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MCO - PRIMARY CARE PROCEDURE CODE LISTING EFFECTIVE 7/1/2026

CPT CODE	SHORT DESCRIPTION	FEE SPECIALIST
90460	IM ADMIN 1ST/ONLY COMPONENT	$18.42
90471	IMMUNIZ ADMIN SING/COMB VACC	$17.49
90472	IMMUN ADMIN 2 OR MORE SING/COM	$12.66
90473	IMMUNIZ ADMIN INTRANASAL/ORAL	$13.70
90474	IMMUNIZ ADMIN INTRANASAL/ORAL	$9.67
90480	ADMN SARSCOV2 VACC 1 DOSE	$31.47
99202	E/M OFFICE/OP NEW PATIENT	$58.77
99203	E/M OFFICE/OP NEW PATIENT	$91.50
99204	E/M OFFICE/OP NEW PATIENT	$137.60
99205	E/M OFFICE/OP NEW PATIENT	$183.58
99211	E/M EST PT MINIMAL PROBLEM(S)	$19.37
99212	E/M OFFICE/OP - ESTABLISHED PT	$46.56
99213	E/M OFFICE/OP ESTAB PATIENT	$74.15
99214	E/M OFFICE/OP ESTABLISHED PT	$105.46
99215	E/M OFFICE/OP ESTAB PT VISIT	$149.42
99221	E/M INITIAL HOSPITAL CARE	$56.38
99222	E/M INITIAL HOSPITAL CARE	$88.54
99223	E/M INITIAL HOSPITAL CARE	$118.39
99231	E/M SUBSEQUENT HOSPITAL CARE	$33.36
99232	E/M SUBSEQUENT HOSPITAL CARE	$53.36
99233	E/M SUBSEQUENT HOSPITAL CARE	$80.96
99234	IP HOSP CARE SAME DAY ADM/DISC	$66.68
99235	IP HOSP CARE SAME DAY ADM/DISC	$108.19
99236	IP HOSP CARE SAME DAY ADM/DISC	$143.52
99238	HOSP IP/OBS DSCHRG MGMT 30/<	$57.09
99239	HOSP IP/OBS DSCHRG MGMT >30	$81.30
99242	E/M OFFICE/OP CONSULT NEW/EST	$67.26
99243	E/M OFFICE/OP CONSULT NEW/EST	$90.77
99244	E/M OFFICE/OP CONSULT NEW/EST	$106.40
99245	E/M OFFICE/OP CONSULT NEW/EST	$199.08
99252	E/M INITIAL IP/NF CONSULT NEW/	$93.36
99253	E/M INITIAL IP/NF CONSULT NEW/	$111.39
99254	E/M INITIAL IP/NF CONSULT NEW/	$174.16
99255	E/M INITIAL IP/NF CONSULT NEW/	$283.50
99281	E/M EMERGENCY DEPT. VISIT	$8.32
99282	E/M EMERG.DEPT VISIT NEW/EST P	$30.47
99283	E/M EMERG.DEPT. VISIT NEW/EST	$52.35
99284	E/M EMERG.DEPT.VISIT NEW/EST P	$89.04
99285	E/M EMERG.DEPT.VISIT NEW/EST P	$129.03
99291	CRITICAL CARE...FIRST HOUR	$239.68
99292	CRITICAL CARE..EACH ADDIT 30 M	$103.16
99304	NURSING FACILITY CARE, INIT	$62.31
99305	NURSING FACILITY CARE, INIT	$108.40
99306	NURSING FACILITY CARE, INIT	$148.33
99307	NURSING FAC CARE, SUBSEQ	$32.48
99308	NURSING FAC CARE, SUBSEQ	$60.89
99309	NURSING FAC CARE, SUBSEQ	$88.37

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CPT CODE	SHORT - DESCRIPTION	FEE SPECIALIST
99310	NURSING FAC CARE, SUBSEQ	$125.83
99315	NF DSCHRG MGMT 30 MIN/LESS	$66.11
99316	NF DSCHRG MGMT 30 MIN+	$106.25
99341	E/M HOME VISIT-NEW PATIENT	$37.51
99342	E/M HOME VISIT - NEW PATIENT	$60.12
99344	E/M HOME VS NEW PT 60 MIN	$112.21
99345	E/M HOME VS NEW PT 75 MIN	$161.26
99347	E/M HOME VS EST PT 15 MINUTES	$35.30
99348	E/M HOME VS EST PT 25 MINUTES	$60.45
99349	E/M HOME VS EST PT 40 MINUTES	$101.52
99350	E/M HOME VS EST PT 60 MINUTES	$148.09
99358	PROLONGED SERV, W/O CONTACT	$91.71
99366	TEAM CONF W/PAT BY HC PROF	$44.47
99367	MEDICAL TEAM CONFERENCE WITH I	$28.83
99368	MEDICAL TEAM CONFERENCE WITH I	$22.21
99381	INIT PM E/M NEW PAT INFANT	$84.65
99382	E/M INITIAL EVAL PREV MED 1-4Y	$86.53
99383	E/M INITIAL PREV MED 5-11 YRS	$91.00
99384	E/M INITIAL PREV MED AGE 12-17	$98.39
99385	E/M INITIAL PREV.MED.AGE18-39	$90.42
99386	E/M INITIAL PREV.MED.AGES40-64	$100.82
99387	E/M INITIAL PREV.MED.AGES 65 +	$116.00
99391	PER PM REEVAL EST PAT INFANT	$79.04
99392	E/M EST.PT.PREV.MED.AGES 1-4	$84.39
99393	E/M EST.PT. PREV.MED. AGES5-11	$85.33
99394	E/M EST.PT.PREV.MED AGES12-17	$84.78
99395	E/M EST.PT. PREV.MED. AGE18-39	$88.41
99396	E/M EST.PT. PREV.MED. AGE40-64	$88.54
99397	E/M EST.PT. PREV.MED. AGE65 +	$94.75
99401	PREV MED CNSL INDIV APPRX 15	$27.99
99402	PREV MED CNSL INDIV APPRX 30	$48.81
99403	PREV MED CNSL INDIV APPRX 45	$53.43
99404	PREV MED CNSL INDIV APPRX 60	$66.18
99406	SMOKING AND TOBACCO USE CESSAT	$11.89
99407	SMOKING AND TOBACCO USE CESSAT	$22.38
99408	ALCOHOL AND/OR SUBSTANCE (OTHE	$27.96
99409	ALCOHOL AND/OR SUBSTANCE (OTHE	$37.99
99415	PROLONG CLINCL STAFF SVC	$18.69
99416	PROLONG CLINCL STAFF SVC ADD	$10.28
99421	OL DIG E/M SVC 5-10 MIN	$12.14
99422	OL DIG E/M SVC 11-20 MIN	$23.73
99423	OL DIG E/M SVC 21+ MIN	$37.67
99424	PRIN CARE MGMT PHYS 1ST 30	$67.54
99425	PRIN CARE MGMT PHYS EA ADDL	$47.49
99426	PRIN CARE MGMT STAFF 1ST 30	$52.64
99427	PRIN CARE MGMT STAFF EA ADDL	$42.22
99437	CHRNC CARE MGMT PHYS EA ADDL	$48.84

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CPT CODE	SHORT - DESCRIPTION	FEE SPECIALIST
99439	CHRNC CARE MGMT SVC EA ADDL	$39.26
99446	INTERPROF PHONE/ONLINE 5-10	$14.58
99447	INTERPROF PHONE/ONLINE 11-20	$29.18
99448	INTERPROF PHONE/ONLINE 21-30	$43.53
99449	INTERPROF PHONE/ONLINE 31/>	$58.40
99451	NTRPROF PH1/NTRNET/EHR 5/>	$27.06
99452	NTRPROF PH1/NTRNET/EHR RFRL	$28.41
99453	REM MNTR PHYSIOL PARAM SETUP	$17.58
99454	REM MNTR PHYSIOL PARAM DEV	$42.29
99457	REM PHYSIOL MNTR 20 MIN MO	$40.57
99458	REM PHYSIOL MNTR EA ADDL 20	$32.16
99459	PELVIC EXAMINATION	$14.11
99460	INIT HOSP/BIRTHING CENTER CARE	$61.02
99461	INITIAL CARE PER DAY FOR EV	$73.21
99462	SUBSEQ HOSP CARE PER DAY NB	$26.73
99463	INIT HOSP/BIRTHING CENTER CARE	$71.92
99464	ATTENDANCE AT DELIVERY (WHEN R	$47.68
99465	DELIVERY/BIRTHING ROOM RESUSCI	$93.32
99466	CRITICAL CARE SERVICES DELIVER	$152.35
99467	CRITICAL CARE SERVICES DELIVER	$76.41
99468	INITIAL INPATIENT NEONATAL CRI	$587.89
99469	SUBSEQUENT INPATIENT NEONATAL	$254.23
99471	INITIAL INPATIENT PEDIATRIC CR	$509.22
99472	SUBSEQUENT INPATIENT PEDIATRIC	$266.22
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	$12.45
99474	SELF-MEAS BP 2 READG BID 30D	$14.49
99475	INITIAL INPATIENT PEDIATRIC CR	$357.88
99476	SUBSEQUENT INPATIENT PEDIATRIC	$232.21
99477	INITIAL HOSPITAL CARE, PER DAY	$222.96
99478	SUBSEQUENT INTENSIVE CARE PE	$87.51
99479	SUBSEQUENT INTENSIVE CARE PE	$79.44
99480	SUBSEQUENT INTENSIVE CARE PE	$76.41
99483	ASSMT & CARE PLN PT COG IMP	$228.56
99484	CARE MGMT SVC BHTL HLTH COND	$44.41
99487	CMPLX CHRON CARE W/O PT VSIT	$112.78
99489	COMPLX CHRON CARE ADDL30 MIN	$61.05
99490	CHRON CARE MGMT SRVC 20 MIN	$51.28
99491	CHRNC CARE MGMT SVC 30 MIN	$68.82
99492	IST PSYC COLLAB CARE MGMT	$125.62
99493	SBS PSYC COLLABCARE MGMT	$112.76
99494	IST/SBSQ PSYC COLLAB CARE	$47.92
99495	TRANS CARE MGMT 14 DAY DISCH	$172.02
99496	TRANSJ CARE MGMT HIGH F2F 7D	$233.35
99497	ADVNCD CARE PLAN 30 MIN	$66.92
99498	ADVNCD CARE PLAN ADDL 30 MIN	$60.10

Provider Specialty:

The definition of primary care is outlined in Section 1202 of the Health Care and Education Reconciliation Act of 2010 and referenced in the NJ Legislature Bill S2504. The service must be provided by a provider with one of the following specialty designations.

Provider specialties and taxonomies receiving Primary Care Rate increase are:

Family Medicine	207Q00000X
Internal Medicine	207R00000X
Pediatrics	208000000X
General Practice	208D00000X
Geriatrics (Specialization within Family Medicine)	207QG0300X
Geriatrics (Specialization within Internal Medicine)	207RG0300X
Adult Health Nurse Practitioner	363LA2200X
Gerontology Nurse Practitioner	363LG0000X
Adolescent Medicine (Specialization within Family Medicine)	207QA0000X
Adolescent Medicine (Specialization within Internal Medicine)	207RA0000X
Adolescent Medicine (Specialization within Pediatrics)	2080A0000X
Obstetrics	207VX0000X
Gynecology	207VG0400X
Obstetrics and Gynecology	207V00000X
Primary Care Nurse Practitioner	363LP2300X
Family Nurse Practitioner	363LF0000X
Women's Health Nurse Practitioner	363LW0102X
OB/GYN Nurse Practitioner	363LX0001X
Pediatrics Nurse Practitioner	363LP0200X
Nurse Practitioner (No specialization)	363L00000X
Physician Assistant (No specialization)	363A00000X
Medical Physician Assistant	363AM0700X
Midwife	176B00000X
Advanced Practice Midwife	367A00000X
Midwife, Lay	175M00000X

Caveat

The selected procedure codes included in this exhibit align with the definition of primary care services as defined in the "Health Care and Education Reconciliation Act of 2010," which includes the evaluation and management category in the Healthcare Common Procedure Coding System as well as services related to immunization administration for vaccines and toxoids.

The rates shown in this exhibit were established at either:

- 70% of the CY26 Northern NJ, non-facility Medicare fee schedule amounts for participating providers or
- For those procedure codes where there is no Medicare rate to benchmark these services against, these rates were determined by taking the unit cost in the SFY24 encounter data and applying an increase of similar magnitude to the increase applied to the codes covered by Medicare under the primary care definition.