

**SUPERBILL: Generic Health Department – STD/HIV/VH Program Services**

| Clinician                                     |         | NPI Number |     |
|-----------------------------------------------|---------|------------|-----|
|                                               |         |            |     |
|                                               |         |            |     |
| Evaluation & Management (E & M) Clinic Visits |         |            |     |
| Office/Other Outpatient Visit                 | New Pt. | Est. Pt.   | Fee |
|                                               | CPT     | CPT        |     |
| Level 1: Problem focused                      | 99201   | 99211      |     |
| Level 2: Expanded problem focused             | 99202   | 99212      |     |
| Level 3: Detailed                             | 99203   | 99213      |     |
| Level 4: Comprehensive, moderate              | 99204   | 99214      |     |
| Level 5: Comprehensive, high                  | 99205   | 99215      |     |

| Prevention Counseling – add modifier 25 if appropriate                             |       |     |
|------------------------------------------------------------------------------------|-------|-----|
| Service                                                                            | CPT   | Fee |
| Prevention counseling, ind – app 15 min                                            | 99401 |     |
| Prevention counseling, ind – app 30 min                                            | 99402 |     |
| Prevention counseling, ind – app 45 min                                            | 99403 |     |
| Prevention counseling, ind – app 60 min                                            | 99404 |     |
| Smoking/tobacco cessation counseling <10 min                                       | 99405 |     |
| Smoking/tobacco cessation counseling >10 min                                       | 99406 |     |
| Modifier 25 used if Prevention Counseling is done WITH an E&M visit                |       |     |
| Procedures                                                                         |       |     |
| Procedure                                                                          | CPT   | Fee |
| Routine venipuncture                                                               | 36415 |     |
| Injection for medications and vaccines                                             | 96172 |     |
| Prolonged Service Visits                                                           |       |     |
|                                                                                    | CPT   | Fee |
| Prolonged service – face-to-face 30 min***                                         | 99234 |     |
| Prolonged service – face-to-face add 15 min***                                     | 99235 |     |
| Prolonged service – face-to-face add 15 min***                                     | 99236 |     |
| Prolonged service – face-to-face add 15 min***                                     | 99237 |     |
| *** Prolonged service (E&M) is a T&M. Fee code is multiple time than usually spent |       |     |
| Alcohol Screening                                                                  |       |     |
| Alcohol and/or screening                                                           | 90489 |     |
| Alcohol and/or drug screening per 15 minutes                                       | 90490 |     |
| Vaccinations/Immunization                                                          |       |     |
| Immunization admin, one visit                                                      | 90471 |     |
| Immunization admin, second visit                                                   | 90472 |     |
| Hep A vac, adult – VC4 0.5 ml                                                      | 90511 |     |
| Hep A vac, ped/adol 2-dose IM                                                      | 90513 |     |
| Hep A vac, ped/adol 3-dose IM                                                      | 90514 |     |
| Hep A/B comb vac, adult dose (Twinrix) IM                                          | 90516 |     |
| HPV, types 11, 16, 18 (quadivalent) 3-dose IM                                      | 90559 |     |
| HPV, types 16, 18 bivalent 3-dose IM                                               | 90558 |     |
| Hep B vac, dialysis/immunosuppressed 3-dose IM                                     | 90129 |     |
| Hep B vac, adol, 2-dose IM                                                         | 90143 |     |
| Hep B vac, ped/adol 3-dose IM                                                      | 90144 |     |

| Patient Sticker                                                  |              |
|------------------------------------------------------------------|--------------|
| Patient Name:                                                    |              |
| MRN:                                                             | Account #    |
| DOB:                                                             | Service Date |
| Pathology & Laboratory – add modifier 92 for rapid tests         |              |
| Inside Lab – add modifier 09/ Outside Lab – no modifier          |              |
| Acute hepatitis panel                                            | 80074        |
| Urinalysis by dipstick or tablet, no microscopy                  | 81003        |
| Urine pregnancy test – by visual color                           | 81023        |
| pH/body fluids                                                   | 83888        |
| Syphilis antibody indirect – RPR, VDRL, ART                      | 86582        |
| Syphilis test if RPR, VDRL, positive                             | 86593        |
| Syphilis antibody direct – EIA (includes rapid), FTA, TP-PA, etc | 86780        |
| HIV Antibody: HIV or HIV antibody & West. Blot                   | 86838        |
| HSV culture                                                      | 86894        |
| HSV Type 2 Antibody                                              | 86705        |
| HSV Type 2 Antibody                                              | 86702        |
| HIV Antibody: HIV- and HIV-2 single assay                        | 86703        |
| Hep B core antibody                                              | 86704        |
| Hep B IgM antibody                                               | 86705        |
| Hep B surface antibody                                           | 86706        |
| Hep B antibody                                                   | 86707        |
| Hep B antibody                                                   | 86708        |
| Hep B IgM antibody                                               | 86709        |
| Hep C antibody – if rapid kit, Modifier 92                       | 86803        |
| Gonorrhea culture                                                | 87038        |
| Chlamydia culture                                                | 87110        |
| Gram stain, bacteria, fungi/cell type                            | 87205        |
| Web report for infectious agent (COH)                            | 87210        |
| Reactive Treponema antigen (RPR/ART)                             | 87340        |
| HIV 4 <sup>th</sup> Generation HIV – if Rapid kit, *Modifier 92  | 87338        |
| HIV antibody HIV-1 – if rapid kit, *Modifier 92                  | 87390        |
| Chlamydia NAAT – amplified probe                                 | 87491        |
| Hepatitis B virus, quantification                                | 87517        |
| HIV-1 direct probe technique                                     | 87534        |
| HIV-1 amplified probe test w/ reverse transcription              | 87535        |
| HIV-1 quantification w/ reverse transcription                    | 87536        |
| Gonorrhea NAAT – amplified probe                                 | 87591        |
| Rap smear                                                        | 88141        |
| Web prep (managed care)                                          | 88111        |
| Rap smear (managed care)                                         | 88001        |
| Injection Medication (also code 96372)                           |              |
| Ceftriaxone 250 mg.                                              | 10086        |
| Penicillin G benzathine up to 2.4 million units                  | 10181        |
| In Clinical Conference - Non-Payable Codes                       |              |
| Patient receiving potent ART > 6 months                          | 41204        |
| Potent ART prescribed                                            | 41205        |
| Patient screened for injection drug use (HIV)                    | 41805        |
| Patient screened for high-risk sexual behavior (HIV)             | 41806        |

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