

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
10060	Incision & drainage of abscess	Simple or single
10061	Incision & drainage of abscess	Complicated or multiple
10160	Incision & drainage of abscess	Puncture aspiration of abscess
11200	Removal of skin tags - 15 skin tags	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags - each additional 10 skin tags	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions; each addition 10 lesions, or part thereof (list separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesions - 0.5 cm or less	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesions - 0.6-1.0 cm	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 cm to 1.0 cm
11400	Excision - benign lesions (trunk, arms and legs) 0.5 cm or less	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.5 cm or less
11401	Excision - benign lesions (trunk, arms and legs) 0.6 to 1.0 cm	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.6 cm to 1 cm
11420	Excision - benign lesions (scalp, neck, hands, feet) 0.5 cm or less	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision - benign lesions (scalp, neck, hands, feet) 0.6 cm to 1.0 cm	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 cm to 1.0 cm
11440	Excision - benign lesions (face, ears, eyelids, nose, lips, mucous membrane) 0.5 cm or less	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision - benign lesions (face, ears, eyelids, nose, lips, mucous membrane) 0.6 to 1.0 cm	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11765	Ingrown toenail removal	Wedge excision of skin of nail fold ( e.g., for ingrown toenail)
12001	Minor Laceration Repair - Simple Repair 2.5 cm or less	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Minor Laceration Repair - Simple Repair 2.6 cm to 7.5 cm	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	Minor Laceration Repair - Simple Repair over 30.0 cm	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011	Minor Laceration Repair - Simple Repair 2.5 cm or less	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Minor Laceration Repair - Simple Repair 2.6 cm to 5.0 cm	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Minor Laceration Repair - Simple Repair 5.1 cm to 7.5 cm	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	Minor Laceration Repair - Simple Repair Over 30.0 cm	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; Over 30.0 cm
12020	Minor Laceration Repair - Simple Repair	Treatment of superficial wound dehiscence; simple closure
12021	Minor Laceration Repair - Simple Repair; with packing	Treatment of superficial wound dehiscence; simple closure; with packing
13100	Benign Skin Tag, mole, wart removal (no pathology needed) - Repair, complex, trunk; 1.1 cm to 2.5 cm	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Benign Skin Tag, mole, wart removal (no pathology needed) - Repair, complex, trunk; 2.6 cm to 7.5 cm	Repair, complex, trunk; 2.6 cm to 7.5 cm
17000	Destruction, Benign or premalignant lesions- 1st lesion	Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g. actinic keratosis); first lesion
17003	Destruction, premalignant lesions - 2-14 lesions	Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g. actinic keratosis); second thru 14 lesions
17004	Destruction, premalignant lesions - 15 or more lesions	Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g. actinic keratosis); 15 or more lesions
17110	Destruction, Benign lesions - up to 14 lesions	Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction, Benign lesions - 15 or more lesions	Destruction (e.g., laser surgery, electro surgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
20550	Injection of tendon sheaths	Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia")
20551	Injection of tendon sheaths	Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia") - Single tendon origin/insertion
20552	Injection of trigger points	Injection(s); single or multiple trigger point(s), 1 or 2 muscle (s)

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
20553	Injection of trigger points	Injection(s); single or multiple trigger point(s), 3 or more muscles
20600	Injection of buse	Arthrocentesis, aspiration and/or injection, small joint or burse (e.g., fingers, toes); without ultrasound guidance
20605	Injection of buse	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20610	Injection of buse	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip knee, subacromial bursa); without ultrasound guidance
36415	Venipuncture	Collection of venous blood by venipuncture
36416	Venipuncture	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
45330	Sigmoidoscopy	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing
45331	Sigmoidoscopy	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy	Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	Sigmoidoscopy	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	Sigmoidoscopy	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341	Sigmoidoscopy	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	Sigmoidoscopy	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45378	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45384	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more structures
45388	Colonoscopy	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45391	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	Colonoscopy	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
46083	Treatment of minor hemorrhoids	Incision of thrombosed hemorrhoid, external
46320	Treatment of minor hemorrhoids	Incision of thrombosed hemorrhoid, external
69210	Impacted Ear Wax Removal	Removal impacted cerumen requiring instrumentation, unilateral
70360	X-Ray - Neck	Radiologic examination; neck, soft tissue
71045	X-Ray - Chest	Radiologic examination, chest; single view
71046	X-Ray - Chest	Radiologic examination, chest; 2 views
71100	X-Ray - Ribs	Radiologic examination, ribs; Unilateral; 2 views
71101	X-Ray - Ribs	Radiologic examination, ribs; Unilateral; 2 views; including posteroanterior chest, minimum of 3 views
71110	X-Ray - Ribs	Radiologic examination, ribs; Bilateral; 3 views
71111	X-Ray - Ribs	Radiologic examination, ribs; Bilateral; 3 views; including posteroanterior chest, minimum of 4 views
71250	Lung Cancer Screening	Computed tomography, thorax; without contrast material
72020	X-Ray - Spine	Radiologic examination; spine, single view, specify level
72040	X-Ray - Spine, Cervical	Radiologic examination; spine, cervical; 2 or 3 views
72050	X-Ray - Spine, Cervical	Radiologic examination; spine, cervical; 4 or 5 views
72052	X-Ray - Spine, Cervical	Radiologic examination; spine, cervical; 6 or more views
72070	X-Ray - Spine, Thoracic	Radiologic Examination, spine; thoracic, 2 views
72072	X-Ray - Spine, Thoracic	Radiologic Examination, spine; thoracic, 3 views
72100	X-Ray - Spine, Thoracic	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	X-Ray - Spine, Lumbosacral	Radiologic Examination, spine, lumbosacral; minimum of 4 views

## Connect to Care by CMSP Approved Procedure Code List

<i>CPT Code</i>	<i>Procedure</i>	<i>CPT/HCPCS Code Description</i>
72114	X-Ray - Spine, Lumbosacral	Radiologic Examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
72170	X-Ray - Pelvis	Radiologic Examination, pelvis; 1 or 2 views
72190	X-Ray - Pelvis	Radiologic Examination, pelvis; complete; minimum of 3 views
72220	X-Ray - Sacrum and Coccyx	Radiologic Examination, sacrum and coccyx, minimum of 2 views
73000	X-Ray - Clavicle	Radiologic Examination, clavicle, complete
73010	X-Ray - Scapula	Radiologic Examination, scapula, complete
73020	X-Ray - Shoulder	Radiologic Examination, shoulder, 1 view
73030	X-Ray - Shoulder	Radiologic Examination, shoulder, complete, 2 views
73060	X-Ray - Humerus	Radiologic Examination, humerus, minimum of 2 views
73070	X-Ray - Elbow	Radiologic Examination, elbow, 2 views
73080	X-Ray - Elbow	Radiologic Examination, elbow, complete, minimum of 3 views
73090	X-Ray - Forearm	Radiologic Examination, forearm, 2 views
73100	X-Ray - Wrist	Radiologic Examination, wrist; 2 views
73110	X-Ray - Wrist	Radiologic Examination, wrist; complete; minimum of 3 views
73120	X-Ray - Hand	Radiologic Examination, hand; 2 views
73130	X-Ray - Hand	Radiologic Examination, hand; minimum of 3 views
73140	X-Ray - Fingers	Radiologic Examination, fingers; minimum of 2 views
73501	X-Ray - Hip	Radiologic Examination, hip, unilateral, with pelvis when performed, 1 view
73502	X-Ray - Hip	Radiologic Examination, hip, unilateral, with pelvis when performed, 2-3 views
73503	X-Ray - Hip	Radiologic Examination, hip, unilateral, with pelvis when performed, minimum of 4 views
73521	X-Ray - Hip	Radiologic Examination, hip, bilateral, with pelvis when performed, 2 views
73522	X-Ray - Hip	Radiologic Examination, hip, bilateral, with pelvis when performed, 3-4 views
73523	X-Ray - Hip	Radiologic Examination, hip, bilateral, with pelvis when performed, minimum of 5 views
73551	X-Ray - Femur	Radiologic Examination, femur, 1 view
73552	X-Ray - Femur	Radiologic Examination, femur, minimum of 2 views
73560	X-Ray - Knee	Radiologic Examination, knee, 1 or 2 views
73562	X-Ray - Knee	Radiologic Examination, knee, 3 views
73564	X-Ray - Knee	Radiologic Examination, knee, 4 or more views
73565	X-Ray - Knee	Radiologic Examination, both knees, anteroposterior
73590	X-Ray - Tibia and Fibula	Radiologic Examination, tibia and fibula, 2 views
73600	X-Ray - Ankle	Radiologic Examination, ankle, 2 views
73610	X-Ray - Ankle	Radiologic Examination, complete ankle, minimum of 3 views
73620	X-Ray - Foot	Radiologic Examination, foot, 2 views
73630	X-Ray - Foot	Radiologic Examination, complete foot, minimum of 3 views
73650	X-Ray - Calcaneus	Radiologic Examination, calcaneus, minimum of 2 views
73660	X-Ray - Toe(s)	Radiologic Examination, toe(s) minimum of 2 views
74018	X-Ray - Abdomen	Radiologic Examination, abdomen; single view
74019	X-Ray - Abdomen	Radiologic Examination, abdomen; 2 views
74021	X-Ray - Abdomen	Radiologic Examination, abdomen; 3 or more views
74022	X-Ray - Abdomen	Radiologic Examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74263	Colorectal Cancer	Computed tomographic (CT) colonography, screening, including image postprocessing
76536	Ultrasound, Head and Neck	Ultrasound, Soft tissues of head and neck (E.g., thyroid, parathyroid, parotid), real time with image documentation
76604	Ultrasound, Chest	Ultrasound, chest (includes mediastinum), real time with image documentation
76642	Ultrasound, Chest	Limited, only once per breast, per session
76700	Ultrasound, Abdomen and Retroperitoneum	Ultrasound, abdominal, real time with image documentation; complete
76705	Ultrasound, Abdomen and Retroperitoneum	Limited (e.g., single organ, quadrant, follow-up)
76770	Ultrasound, Abdomen and Retroperitoneum	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, Abdomen and Retroperitoneum	Limited
76800	Ultrasound, Spinal Canal	Ultrasound, spinal canal and contents
76830	Ultrasound, non-obstetrical	Ultrasound, transvaginal
76831	Ultrasound, non-obstetrical	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, non-obstetrical	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete
76857	Ultrasound, non-obstetrical	limited or follow up (e.g., for follicles)
76870	Ultrasound, Genitalia	Ultrasound, scrotum and contents
76872	Ultrasound, Genitalia	Ultrasound, transrectal
76873	Ultrasound, Genitalia	prostate volume study for brachytherapy treatment planning (separate procedure)
76881	Ultrasound, Extremities; complete	Ultrasound, extremity, nonvascular, real-time with image documentation; complete

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
76882	Ultrasound, Extremities; Limited	Ultrasound, extremity, nonvascular, real-time with image documentation; Limited, anatomic specific
77078	DXA Scan Osteoporosis	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77080	DXA Scan Osteoporosis	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	DXA Scan Osteoporosis	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77085	DXA Scan Osteoporosis	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
77086	DXA Scan Osteoporosis	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
80061	Lipid Disorders in Adults	Lipid panel
80069	RENAL FUNCTION PANEL	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
80074	ACUTE HEPATITIS PANEL	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)
80076	HEPATIC FUNCTION PANEL	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)
81000	URINALYSIS NONAUTO W/SCOPE	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	URINALYSIS AUTO W/SCOPE	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	URINALYSIS NONAUTO W/O SCOPE	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	URINALYSIS AUTO W/O SCOPE	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	URINALYSIS; QUAL OR SEMI-QUAN	Urinalysis; qualitative or semiquantitative, except immunoassays
81015	MICROSCOPIC EXAM OF URINE	Urinalysis; microscopic only
81025	URINE PREGNANCY TEST	Urine pregnancy test, by visual color comparison methods
82040	ASSAY OF SERUM ALBUMIN	Albumin; serum, plasma or whole blood
82150	ASSAY OF SERUM AMYLASE	Amylase
82247	BILIRUBIN TOTAL	Bilirubin; total
82248	BILIRUBIN DIRECT	Bilirubin; direct
82270	Occult Blood - Colorectal Cancer Screening	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening
82274	Fecal Hemoglobin - Colorectal Cancer Screening	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82306	VITAMIN D 25 HYDROXY	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82310	ASSAY OF CALCIUM	Calcium; total
82330	ASSAY OF CALCIUM	Calcium; ionized
82465	Lipid Disorders in Adults	Cholesterol, serum or whole blood, total
82607	RIA ASSAY FOR VITAMIN B-12	Cyanocobalamin (Vitamin B-12);
82608	B-12 BINDING CAPACITY	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity
82652	VIT D 1 25-DIHYDROXY	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
82728	ASSAY OF FERRITIN	Ferritin
82746	ASSAY OF FOLIC ACID SERUM	Folic acid; serum
82947	Type 2 Diabetes Mellitus	Glucose; quantitative, blood (except reagent strip)
82948	Type 2 Diabetes Mellitus	Glucose; blood, reagent strip
82950	GLUCOSE TEST	Glucose; post glucose dose (includes glucose)
82951	GLUCOSE TOLERANCE TEST (GTT)	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82962	GLUCOSE BLOOD TEST	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
83013	H PYLORI (C-13) BREATH	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (e.g., C-13)
83036	Hemoglobin; Glycosylated (A1C)	High performance liquid chromatography and ion exchange chromatography.
83540	ASSAY OF IRON	Iron
83550	SERUM IRON BINDING TEST	Iron binding capacity
83655	ASSAY OF LEAD	Lead
83690	ASSAY OF LIPASE	Lipase
83718	Lipid Disorders in Adults	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	Lipid Disorders in Adults	Lipoprotein, direct measurement; VLDL cholesterol
83721	Lipid Disorders in Adults	Lipoprotein, direct measurement; LDL cholesterol

## Connect to Care by CMSP Approved Procedure Code List

<i>CPT Code</i>	<i>Procedure</i>	<i>CPT/HCPCS Code Description</i>
83735	ASSAY OF MAGNESIUM	Magnesium
83835	ASSAY OF METANEPHRINES	Metanephrines
83880	ASSAY OF NATRIURETIC PEPTIDE	Natriuretic peptide
83930	ASSAY OF BLOOD OSMOLALITY	Osmolality; blood
83935	ASSAY OF URINE OSMOLALITY	Osmolality; urine
83970	RIA ASSAY OF PARATHORMONE	Parathormone (parathyroid hormone)
83986	ASSAY PH BODY FLUID NOS	pH; body fluid, not otherwise specified
84075	ASSAY ALKALINE PHOSPHATASE	Phosphatase, alkaline;
84100	ASSAY OF PHOSPHORUS	Phosphorus inorganic (phosphate);
84132	ASSAY OF SERUM POTASSIUM	Potassium; serum, plasma or whole blood
84134	ASSAY OF PREALBUMIN	Prealbumin
84152	ASSAY OF PSA COMPLEXED	Prostate specific antigen (PSA); complexed (direct measurement)
84153	ASSAY OF PSA TOTAL	Prostate specific antigen (PSA); total
84154	ASSAY OF PSA FREE	Prostate specific antigen (PSA); free
84155	ASSAY OF PROTEIN SERUM	Protein, total, except by refractometry; serum, plasma or whole blood
84156	ASSAY OF PROTEIN URINE	Protein, total, except by refractometry; urine
84207	ASSAY OF VITAMIN B-6	Pyridoxal phosphate (Vitamin B-6)
84295	ASSAY OF SERUM SODIUM	Sodium; serum, plasma or whole blood
84403	ASSAY OF TOTAL TESTOSTERONE	Testosterone; total
84425	ASSAY OF VITAMIN B-1	Thiamine (Vitamin B-1)
84432	ASSAY OF THYROGLOBULIN	Thyroglobulin
84436	ASSAY OF TOTAL THYROXINE	Thyroxine; total
84439	ASSAY OF FREE THYROXINE	Thyroxine; free
84443	ASSAY THYROID STIM HORMONE	Thyroid stimulating hormone (TSH)
84446	ASSAY OF VITAMIN E	Tocopherol alpha (Vitamin E)
84478	Lipid Disorders in Adults	Triglycerides
84479	ASSAY OF THYROID (T3 OR T4)	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84484	ASSAY OF TROPONIN QUANT	Troponin, quantitative
84520	ASSAY OF UREA NITROGEN	Urea nitrogen; quantitative
84590	ASSAY OF VITAMIN A	Vitamin A
84630	ASSAY OF ZINC	Zinc
85002	BLEEDING TIME TEST	Bleeding time
85007	BL SMEAR W/DIFF WBC COUNT	Blood count; blood smear, microscopic examination with manual differential WBC count
85014	HEMATOCRIT	Blood count; hematocrit (Hct)
85018	HEMOGLOBIN, COLORIMETRIC	Blood count; hemoglobin (Hgb)
85025	COMPLETE CBC W/AUTO DIFF WBC	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	COMPLETE CBC AUTOMATED	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85041	RED BLOOD CELL (RBC) COUNT	Blood count; red blood cell (RBC), automated
85044	RETICULOCYTE COUNT	Blood count; reticulocyte, manual
85045	RETICULOCYTE COUNT	Blood count; reticulocyte, automated
85049	AUTOMATED PLATELET COUNT	Blood count; platelet, automated
85060	BLOOD SMEAR INTERPRETATION	Blood smear, peripheral, interpretation by physician with written report
85610	PROTHROMBIN TIME	Prothrombin time;
85651	RBC SED RATE NONAUTOMATED	Sedimentation rate, erythrocyte; non-automated
85652	RBC SED RATE AUTOMATED	Sedimentation rate, erythrocyte; automated
85730	THROMBOPLASTIN TIME PARTIAL	Thromboplastin time, partial (PTT); plasma or whole blood
86140	C-REACTIVE PROTEIN	C-reactive protein;
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	This code reports immunoassay antibody testing for severe acute respiratory syndrome coronavirus 2 using a single-step method such as a reagent strip. The test may be requested as single-step qualitative or semi-quantitative; infectious agent specificity may also include terminology such as SARS-CoV-2, coronavirus disease, or COVID-19. In one method, a reagent strip, pre-coated with appropriate IgM and IgG antibodies, is taken from its sealed container following collection of blood or serum from the patient. The sample is placed in the specimen well and diluent is added. Once the specimen and reagents react with the strip's test area, the specimen is read and results are interpreted and reported.
86580	TB INTRADERMAL TEST	Skin test; tuberculosis, intradermal
86592	Syphilis - Sexually Transmitted Infections (STI) Screening	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis - Sexually Transmitted Infections (STI) Screening	Syphilis test, quantitative e.g., VDRL, RPR
86631	Chlamydia - Sexually Transmitted Infections (STI) Screening	Chlamydia antibody
86632	Chlamydia - Sexually Transmitted Infections (STI) Screening	Chlamydia IgM

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
86644	ANTIBODY, CMV	Antibody; cytomegalovirus (CMV)
86645	CMV ANTIBODY IGM	Antibody; cytomegalovirus (CMV), IgM
86677	HELICOBACTER PYLORI	Antibody; Helicobacter pylori
86689	HIV Antibody Screening - Sexually Transmitted Infections (STI) Screening	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86695	HERPES SIMPLEX TYPE 1 TEST	Antibody; herpes simplex, type 1
86696	HERPES SIMPLEX TYPE 2 TEST	Antibody; herpes simplex, type 2
86701	HIV-1 Screening	Antibody; HIV-1
86702	HIV -2 Screening	Antibody; HIV-2
86703	HIV -1 and HIV -2 Screening	Antibody; HIV-1 and HIV-2, single assay
86704	Hepatitis B Virus Screening	Hepatitis B core antibody (HBcAb); total
86705	HEP B CORE ANTIBODY IGM	Hepatitis B core antibody (HBcAb); IgM antibody
86706	Hepatitis B Virus Screening	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis B Virus Screening	Hepatitis Be antibody (HBeAb)
86708	HEPATITIS A TOTAL ANTIBODY	Hepatitis A antibody (HAAb)
86709	HEPATITIS A IGM ANTIBODY	Hepatitis A antibody (HAAb), IgM antibody
86710	INFLUENZA VIRUS ANTIBODY	Antibody; influenza virus
86762	RUBEOLA ANTIBODY	Antibody; rubella
86765	RUBEOLA ANTIBODY	Antibody; rubeola
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	This code reports testing to identify the presence of antibodies to the SARS-CoV-2 virus. Infectious agent specificity may also include terminology such as severe acute respiratory syndrome coronavirus 2, coronavirus disease, or COVID-19. In one method, following dilution in buffer of the plasma or serum sample, a measured portion of the diluted sample and controls are added to a sample plate. After incubation and washing, appropriate IgG and IgM antibodies are added and incubated. It is combined with a substrate, incubated, and read immediately.
86780	TREPONEMA PALLIDUM	Antibody; Treponema pallidum
86787	VARICELLA-ZOSTER ANTIBODY	Antibody; varicella-zoster
86790	VIRUS ANTIBODY NOS	Antibody; virus, not elsewhere specified
86803	Hepatitis C Virus Screening	Hepatitis C antibody
86880	COOMBS TEST DIRECT	Antihuman globulin test (Coombs test); direct, each antiserum
86900	BLOOD TYPING SEROLOGIC ABO	Blood typing, serologic; ABO
86901	BLOOD TYPING SEROLOGIC RH(D)	Blood typing, serologic; Rh (D)
86902	BLOOD TYPE ANTIGEN DONOR EA	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test
87040	BLOOD CULTURE FOR BACTERIA	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	FECES CULTURE AEROBIC BACT	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (e.g., KIA, LIA), Salmonella and Shigella species
87046	STOOL CULTR AEROBIC BACT EA	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	CULTURE OTHR SPECIMN AEROBIC	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87075	CULTR BACTERIA EXCEPT BLOOD	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	CULTURE ANAEROBE IDENT EACH	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	CULTURE AEROBIC IDENTIFY	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	CULTURE SCREEN ONLY	Culture, presumptive, pathogenic organisms, screening only;
87086	URINE CULTURE/COLONY COUNT	Culture, bacterial; quantitative colony count, urine
87088	URINE BACTERIA CULTURE	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87106	FUNGI IDENTIFICATION YEAST	Culture, fungi, definitive identification, each organism; yeast
87110	Chlamydia and Gonorrhea	Culture, chlamydia, any source
87205	SMEAR GRAM STAIN	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87270	Chlamydia and Gonorrhea	Infectious agent antigen detection by immunofluorescent technique
87275	INFLUENZA B AG IF	Infectious agent antigen detection by immunofluorescent technique; influenza B virus
87276	INFLUENZA A AG IF	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
87320	Chlamydia and Gonorrhea	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method
87340	Hepatitis B Virus Screening	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87390	HIV Screening	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
87391	HIV Screening	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2
87400	INFLUENZA A/B AG IA	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each
87430	STREP A AG IA	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A
87491	Chlamydia and Gonorrhea	Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique
87492	Chlamydia and Gonorrhea	Infectious agent detection by nucleic acid (DNA or RNA); quantification
87510	GARDNER VAG DNA DIR PROBE	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87512	GARDNER VAG DNA QUANT	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87516	HEPATITIS B DNA AMP PROBE	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	HEPATITIS B DNA QUANT	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87521	HEPATITIS C PROBE&RVRS TRNSC	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
87522	HEPATITIS C RNA QUANT	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87529	HSV DNA AMP PROBE	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87535	HIV-1 PROBE&REVERSE TRNSCRP]	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87590	Chlamydia and Gonorrhea	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Chlamydia and Gonorrhea	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	Chlamydia and Gonorrhea	Neisseria gonorrhoea, quantification
87623	HPV DNA Testing for Women ages 30 or older	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification
87624	HPV HIGH-RISK TYPES	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87635	Infectious agent detection by nucleic acid (DNA or RNA)	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87660	TRICHOMONAS VAGIN DIR PROBE	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87661	TRICHOMONAS VAGINALIS AMPLIF	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87801	Chlamydia and Gonorrhea	Infectious agent detection by DNA or RNA, direct probe technique
87810	Chlamydia and Gonorrhea	Chlamydia antigen detection by immunoassay with direct optical observation
87850	Chlamydia and Gonorrhea	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
90471	Adult Immunizations - Administration	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Adult Immunizations - Administration	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	Adult Immunizations - Administration	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Adult Immunizations - Administration	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90581	Adult Immunizations - Anthrax	Anthrax vaccine, for subcutaneous or intramuscular
90585	Adult Immunizations - BCG	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586	Adult Immunizations - BCG	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90620	Adult Immunizations - Meningococcal	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2 dose schedule, for intramuscular
90621	Adult Immunizations - Meningococcal	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use
90630	Adult Immunizations - Influenza	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90632	Adult Immunizations - Hepatitis A	Hepatitis A vaccine, adult dosage, for intramuscular use
90636	Adult Immunizations - Hepatitis A & B	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90649	Adult Immunizations - HPV: ages 9-26	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90650	Adult Immunizations - HPV: ages 9-26	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90651	Adult Immunizations - HPV: ages 9-26	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use
90653	Adult Immunizations - Influenza	Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90654	Adult Immunizations - Influenza	Influenza virus vaccine, split virus, preservative-free, for intradermal use
90655	Adult Immunizations - Influenza	Influenza virus vaccine, split virus, preservative-free, 0.25 mL dosage, for intramuscular use
90656	Adult Immunizations - Influenza	Influenza virus vaccine, split virus, preservative-free, when administered to individuals 3 years and older, for intramuscular use

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
90658	Adult Immunizations - Influenza	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660	Adult Immunizations - Influenza	Influenza virus vaccine, live, for intranasal use
90661	Adult Immunizations - Influenza	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662	Adult Immunizations - Influenza	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Adult Immunizations - Pneumococcal (polysaccharide)	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90672	Adult Immunizations - Influenza	Influenza virus vaccine, quadrivalent, live, for intranasal use
90673	Adult Immunizations - Influenza	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90675	Adult Immunizations - Rabies	Rabies vaccine, for intramuscular use
90676	Adult Immunizations - Rabies	Rabies vaccine, for intradermal use
90686	Adult Immunizations - Influenza	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90688	Adult Immunizations - Influenza	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90690	Adult Immunizations - Typhoid	Typhoid vaccine, live, oral
90691	Adult Immunizations - Typhoid	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90697	Adult Immunizations - DTP	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90698	Adult Immunizations - DTP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, Haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use
90707	Adult Immunizations - MMR (Measles, Mumps, Rubella)	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Adult Immunizations - MMRV (Measles, mumps, rubella, and varicella)	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90714	Adult Immunizations - DTP	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Adult Immunizations - DTP	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716	Adult Immunizations - Varicella	Varicella virus vaccine, live, for subcutaneous use
90717	Adult Immunizations - Yellow Fever	Yellow fever vaccine, live, for subcutaneous use
90721	Adult Immunizations - DTP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Haemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723	Adult Immunizations - DTP	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use
90732	Adult Immunizations - Pneumococcal (polysaccharide)	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733	Adult Immunizations - Meningococcal	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734	Adult Immunizations - Meningococcal	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90736	Adult Immunizations - Zoster	Zoster (shingles) vaccine, live, for subcutaneous injection
90738	Adult Immunizations - Japanese Encephalitis	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90739	Adult Immunizations - Hepatitis B	Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use
90740	Adult Immunizations - Hepatitis B	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 does schedule), for intramuscular use
90746	Adult Immunizations - Hepatitis B	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Adult Immunizations - Hepatitis B	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748	Adult Immunizations - Hepatitis B	Hepatitis B and Haemophilus influenza b vaccine (Hep- B-Hib), for intramuscular use
93000	Electrocardiogram (EKG)	Electrocardiogram, Routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram (EKG); Tracing only & no interpretation/report	Electrocardiogram, Routine ECG with at least 12 leads; with interpretation and report; Tracing only, without interpretation and report
93010	Electrocardiogram(EKG); Interpretation/report	Interpretation and report only
93040	Electrocardiogram(EKG); Rhythm ECG	Rhythm ECG, 1-3 leads; with interpretation and report
93041	Electrocardiogram(EKG); Rhythm ECG; Tracing only & no interpretation/report	Tracing only, without interpretation and report
93042	Electrocardiogram(EKG); Rhythm ECG; interpretation/report	Interpretation and report only
96127	Depression Screening	Brief emotional/behavioral assessment (for example, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
96160	Health Risk Assessment	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.
96161	Health Risk Assessment	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.
99000	Lab handling of specimens	Handling and preparation specimens if sending to an outside lab or state lab
99078	Tobacco Use Counseling and intervention	Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)

## Connect to Care by CMSP Approved Procedure Code List

<i>CPT Code</i>	<i>Procedure</i>	<i>CPT/HCPCS Code Description</i>
99201	Office Visit - New Patient Level 1	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 min are spent face-to-face with the patient and/or family.
99202	Office Visit - New Patient Level 2	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office Visit - New Patient Level 3	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99204	Office Visit - New Patient Level 4	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205	Office Visit - New Patient Level 5	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office Visit - Established Patient Level 1	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office Visit - Established Patient Level 2	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	Office Visit - Established Patient Level 3	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office Visit - Established Patient Level 4	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office Visit - Established Patient Level 5	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

## Connect to Care by CMSP Approved Procedure Code List

CPT Code	Procedure	CPT/HCPCS Code Description
99241	Office Consultation - Level 1	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or/family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99242	Office Consultation - Level 2	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99243	Office Consultation - Level 3	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99244	Office Consultation - Level 4	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99245	Office Consultation - Level 5	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.
99385	Preventative Office Visit - Comprehensive Initial 18-39 years	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Preventative Office Visit - Comprehensive Initial 40-64 years	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99395	Preventative Office Visit - Reevaluation 18-39 years	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Preventative Office Visit - Reevaluation 40-64 years	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Preventative Office Visit - Reevaluation 65+ years	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older.
99401	Preventative Medicine Counseling 15 minutes - Obesity or other	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventative Medicine Counseling 30 minutes - Obesity or other	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventative Medicine Counseling 45 minutes - Obesity or other	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventative Medicine Counseling 60 minutes - Obesity or other	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	Tobacco Use Counseling and intervention 3-10 minutes	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Tobacco Use Counseling and intervention greater than 10 minutes	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol Misuse: Screening and Behavioral Counseling for Adults 15 - 30 minutes	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol Misuse: Screening and Behavioral Counseling for Adults > 30 minutes	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
80048	METABOLIC PANEL TOTAL CA	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)

## Connect to Care by CMSP Approved Procedure Code List

<b>CPT Code</b>	<b>Procedure</b>	<b>CPT/HCPCS Code Description</b>
80051	ELECTROLYTE PANEL	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)
80053	COMPREHENSIVE METABOLIC PANEL	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)
C9803	Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	For hospital outpatient clinics, the Centers for Medicare and Medicaid Services (CMS) has created a code that may be reported to identify and reimburse specimen collection for COVID-19 testing under the Outpatient Prospective Payment System (OPPS). Specimens may be obtained through a variety of sources, such as nasopharyngeal or oropharyngeal swab, nasopharyngeal wash or aspirate, nasal aspirate, or sputum.
G0104	Colonoscopy - Colorectal Cancer	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colonoscopy - Colorectal Cancer	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colonoscopy - Colorectal Cancer	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0120	Colonoscopy - Colorectal Cancer	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Colonoscopy - Colorectal Cancer	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0122	Barium Enema Colorectal Cancer	Colorectal cancer screening; barium enema
G0297	Low dose CT scan (LDCT) for lung cancer screening	Low-dose computed tomography for lung cancer screening
G0328	Fecal occult blood test immunoassay - colorectal cancer screening	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations
G0442	Alcohol Misuse: Screening and Behavioral Counseling for Adults	Annual alcohol misuse screening, 15 minutes
G0443	Alcohol Misuse: Screening and Behavioral Counseling for Adults	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Depression Screening	Annual depression screening, 15 minutes
G0445	Sexually Transmitted Infections: Behavioral Counseling	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, performed semi-annually, 30 minutes
G0446	Healthy Diet Counseling	Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes
G0447	Obesity Counseling	Face-to-face behavioral counseling for obesity, 15 minutes
G0472	Hepatitis C Virus Screening	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
G0473	Obesity Counseling	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
Q2035	Immunizations Adult Influenza	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)
Q2036	Immunizations Adult Influenza	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVAVAL)
Q2037	Immunizations Adult Influenza	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
Q2038	Immunizations Adult Influenza	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039	Immunizations Adult Influenza	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)
S8092	CT - electron beam for lung cancer screening	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)
S9453	Tobacco Use Counseling and intervention - smoking cessation classes	Smoking cessation classes, non-physician provider, per session
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	The 2019-Novel Coronavirus (2019-nCoV or COVID-19) Real-Time RT-PCR Diagnostic Panel is a molecular in vitro diagnostic test intended for presumptive qualitative detection of nucleic acid from COVID-19 in both upper and lower respiratory tract specimens (e.g., naso- or oropharyngeal swabs, sputum, aspirates, etc.) collected from patients that meet Centers for Disease Control and Prevention (CDC) testing criteria.
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	The 2019-Novel Coronavirus (2019-nCoV or COVID-19) Real-Time RT-PCR Diagnostic Panel is a molecular in vitro diagnostic test intended for presumptive qualitative detection of nucleic acid from COVID-19 in both upper and lower respiratory tract specimens (e.g., naso- or oropharyngeal swabs, sputum, aspirates, etc.) collected from patients that meet Centers for Disease Control and Prevention (CDC) testing criteria.
U0003	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	The 2019-Novel Coronavirus (2019-nCoV or COVID-19) Real-Time RT-PCR Diagnostic Panel is a molecular in vitro diagnostic test intended for presumptive qualitative detection of nucleic acid from COVID-19 in both upper and lower respiratory tract specimens (e.g., naso- or oropharyngeal swabs, sputum, aspirates, etc.) collected from patients that meet Centers for Disease Control and Prevention (CDC) testing criteria
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	The 2019-Novel Coronavirus (2019-nCoV or COVID-19) Real-Time RT-PCR Diagnostic Panel is a molecular in vitro diagnostic test intended for presumptive qualitative detection of nucleic acid from COVID-19 in both upper and lower respiratory tract specimens (e.g., naso- or oropharyngeal swabs, sputum, aspirates, etc.) collected from patients that meet Centers for Disease Control and Prevention (CDC) testing criteria
X3900*	Physical Therapy - Rehabilitation Services	Single modality to one area - initial 30 minutes
X3902*	Physical Therapy - Rehabilitation Services	Single modality to one area - each additional 15 minutes
X3904*	Physical Therapy - Rehabilitation Services	Single procedure to one area - initial 30 minutes
X3906*	Physical Therapy - Rehabilitation Services	Single procedure to one area - each additional 15 minutes

## Connect to Care by CMSP Approved Procedure Code List

<i>CPT Code</i>	<i>Procedure</i>	<i>CPT/HCPCS Code Description</i>
X3908*	Physical Therapy - Rehabilitation Services	Treatment including a combination of any modalities and procedures (one or more areas) – initial 30 minutes
X3910*	Physical Therapy - Rehabilitation Services	Treatment including a combination of any modalities and procedures (one or more areas) – each additional 15 minutes
X3912*	Physical Therapy - Rehabilitation Services	Hubbard Tank – initial 30 minutes
X3914*	Physical Therapy - Rehabilitation Services	Hubbard Tank – each additional 15 minutes
X3916*	Physical Therapy - Rehabilitation Services	Hubbard Tank or pool therapy with therapeutic exercise – initial 30 minutes
X3918*	Physical Therapy - Rehabilitation Services	Hubbard Tank or pool therapy with therapeutic exercise – each additional 15 minutes
X3920*	Physical Therapy - Rehabilitation Services	Any of the tests and measurements – initial 30 minutes, plus report
X3922*	Physical Therapy - Rehabilitation Services	Any of the tests and measurements – each additional 15 minutes, plus report
X3924*	Physical Therapy - Rehabilitation Services	Physical Therapy Preliminary Evaluation rehabilitation center, SNF, ICF

**\*Physical Therapy services limited to 24 visits per benefit period. Physical Therapy services in excess of 24 visits within a member's benefit period will not be payable by Connect to Care.**