



Allowable Pre-Exposure Prophylaxis (PrEP) Related Medical Services Effective October 01, 2019

The California Department of Public Health, Office of AIDS (OA), PrEP Assistance Program (PrEP-AP) provides assistance with medical out-of-pocket costs for clients for the PrEP-related services identified below. For reimbursement, all claims must include: 1) a CPT code indicating the procedure or counseling session received, and 2) the ICD-10 code(s) substantiating the reason for the provider visit as being PrEP-related.

Please Note: Reimbursement rates identified in the right column apply to rates paid to contracted providers in the PrEP-AP Provider Network to provide services to uninsured clients. Uninsured clients must receive services at approved locations within the PrEP-AP Provider Network. Clients with insurance will have the actual portion of their co-payment obligation charged by the insurance plan paid for by the PrEP-AP.

CPT Codes	Description	CDPH Reimbursement Rate
Office Visit – Outpatient Service – Medication Administration		
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (10 MINUTES)	\$46.49
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (20 MINUTES)	\$77.48
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (30 MINUTES)	\$109.92
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (45 MINUTES)	\$166.86
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (60 MINUTES)	\$209.75
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (5 MINUTES)	\$23.07
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (10 MINUTES)	\$45.77
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (15 MINUTES)	\$75.32
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (25 MINUTES)	\$110.28
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT SERVICE (40 MINUTES)	\$147.76
90471	IMMUNIZATION ADMINISTRATION	\$16.94
96372	THERAPEUTIC, PROPHYLACTIC, & DIAGNOSTIC INJECTIONS AND INFUSIONS	\$16.94
96373	THERAPEUTIC, PROPHYLACTIC, & DIAGNOSTIC INJECTIONS AND INFUSIONS	\$16.94
HIV Testing		
86359	CD4 CELL COUNT	\$41.92
86689	HTLV/HIV CONFIRMATORY TEST	\$21.51
86701	HIV-1	\$9.87
86702	HIV-2	\$15.02
86703	HIV-1/HIV-2, TYPE DIFFERENTIATING ASSAY (BIO RAD GEENIUS)	\$15.23
87389	HIV-1/2 ANTIGEN AND ANTIBODIES, FOURTH GENERATION WITH REFLEXES	\$26.75
87390	HIV-1 AG, EIA	\$24.06
87391	HIV-2 AG, EIA	\$21.90
87534	HIV-1, DNA, DIR PROBE	\$22.28
87535	HIV-1, RNA, QUALITATIVE, PCR	\$38.99
87536	HIV-1, VIRAL LOAD (RNA, QUANT)	\$94.55
87537	HIV-2, DNA, DIR PROBE	\$22.28
87538	HIV-2, DNA, AMP PROBE	\$38.99
87539	HIV-2, DNA, QUANT	\$58.62



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STI Testing		
86592	BLOOD SEROLOGY, QUALITATIVE	\$4.75
86593	BLOOD SEROLOGY, QUANTITATIVE	\$4.89
86780	TREPONEMA PALLIDUM PARTICLE AGGLUTINATION ASSAY	\$14.71
87070	CULTURE, BACTERIA, OTHER	\$9.57
87081	CULTURE	\$7.36
87110	CHLAMYDIA, CULTURE	\$21.77
87164	DARK FIELD WITHOUT SPECIMEN COLLECTION	\$11.93
87166	DARK FIELD WITH SPECIMEN COLLECTION	\$12.56
87205	SMEAR, GRAM STAIN	\$4.75
87270	CHLAMYDIA TRACHOMATIS AG, IF	\$13.32
87285	TREPONEM PALLIDUM AG, IF	\$13.32
87320	CHLAMYDIA TRACHOMATIS AG, EIA	\$15.00
87490	CHLAMYDIA TRACH, DNA, DIR PROBE	\$22.75
87491	CHLAMYDIA TRACH, DNA, AMP PROBE	\$38.99
87492	CHLAMYDIA DNA OR RNA, QUANT	\$53.47
87590	N. GONORRHOEAE, DNA, DIR PROBE	\$26.88
87591	N. GONORRHOEAE, DNA, AMP PROBE	\$38.99
87592	N. GONORRHOEAE, DNA, QUANT	\$47.60
87800	SMEAR, GRAM STAIN	\$44.57
87801	MULTIPLE ORGANISM NAAT	\$77.99
Pregnancy Testing		
81025	HCG, QUALITATIVE, URINE	\$8.61
Renal Function Testing		
80053	COMPREHENSIVE METABOLIC PANEL	\$11.74
82565	CREATININE, BLOOD	\$5.69
Hepatitis A Screening		
86708	HAV AB	\$13.76
Hepatitis B Screening		
80074	ACUTE HEPATITIS PANEL	\$52.93
87340	HEPATITIS B SURFACE AG, EIA	\$11.48
87341	HEPATITIS B SURFACE AG, EIA	\$11.48
86704	HBV CORE AB	\$13.39
86706	HBV SURFACE AB	\$11.93
Hepatitis C Screening		
86803	HEPATITIS C AB TEST	\$15.85
86804	HEPATITIS C AB TEST, CONFIRM	\$17.21



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PrEP-related ICD-10 Codes	
ICD-10 Code	Description
Z72.5	HIGH-RISK SEXUAL BEHAVIOR
Z72.51	HIGH-RISK HETEROSEXUAL BEHAVIOR
Z72.52	HIGH-RISK HOMOSEXUAL BEHAVIOR
Z72.53	HIGH-RISK BISEXUAL BEHAVIOR
Z20	CONTACT WITH AND (SUSPECTED) EXPOSURE TO COMMUNICABLE DISEASES
Z20.2	CONTACT WITH AND (SUSPECTED) EXPOSURE TO INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION
Z20.5	CONTACT WITH AND (SUSPECTED) EXPOSURE TO VIRAL HEPATITIS
Z20.6	CONTACT WITH AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEFICIENCY VIRUS (HIV)
Z20.8	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER COMMUNICABLE DISEASES
Z20.82	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES
Z20.81	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER BACTERIAL COMMUNICABLE DISEASES
Z20.9	CONTACT WITH AND (SUSPECTED) EXPOSURE TO UNSPECIFIED COMMUNICABLE DISEASES
Z29.8	OTHER SPECIFIED PROPHYLACTIC MEASURES
Z771.21	CONTACT WITH AND (SUSPECTED) EXPOSURE TO POTENTIALLY HAZARDOUS BODY FLUIDS
W46.0XXA	CONTACT WITH HYPODERMIC NEEDLE (INITIAL ENCOUNTER)
W46.0XXD	CONTACT WITH HYPODERMIC NEEDLE (SUBSEQUENT ENCOUNTER)
W46.1XXA	CONTACT WITH CONTAMINATED HYPODERMIC NEEDLE (INITIAL ENCOUNTER)
W46.1XXD	CONTACT WITH CONTAMINATED HYPODERMIC NEEDLE (SUBSEQUENT ENCOUNTER)
Z11.59	ENCOUNTER FOR OTHER VIRAL DISEASES
Z70.0	COUNSELING RELATED TO SEXUAL ATTITUDE
Z70.1	COUNSELING RELATED TO PATIENTS SEXUAL BEHAVIOR AND ORIENTATION
Z11.4	ENCOUNTER FOR SCREENING FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)
Z11.3	ENCOUNTER FOR SCREENING FOR INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION

Physician Administered Medications

Please reference the PrEP-AP policy document linked [here](#)