

## Appendix XIV — Codes, Claims and Reimbursable Services

### Appendix XIV-A — Appropriate Codes for Claims/Encounter Data

Reminder ICD10 is here and should be used for all dates of service from October 1, 2015 forward. Visit [www.healthfirst.org/ICD10](http://www.healthfirst.org/ICD10) for resources to ensure your practice is using the correct ICD-10 codes.

Providers should follow all guidelines outlined in Provider Manual Section 16 – Provider Compensation and the Billing and Reimbursement Policies. Adhering to these guidelines ensures prompt and accurate claims payments.

**Obstetrical Care:** Healthfirst reimburses for obstetrical care on a fee-for-service basis or based on specific contractual arrangements. In all cases, the provider must submit claims for each service rendered. Claims should be submitted for payment of prenatal and postpartum visits, as well as for delivery. The following CPT-4 codes should be used:

- 59409 – Vaginal Delivery Only
- 59514 – Cesarean Delivery Only
- 59612 – Vaginal Delivery after Previous Cesarean Delivery
- 59620 – Cesarean Delivery after Previous Cesarean Delivery
- 59430 – Postpartum Care (in conjunction with the appropriate pregnancy diagnosis ICD10 code; e.g., Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2)

Cases requiring more than seven (7) prenatal visits or more than one (1) postpartum visit may be subject to retrospective medical record review by the Healthfirst Medical Management department.

Type of Care	Appropriate CPT-4 Codes	Appropriate ICD-10 Codes
<b>PRENATAL CARE</b> (Initial visit must be made in the 1 <sup>st</sup> trimester or within 42 days of enrollment with Healthfirst)	59425 and 59426 (itemize each date of service), 99201–99205, 99211–99215, 99241–99245 with a pregnancy-related diagnosis code	Series 009-016, Series 020-026, Series 020-030, Series 040-048 Z codes-Z33.2-Z34.93
<b>POSTPARTUM VISITS</b> (Visit must be made between 21 to 56 days after delivery)	59430	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.

Please verify that the codes you are currently using match those shown above. If you have a billing service, please make them aware that they should use these codes to report prenatal and postpartum services. To report gestational diabetes, use the appropriate ICD10 codes **O24.011- O24.919**

**Family Planning Services:** Healthfirst reimburses for family planning services provided to Healthfirst members.

- The following CPT/HCPCS/ICD9CM codes are **acceptable** for billing family planning services: A4260, 11975, 11976, 11977, 55450, 56301, 56302, 57170, 58300, 58301, 58600, 58605, 58611, 58700, 58770, 81025, 84703, 86406, Z30.02, Z31.61, J1050, J1055, J7300.
- The following codes are likely to be deemed **unacceptable** according to New York State’s definition of family planning services: 84235, 89310, 54900, 54901, 55250, 55400, 57700, 57720, 58760, 58321, 58322, 58345, 58740, 58750, 58752, 59000, 59012, 59015, 59320, 59325, 74740, 74742, 76857, 84165 V26.0–V26.9.

**Please note:**

- Healthfirst’s Medicaid members may obtain family planning and reproductive services without a PCP referral from either in-network or out-of-network Medicaid providers.
- Healthfirst’s CHPlus and members may obtain family planning and reproductive health services through

any in-network CHPlus provider without approval from or notification to Healthfirst or their PCP.

- Healthfirst will not pay claims for Healthfirst CHPlus members seeking family planning and reproductive health services from out-of-network providers.

**Chlamydia Testing:** In accordance with the requirements of the NYSDOH, tests for chlamydia must be coded according to the DNA tests specific for chlamydia. Healthfirst will deny all claims coded with -ICD 10 CM diagnostic code 87797 – DETECT AGENT NOS, DNA, DIR when used for chlamydia testing. Use CPT4 code 87491 for chlamydia screening using urine specimen.

**Providers must use these codes for chlamydia testing:**

- 87110 – Chlamydia culture
- Chlamydia trachomatis detection by:
  - 87270 – immunofluorescence microscopy
  - 87320 – enzyme immunoassay technique
- Chlamydia trachomatis detection by nucleic acid:
  - 87490 – direct probe technique
  - 87491 – amplified probe technique
  - 87492 – quantification
  - 87810 – Chlamydia trachomatis detection by immunoassay with direct optical observation

**Venipuncture:** Venipuncture for the collection of specimens is considered a bundled service and is NOT separately reimbursable. Venipuncture is the insertion of a needle into a vein in order to obtain a blood sample, start an intravenous infusion, or to give medication. A bundled service is any service essential to the primary procedure and is included in the fee for the primary procedure. Bundled services are not reimbursed separately.

Venipuncture for the collection of specimens shall NOT be reimbursed separately if submitted with a charge for an office visit, hospital or emergency room visit, or in addition to a laboratory test. The reimbursement is considered included in the office visit, or the surgical or laboratory procedure. **Healthfirst will automatically deny payment for the venipuncture procedure codes listed below. “ZE”-“Procedure Rebundled” will appear on the EOP.**

Procedure Code	Description
36400	Venipuncture, under age 3 years, necessitating physician’s skill, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, under age 3 years, necessitating physician’s skill, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, under age 3 years, necessitating physician’s skill, not to be used for routine venipuncture; other vein
36410	Venipuncture, age 3 years or older, necessitating physician’s skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
36420	Venipuncture, cutdown; under age 1 year
36425	Venipuncture, cutdown; age 1 or over
G0001	Routine venipuncture for collection of specimen(s)

**Modifier – 25:** Modifier – 25 indicates that on the day a procedure or service was performed, the patient required a significant, separately identifiable evaluation and management (E&M) service. The service must have been above and beyond the initial service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

In these instances the provider should bill the E&M code with Modifier – 25. E&M codes should not be billed separately in addition to a CPT-4 procedure code that has been assigned a global period. Medical records

should support the use of Modifier – 25. Healthfirst will review E&M codes and will deny such codes billed in addition to procedure codes assigned a global period.

**ICD-10:** The ICD-10-CM code set has expanded the length of characters (formerly referred to as “digits”) to a maximum of seven (7) characters, as opposed to five characters (digits) in ICD-9-CM. The code structure contains categories, subcategories and codes. All categories are three characters, and the first character of a category is a letter. The second and third characters may be either numbers or alpha categories. A three character category that has no further subdivision is equivalent to a code (I10 – Essential [primary] hypertension). Subcategories are either four (4) or five (5) characters. Subcategory characters may be either letters or numbers. Codes are four, five or six characters and the final character may be either a letter or number. The four (4) character subcategory further defines the site, etiology, and manifestation(s) or state (s) of the disease or condition. The fifth (5<sup>th</sup>) or sixth (6<sup>th</sup>) character sub-classification represents the most precise level of specificity. Certain ICD-10-CM categories have applicable seven (7) characters. The seventh (7<sup>th</sup>) character must always be the 7<sup>th</sup> character in the data field. Example: T50.B96A – Underdosing of other viral vaccines, initial encounter

If a code that requires a 7<sup>th</sup> character is not 6 characters, a placeholder **X (dummy placeholder)** must be used to fill in the empty characters. Example: T15.12XS Foreign body in conjunctival sac, left eye, sequela.

As mentioned above, medical records **must** contain the information to substantiate and support the reported codes.

**Sexually Transmitted Diseases**

STD	Minimum Required Visits	Appropriate CPT-4 Codes	Appropriate ICD-10 Codes
Chlamydia	Once per year	87110, 87270, 87320, 87490–87492, 87810	Z00.00, <b>Z11.3</b> , <b>Z11.8</b> , Z11.9, Z20.2
Gonorrhea	Once per year	87590–87592, 87850	Z00.00, <b>Z11.3</b> , <b>Z11.8</b> , Z11.9, Z20.2
Syphilis	Once per year	86592, 86593	Z11.3
Trichomoniasis	Once per year	88141–88158, 87177, 87210, 87211	Z00.00, <b>Z11.3</b> , <b>Z11.8</b> , Z11.9, Z20.2

**Well-Child/Adolescent Care**

Member’s Age	Minimum Required Visits	Appropriate CPT-4 Codes	Appropriate ICD-10 Codes
0 to 15 months	6 or more	99381, 99382, 99391, 99392, 99432, 99461, and one of the ICD-9 codes listed in the next column	Z00.00-Z02.9
3 to 6 years old	Once per year	99382, 99383, 99392, 99393, and one of the ICD-9 codes listed in the next column	Z00.00-Z02.9
12 to 21 years old	Once per year	99383–99385, 99393–99395, and one of the ICD-9 codes listed in the next column	Z00.00-Z02.9

**Childhood and Adolescent Immunizations**

Required Service	CPT Codes
DTaP (4)	90700

Diphtheria and tetanus	90702
Diphtheria	90719
Tdap	90715
Td	90714, 90718
Tetanus	90703
IPV (3)	90713
DTaP-Hib-IPV	90698
DtaP-HepB-IPV	90723
DtaP-Hib	90721
MMR (1)	90707
Measles	90705
Measles & Rubella	90708
Mumps	90704
Rubella	90706
MMRV (Measles/Mumps/Rubella/Varicella)	90710
HiB (3)	90645, 90646, 90647, 90648
Hepatitis A	90633
Hepatitis B	90740, 90744, 90747
HepB-Hib	90748
VZV (1)	90716
Rotavirus (2 doses)	90681
Rotavirus	90680
Human Pappilomavirus Vaccine (HPV)	90650
PCV Pneumococcal (4)	90669
Meningococcal	90733, 90734
Influenza	90655, 90657, 90661, 90662

[Please click here for a complete list of HEDIS eligible codes](#)

## Appendix XIV-B — Reimbursable Services

### In Scope – Effective 01/01/2013.

The following table lists the CPT-4 Codes and service descriptions that are reimbursable to Healthfirst NY PCPs/FPs and clarifies the reimbursement methodology for each CPT-4 code.

Service Code	Description	Capitated Provider Coverage	FFS Provider Coverage
10060	INCISION AND DRAINAGE OF ABSCESS (E.G., CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	Paid at FFS	Paid at FFS
10061	INCISION AND DRAINAGE OF ABSCESS (E.G., CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	Paid at FFS	Paid at FFS
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	Paid at FFS	Paid at FFS
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	Paid at FFS	Paid at FFS
10120	INCISION AND REMOVAL OF FOREIGN BODY,	Paid at FFS	Paid at FFS

	SUBCUTANEOUS TISSUES; SIMPLE		
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	Paid at FFS	Paid at FFS
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	Paid at FFS	Paid at FFS
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	Paid at FFS	Paid at FFS
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	Paid at FFS	Paid at FFS
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE; EACH ADDT'L 20 SQ CM	Paid at FFS	Paid at FFS
11046	DEBRIDEMENT SUBCUTANEOUS TISSUE & MUSCLE; EACH ADDTL 20 SQ CM	Paid at FFS	Paid at FFS
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	Paid at FFS	Paid at FFS
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Paid at FFS	Paid at FFS
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	Paid at FFS	Paid at FFS
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	Paid at FFS	Paid at FFS
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	Paid at FFS	Paid at FFS
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	Paid at FFS	Paid at FFS
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	Paid at FFS	Paid at FFS
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	Paid at FFS	Paid at FFS
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	Paid at FFS	Paid at FFS
12002	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	Paid at FFS	Paid at FFS
12004	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	Paid at FFS	Paid at FFS
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS, AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	Paid at FFS	Paid at FFS
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE;	Paid at FFS	Paid at FFS

	SIMPLE CLOSURE		
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	Paid at FFS	Paid at FFS
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	Paid at FFS	Paid at FFS
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	Paid at FFS	Paid at FFS
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL- THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)	Paid at FFS	Paid at FFS
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL- THICKNESS BURNS, INITIAL OR SUBSEQUENT; MEDIUM (E.G., WHOLE FACE OR WHOLE EXTREMITY, OR 5% TO 10% TOTAL BODY SURFACE AREA)	Paid at FFS	Paid at FFS
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL- THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (E.G., MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)	Paid at FFS	Paid at FFS
17000	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), PREMALIGNANT LESIONS (E.G., ACTINIC KERATOSES); FIRST LESION	Paid at FFS	Paid at FFS
17003	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), PREMALIGNANT LESIONS (E.G., ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)	Paid at FFS	Paid at FFS
17004	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), PREMALIGNANT LESIONS (E.G., ACTINIC KERATOSES), 15 OR MORE LESIONS	Paid at FFS	Paid at FFS
17110	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT) OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS	Paid at FFS	Paid at FFS
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS, OR FISTULA)	Paid at FFS	Paid at FFS
20000	INCISION SOFT TISSUE ABSCESS SUPERFICIAL	Paid at FFS	Paid at FFS
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (E.G., PLANTAR "FASCIA")	Paid at FFS	Paid at FFS
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	Paid at FFS	Paid at FFS
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	Paid at FFS	Paid at FFS
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLE(S)	Paid at FFS	Paid at FFS
20600	ARTHROCENTESIS, ASPIRATION, AND/OR INJECTION; SMALL JOINT OR BURSA (E.G., FINGERS, TOES)	Paid at FFS	Paid at FFS
20605	ARTHROCENTESIS, ASPIRATION, AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E.G., TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST,	Paid at FFS	Paid at FFS

	ELBOW, OR ANKLE, OLECRANON BURSA)		
20610	ARTHROCENTESIS, ASPIRATION, AND/OR INJECTION; MAJOR JOINT OR BURSA (E.G., SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	Paid at FFS	Paid at FFS
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	Paid at FFS	Paid at FFS
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (E.G., FELON)	Paid at FFS	Paid at FFS
29130	APPLICATION OF FINGER SPLINT; STATIC	Paid at FFS	Paid at FFS
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	Paid at FFS	Paid at FFS
29550	STRAPPING; TOES	Paid at FFS	Paid at FFS
29580	STRAPPING; UNNA BOOT	Paid at FFS	Paid at FFS
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	Included in Cap	Paid at FFS
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	Paid at FFS	Paid at FFS
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	Paid at FFS	Paid at FFS
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	Paid at FFS	Paid at FFS
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	Paid at FFS	Paid at FFS
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Paid at FFS	Paid at FFS
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Paid at FFS	Paid at FFS
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	Paid at FFS	Paid at FFS
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	Included in Cap	Paid at FFS
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	Included in Cap	Paid at FFS
71020	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL	Included in Cap	Paid at FFS
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (E.G., HIPS, PELVIS, SPINE)	Paid at FFS	Paid at FFS
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (E.G., RADIUS, WRIST, HEEL)	Paid at FFS	Paid at FFS
81000	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	Included in Cap	Paid at FFS
81001	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	Included in Cap	Paid at FFS
81002	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	Included in Cap	Paid at FFS

	MICROSCOPY		
81003	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	Included in Cap	Paid at FFS
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	Included in Cap	Paid at FFS
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	Included in Cap	Paid at FFS
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	Included in Cap	Paid at FFS
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E.G., GUAIAIC), QUALITATIVE; FECES, CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERMINATION, FOR COLORECTAL NEOPLASM SCREENING (I.E., PATIENT WAS PROVIDED 3 CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION)	Included in Cap	Paid at FFS
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E.G., GUAIAIC), QUALITATIVE; OTHER SOURCES	Included in Cap	Paid at FFS
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E.G., GUAIAIC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL NEOPLASM SCREENING	Included in Cap	Paid at FFS
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS	Paid at FFS	Paid at FFS
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	Included in Cap	Paid at FFS
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	Included in Cap	Paid at FFS
82948	GLUCOSE; BLOOD, REAGENT STRIP	Included in Cap	Paid at FFS
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE	Included in Cap	Paid at FFS
83013	HELICOBACTER PYLORI (HP); BREATH TEST ANALYSIS FOR UREASE ACTIVITY	Paid at FFS	Paid at FFS
83014	HP; DRUG ADMIN	Paid at FFS	Paid at FFS
83655	LEAD	Paid at FFS	Paid at FFS
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	Paid at FFS	Paid at FFS
85014	BLOOD COUNT; HEMATOCRIT (HCT)	Paid at FFS	Paid at FFS
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	Paid at FFS	Paid at FFS
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	Paid at FFS	Paid at FFS
85610	PROTHROMBIN TIME	Paid at FFS	Paid at FFS
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED	Paid at FFS	Paid at FFS
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	Paid at FFS	Paid at FFS
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	Paid at FFS	Paid at FFS
87110	CULTURE, CHLAMYDIA, ANY SOURCE	Paid at FFS	Paid at FFS
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (E.G., SALINE, INDIA INK, KOH PREPS)	Included in Cap	Paid at FFS



87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (E.G., SCABIES)	Included in Cap	Paid at FFS
87880	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP A	Paid at FFS	Paid at FFS
90460	IMADM <18YR PHYS CNSL1ST NJX PR D	Included in Cap	Paid at FFS
90461	IMADM <18YR PHYS CNSL EA ADDTL NJX PR D	Included in Cap	Paid at FFS
90470	IMMUNE ADMIN H1N1 IM/NASAL INCL CNSL	Included in Cap	Paid at FFS
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	Included in Cap	Paid at FFS
90472	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)	Included in Cap	Paid at FFS
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	Included in Cap	Paid at FFS
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Included in Cap	Paid at FFS
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	Included in Cap	Paid at FFS
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	Included in Cap	Paid at FFS
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE	Paid at FFS	Paid at FFS
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90633	HEPATITIS A VACCINE PEDIATRIC 2 DOSE SCHEDULE IM	Paid at FFS	Paid at FFS
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP 3 DOSE IM	Included in Cap	Paid at FFS
90648	HEMOPHILUS INFLUENZA B VACCINE PRP-T 4 DOSE IM	Included in Cap	Paid at FFS
90649	HUMAN PAPILLOMA VIRUS VACCINE QUADRIV 3 DOSE IM	Paid at FFS	Paid at FFS
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90655	INFLUENZA VIRUS VACC SPLIT PRSRV FREE 6-35 MO IM	Included in Cap	Paid at FFS
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS AND OLDER, FOR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MO IM	Included in Cap	Paid at FFS
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND	Paid at FFS	Paid at FFS

	OLDER, FOR INTRAMUSCULAR USE		
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	Paid at FFS	Paid at FFS
90662	INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE	Included in Cap	Paid at FFS
90669	PNEUMOCOCCAL CONJ VACCINE 7 VALENT IM	Included in Cap	Paid at FFS
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	Included in Cap	Paid at FFS
90680	ROTAVIRUS VACCINE PENTAVALENT 3 DOSE LIVE ORAL	Included in Cap	Paid at FFS
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90696	DTAP-IPV INACTIVATED IF ADMIN PTS AGE 4-6 YRS IM	Included in Cap	Paid at FFS
90698	DTAP-HIB-IPV VACCINE IM	Included in Cap	Paid at FFS
90700	DTAP VACCINE < 7 YR IM	Included in Cap	Paid at FFS
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	Included in Cap	Paid at FFS
90703	TETANUS TOXOID ADSORBED INTRAMUSCULAR	Included in Cap	Paid at FFS
90704	MUMPS VIRUS VACCINE LIVE SUBCUTANEOUS	Included in Cap	Paid at FFS
90705	MEASLES VIRUS VACCINE LIVE SUBCUTANEOUS	Included in Cap	Paid at FFS
90706	RUBELLA VIRUS VACCINE LIVE SUBCUTANEOUS	Included in Cap	Paid at FFS
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	Included in Cap	Paid at FFS
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	Included in Cap	Paid at FFS
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	Included in Cap	Paid at FFS
90714	TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM	Paid at FFS	Paid at FFS
90715	TDAP VACCINE 7 YR + IM	Included in Cap	Paid at FFS
90716	VARICELLA VIRUS VACCINE LIVE SUBQ	Included in Cap	Paid at FFS
90718	TETANUS & DIPHTHERIA TOXOIDS ADSORBED 7 YR + IM	Included in Cap	Paid at FFS
90721	DTAP-HIB VACCINE INTRAMUSCULAR	Included in Cap	Paid at FFS
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	Included in Cap	Paid at FFS
90732	PNEUMOCOCCAL POLYSAC VACCINE 23-V 2 YR + SUBQ/IM	Paid at FFS	Paid at FFS
90733	MENINGOCOCCAL POLYSAC VACCINE SUBCUTANEOUS	Included in Cap	Paid at FFS
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE	Included in Cap	Paid at FFS
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	Paid at FFS	Paid at FFS
90740	HEPATITIS B VACCINE DIALYSIS DOSAGE 3 DOSE IM	Included in Cap	Paid at FFS
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	Included in Cap	Paid at FFS
90744	HEPATITIS B VACCINE PEDIATRIC 3 DOSE IM	Included in Cap	Paid at FFS
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	Paid at FFS	Paid at FFS
90747	HEPATITIS B VACCINE DIALYSIS DOSAGE 4 DOSE IM	Included in Cap	Paid at FFS
90748	HEPB-HIB VACCINE INTRAMUSCULAR	Included in Cap	Paid at FFS
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (E.G., TANGENT SCREEN, AUTO PLOT, ARC PERIMETER, OR SINGLE STIMULUS	Included in Cap	Paid at FFS

	LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)		
92551	SCREENING TEST, PURE TONE, AIR ONLY	Included in Cap	Paid at FFS
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Included in Cap	Paid at FFS
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	Included in Cap	Paid at FFS
92567	TYMPANOMETRY (IMPEDANCE TESTING)	Included in Cap	Paid at FFS
92568	ACOUSTIC REFLEX TESTING, THRESHOLD	Included in Cap	Paid at FFS
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3–6 FREQUENCIES) OR TRANSIENT EVOKED OTOACOUSTIC EMISSIONS, WITH INTERPRETATION AND REPORT	Included in Cap	Paid at FFS
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	Included in Cap	Paid at FFS
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	Included in Cap	Paid at FFS
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	Included in Cap	Paid at FFS
93040	RHYTHM ECG, 1–3 LEADS; WITH INTERPRETATION AND REPORT	Included in Cap	Paid at FFS
93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND INTERPRETATION	Paid at FFS	Paid at FFS
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	Included in Cap	Paid at FFS
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	Included in Cap	Paid at FFS
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	Included in Cap	Paid at FFS
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONCHODILATOR ADMINISTRATION	Included in Cap	Paid at FFS
94375	RESPIRATORY FLOW VOLUME LOOP	Paid at FFS	Paid at FFS
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (E.G., WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER, OR INTERMITTENT POSITIVE PRESSURE BREATHING [IPPB] DEVICE)	Paid at FFS	Paid at FFS
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER, OR IPPB DEVICE	Paid at FFS	Paid at FFS
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Paid at FFS	Paid at FFS
96361	INTRAVENOUS INFUSION, HYDRATION; EACH	Paid at FFS	Paid at FFS

	ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	Paid at FFS	Paid at FFS
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Paid at FFS	Paid at FFS
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION OF A NEW DRUG/SUBSTANCE, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Paid at FFS	Paid at FFS
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	Included in Cap	Paid at FFS
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	Included in Cap	Paid at FFS
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	Included in Cap	Paid at FFS
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Included in Cap	Paid at FFS
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1–2 BODY REGIONS INVOLVED	Paid at FFS	Paid at FFS
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3–4 BODY REGIONS INVOLVED	Paid at FFS	Paid at FFS
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5–6 BODY REGIONS INVOLVED	Paid at FFS	Paid at FFS
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7–8 BODY REGIONS INVOLVED	Paid at FFS	Paid at FFS
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9–10 BODY REGIONS INVOLVED	Paid at FFS	Paid at FFS
99201	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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Included in Cap	Paid at FFS
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	Included in Cap	Paid at FFS

	<p>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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.</p>		
99203	<p>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.</p>	Included in Cap	Paid at FFS
99204	<p>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.</p>	Included in Cap	Paid at FFS
99205	<p>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.</p>	Included in Cap	Paid at FFS
99211	<p>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A</p>	Included in Cap	Paid at FFS

	PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.		
99212	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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Included in Cap	Paid at FFS
99213	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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Included in Cap	Paid at FFS
99214	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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Included in Cap	Paid at FFS
99215	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 PROVIDERS 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.	Included in Cap	Paid at FFS

	PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.		
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON DISCHARGE FROM "OBSERVATION STATUS" IF THE DISCHARGE IS ON OTHER THAN THE INITIAL DATE OF "OBSERVATION STATUS." TO REPORT SERVICES TO A PATIENT DESIGNATED AS "OBSERVATION STATUS" OR "INPATIENT STATUS" AND DISCHARGED ON THE SAME DATE, USE THE CODES FOR OBSERVATION OR INPATIENT CARE SERVICES, [INCLUDING ADMISSION AND DISCHARGE SERVICES, 99234–99236, AS APPROPRIATE.]	Paid at FFS	Paid at FFS
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 50 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND	Paid at FFS	Paid at FFS

	70 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.		
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 50 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 70 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99224	SBSQ OBS CARE PR D 15 MIN	Paid at FFS	Paid at FFS
99225	SBSQ OBS CARE PR D 25 MIN	Paid at FFS	Paid at FFS
99226	SBSQ OBS CARE PR D 35 MIN	Paid at FFS	Paid at FFS
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM-FOCUSED INTERVAL HISTORY; A PROBLEM-FOCUSED EXAMINATION; MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY.	Paid at FFS	Paid at FFS



	<p>COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING, OR IMPROVING. PHYSICIANS TYPICALLY SPEND 15 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.</p>		
99232	<p>SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS RESPONDING INADEQUATELY TO THERAPY OR HAS DEVELOPED A MINOR COMPLICATION. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99233	<p>SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT COMPLICATION OR A SIGNIFICANT NEW PROBLEM. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99234	<p>OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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) REQUIRING ADMISSION ARE OF LOW SEVERITY.</p>	Paid at FFS	Paid at FFS
99235	<p>OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A</p>	Paid at FFS	Paid at FFS

	<p>COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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) REQUIRING ADMISSION ARE OF MODERATE SEVERITY.</p>		
99236	<p>OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, 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 PROVIDERS 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) REQUIRING ADMISSION ARE OF HIGH SEVERITY.</p>	Paid at FFS	Paid at FFS
99238	<p>HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS</p>	Paid at FFS	Paid at FFS
99239	<p>HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES</p>	Paid at FFS	Paid at FFS
99251	<p>INPATIENT 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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 20 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99252	<p>INPATIENT 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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 40 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99253	<p>INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY</p>	Paid at FFS	Paid at FFS

	COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 55 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.		
99254	INPATIENT 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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 80 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99255	INPATIENT 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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 110 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS 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.	Paid at FFS	Paid at FFS
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR	Paid at FFS	Paid at FFS

	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.		
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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.	Paid at FFS	Paid at FFS
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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 HIGH SEVERITY AND REQUIRE URGENT EVALUATION BY THE PHYSICIAN BUT DO NOT POSE AN IMMEDIATE SIGNIFICANT THREAT TO LIFE OR PHYSIOLOGIC FUNCTION.	Paid at FFS	Paid at FFS
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS WITHIN THE CONSTRAINTS IMPOSED BY THE URGENCY OF THE PATIENT'S CLINICAL CONDITION AND/OR MENTAL STATUS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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 HIGH SEVERITY AND POSE AN IMMEDIATE SIGNIFICANT THREAT TO LIFE OR PHYSIOLOGIC FUNCTION.	Paid at FFS	Paid at FFS
99291	CRITICAL CARE, EVALUATION, AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30–74 MINUTES	Paid at FFS	Paid at FFS
99292	CRITICAL CARE, EVALUATION, AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Paid at FFS	Paid at FFS
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR	Paid at FFS	Paid at FFS

	<p>COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.</p>		
99305	<p>INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99306	<p>INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99307	<p>SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM-FOCUSED INTERVAL HISTORY; A PROBLEM-FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING, OR IMPROVING. PHYSICIANS TYPICALLY SPEND 10 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.</p>	Paid at FFS	Paid at FFS
99308	<p>SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,</p>	Paid at FFS	Paid at FFS

	WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS RESPONDING INADEQUATELY TO THERAPY OR HAS DEVELOPED A MINOR COMPLICATION. PHYSICIANS TYPICALLY SPEND 15 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.		
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT HAS DEVELOPED A SIGNIFICANT COMPLICATION OR A SIGNIFICANT NEW PROBLEM. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	Paid at FFS	Paid at FFS
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	Paid at FFS	Paid at FFS
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	Paid at FFS	Paid at FFS
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESSMENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS OF LOW TO MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE	Paid at FFS	Paid at FFS

	<p>PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING, OR IMPROVING. PHYSICIANS TYPICALLY SPEND 30 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.</p>		
99324	<p>DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 20 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.</p>	Paid at FFS	Paid at FFS
99325	<p>DOMICILIARY OR REST HOME 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; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 30 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.</p>	Paid at FFS	Paid at FFS
99326	<p>DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 45 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.</p>	Paid at FFS	Paid at FFS
99327	<p>DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S</p>	Paid at FFS	Paid at FFS

	AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.		
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 75 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	Paid at FFS	Paid at FFS
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM-FOCUSED INTERVAL HISTORY; A PROBLEM-FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	Paid at FFS	Paid at FFS
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 25 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	Paid at FFS	Paid at FFS
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE	Paid at FFS	Paid at FFS



	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. PHYSICIANS TYPICALLY SPEND 40 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.		
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 60 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	Paid at FFS	Paid at FFS
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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 PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99342	HOME 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; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S	Paid at FFS	Paid at FFS

	AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.		
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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 PROVIDERS 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 HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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 PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 75 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM-FOCUSED INTERVAL HISTORY; A PROBLEM-FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-	Paid at FFS	Paid at FFS

	FACE WITH THE PATIENT AND/OR FAMILY.		
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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 MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS 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. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Paid at FFS	Paid at FFS
99381	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; INFANT (AGE YOUNGER THAN 1 YEAR)	Included in Cap	Paid at FFS
99382	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; EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)	Included in Cap	Paid at FFS
99383	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; LATE CHILDHOOD (AGE 5	Included in Cap	Paid at FFS

	THROUGH 11 YEARS)		
99384	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; ADOLESCENT (AGE 12 THROUGH 17 YEARS)	Included in Cap	Paid at FFS
99385	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	Included in Cap	Paid at FFS
99386	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	Included in Cap	Paid at FFS
99387	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; 65 YEARS AND OLDER	Included in Cap	Paid at FFS
99391	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; INFANT (AGE YOUNGER THAN 1 YEAR)	Included in Cap	Paid at FFS
99392	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; EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)	Included in Cap	Paid at FFS
99393	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; LATE CHILDHOOD (AGE 5 THROUGH 11 YEARS)	Included in Cap	Paid at FFS

99394	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; ADOLESCENT (AGE 12 THROUGH 17 YEARS)	Included in Cap	Paid at FFS
99395	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	Included in Cap	Paid at FFS
99396	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	Included in Cap	Paid at FFS
99397	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	Included in Cap	Paid at FFS
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 15 MINUTES	Included in Cap	Paid at FFS
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 30 MINUTES	Included in Cap	Paid at FFS
99403	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 45 MINUTES	Included in Cap	Paid at FFS
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 60 MINUTES	Included in Cap	Paid at FFS
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	Included in Cap	Paid at FFS
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	Included in Cap	Paid at FFS
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING (SEPARATE	Included in Cap	Paid at FFS

	PROCEDURE); APPROXIMATELY 30 MINUTES		
99412	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING (SEPARATE PROCEDURE); APPROXIMATELY 60 MINUTES	Included in Cap	Paid at FFS
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	Paid at FFS	Paid at FFS
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER	Paid at FFS	Paid at FFS
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	Paid at FFS	Paid at FFS
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	Paid at FFS	Paid at FFS
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	Paid at FFS	Paid at FFS
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT	Paid at FFS	Paid at FFS
99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR YOUNGER; FIRST 30–74 MINUTES OF HANDS-ON CARE DURING TRANSPORT	Paid at FFS	Paid at FFS
99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR YOUNGER; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Paid at FFS	Paid at FFS
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR YOUNGER	Paid at FFS	Paid at FFS
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR YOUNGER	Paid at FFS	Paid at FFS
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	Paid at FFS	Paid at FFS
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	Paid at FFS	Paid at FFS
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY,	Paid at FFS	Paid at FFS

	FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE		
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE	Paid at FFS	Paid at FFS
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR YOUNGER, WHO REQUIRES INTENSIVE OBSERVATION, FREQUENT INTERVENTIONS, AND OTHER INTENSIVE CARE SERVICES	Paid at FFS	Paid at FFS
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT LESS THAN 1,500 GRAMS)	Paid at FFS	Paid at FFS
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT OF 1,500–2,500 GRAMS)	Paid at FFS	Paid at FFS
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT (PRESENT BODY WEIGHT OF 2,501–5,000 GRAMS)	Paid at FFS	Paid at FFS
**0521F	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED (COA) (ONC)	\$10.00 Incentive	\$10.00 Incentive
**1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT (COA) (ONC)	\$10.00 Incentive	\$10.00 Incentive
**1126F	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT (COA) (ONC)	\$10.00 Incentive	\$10.00 Incentive
**1157F	ADVANCE CARE PLAN OR SIMILAR LEGAL DOCUMENT PRESENT IN THE MEDICAL RECORD (COA)	\$10.00 Incentive	\$10.00 Incentive
**1158F	ADVANCE CARE PLANNING DISCUSSION DOCUMENTED IN THE MEDICAL RECORD (COA)	\$10.00 Incentive	\$10.00 Incentive
**1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA)	\$10.00 Incentive	\$10.00 Incentive
**1160F	REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER OR CLINICAL PHARMACIST (SUCH AS PRESCRIPTIONS, OTCS, HERBAL THERAPIES, AND SUPPLEMENTS) DOCUMENTED IN THE MEDICAL RECORD (COA)	\$10.00 Incentive	\$10.00 Incentive
**1170F	FUNCTIONAL STATUS ASSESSED (COA) (RA)	\$10.00 Incentive	\$10.00 Incentive
**S0257	COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE CARE PLANNING AND DECISIONS, WITH PATIENT AND/OR SURROGATE (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT SERVICE)	\$10.00 Incentive	\$10.00 Incentive
83036#	HEMOGLOBIN; GLYCOSYLATED (A1C)	Paid at FFS	Paid at FFS
D1206	TOP FLUORIDE VARNISH; TX APPL MOD – HI CARIES RISK	Paid at FFS	Paid at FFS
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	Included in Cap	Paid at FFS
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	Included in Cap	Paid at FFS

G0010	ADMINISTRATION OF HEPATITIS B VACCINE	Included in Cap	Paid at FFS
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE (PATIENT NOT PRESENT), INCLUDING CONTACTS WITH HOME HEALTH AGENCY AND REVIEW OF REPORTS OF PATIENT STATUS REQUIRED BY PHYSICIANS TO AFFIRM THE INITIAL IMPLEMENTATION OF THE PLAN OF CARE THAT MEETS PATIENT'S NEEDS, PER RE-CERTIFICATION PERIOD	Paid at FFS	Paid at FFS
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE (PATIENT NOT PRESENT), INCLUDING CONTACTS WITH HOME HEALTH AGENCY AND REVIEW OF REPORTS OF PATIENT STATUS REQUIRED BY PHYSICIANS TO AFFIRM THE INITIAL IMPLEMENTATION OF THE PLAN OF CARE THAT MEETS PATIENT'S NEEDS, PER CERTIFICATION PERIOD	Paid at FFS	Paid at FFS
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTHCARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN, AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	Paid at FFS	Paid at FFS
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA; TESTING NOT OCCURRING MORE FREQUENTLY THAN ONCE A WEEK; BILLING UNITS OF SERVICE INCLUDE 4 TESTS	Paid at FFS	Paid at FFS
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Paid at FFS	Paid at FFS
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT, AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION, OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), GROUP (2 OR MORE INDIVIDUALS), EACH 30 MINUTES	Paid at FFS	Paid at FFS
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	Paid at FFS	Paid at FFS



	AUDIT, DAST) AND BRIEF INTERVENTION 15 TO 30 MINUTES		
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST) AND INTERVENTION, GREATER THAN 30 MINUTES	Paid at FFS	Paid at FFS
G0442*	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES	Included in Cap	Paid at FFS
G0443*	BRIEF, FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES	Included in Cap	Paid at FFS
G0444*	ANNUAL DEPRESSION SCREENING, 15 MINUTES	Included in Cap	Paid at FFS
G0445*	SEMIANNUAL HIGH-INTENSITY BEHAVIORAL COUNSELING TO PREVENT STIS, INDIVIDUAL, FACE-TO-FACE, INCLUDES EDUCATION SKILLS TRAINING & GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR	Included in Cap	Paid at FFS
G0446*	INTENSIVE BEHAVIORAL THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK, INDIVIDUAL, FACE-TO-FACE, ANNUAL, 15 MINUTES	Included in Cap	Paid at FFS
G0447*	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	Included in Cap	Paid at FFS
G9141	INFLUENZA A (H1N1) IMMUNIZATION ADMINISTRATION (INCLUDES THE PHYSICIAN)	Included in Cap	Paid at FFS
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$10.00 Incentive	\$10.00 Incentive
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	\$10.00 Incentive	\$10.00 Incentive
H0028	ALCOHOL AND/OR DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE (E.G., STUDENT ASSISTANCE AND EMPLOYEE ASSISTANCE PROGRAMS), DOES NOT INCLUDE ASSESSMENT	\$10.00 Incentive	\$10.00 Incentive
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	\$10.00 Incentive	\$10.00 Incentive
H0049	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS OTHER THAN BLOOD	\$10.00 Incentive	\$10.00 Incentive
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	\$10.00 Incentive	\$10.00 Incentive
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	Paid at FFS	Paid at FFS
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	Paid at FFS	Paid at FFS
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	Paid at FFS	Paid at FFS
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	Paid at FFS	Paid at FFS
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	Paid at FFS	Paid at FFS
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	Paid at FFS	Paid at FFS
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	Paid at FFS	Paid at FFS
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	Paid at FFS	Paid at FFS
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	Paid at FFS	Paid at FFS
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	Paid at FFS	Paid at FFS
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Paid at FFS	Paid at FFS
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Paid at FFS	Paid at FFS
J3301	INJECT, TRIAMCINOLONE ACETONIDE, PER 10 MG	Paid at FFS	Paid at FFS

J7300	INTRAUTERINE COPPER CONTRACEPTIVE	Paid at FFS	Paid at FFS
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	Paid at FFS	Paid at FFS
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	Paid at FFS	Paid at FFS
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Paid at FFS	Paid at FFS
J7506	PREDNISONE, ORAL, PER 5MG	Paid at FFS	Paid at FFS
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Paid at FFS	Paid at FFS
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Paid at FFS	Paid at FFS
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Paid at FFS	Paid at FFS
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED	Paid at FFS	Paid at FFS
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED	Paid at FFS	Paid at FFS
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	Paid at FFS	Paid at FFS
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED	Paid at FFS	Paid at FFS
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Paid at FFS	Paid at FFS
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED	Paid at FFS	Paid at FFS
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Paid at FFS	Paid at FFS
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS	Paid at FFS	Paid at FFS
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS	Paid at FFS	Paid at FFS
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS	Paid at FFS	Paid at FFS
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS	Paid at FFS	Paid at FFS
Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS	Paid at FFS	Paid at FFS
S0630	REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY	Paid at FFS	Paid at FFS
S9449	WEIGHT MANAGEMENT CLASSES, NONPHYSICIAN PROVIDER, PER SESSION	\$10.00 Incentive	\$10.00 Incentive
S9451	EXERCISE CLASSES, NONPHYSICIAN PROVIDER, PER SESSION	\$10.00 Incentive	\$10.00 Incentive
S9452	NUTRITION CLASSES, NONPHYSICIAN PROVIDER, PER SESSION	\$10.00 Incentive	\$10.00 Incentive
S9453	SMOKING CESSATION CLASSES, NONPHYSICIAN PROVIDER, PER SESSION	\$10.00 Incentive	\$10.00 Incentive
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	\$10.00 Incentive	\$10.00 Incentive

\* Paid only for Medicare members.

\*\* Paid only for Medicare and CompleteCare members.

# Valid Clinical Laboratory Improvement Amendments (CLIA) certificate required to render the Please bill with CLIA cert # on HCFA AND use modifier QW to illustrate the place of service is CLIA certified.

**In Scope – Effective 01/01/2013.**

The following table lists additional CPT-4 Codes and service descriptions that are reimbursable to Healthfirst Family Practice Providers and clarifies the reimbursement methodology for each CPT-4 code.

Service Code	Description	FFS Provider Coverage
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	Paid at FFS
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT	Paid at FFS
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGINA/CERVIX	Paid at FFS
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	Paid at FFS
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	Paid at FFS
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	Paid at FFS
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	Paid at FFS
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	Paid at FFS
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	Paid at FFS
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	Paid at FFS
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	Paid at FFS
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Paid at FFS
59020	FETAL CONTRACTION STRESS TEST	Paid at FFS
59025	FETAL NONSTRESS TEST	Paid at FFS
59160	CURETTAGE, POSTPARTUM	Paid at FFS
59200	INSERTION OF CERVICAL DILATOR (E.G., LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	Paid at FFS
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	Paid at FFS
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	Paid at FFS
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS), AND POSTPARTUM CARE	Paid at FFS
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Paid at FFS
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE	Paid at FFS
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	Paid at FFS
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	Paid at FFS
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	Paid at FFS
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Paid at FFS
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Paid at FFS
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE,	Paid at FFS

	CESAREAN DELIVERY, AND POSTPARTUM CARE	
59514	CESAREAN DELIVERY ONLY	Paid at FFS
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	Paid at FFS
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE, AFTER PREVIOUS CESAREAN DELIVERY	Paid at FFS
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Paid at FFS
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE	Paid at FFS
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	Paid at FFS
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	Paid at FFS
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY; INCLUDING POSTPARTUM CARE	Paid at FFS
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	Paid at FFS
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	Paid at FFS
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	Paid at FFS
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	Paid at FFS
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	Paid at FFS
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	Paid at FFS
59850	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES	Paid at FFS
59851	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION	Paid at FFS
59852	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED INTRA-AMNIOTIC INJECTION)	Paid at FFS
59855	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (E.G., PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G., LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES	Paid at FFS
59856	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (E.G., PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G., LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION	Paid at FFS
59857	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (E.G., PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G., LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED MEDICAL	Paid at FFS

	EVACUATION)	
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (< 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	Paid at FFS
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (< 14 WEEKS, 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Paid at FFS
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS, 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	Paid at FFS
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS, 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Paid at FFS
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E.G., FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES	Paid at FFS
76818	FETAL BIOPHYSICAL PROFILE; WITH NONSTRESS TESTING	Paid at FFS
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NONSTRESS TESTING	Paid at FFS
76830	ULTRASOUND, TRANSVAGINAL	Paid at FFS
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	Paid at FFS
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (E.G., FOR FOLLICLES)	Paid at FFS
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Paid at FFS
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	Paid at FFS
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Paid at FFS

The following table shows the reimbursement detail for all vaccines that are covered by the VFC program or otherwise included in the Healthfirst Incentive Program.

Service Code	Description	EOP Code SV for ages 0-18*	Capitated Provider Coverage	FFS Provider Coverage
90633	HEPATITIS A VACCINE PEDIATRIC 2 DOSE SCHEDULE IM	X	Paid at FFS	Paid at FFS
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP 3 DOSE IM	X	Included in Cap	Paid at FFS
90648	HEMOPHILUS INFLUENZA B VACCINE PRP-T 4 DOSE IM	X	Included in Cap	Paid at FFS
90649	HUMAN PAPILLOMA VIRUS VACCINE QUADRIV 3 DOSE IM	X	Paid at FFS	Paid at FFS
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE,	X	Paid at FFS	Paid at FFS

	FOR INTRAMUSCULAR USE			
90655	INFLUENZA VIRUS VACC SPLIT PRSRV FREE 6-35 MO IM		Included in Cap	Paid at FFS
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MO IM		Included in Cap	Paid at FFS
90662	INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE		Included in Cap	Paid at FFS
90669	PNEUMOCOCCAL CONJ VACCINE 7 VALENT IM	X	Included in Cap	Paid at FFS
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	X	Included in Cap	Paid at FFS
90680	ROTAVIRUS VACCINE PENTAVALENT 3 DOSE LIVE ORAL	X	Included in Cap	Paid at FFS
90681	ROTAVIRUS VACC HUMAN ATTENUATED 2 DOSE LIVE ORAL	X	Included in Cap	Paid at FFS
90696	DTAP-IPV INACTIVATED IF ADMIN PTS AGE 4-6 YRS IM	X	Included in Cap	Paid at FFS
90698	DTAP-HIB-IPV VACCINE IM	X	Included in Cap	Paid at FFS
90700	DTAP VACCINE < 7 YR IM	X	Included in Cap	Paid at FFS
90703	TETANUS TOXOID ADSORBED INTRAMUSCULAR		Included in Cap	Paid at FFS
90704	MUMPS VIRUS VACCINE LIVE SUBCUTANEOUS		Included in Cap	Paid at FFS
90705	MEASLES VIRUS VACCINE LIVE SUBCUTANEOUS		Included in Cap	Paid at FFS
90706	RUBELLA VIRUS VACCINE LIVE SUBCUTANEOUS		Included in Cap	Paid at FFS
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	X	Included in Cap	Paid at FFS
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	X	Included in Cap	Paid at FFS
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	X	Included in Cap	Paid at FFS
90714	TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM	X	Paid at FFS	Paid at FFS
90715	TDAP VACCINE 7 YR + IM	X	Included in Cap	Paid at FFS
90716	VARICELLA VIRUS VACCINE LIVE SUBQ	X	Included in Cap	Paid at FFS
90718	TETANUS & DIPHTHERIA TOXOIDS ADSORBED 7 YR + IM		Included in Cap	Paid at FFS
90721	DTAP-HIB VACCINE INTRAMUSCULAR	X	Included in Cap	Paid at FFS
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	X	Included in Cap	Paid at FFS
90732	PNEUMOCOCCAL POLYSAC VACCINE 23-V 2 YR + SUBQ/IM	X	Paid at FFS	Paid at FFS
90733	MENINGOCOCCAL POLYSAC VACCINE SUBCUTANEOUS		Included in Cap	Paid at FFS
90734	MENINGOCOCCAL CONJ VACCINE TETRAVALENT IM	X	Included in Cap	Paid at FFS
90740	HEPATITIS B VACCINE DIALYSIS DOSAGE 3 DOSE IM		Included in Cap	Paid at FFS
90744	HEPATITIS B VACCINE PEDIATRIC3 DOSE IM	X	Included in Cap	Paid at FFS
90747	HEPATITIS B VACCINE DIALYSIS DOSAGE 4		Included in Cap	Paid at FFS

	DOSE IM			
90748	HEPB-HIB VACCINE INTRAMUSCULAR	X	Included in Cap	Paid at FFS

\* SV EOP Code for members 0–18 years of age vaccine obtained thru VFC.

## Appendix XIV-C — Glossary of EOP Code Messages

Use the following glossary as a guide to understanding the most common payment determination messages found in the EOP.

EOP Message	Explanation of Message
Authorization Required, not Found	Prior authorization for service was not obtained or referral form not submitted. This includes authorizations that do not match the services billed.
Require Medical Record	Healthfirst requires the complete medical record for claim review.
Service Included in Case Rate	Payment for this service is included in the reimbursement for another service.
Service Capitated to Hospital	Monthly payment was made to the hospital for this service.
Denied: Medical Chart not Received Within 45 Days	Service denied: provider did not submit records within 45 days of date of request.
Denied: Information (INF) not Received Within 60 Days of Request	Service denied: requested information (INF) was not received within 60 days of original request.
Denied-INF/Appeal not Received Within 60 Days	Service denied: request for appeal/review or submission of additional information was not received within 60 days of original EOP denial.
Failure to Comply with Healthfirst Notification Policy	Healthfirst requires notification of emergency room care within 48 hours and notification of inpatient admission by the next business day. Notification was not received.
Provider Not Eligible for Service	Service rendered is not covered under the provider's contract/specialty. Usually applies when PCP performs nonprimary care service.
Exact Duplicate of Closed Claim	Healthfirst has already received and processed a claim for these services.
Denied: Failure to Preauthorize	Service denied: required authorization from Medical Management department was not obtained.
Emergency Room Record Required	Healthfirst requires submission of complete emergency room medical record to process claim.
Failure to Provide Clinical Information/Review	Medical Management department did not receive clinical information during inpatient stay.
Admission Not Medically Necessary	Services denied: based on information provided, Healthfirst determined that services were not medically necessary.
Member Not Enrolled on Date of Service	Service denied: patient not a Healthfirst member on the date service was provided.
Claim Exceeds Filing Date	Service denied: claim was not received within 180 days of date of service.
XN	Intrane트워크 provider – not member's PCP