATED, SUBUNIT, IM USE	
90654	FLU VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, INTRADERMAL	
90655	FLU VACCINE NO PRESERV 6-35M	
90656	FLU VACCINE NO PRESERV 3 & >	
90657	FLU VACCINE, 3 YRS, IM	
90658	FLU VACCINE, 3 YRS & >, IM	
90660	FLU VACCINE, NASAL	
90661	FLU VACCINE, CELL CULTURES, IM	
90662	FLU VACC PRSV FREE INC ANTIG	
90663	FLU VACC PANDEMIC FORM H1N1	
90664	FLU VIRUS VACCINE, PANDEMIC FORMULATION	
90666	FLU VIRUS VACCINE, PANDEMIC FORMULATION	
90667	FLU VIRUS VACCINE, PANDEMIC FORMULATION	
90669	PNEUMOCOCCAL VACCINE	
90670	PNEUMOCOCCAL VACCINE	
90672	FLU VIRUS VACCINE, QUADRIVALENT, INTRANASAL	
90675	RABIES VACCINE, IM	
90676	RABIES VACCINE, INTRADERMAL	
90680	ROTAVIRUS VACC 3 DOSE ORAL	
90681	ROTAVIRUS VACC 2 DOSE ORAL	
90685	FLU VACCINE, CHILDREN 6-35 MOS, IM USE	
90686	FLU VACCINE, INDIV 3+ YEARS, IM USE	
90687	FLU VACCINE, 6-35 MOS, IM USE	
90688	FLU VACCINE, INDIV 3+ YEARS, IM USE	
90690	TYPHOID VACCINE, ORAL	
90691	TYPHOID VACCINE, IM	
90692	TYPHOID VACCINE, INTRADERMAL	
90693	TYPHOID VACCINE, SUBCUT USE, MILITARY	
90696	DTaP-IPV, PED 4-6 YRS, IM USE	
90698	DTaP-Hib-IPV, IM USE	
90700	DTaP, UNDER 7 YRS, IM USE	
90702	DT, INDIV < 7 YRS OF AGE, IM USE	
90703	TETANUS VACCINE, IM	
90704	MUMPS VACCINE, LIVE, SUBCUT USE	

Proc Code	Procedure Description	Required Dx Code
90705	MEASLES VACCINE, SC	
90706	RUBELLA VACCINE, LIVE SUBCUT USE	
90707	MMR VACCINE, SC	
90708	MEASLES/RUBELLA VACCINE IM USE	
90710	MMRV, LIVE, SUBCUT USE	
90712	POLIOVIRUS, OPV, SC/IM	
90713	POLIOVIRUS, IPV, SC/IM	
90714	TD VACCINE NO PRSRV >= 7 IM	
90715	TDAP VACCINE >7 IM	
90716	CHICKEN POX VACCINE, SC	
90717	YELLOW FEVER VACCINE, SC	
90719	DIPHTHERIA TOXOID, IM	
90720	DTP-Hib, IM	
90721	DtaP-Hib, IM USE	
90723	DtaP-HEP B- IPV, IM USE	
90725	CHOLERA VACCINE, INJECTABLE	
90727	PLAGUE VACCINE, IM USE	
90732	PNEUMOCOCCAL VACCINE	
90733	MENINGOCOCCAL VACCINE, SC	
90734	MENINGOCOCCAL VACCINE, IM	
90735	ENCEPHALITIS VACCINE, SC	
90736	ZOSTER VACC, SC	
90738	JAPANESE ENCEPHALITIS VACCINE, IM USE	
90739	HEP B VACCINE, ADULT, IM	
90740	HEPB VACC, ILL PAT 3 DOSE IM	
90743	HEP B VACC, ADOL, 2 DOSE, IM	
90744	HEP B VACC, PED/ADOL DOSE, IM	
90746	HEP B VACCINE, ADULT, IM	
90747	HEPB VACC, ILL PAT 4 DOSE IM	
90748	HEPB-HIB, IM USE	
90749	VACCINE TOXOID	
*90862	MEDICATION MANAGEMENT	
97802	MEDICAL NUTRITION, INDIV, IN	
97803	MED NUTRITION, INDIV, SUBSEQ	
97804	MEDICAL NUTRITION, GROUP	
99000	SPECIMEN HANDLING	

Proc Code	Procedure Description	Required Dx Code
99001	SPECIMEN HANDLING	
99002	SPECIMEN/DEVICE HANDLING	
*99050	MEDICAL SERVICES AFTER HRS	
*99051	MED SERV, EVE/WKEND/HOLIDAY	
*99053	SERVICES PROVIDED BTWN 10PM-8AM, 24 HOUR FACILITY, ADDITION TO BASIC SVCS	
*99056	SERVICES PROVIDED IN OFFICE, PT REQUEST, ADDITION TO BASIC SVCS	
*99058	OFFICE EMERGENCY CARE	
*99070	SPECIAL SUPPLIES	
*99071	EDUCATIONAL SUPPLIES	
*99080	SPECIAL REPORTS	V25.XX
*99201	OFFICE/OUTPATIENT VISIT, NEW	
*99202	OFFICE/OUTPATIENT VISIT, NEW	
*99203	OFFICE/OUTPATIENT VISIT, NEW	
*99204	OFFICE/OUTPATIENT VISIT, NEW	
*99205	OFFICE/OUTPATIENT VISIT, NEW	
*99211	OFFICE/OUTPATIENT VISIT, EST	
*99212	OFFICE/OUTPATIENT VISIT, EST	
*99213	OFFICE/OUTPATIENT VISIT, EST	
*99214	OFFICE/OUTPATIENT VISIT, EST	
*99215	OFFICE/OUTPATIENT VISIT, EST	
*99354	PROLONGED SERVICES, FIRST HOUR	
*99355	PROLONGED SERVICES, EA ADDL 30 MIN	
*99358	PROLONGED E&M, FIRST HOUR	
*99359	PROLONGED E&M, EA ADDL 30 MIN	
*99363	ANTICOAGULANT MANAGEMENT, OP, WARFARIN, INIT 90 DAYS	
*99364	ANTICOAGULANT MANAGEMENT, OP, WARFARIN, EACH SUBSEQUENT 90 DAYS	
*99381	INIT PREV MED E/M, NEW PAT, INFANT	
*99382	PREV VISIT, NEW, AGE 1-4	
*99383	PREV VISIT, NEW, AGE 5-11	
*99384	PREV VISIT, NEW, AGE 12-17	
*99385	PREV VISIT, NEW, AGE 18-39	
*99386	PREV VISIT, NEW, AGE 40-64	
*99387	PREV VISIT, NEW, AGE 65+	
*99391	PER PM REEVAL, EST PAT, INF	
*99392	PREV VISIT, EST, AGE 1-4	

Proc Code	Procedure Description	Required Dx Code
*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	PREV VISIT, EST, AGE 65+	
*99401	PREVENTIVE COUNSELING, INDIV	
*99402	PREVENTIVE COUNSELING, INDIV	
*99403	PREVENTIVE COUNSELING, INDIV	
*99404	PREVENTIVE COUNSELING, INDIV	
99406	SMOKING CESSATION COUNSELING, 3–10 MIN	
99407	BEHAV CHNG SMOKING < 10 MIN	
99408	ALCOHOL/SUBSTANCE ABUSE SCREENING, 15–30 MIN	
99409	ALCOHOL/SUBSTANCE ABUSE SCREENING, > 30 MIN	
99411	PREV MED COUNSELING, GROUP SETTING, 30 MIN	
99412	PREV MED COUNSELING, GROUP SETTING, 60 MIN	
99420	ADMIN AND INTERPRET, HEALTH RISK ASSESSMENT	
99429	UNLISTED PREV MED SERVICE	
G0008	ADMIN FLU VACCINE	
G0009	ADMIN PNEUMOCOCCAL VACCINE	
G0010	ADMIN HEPB VACCINE	
G0101	CA SCREEN; PELVIC/BREAST EXAM	
G0123	SCREENING CYTOPATH, C/V, PRESERVATIVE FLUID, MANUAL	
G0141	SCREENING CYTOPATH, C/V, AUTOMATED, MANUAL RESCREEN	
G0143	SCREENING CYTOPATH, C/V, PRESERVATIVE FLUID, MANUAL	
G0202	SCREENING MAMMOGRAPHY	
G0270	MNT SUBS TX FOR CHANGE DX	
G0271	GROUP MNT 2 OR MORE 30 MINS	
G0438	ANNUAL WELLNESS VISIT, INIT VISIT	
G0439	ANNUAL WELLNESS VISIT, SUBSEQUENT VISIT	
G8427	DOCUMENTATION OF PT'S CURRENT MEDS	
G8431	POSITIVE DEPRESSION SCREEN, FU PLAN DOCUMENTED	
G8432	DEPRESSION SCREENING NOT DOCUMENTED	
G8433	DEPRESSION SCREENING NOT INDICATED	
G8510	NEGATIVE SCREEN FOR DEPRESSION	
G8511	POSITIVE DEPRESSION SCREEN, FU PLAN NOT DOCUMENTED	
G9001	COORDINATED CARE FEE, INIT RATE	

Proc Code	Procedure Description	Required Dx Code
G9002	COORDINATED CARE FEE (LEVEL 1)	
G9003	COORDINATED CARE FEE, RISK-ADJ HIGH, INIT	
G9004	COORDINATED CARE FEE, RISK-ADJ LOW, INIT	
G9005	COORDINATED CARE FEE, RISK-ADJ MAINT	
G9006	COORDINATED CARE FEE, HOME MONITORING	
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	
G9008	COORDINATED CARE FEE, PHYS CC OVERSIGHT SVCS	
G9009	COORDINATED CARE FEE, RISK-ADJ MAINT, LEVEL 3	
G9010	COORDINATED CARE FEE, RISK-ADJ MAINT, LEVEL 4	
G9011	COORDINATED CARE FEE, RISK-ADJ MAINT, LEVEL 5	
G9012	OTHER SPEC CASE MANAGEMENT SVC, NEC	
*H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	
H1010	NONMEDICAL FAMILY PLANNING EDUCATION, PER SESSION	
J1055	MEDRXYPROGESTER ACETATE INJ	
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPIONATE, 5MG/25MG	
J1885	KETOROLAC TROMETHAMINE INJ	
J3490	DRUGS UNCLASSIFIED INJECTION	
J7304	CONTRACEPTIVE HORMONE PATCH	
P3000	SCREENING PAP SMEAR	
P3001	SCREENING PAP SMEAR	
Q0091	OBTAINING SCREEN PAP SMEAR	
Q0111	WET MOUNTS	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPS	
Q3014	TELEHEALTH ORIGINATION SITE FACILITY FEE	
S0610	ANNUAL GYN EXAM, NEW PT	
S0612	ANNUAL GYN EXAM, EST PT	
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	
S9445	PATIENT EDUCATION, INDIV., PER SESSION	
S9446	PATIENT EDUCATION, GROUP, PER SESSION	
S9449	WT MANAGEMENT CLASSES, PER SESSION	
S9470	NUTRITIONAL COUNSELING	
T1001	NURSING ASSESSMENT/EVAL	
T1002	RN SERVICES, UP TO 15 MIN	
T1013	SIGN LANGUAGE/INTERPRETIVE SERVICES	
T1015	CLINIC SERVICE	

Proc Code	Procedure Description	Required Dx Code
T1023	SCREENING FOR INCLUSION IN SPECIAL PROGRAM	

Behavioral Health (BH) Procedure Codes and Tiers

The following modifiers apply to Tier 2 services:

AH = Clinical Psychologist
AJ = Clinical Social Worker
HO = Masters Degree Level
HP = Doctoral Level

(NOTE: Services provided by Psychiatrists, Nurse Practitioners, Physician Assistants, and Registered Nurses are in Tier 3)

Tier 2 – (With No Visit Limit)	
90804	Individual psychotherapy, approximately 25–30 minutes
90806	Individual psychotherapy, approximately 45–50 minutes
90847	Family psychotherapy
90853	Group psychotherapy
90882	Environmental intervention for medical management purposes on a psych patient's behalf with agencies, employers or institutions
98966	Telephone assessment and management service provided by qualified non-physician healthcare professional, 5–10 minutes of medical discussion
98967	Telephone assessment and management service provided by qualified non-physician healthcare professional, 11–20 minutes of medical discussion
98968	Telephone assessment and management service provided by qualified non-physician healthcare professional, 21–30 minutes of medical discussion
99368	Medical team conference with interdisciplinary team, face-to-face with patient and/or family, 30 minutes or more, participation by non-physician qualified healthcare professional
99402	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 30 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 60 minutes
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0004	Behavioral health counseling and therapy, per 15 minutes
H0007	Alcohol and/or drug services, crisis intervention (outpatient)
H0025	Behavioral health prevention education service

H0031	Mental health assessment, by non-physician
H0034	Medication training and support, per 15 minutes
H0049	Alcohol and/or drug screening
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
H1011	Family assessment by licensed behavioral health professional for state defined purposes

Tier 3 shall include all CPT codes that are included in Tier 2 without any restrictions on the modifiers used, in addition to the Tier 3 only codes below.

Tier 3	
90772	Therapeutic, prophylactic or diagnostic injection
90801	Psychiatric diagnostic interview
90802	Interactive psychiatric diagnostic interview
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient, with medical E&M services
90807	Individual psychotherapy, approximately 45–50 minutes, with medical E&M services
96372	Therapeutic, prophylactic, or diagnostic injection
90809	Individual psychotherapy, approximately 75–80 minutes, with medical E&M services
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient, with medical evaluation and management (E&M) services
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient, with medical E&M services
90862	Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy
90887	Consultation with family
90889	Preparation of report of patient's psychiatric status for other individuals, agencies or insurance carriers
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
T1002	Registered nurse services, up to 15 minutes
T1003	Licensed practical nurse/licensed vocational nurse services, up to 15 minutes
T1004	Services of qualified nursing aide, up to 15 minutes
S9480	Intensive outpatient psychiatric services, per diem

New Codes for 2013

These are new current procedural terminology codes as of January 1, 2013, which have replaced the codes listed below in the “Codes Terminated as of December 31, 2012” section of this document or are new codes for services like care coordination that did not have codes previously assigned and should be considered part of the CPCP.

Code	Description
Primary Care Bundle	
90653	Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular (IM) use
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, for children 6–35 months of age, IM use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, for children three years of age and older, IM use
90687	Influenza virus vaccine, quadrivalent, split virus, for children 6–35 months of age, IM use
90688	Influenza virus vaccine, quadrivalent, split virus, for children 3 years of age and older, IM use
90739	Hepatitis B vaccine, adult dosage, IM use
99487	Complex chronic care coordination services, first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
99488	Complex chronic care coordination services, first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month
99489	Complex chronic care coordination services, each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99495	Transitional care management services with the following required elements: Communication with the patient and/or caregiver within 2 business days of discharge, medical decision making of at least moderate complexity during the service period, face-to-face visits within 14 days of discharge
BH Tier 2 – (With No Visit Limit)	
90832	Psychotherapy, 30 minutes with patient and/or family member
90834	Psychotherapy, 45 minutes with patient and/or family member
BH Tier 3	
90791	Psychiatric diagnostic evaluation
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (add-on code)
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M service (add-on code)
99496	Transitional care management services with the following required elements: Communication with the patient and/or caregiver within 2 business days of discharge, medical decision making of high complexity during the service period, face-to-face visits within 7 days of discharge

Codes Terminated as of December 31, 2012

The codes set forth below are included to help Applicants use historical data in their analyses. These are codes that were terminated as of December 31, 2012 and are not to be used in billing. The majority of these codes are being replaced by the codes listed above in the “New Codes for 2013” section of this document, and are part of the CPCP Covered Services.

Code	Description
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter or other means of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient, with medical E&M services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45-50 minutes face-to-face with the patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient, with medical E&M services
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75–80 minutes face-to-face with the patient, with medical E&M services
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient, with medical E&M services
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient, with medical E&M services
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75–80 minutes face-to-face with the patient, with medical E&M services
90857	Interactive group psychotherapy
90862	Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy