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FFS - PRIMARY CARE PROCEDURE CODE LISTING EFFECTIVE 1/1/2026

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS **MOD 2** = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS **N/A** = NOT APPLICABLE

CPT CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	FEE SPECIALIST	FEE NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST
90460			IM ADMIN 1ST/ONLY COMPONENT	$19.57			
90471			IMMUNIZ ADMIN SING/COMB VACC	$16.01			
90471	FP		IMMUNIZ ADMIN SING/COMB VACC	$41.17		$41.17	
90471	U9		IMMUNIZ ADMIN SING/COMB VACC			$16.01	
90472			IMMUN ADMIN 2 OR MORE SING/COM	$11.28			
90473			IMMUNIZ ADMIN INTRANASAL/ORAL	$12.82		$12.82	
90474			IMMUNIZ ADMIN INTRANASAL/ORAL	$9.16			
90474	HU		IMMUNIZ ADMIN INTRANASAL/ORAL	$9.16		$9.16	
90480			ADMN SARSCOV2 VACC 1 DOSE	$35.96		$32.00	
99202			E/M OFFICE/OP NEW PATIENT	$54.82	$46.60		
99202	FP		E/M FP VISIT,NEW PATIENT FP CL	$140.98	$119.83		
99202	FP	52	E/M FP VISIT,NEW PATIENT FP CL	$140.98	$119.83		
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	$140.98		$140.98	
99202	HG		PHYSICIAN VS-NEW PT IN OTF	$54.82			
99202	SA		E/M OFFICE/OP NEW PATIENT	$44.27			
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	**$54.82**		**$54.82**	
99203			E/M OFFICE/OP NEW PATIENT	$85.01	$72.26		
99203	FP		E/M INITIAL FP VS IN FP CLINIC	$218.59			
99203	FP	52	E/M INITIAL FP VS IN FP CLINIC	$218.59	$185.80		
99203	FP	SB	E/M INIT FP VS/CNM IN FP CL	$218.59		$218.59	
99203	SA		E/M OFFICE/OP NEW PATIENT	$68.64		$68.64	
99203	SB		E/M OFFICE/OP NEW PATIENT CNM	$85.11		**$85.01**	
99203	SB	52	E/M INIT FP VS/CNM IN FP CL	**$85.01**			
99203	UC		E/M OFFICE/OP NEW PATIENT	$111.88	$95.10	$85.01	$72.26
99204			E/M OFFICE/OP NEW PATIENT	$126.90	$107.86		
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	$326.30	$277.36	$326.30	$277.36
99204	FP	52	E/M INITIAL FP VISIT FP CL	$326.30	$277.36	$326.30	$277.36
99204	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	$326.30		$326.30	
99204	SA		E/M OFFICE/OP NEW PATIENT	$102.47		$102.47	
99204	SB		E/M OFFICE/OP NEW PATIENT CNM	**$126.90**		**$126.90**	
99204	SB	52	E/M INITIAL FP VS.IN FP CL CNM	**$126.90**		**$126.90**	
99204	UC		E/M OFFICE/OP NEW PATIENT	$167.26	$142.17	$126.90	$107.86
99205			E/M OFFICE/OP NEW PATIENT	$167.36	$142.26	$167.36	$142.26
99205	FP		E/M OFFICE/OP NEW IN FP CL	$430.36		$430.36	
99205	FP	52	E/M INITIAL FP VS. IN FP CL	$430.36	$365.81	$430.36	$365.81
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	$430.36		$430.36	
99205	HU		DYFS PRE PLACEMENT EXAM	$167.36			
99205	HU	SA	DYFS PRE PLACEMENT EXAM	$135.15			
99205	SB		E/M OFFICE/OP NEW PATIENT	**$167.36**			
99205	SB	52	E/M INITIAL FP VS.IN FP CL CNM	**$167.36**		**$167.36**	
99205	UC		E/M OFFICE/OP NEW PATIENT	$167.36	$142.26	$167.36	$142.26
99211			E/M EST PT MINIMAL PROBLEM(S)	$18.10	$15.39		
99211	FP		E/M F/U VISIT--FP CLINIC	$46.55			
99211	FP	52	E/M F/U VISIT--FP CLINIC	$46.55	$39.57		
99211	FP	SB	E/M F/U VISIT BY CNM IN FP CL	$46.55			
99211	SA		E/M EST PT MINIMAL PROBLEM(S)	$14.62			
99211	SA	UC	E/M EST PT MINIMAL PROBLEM(S)	$14.62			
99211	SB		E/M ESTAB PT- VISIT BY CNM	**$18.10**			
99211	SB	52	E/M F/U VISIT BY CNM IN FP CL	**$18.10**			
99211	U9		E/M EST PT MINIMAL PROBLEM			$18.10	
99211	UC		E/M EST PT MINIMAL PROBLEM(S)	$18.10	$15.39		
99212			E/M OFFICE/OP - ESTABLISHED PT	$43.25	$36.76	$43.25	$36.76
99212	FP		E/M - FP VISIT IN FP CLINIC	$111.20			
99212	FP	52	E/M - F/U VISIT IN FP CLININC	$111.20	$94.52		
99212	FP	SB	E/M F/U FP VS BY CNM/FP CLINIC	$111.20		$111.20	
99212	SA		E/M OFFICE/OP - ESTABLISHED PT	$34.92		$34.92	
99212	SB		E/M ESTABLISHED PT. VS BY CNM	**$43.25**		**$43.25**	
99212	SB	52	E/M F/U FP VS BY CNM/FP CLINIC	**$43.25**		**$43.25**	
99212	U9		E/M OFFICE/OP ESTABLISHED PT	$43.25		$43.25	
99212	UC		E/M OFFICE/OP - ESTABLISHED PT	$62.30	$52.96	$43.25	$36.76
99213			E/M OFFICE/OP ESTAB PATIENT	$69.48	$59.06	$69.48	$59.06
99213	FP		E/M F/U VISIT FP CLINIC	$178.67		$178.67	$151.87
99213	FP	52	E/M F/U VISIT FP CLINIC	$178.67	$151.87	$178.67	$151.87
99213	FP	SB	E/M F/U VISIT FP CLINIC-CNM	$178.67		$178.67	
99213	SA		E/M OFFICE/OP ESTAB PATIENT	$56.11		$56.11	
99213	SB		E/M F/U VISIT FP CLINIC-CNM	**$69.48**		**$69.48**	

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CPT CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	FEE SPECIALIST	FEE NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST
99213	SB	52	E/M F/U VISIT FP CLINIC-CNM	**$69.48**		**$69.48**	
99213	U9		E/M OFFICE/OP ESTAB PATIENT	$69.48		$69.48	
99213	UC		E/M OFFICE/OP ESTAB PATIENT	$100.56	$85.48	$69.48	$59.06
99214			E/M OFFICE/OP ESTABLISHED PT	$97.53	$82.90	$97.53	$82.90
99214	FP		E/M FOLLOW UP VISIT-FP CLINIC	$250.79	$213.17	$250.79	$213.17
99214	FP	52	E/M FOLLOW UP VISIT-FP CLINIC	$250.79	$213.17	$250.79	$213.17
99214	FP	SB	E/M FP VISIT BY CNM-FP CLINIC	$250.79		$250.79	
99214	SA		E/M OFFICE/OP ESTABLISHED PT	$78.76		$78.76	
99214	SB		E/M FOLLOW UP VS EST PT BY CNM	**$97.53**		**$97.53**	
99214	SB	52	E/M FP VISIT BY CNM-FP CLINIC	**$97.53**		**$97.53**	
99214	U9		E/M OFFICE/OP ESTABLISHED PT			$97.53	
99214	UC		E/M OFFICE/OP ESTABLISHED PT	$142.43	$121.07	$97.53	$82.90
99215			E/M OFFICE/OP ESTAB PT VISIT	$136.58	$116.10	$136.58	$116.10
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	$351.22	$298.53	$351.22	$298.53
99215	FP	52	E/M FU VISIT IN FP CL	$351.22	$298.53	$351.22	$298.53
99215	FP	SB	E/M FP VISIT BY CNM IN FP CL	$351.22		$351.22	
99215	SA		E/M OFFICE/OP ESTAB PT VISIT	$110.29		$110.29	
99215	SB		E/M VISIT-ESTSB PT-BY CNM	**$136.58**		**$136.58**	
99215	SB	52	E/M FP VISIT BY CNM IN FP CL	**$136.58**		**$136.58**	
99215	U9		E/M OFFICE/OP ESTAB PT VISIT			$136.58	
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	$198.34	$168.58	$136.58	$116.10
99221			E/M INITIAL HOSPITAL CARE	$60.75	$51.64	$60.75	
99221	SA		E/M INITIAL HOSPITAL CARE	$49.06		$49.06	
99221	SB		E/M INITIAL HOSPITAL CARE CNM	**$60.75**		**$60.75**	
99222			E/M INITIAL HOSPITAL CARE	$95.91	$81.52	$95.91	$81.52
99223			E/M INITIAL HOSPITAL CARE	$127.75	$108.59		
99231			E/M SUBSEQUENT HOSPITAL CARE	$36.04		$36.04	$30.64
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	$29.10		$29.10	
99231	SB		E/M SUBSEQUENT HOSPITAL CARE	**$36.04**		**$36.04**	
99232			E/M SUBSEQUENT HOSPITAL CARE	$58.32	$49.58	$58.32	$49.58
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	$47.10		$47.10	
99232	SB		E/M SUBSEQUENT HOSPITAL CARE	**$58.32**		**$58.32**	
99233			E/M SUBSEQUENT HOSPITAL CARE	$87.00	$73.95	$87.00	$73.95
99234			IP HOSP CARE SAME DAY ADM/DISC	$71.56	$60.83		
99235			IP HOSP CARE SAME DAY ADM/DISC	$116.57	$99.09		
99236			IP HOSP CARE SAME DAY ADM/DISC	$152.17	$129.35		
99238			HOSP IP/OBS DSCHRG MGMT 30/<	$60.17	$51.15		
99238	SA		HOSP DISCH DAY MNGMNT BY CNP	$48.59			
99238	SB		HOSP DISCH DAY MNGMNT BY CNM	**$60.17**			
99239			HOSP IP/OBS DSCHRG MGMT >30	$84.99	$72.24	$84.99	$72.24
99242			E/M OFFICE/OP CONSULT NEW/EST	$67.26	$57.17	$79.02	$67.17
99242	SA		E/M OFFICE/OP CONSULT NEW/EST	$54.31			
99243			E/M OFFICE/OP CONSULT NEW/EST	$90.77	$77.16	$105.38	$89.58
99243	SA		E/M OFFICE/OP CONSULT NEW/EST	$73.30			
99244			E/M OFFICE/OP CONSULT NEW/EST	$106.40	$90.44	$148.39	$126.13
99244	SA		E/M OFFICE/OP CONSULT NEW/EST	$85.92			
99244	SM		CONSULTATION FOR 2ND OPINION	$106.40	$90.44	$148.39	$126.13
99244	SN		CONSULTATION FOR 3RD OPINION	$106.40	$90.44	$148.39	$126.13
99245			E/M OFFICE/OP CONSULT NEW/EST	$199.08	$169.22	$199.08	$169.22
99252			E/M INITIAL IP/NF CONSULT NEW/	$93.36	$79.35		
99253			E/M INITIAL IP/NF CONSULT NEW/	$111.39	$94.68	$111.39	$94.68
99254			E/M INITIAL IP/NF CONSULT NEW/	$174.16	$148.04	$174.16	$148.04
99255			E/M INITIAL IP/NF CONSULT NEW/	$283.50	$240.97	$283.50	$240.97
99281			E/M EMERGENCY DEPT. VISIT	$8.32	$7.07		
99281	SA		E/M EMERGENCY DEPT. VISIT	$6.72			
99282			E/M EMERG.DEPT VISIT NEW/EST P	$30.58	$26.00		
99282	SA		E/M EMERG.DEPT VISIT NEW/EST P	$24.70			
99283			E/M EMERG.DEPT. VISIT NEW/EST	$51.58	$43.84		
99283	SA		E/M EMERG.DEPT. VISIT NEW/EST	$41.65			
99284			E/M EMERG.DEPT.VISIT NEW/EST P	$87.91	$74.73	$87.91	$74.73
99284	SA		E/M EMERG.DEPT.VISIT NEW/EST P	$70.99		$70.99	
99285			E/M EMERG.DEPT.VISIT NEW/EST P	$127.38	$108.27		
99291			CRITICAL CARE...FIRST HOUR	$205.47	$174.65		
99291	SA		CRITICAL CARE FIRST HR APN	$165.92			
99292			CRITICAL CARE..EACH ADDIT 30 M	$88.57	$75.29		
99292	SA		CRITICAL CARE..ADDIT 30M APN	$71.52			

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99304			NURSING FACILITY CARE, INIT	$59.64	$50.69	$59.64	$50.69
99304	SA		NURSING FACILITY CARE, INIT	$48.16		$48.16	
99305			NURSING FACILITY CARE, INIT	$98.73	$83.92	$98.73	$83.92
99305	SA		NURSING FACILITY CARE, INIT	$79.72		$79.72	
99306			NURSING FACILITY CARE, INIT	$134.58	$114.39	$134.58	$114.39
99306	SA		NURSING FACILITY CARE, INIT	$108.67		$108.67	
99307			NURSING FAC CARE, SUBSEQ	$29.74	$25.28	$29.74	$25.28
99307	SA		NURSING FAC CARE, SUBSEQ	$24.02		$24.02	
99308			NURSING FAC CARE, SUBSEQ	$55.48	$47.16	$55.48	$47.16
99308	SA		NURSING FACILITY CARE,SUBSEQ	$44.80		$44.80	
99309			NURSING FAC CARE, SUBSEQ	$80.34	$68.29	$80.34	$68.29
99309	SA		NURSING FAC CARE, SUBSEQUENT	$64.87		$64.87	
99310			NURSING FAC CARE, SUBSEQ	$114.32	$97.18	$114.32	$97.18
99310	SA		NURSING FAC CARE, SUBSEQUENT	$92.32		$92.32	
99315			NF DSCHRG MGMT 30 MIN/LESS	$60.50	$51.43	$60.50	$51.43
99315	SA		NF DISCH DAY MNGMT 30 MIN-LESS	$48.85		$48.85	
99316			NF DSCHRG MGMT 30 MIN+	$96.61	$82.12	$96.61	$82.12
99316	SA		NFDISCH DAY MNGMT >30 MIN	$78.01		$78.01	
99341			E/M HOME VISIT-NEW PATIENT	$36.44	$30.97		
99341	SA		E/M HOME VISIT NEW PATIENT	$29.42			
99341	SB		E/M HOME VISIT NEW PATIENT	**$36.44**			
99342			E/M HOME VISIT - NEW PATIENT	$57.84	$49.16		
99342	SA		E/M HOME VISIT - NEW PATIENT	$46.71			
99342	SB		E/M HOME VISIT - NEW PATIENT	**$57.84**			
99344			E/M HOME VS NEW PT 60 MIN	$104.73	$89.02		
99344	SA		E/M HOME VS NEW PT 60 MIN	$84.57			
99345			E/M HOME VS NEW PT 75 MIN	$148.67	$126.37		
99345	SA		E/M HOME VS NEW PT 75 MIN	$120.05			
99347			E/M HOME VS EST PT 15 MINUTES	$33.50	$28.47		
99347	SA		E/M HOME VS EST PT 15 MINUTES	$27.05			
99348			E/M HOME VS EST PT 25 MINUTES	$56.85	$48.32		
99348	SA		E/M HOME VS EST PT 25 MINUTES	$45.90			
99349			E/M HOME VS EST PT 40 MINUTES	$94.10	$79.99		
99349	SA		E/M HOME VS EST PT 40 MINUTES	$75.99			
99350			E/M HOME VS EST PT 60 MINUTES	$136.42	$115.96		
99350	SA		E/M HOME VS EST PT 60 MINUTES	$110.16			
99358			PROLONGED SERV, W/O CONTACT	$91.71	$77.95		
99366			TEAM CONF W/PAT BY HC PROF	$44.47	$37.80		
99367			MEDICAL TEAM CONFERENCE WITH I	$28.83	$24.51		
99368			MEDICAL TEAM CONFERENCE WITH I	$22.21	$18.88		
99381			INIT PM E/M NEW PAT INFANT	$84.65	$71.95	$84.65	$71.95
99381	22		HEALTHSTART PED PREV NEW PT	$84.65	$71.95	$84.65	$71.95
99381	EP		EPSDT VISIT NEW PATIENT	$84.65	$71.95	$84.65	$71.95
99381	EP	22	EPSDT EXAM NEW PT	$84.65	$71.95	$84.65	$71.95
99381	EP	HU	CHEC VISIT UNDER 1 YR OF AGE	$84.65			
99381	EP	SA	EPSDT EXAM NEW PT	$68.36		$68.36	
99381	HU	22	CHEC VST<1YR COMBO MED/BH	$84.65			
99381	HU	SA	CHEC VISIT UNDER 1 YR OF AGE	$68.36			
99381	SA		E/M INITIAL EVAL PREV MED	$68.36		$68.36	
99381	SA	22	HEALTHSTART PED PREV NEW PT	$68.36		$68.36	
99382			E/M INITIAL EVAL PREV MED 1-4Y	$86.53	$73.55	$86.53	$73.55
99382	22		HEALTHSTART PED PREV NEW PT	$86.53	$73.55	$86.53	$73.55
99382	EP		EPSDT VISIT NEW PATIENT	$86.53	$73.55	$86.53	$73.55
99382	EP	22	EPSDT EXAM NEW PT	$86.53	$73.55	$86.53	$73.55
99382	EP	HU	CHEC VISIT AGES 1 TO 4	$84.30			
99382	EP	SA	EPSDT EXAM NEW PT	$69.87		$69.87	
99382	HU	22	CHEC VST 1-4YR COMBO MED/BH	$84.30			
99382	HU	SA	CHEC VISIT AGES 1 TO 4	$68.07			
99382	SA		E/M INITIAL EVAL PREV MED 1-4Y	$69.87		$69.87	
99382	SA	22	HEALTHSTART PED PREV NEW PT	$69.87		$69.87	
99382	SA	52	EPSDT VISIT NEW PT 2-4 YEARS	$69.87		$69.87	
99383			E/M INITIAL PREV MED 5-11 YRS	$91.00	$77.35	$91.00	$77.35
99383	EP		EPSDT VISIT NEW PATIENT	$91.00	$77.35	$91.00	$77.35
99383	EP	HU	CHEC VISIT FOR AGES 5 TO 11	$91.00			
99383	HU	22	CHECK VST 5-11YR COMBO MED/BH	$91.00			
99383	HU	SA	CHEC VISIT AGES 5-11	$73.48			

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99383	SA		E/M INITIAL PREV MED 5-11 YRS	$73.48		$73.48	
99383	SA	52	EPSDT VISIT NEW PT 5-11 YEARS	$73.48		$73.48	
99384			E/M INITIAL PREV MED AGE 12-17	$98.39	$83.63	$98.39	$83.63
99384	EP		EPSDT VISIT NEW PATIENT	$98.39	$83.63	$98.39	$83.63
99384	EP	HU	CHEC VISIT FOR AGES 12 TO 17	$98.39			
99384	HU	22	CHEC VST 12-17YR COMBO MED/BH	$98.39			
99384	HU	SA	CHEC VISIT AGES 12-17	$79.45			
99384	SA		E/M INITIAL PREV MED AGE 12-17	$79.45		$79.45	
99384	SA	52	EPSDT VISIT NEW PT 12-17 YEARS	$79.45		$79.45	
99384	SB		E/M INITIAL PREV MED AGE 12-17	$68.87		$92.67	
99385			E/M INITIAL PREV.MED.AGE18-39	$90.42	$76.86	$92.67	$78.77
99385	EP		EPSDT VISIT NEW PATIENT	$90.42	$76.86	$92.67	$78.77
99385	EP	HU	CHEC VISIT FOR AGES 18 TO 21	$335.00			
99385	HU	22	CHEC VST 18-21YR COMBO MED/BH	$670.00			
99385	HU	SA	CHEC VISIT AGES 18-21	$318.25			
99385	SA		E/M INITIAL PREV MED AGE 18-39	$73.02		$74.83	
99385	SA	52	EPSDT VISIT NEW PT 18-20 YEARS	$73.02		$74.83	
99385	SB		E/M INITIAL PREV MED AGE 18-39	$63.30		$92.67	
99386			E/M INITIAL PREV.MED.AGES40-64	$100.82	$85.69		
99386	SA		E/M INITIAL PREV.MED.AGES40-64	$81.41			
99386	SB		E/M INITIAL PREV MED AGE 40-64	$70.57			
99387			E/M INITIAL PREV.MED.AGES 65 +	$116.00	$98.60		
99387	SA		E/M INITIAL PREV.MED.AGES 65 +	$93.67			
99387	SB		E/M INITIAL PREV MED AGE 65 +	$81.20			
99391			PER PM REEVAL EST PAT INFANT	$79.04	$67.18	$79.04	$67.18
99391	22		HEALTHSTART PED PREV EST PT	$79.04	$67.18	$79.04	$67.18
99391	EP		EPSDT VISIT ESTAB PATIENT	$79.04	$67.18	$79.04	$67.18
99391	EP	22	EPSDT EXAM ESTAB PT	$79.04	$67.18	$79.04	$67.18
99391	EP	SA	EPSDT EXAM ESTAB PT	$63.82		$63.82	
99391	SA		E/M EST PT PREV MED UNDER 1 YR	$63.82		$63.82	
99391	SA	22	HEALTHSTART PED PREV EST PT	$63.82		$63.82	
99392			E/M EST.PT.PREV.MED.AGES 1-4	$84.39	$71.73	$84.39	$71.73
99392	22		HEALTHSTART PED PREV ESTAB PT	$84.39	$71.73	$84.39	$71.73
99392	EP		EPSDT VISIT ESTAB PATIENT	$84.39	$71.73	$84.39	$71.73
99392	EP	22	ESPDT EXAM ESTAB PT	$84.39	$71.73	$84.39	$71.73
99392	EP	SA	EPSDT EXAM ESTAB PT	$68.14		$68.14	
99392	SA		E/M EST PT PREV MED AGES 1-4	$68.14		$68.14	
99392	SA	22	HEALTHSTART PED PREV ESTAB PT	$68.14		$68.14	
99392	SA	52	EPSDT VISIT ESTAB PT 2 TO 4 YR	$68.14		$68.14	
99393			E/M EST.PT. PREV.MED. AGES5-11	$85.33		$85.33	$72.53
99393	EP		EPSDT VISIT ESTAB PATIEN	$85.33	$72.53	$85.33	$72.53
99393	SA		E/M EST PT PREV MED AGES 5-11	$68.90		$68.90	
99393	SA	52	EPSDT VISIT ESTAB PT 5-11 YEAR	$68.90		$68.90	
99394			E/M EST.PT.PREV.MED AGES12-17	$84.78	$72.06	$84.78	$72.06
99394	EP		EPSDT VISIT ESTAB PATIENT	$84.78	$72.06	$84.78	$72.06
99394	SA		E/M EST PT PREV MED AGES 12-17	$68.46		$68.46	
99394	SA	52	EPSDT VISIT EST PT 12-17 YEARS	$68.46		$68.46	
99394	SB		E/M EST.PT.PREV.MED BY CNM	$59.35		$77.68	
99395			E/M EST.PT. PREV.MED. AGE18-39	$88.41	$75.15	$88.41	$75.15
99395	EP		EPSDT VISIT ESTAB PATIENT	$88.41	$75.15	$88.41	$75.15
99395	FP		E/M PERIODIC EVALUATION EST PT	$493.76	$493.76		
99395	FP	22	E/M PERIODIC EVAL EST PT	$265.16	$265.16		
99395	FP	SB	E/M PERIODIC EVAL EST. PATIENT	$239.88	$0.00		
99395	SA		E/M EST PT PREV MED AGE 18-39	$71.39		$71.39	
99395	SA	52	EPSDT VISIT ESTAB PT 18-20 YRS	$71.39		$71.39	
99395	SB		E/M EST.PT. PREV.MED. CNM	$61.89		$78.36	
99395	SB	52	E/M PERIODIC EVAL IN FPCL CNM	$61.89			
99396			E/M EST.PT. PREV.MED. AGE40-64	$88.54	$75.26		
99396	SA		E/M EST.PT. PREV.MED. AGE40-64	$71.50			
99396	SB		E/M EST.PT. PREV.MED. CNM	$61.98			
99397			E/M EST.PT. PREV.MED. AGE65 +	$94.75	$80.54		
99397	SA		E/M EST.PT. PREV.MED. AGES65 +	$76.51			
99397	SB		E/M EST.PT. PREV.MED. CNM	$66.33			
99401			PREV MED CNSL INDIV APPRX 15	$27.99	$23.79		
99401	EP		VACCINE COUNSELING	$27.99			
99402			PREV MED CNSL INDIV APPRX 30	$48.81	$41.49		

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CPT CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	FEE SPECIALIST	FEE NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST
99403			PREV MED CNSL INDIV APPRX 45	$53.43	$45.41		
99404			PREV MED CNSL INDIV APPRX 60	$66.18	$56.25		
99406			SMOKING AND TOBACCO USE CESSAT	$10.76	$9.15	$10.76	$9.15
99406	26		SMOKING & TOBACCO USE CESSATIO	$10.76	$9.15	$10.76	$9.15
99406	SB		SMOKING AND TOBACCO USE CESSAT	**$10.76**			
99407			SMOKING AND TOBACCO USE CESSAT	$20.41	$17.35		
99407	26		SMOKING & TOBACCO CESSATION	$20.41	$17.35	$20.41	$17.35
99407	SB		SMOKING AND TOBECCO USE CESSAT	**$20.41**			
99408			ALCOHOL AND/OR SUBSTANCE ABUSE	$27.96	$23.77	$27.96	$23.77
99409			ALCOHOL AND/OR SUBSTANCE ABUSE	$37.99	$32.29	$47.74	$40.58
99415			PROLONG CLINCL STAFF SVC	$16.42	$13.96		
99416			PROLONG CLINCL STAFF SVC ADD	$7.67	$6.52		
99421			OL DIG E/M SVC 5-10 MIN	$11.27	$9.58		
99421	26		OL DIG E/M SVC 5-10 MIN	$11.27	$9.58		
99421	SA		OL DIG E/M SVC 5-10 MIN	$9.10			
99422			OL DIG E/M SVC 11-20 MIN	$22.00	$18.70		
99422	26		OL DIG E/M SVC 11-20 MIN	$22.00	$18.70		
99422	SA		OL DIG E/M SVC 11-20 MIN	$17.77			
99423			OL DIG E/M SVC 21+ MIN	$34.80	$29.58		
99423	26		OL DIG E/M SVC 21+ MIN	$34.80	$29.58		
99423	SA		OL DIG E/M SVC 21+ MIN	$28.10			
99424			PRIN CARE MGMT PHYS 1ST 30	$62.42	$53.06		
99424	26		PRIN CARE MGMT PHYS 1ST 30	$62.42	$53.06		
99425			PRIN CARE MGMT PHYS EA ADDL	$45.66	$38.81		
99425	26		PRIN CARE MGMT PHYS EA ADDL	$45.66	$38.81		
99426			PRIN CARE MGMT STAFF 1ST 30	$48.05	$40.84		
99426	26		PRIN CARE MGMT STAFF 1ST 30	$48.05	$40.84		
99427			PRIN CARE MGMT STAFF EA ADDL	$39.54	$33.61		
99427	26		PRIN CARE MGMT STAFF EA ADDL	$39.54	$33.61		
99437			CHRNC CARE MGMT PHYS EA ADDL	$44.60	$37.91		
99437	26		CHRNC CARE MGMT PHYS EA ADDL	$44.60	$37.91		
99439			CHRNC CARE MGMT SVC EA ADDL	$35.85	$30.47		
99439	26		CHRNC CARE MGMT STAF EA ADDL	$35.85	$30.47		
99446			INTERPROF PHONE/ONLINE 5-10	$13.11	$11.14		
99447			INTERPROF PHONE/ONLINE 11-20	$26.50	$22.52		
99448			INTERPROF PHONE/ONLINE 21-30	$39.38	$33.47		
99449			INTERPROF PHONE/ONLINE 31/>	$53.25	$45.26		
99451			NTRPROF PH1/NTRNET/EHR 5/>	$25.23	$21.44		
99452			NTRPROF PH1/NTRNET/EHR RFRL	$25.76	$21.90		
99453			REM MNTR PHYSIOL PARAM SETUP	$16.12	$13.70		
99454			REM MNTR PHYSIOL PARAM DEV	$35.27	$29.98		
99457			REM PHYSIOL MNTR 20 MIN MO	$37.65	$32.01		
99457	26		REM PHYSIOL MNTR 20 MIN M	$37.65	$32.01		
99458			REM PHYSIOL MNTR EA ADDL 20	$29.96	$25.47		
99458	26		REM PHYSIOL MNTR EA ADDL 20	$29.96	$25.47		
99459			PELVIC EXAMINATION	$16.98	$14.43		
99460			INIT HOSP/BIRTHING CENTER CARE	$67.61	$57.47	$67.61	$57.47
99460	SA		INIT HOSP/BIRTHING CENTER CARE	$54.59		$54.59	
99461			INITIAL CARE PER DAY FOR EV	$73.46	$62.44	$73.46	$62.44
99462			SUBSEQ HOSP CAE/DAY NORM NB	$29.37	$24.96	$29.37	$24.96
99462	SA		SUBSEQ HOSP CAE/DAY NORM NB	$23.71		$23.71	
99463			INIT HOSP/BIRTHING CENTER CARE	$79.47	$67.55	$79.47	$67.55
99463	SA		INIT HOSP/BIRTHING CENTER CARE	$64.17		$64.17	
99464			ATTENDANCE AT DELIVERY (WHEN R	$65.14	$55.37	$65.14	$55.37
99464	SA		ATTEND DELIV/INIT STAB NEWBORN	$52.60		$52.60	
99465			DELIVERY/BIRTHING ROOM RESUSCI	$127.74	$108.58	$127.74	$108.58
99465	SA		DELIVERY/BIRTHING RM RESUSCITA	$103.15		$103.15	
99466			CRITICAL CARE SERVICES DELIVER	$207.74	$176.58	$207.74	$176.58
99467			CRITICAL CARE SERVICES DELIVER	$106.91	$90.88	$106.91	$90.88
99468			INITIAL INPATIENT NEONATAL CRI	$800.82	$680.69	$800.82	$680.69
99469			SUBSEQUENT INPATIENT NEONATAL	$348.61	$296.32	$348.61	$296.32
99471			INITIAL INPATIENT PEDIATRIC CR	$699.84	$594.86	$699.84	$594.86
99472			SUBSEQUENT INPATIENT PEDIATRIC	$347.70	$295.54	$347.70	$295.54
99473			SELF-MEAS BP PT EDUCAJ/TRAIN	$11.38	$9.67		
99473	SB		SELF-MEAS BP PT EDUCAJ/TRAIN	**$11.38**			
99474			SELF-MEAS BP 2 READG BID 30D	$13.06	$11.10		

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CPT CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	FEE SPECIALIST	FEE NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST
99474	26		SELF-MEAS BP 2 READG BID 30D	$13.06	$11.10		
99474	SB		SELF-MEAS BP 2 READG BID 30D	**$13.06**			
99475			INITIAL INPATIENT PEDIATRIC CR	$409.86	$348.38		
99476			SUBSEQUENT INPATIENT PEDIATRIC	$248.62	$211.33		
99477			INITIAL HOSPITAL CARE, PER DAY	$246.97	$209.92		
99478			SUBSEQUENT INTENSIVE CARE PE	$123.53	$105.00	$123.53	$105.00
99479			SUBSEQUENT INTENSIVE CARE PE	$112.95	$96.01	$112.95	$96.01
99480			SUBSEQUENT INTENSIVE CARE PE	$108.82	$92.49	$108.82	$92.49
99483			ASSMT & CARE PLN PT COG IMP	$208.15	$176.93		
99483	26		ASSMT & CARE PLN PT COG IMP	$208.15	$176.93		
99484			CARE MGMT SVC BHTL HLTH COND	$41.09	$34.93		
99484	26		CARE MGMT SVC BHLT HLTH COND	$41.09	$34.93		
99487			CMPLX CHRON CARE W/O PT VSIT	$103.17	$87.69		
99489			COMPLX CHRON CARE ADDL30 MIN	$55.22			
99490			CHRON CARE MGMT SRVC 20 MIN	$46.99	$39.94		
99491			CHRNC CARE MGMT SVC 30 MIN	$63.42	$53.91		
99492			IST PSYC COLLAB CARE MGMT	$114.14	$97.02		
99492	26		1ST PSYC COLLAB CARE MGMT	$114.14	$97.02		
99493			SBS PSYC COLLABCARE MGMT	$104.11	$88.49		
99493	26		SBSQ PSYC COLLAB CARE MGMT	$104.11	$88.49		
99494			IST/SBSQ PSYC COLLAB CARE	$43.78	$37.21		
99494	26		1ST/SBSQ PSYC COLLAB CARE	$43.78	$37.21		
99495			TRANS CARE MGMT 14 DAY DISCH	$157.72	$134.07		
99495	26		TRANS CARE MGMT 14 DAY DISCH	$157.72	$134.07		
99496			TRANSJ CARE MGMT HIGH F2F 7D	$213.68	$181.63		
99496	26		TRANS CARE MGMT 7 DAY DISCH	$213.68	$181.63		
99497			ADVNCD CARE PLAN 30 MIN	$61.30			
99498			ADVNCD CARE PLAN ADDL 30 MIN	$52.78			

Caveat

The updated primary care rates were established using 2025 Northern NJ (Locality 01), non-facility Medicare rate for participating providers. These procedure codes and rates will be continuously updated to be equal to a percent of Medicare and will serve as the Medicaid FFS rates and as a minimum reimbursement rate under Medicaid managed care.