

Code	Description	POS 02	POS 10	Effective Date
59426	ANTEPARTUM CARE ONLY, 7+ VISITS	Yes	Yes	
59430	CARE AFTER DELIVERY	Yes	Yes	
90482	Immunization counseling by physician or other qualified health care professionals when the immunization(s) is not administered by the provider on the same date of service; 3 minutes up to 10 minutes	Yes	Yes	1/1/2026
90483	Immunization counseling by physician or other qualified health care professionals when the immunization(s) is not administered by the provider on the same date of service; greater than 10 minutes up to 20 minutes	Yes	Yes	1/1/2026
90484	Immunization counseling by physician or other qualified health care professionals when the immunization(s) is not administered by the provider on the same date of service; greater than 20 minutes	Yes	Yes	1/1/2026
90785	PSYTX COMPLEX INTERACTIVE	Yes	Yes	
90791	PSYCH DIAGNOSTIC EVALUATION	Yes	Yes	
90792	PSYCH DIAG EVAL W/MED SRVCS	Yes	Yes	
90832	PSYTX PT&/FAMILY 30 MINUTES	Yes	Yes	
90833	PSYTX PT&/FAM W/E&M 30 MIN	Yes	Yes	
90834	PSYTX W PT 45 MINUTES	Yes	Yes	
90836	PSYTX W PT W E/M 45 MIN	Yes	Yes	
90837	PSYTX PT&/FAMILY 60 MINUTES	Yes	Yes	
90838	PSYTX PT&/FAM W/E&M 60 MIN	Yes	Yes	
90839	PSYTX CRISIS INITIAL 60 MIN	Yes	Yes	
90840	DEL CD Psychometric Testing (One Ho	Yes	Yes	
90845	PSYCHOANALYSIS	Yes	Yes	
90846	FAMILY PSYCHOTHERAPY, W/O PATIENT	Yes	Yes	
90847	FAMILY PSYCHOTHERAPY, W/PT PRESENT	Yes	Yes	
90849	MULT-FAMILY PSYCHOTHERAPY, GROUP	Yes	Yes	
90853	PSYCHOTHERAPY, GROUP (NO MULTI-FAM)	Yes	Yes	
90875	PSYCHOPHYSIOLOGICAL THER, 20-30 MIN	Yes	Yes	
90951	ESRD SERV, 4 VISITS P MO, <2	Yes	Yes	
90952	ESRD SERV, 2-3 VSTS P MO, <2	Yes	Yes	
90953	ESRD SERV, 1 VISIT P MO, <2	Yes	Yes	
90954	ESRD SERV, 4 VSTS P MO, 2-11	Yes	Yes	
90955	DEL CD Hemodialys-Esrd-Maintnce,Ea;	Yes	Yes	
90956	DEL CD Hemodialysis-Esrd-Maintnce,E	Yes	Yes	
90957	ESRD SRV, 4 VSTS P MO, 12-19	Yes	Yes	
90958	ESRD SRV 2-3 VSTS P MO 12-19	Yes	Yes	
90959	ESRD SERV, 1 VST P MO, 12-19	Yes	Yes	
90960	ESRD SRV, 4 VISITS P MO, 20+	Yes	Yes	
90961	ESRD SRV, 2-3 VSTS P MO, 20+	Yes	Yes	
90962	ESRD SERV, 1 VISIT P MO, 20+	Yes	Yes	
90963	ESRD HOME PT SERV P MO <2YRS	Yes	Yes	
90964	ESRD HOME PT SERV P MO, 2-11	Yes	Yes	
90965	ESRD HOME PT SERV P MO 12-19	Yes	Yes	
90966	ESRD HOME PT, SERV P MO, 20+	Yes	Yes	
90967	ESRD HOME PT SERV P DAY, <2	Yes	Yes	
90968	DEL CD Peritoneal Dialysis; 11-20 K	Yes	Yes	
90969	ESRD HOME PT SRV P DAY 12-19	Yes	Yes	
90970	ESRD SVC PR DAY PT 20+	Yes	Yes	
92012	INTERMED EYE EXAM, ESTAB PATIENT	Yes	Yes	
92507	SPEECH/HEARING THERAPY, INDIVIDUAL	Yes	Yes	
92508	SPEECH/HEARING THERAPY, GROUP	Yes	Yes	
92521	EVALUATION OF SPEECH FLUENCY	Yes	Yes	
92522	EVALUATE SPEECH PRODUCTION	Yes	Yes	
92523	SPEECH SOUND LANG COMPREHEN	Yes	Yes	
92524	BEHAVRAL QUALIT ANALYS VOICE	Yes	Yes	
92526	SWALLOWING/ORAL FUNCTION TREATMENT	Yes	Yes	
92550	Tympanometry & reflex thresh	Yes	Yes	
92552	Pure tone audiometry air	Yes	Yes	

92553	Audiometry air & bone	Yes	Yes	
92555	Speech threshold audiometry	Yes	Yes	
92556	Speech audiometry complete	Yes	Yes	
92557	Comprehensive hearing test	Yes	Yes	
92563	Tone decay hearing test	Yes	Yes	
92565	Stenger test pure tone	Yes	Yes	
92567	Tympanometry	Yes	Yes	
92568	Acoustic refl threshold tst	Yes	Yes	
92570	Acoustic immitance testing	Yes	Yes	
92587	Evoked auditory test limited	Yes	Yes	
92588	Evoked auditory tst complete	Yes	Yes	
92601	COCHLEAR IMPL F/U EXAM <7 W/PRGRMG	Yes	Yes	
92602	REPROGRAM COCHLEAR IMPLT < 7	Yes	Yes	
92603	COCHLEAR IMPL F/U EXAM >7 W/PRGRMG	Yes	Yes	
92604	COCHLEAR IMPL F/U EXAM >7 REPRGRM	Yes	Yes	
92607	Ex for speech device rx 1hr	Yes	Yes	
92608	Ex for speech device rx addl	Yes	Yes	
92609	TX SERV, USE OF SPEECH GEN DEV	Yes	Yes	
92610	EVALUATE SWALLOWING FUNCTION	Yes	Yes	
92625	Tinnitus assessment	Yes	Yes	
92626	Eval aud funcj 1st hour	Yes	Yes	
92627	Eval aud funcj ea addl 15	Yes	Yes	
93010	ELECTROCARDIOGRAM REPORT	Yes	Yes	
93040	RHYTHM ECG WITH REPORT	Yes	Yes	
93228	REMOTE 30 DAY ECG REV/REPORT	Yes	Yes	
93295	DEV INTERROG REMOTE 1/2/MLT	Yes	Yes	
93298	ILR DEVICE INTERROGAT REMOTE	Yes	Yes	
93797	CARDIAC REHABILITATION	Yes	Yes	
93798	CARDIAC REHAB W/ECG MONITORING	Yes	Yes	
94625	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROF SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITHOUT CONTINUOUS OXIME	Yes	Yes	
94626	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROF SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITH CONTINUOUS OXIMETRY	Yes	Yes	
94777	PED HOME APNEA REC, REPORT	Yes	Yes	
95250	CONT GLUC MNTR PHYS/QHP EQP	Yes	Yes	
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via subcutaneous sensor for minimum of 72 hours; analysis, interpretation & report - RN Review<1/1/2014	Yes	Yes	
95722	Electroencephalogram, continuous recording, physician or other qualified health care prof review of recorded events, analysis of spike & seizure detection, interpretation, & s	Yes	Yes	
95800	slp stdy unattended	Yes	Yes	
95805	Multiple sleep latency testing, recording, analysis & interpret ONCE/DOS	Yes	Yes	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, & respiratory effort - Deny INV/N10=6/10/2006-11/4/2013	Yes	Yes	
96040	GENETIC COUNSELING, 30 MIN	Yes	Yes	
96041	Medical genetics & genetic counseling services, each 30 minutes of total time provided by genetic counselor on date of encounter	Yes	Yes	7/1/2025
96105	Assessment of aphasia	Yes	Yes	
96110	DEVELOPMENTAL TESTING, LIMITED	Yes	Yes	
96112	DEVEL TST PHYS/QHP 1ST HR	Yes	Yes	
96113	DEVEL TST PHYS/QHP EA ADDL	Yes	Yes	
96116	NEUROBEHAVIORAL STATUS EXAM	Yes	Yes	
96121	NUBHVL XM PHY/QHP EA ADDL HR	Yes	Yes	
96125	Cognitive test by hc pro	Yes	Yes	
96127	BRIEF EMOTIONAL/BEHAV ASSMT	Yes	Yes	
96130	PSYCL TST EVAL PHYS/QHP 1ST	Yes	Yes	
96131	PSYCL TST EVAL PHYS/QHP EA	Yes	Yes	
96132	NRPSYC TST EVAL PHYS/QHP 1ST	Yes	Yes	
96133	NRPSYC TST EVAL PHYS/QHP EA	Yes	Yes	
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	Yes	Yes	
96137	PSYCL/NRPSYC TST PHY/QHP EA	Yes	Yes	
96138	PSYCL/NRPSYC TECH 1ST	Yes	Yes	
96139	PSYCL/NRPSYC TST TECH EA	Yes	Yes	

96146	PSYCL/NRPSYC TST AUTO RESULT	Yes	Yes	
96156	HLTH BHV ASSMT/REASSESSMENT	Yes	Yes	
96158	HLTH BHV IVNTJ INDIV 1ST 30	Yes	Yes	
96159	HLTH BHV IVNTJ INDIV EA ADDL	Yes	Yes	
96160	PT-FOCUSED HLTH RISK ASSMT	Yes	Yes	
96161	CAREGIVER HEALTH RISK ASSMT	Yes	Yes	
96164	HLTH BHV IVNTJ GRP 1ST 30	Yes	Yes	
96165	HLTH BHV IVNTJ GRP EA ADDL	Yes	Yes	
96167	HLTH BHV IVNTJ FAM 1ST 30	Yes	Yes	
96168	HLTH BHV IVNTJ FAM EA ADDL	Yes	Yes	
96170	HLTH BHV IVNTJ FAM WO PT 1ST	Yes	Yes	
96171	HLTH BHV IVNTJ FAM W/O PT EA	Yes	Yes	
97110	PHYSICAL TX EXERCISES, EA 15 MIN	Yes	Yes	
97112	NEUROMUSCULAR RE-EDU, EA 15 MIN	Yes	Yes	
97116	GAIT TRAINING THERAPY	Yes	Yes	
97129	THER IVNTJ 1ST 15 MIN	Yes	Yes	
97130	THER IVNTJ EA ADDL 15 MIN	Yes	Yes	
97150	GROUP THERAPEUTIC PROCEDURE(S)	Yes	Yes	
97151	BHV ID ASSMT BY PHYS/QHP	Yes	Yes	
97152	BHV ID SUPRT ASSMT BY 1 TECH	Yes	Yes	
97153	ADAPTIVE BEHAVIOR TX BY TECH	Yes	Yes	
97154	GRP ADAPT BHV TX BY TECH	Yes	Yes	
97155	ADAPT BEHAVIOR TX PHYS/QHP	Yes	Yes	
97156	FAM ADAPT BHV TX GDN PHY/QHP	Yes	Yes	
97157	MULT FAM ADAPT BHV TX GDN	Yes	Yes	
97158	GRP ADAPT BHV TX BY PHY/QHP	Yes	Yes	
97161	PT EVAL LOW COMPLEX 20 MIN	Yes	Yes	
97162	PT EVAL MOD COMPLEX 30 MIN	Yes	Yes	
97163	PT EVAL HIGH COMPLEX 45 MIN	Yes	Yes	
97164	PT RE-EVAL EST PLAN CARE	Yes	Yes	
97165	OT EVAL LOW COMPLEX 30 MIN	Yes	Yes	
97166	OT EVAL MOD COMPLEX 45 MIN	Yes	Yes	
97167	OT EVAL HIGH COMPLEX 60 MIN	Yes	Yes	
97168	OT RE-EVAL EST PLAN CARE	Yes	Yes	
97530	THERAPEUTIC ACTIVITIES (ONE ON ONE)	Yes	Yes	
97535	SELF CARE/HOME MGMNT TRAIN EA 15MIN	Yes	Yes	
97542	WHEELCHAIR MANAGEMENT TRAINING	Yes	Yes	
97750	PHYSICAL PERFORMANCE TEST,EA 15 MIN	Yes	Yes	
97755	ASSISTIVE TECHNLOGY ASMNT, EA 15 MIN	Yes	Yes	
97760	ORTHOTIC MGMT&TRAIING 1ST ENC	Yes	Yes	
97761	PROSTHETIC TRAINING	Yes	Yes	
97802	MED NUTRTN TX INTL ASSESS EA 15 MIN	Yes	Yes	
97803	MED NUTRTN TX REASSES/INTERV 15 MIN	Yes	Yes	
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Yes	Yes	
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Yes	Yes	
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Yes	Yes	
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Yes	Yes	
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	Yes	Yes	

98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Yes	Yes	
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Yes	Yes	
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Yes	Yes	
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Yes	Yes	
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Yes	Yes	
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Yes	Yes	
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Yes	Yes	
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	Yes	Yes	
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded	Yes	Yes	
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Yes	Yes	
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded	Yes	Yes	
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	Yes	Yes	
98966	HC PRO PHONE CALL 5-10 MIN	Yes	Yes	
98967	HC PRO PHONE CALL 11-20 MIN	Yes	Yes	
98968	HC PRO PHONE CALL 21-30 MIN	Yes	Yes	
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	yes	yes	
99050	MEDICAL SERVICES AFTER HOURS	Yes	Yes	
99051	Service provided in office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	Yes	Yes	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation educational services rendered to patients in group setting	Yes	Yes	
99080	Special reports such as insurance forms, more than information conveyed in usual medical communications or standard reporting form	Yes	Yes	
99091	Collection & interpretation of physiologic data digitally stored &/or transmitted by patient &/or caregiver to physician or other qualified health care prof, each 30 days	Yes	Yes	
99202	OFFICE/OUTPATIENT VISIT, NEW, LOW	Yes	Yes	
99203	OFFICE/OUTPATIENT VISIT, NEW, MOD	Yes	Yes	

99204	OFFICE/OUTPATIENT VISIT, NEW, MOD	Yes	Yes	
99205	OFFICE/OUTPATIENT VISIT, NEW, HIGH	Yes	Yes	
99211	OFFICE/OUTPATIENT VISIT, EST, MIN	Yes	Yes	
99212	OFFICE/OUTPATIENT VISIT, EST, LOW	Yes	Yes	
99213	OFFICE/OUTPATIENT VISIT, EST, MOD	Yes	Yes	
99214	OFFICE/OUTPATIENT VISIT, EST, MOD	Yes	Yes	
99215	OFFICE/OUTPATIENT VISIT, EST, HIGH	Yes	Yes	
99221	INITIAL HOSPITAL CARE, LOW	Yes	No	
99222	INITIAL HOSPITAL CARE, MODERATE	Yes	Yes	
99223	INITIAL HOSPITAL CARE, HIGH	Yes	Yes	
99231	FOLLOWUP HOSPITAL CARE, BRIEF	Yes	Yes	
99232	FOLLOWUP HOSPITAL CARE, MODERATE	Yes	Yes	
99233	FOLLOWUP HOSPITAL CARE, EXTENSIVE	Yes	Yes	
99234	OBSERV OR INPATIENT HOSP CARE, LOW	Yes	Yes	
99235	OBSERV OR INPATIENT HOSP CARE, MOD	Yes	Yes	
99236	OBSERV OR INPATIENT HOSP CARE, HIGH	Yes	Yes	
99238	HOSPITAL DISCHARGE DAY CARE	Yes	Yes	
99239	HOSPITAL DISCHARGE DAY CARE,30+ MIN	Yes	Yes	
99281	EMERGENCY DEPT VISIT, MINOR	Yes	No	
99282	EMERGENCY DEPT VISIT, LOW-MODERATE	Yes	No	
99283	EMERGENCY DEPT VISIT, MODERATE	Yes	No	
99284	EMERGENCY DEPT VISIT, HIGH	Yes	No	
99291	CRITICAL CARE, FIRST HOUR	Yes	No	
99292	CRITICAL CARE, ADD'L 30 MIN	Yes	No	
99304	NURSING FACILITY CARE, INIT	Yes	No	
99305	NURSING FACILITY CARE, INIT	Yes	No	
99306	NURSING FACILITY CARE, INIT	Yes	No	
99307	NURSING FAC CARE, SUBSEQ	Yes	No	
99308	NURSING FAC CARE, SUBSEQ	Yes	No	
99309	NURSING FAC CARE, SUBSEQ	Yes	No	
99310	NURSING FAC CARE, SUBSEQ	Yes	No	
99315	NURSING FACIL DISCH, 30 MIN OR LESS	Yes	Yes	
99316	NURSING FACIL DISCH, 31+ MIN	Yes	Yes	
99324	DOMICIL/R-HOME VISIT NEW PAT	No	Yes	
99325	DOMICIL/R-HOME VISIT NEW PAT	No	Yes	
99326	DOMICIL/R-HOME VISIT NEW PAT	No	Yes	
99327	DOMICIL/R-HOME VISIT NEW PAT	No	Yes	
99328	DOMICIL/R-HOME VISIT NEW PAT	No	Yes	
99335	DOMICIL/R-HOME VISIT EST PAT	No	Yes	
99337	DOMICIL/R-HOME VISIT EST PAT	No	Yes	
99341	HOME VISIT, NEW PATIENT, LOW	No	Yes	
99342	HOME VISIT, NEW PATIENT, MODERATE	No	Yes	
99343	HOME VISIT, NEW PATIENT, MOD-HIGH	No	Yes	
99344	HOME VISIT, NEW PATIENT, HIGH	No	Yes	
99345	HOME VISIT, NEW PATIENT, EMERGENCY	No	Yes	
99347	HOME VISIT, EST PATIENT, MINOR	No	Yes	
99348	HOME VISIT, EST PATIENT, LOW TO MOD	No	Yes	
99349	HOME VISIT, EST PT, MOD-HIGH 40 MIN	No	Yes	
99350	HOME VISIT, EST PT, MOD-HIGH 60 MIN	No	Yes	
99359	PROLONGED SERV, W/O CONTACT, ADD'L	Yes	Yes	
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient &/or family, 30 minutes or more, participation by nonphysician qual	Yes	Yes	
99367	TEAM CONF W/O PAT BY PHYS	Yes	Yes	
99368	TEAM CONF W/O PAT BY HC PRO	Yes	Yes	
99401	PREVENTIVE COUNSELING, INDIV 15 MIN	Yes	Yes	
99402	PREVENTIVE COUNSELING, INDIV 30 MIN	Yes	Yes	
99403	PREVENTIVE COUNSELING, INDIV 45 MIN	Yes	Yes	
99404	PREVENTIVE COUNSELING, INDIV 60 MIN	Yes	Yes	
99406	BEHAV CHNG SMOKING 3-10 MIN	Yes	Yes	
99407	BEHAV CHNG SMOKING < 10 MIN	Yes	Yes	
99408	AUDIT/DAST, 15-30 MIN	Yes	Yes	

99409	AUDIT/DAST, OVER 30 MIN	Yes	Yes	
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	Yes	Yes	
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	Yes	Yes	
99417	PROLNG OFF/OP E/M EA 15 MIN	Yes	Yes	
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	Yes	Yes	
99439	CHRONC CARE MGMT SVC EA ADDL	Yes	Yes	
99441	PHONE E/M PHYS/QHP 5-10 MIN	Yes	Yes	
99442	PHONE E/M PHYS/QHP 11-20 MIN	Yes	Yes	
99443	PHONE E/M PHYS/QHP 21-30 MIN	Yes	Yes	
99446	NTRPROF PH1/NTRNET/EHR 5-10	Yes	Yes	
99447	INTERPROF PHONE/ONLINE 11-20	Yes	Yes	
99448	INTERPROF PHONE/ONLINE 21-30	Yes	Yes	
99449	INTERPROF PHONE/ONLINE 31/>	Yes	Yes	
99451	NTRPROF PH1/NTRNET/EHR 5/>	Yes	Yes	
99452	NTRPROF PH1/NTRNET/EHR RFRL	Yes	Yes	
99453	Remote monitoring of physiologic parameter; initial set-up & patient education on use of equipment	Yes	Yes	1/1/2026
99454	Remote monitoring of physiologic parameter; device supply with daily recording or programmed alert transmission, 16-30 days in 30-day period	Yes	Yes	1/1/2026
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in calendar month requiring 1 real-time int	Yes	Yes	1/1/2026
99458	Remote physiologic monitoring treatment mgmt services, clinical staff/physician/other qualified health care prof time in calendar month requiring interactive communication wit	Yes	Yes	
99468	NEONATE CRIT CARE, INITIAL	Yes	No	
99469	NEONATE CRIT CARE, SUBSQ	Yes	No	
99471	PED CRITICAL CARE, INITIAL	Yes	No	
99472	PED CRITICAL CARE, SUBSQ	Yes	No	
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	Yes	Yes	
99475	PED CRIT CARE AGE 2-5, INIT	Yes	No	
99476	PED CRIT CARE AGE 2-5, SUBSQ	Yes	No	
99477	INIT DAY HOSP NEONATE CARE	Yes	No	
99478	IC, LBW INF < 1500 GM SUBSQ	Yes	No	
99479	IC LBW INF 1500-2500 G SUBSQ	Yes	No	
99480	IC INF PBW 2501-5000 G SUBSQ	Yes	No	
99483	ASSMT & CARE PLN PT COG IMP	Yes	Yes	
99487	CMPLX CHRON CARE W/O PT VSIT	Yes	Yes	
99489	Complex chronic care management services with following required elements: multiple chronic conditions expected to last at least 12 months, or until death of patient, chronic	Yes	Yes	
99490	CHRONC CARE MGMT SVC 1ST 20	Yes	Yes	
99491	CHRONC CARE MGMT SVC 30 MIN	Yes	Yes	
99492	1ST PSYC COLLAB CARE MGMT	Yes	Yes	
99493	SBSQ PSYC COLLAB CARE MGMT	Yes	Yes	
99494	1ST/SBSQ PSYC COLLAB CARE	Yes	Yes	
99495	TRANS CARE MGMT 14 DAY DISCH	Yes	Yes	
99496	TRANS CARE MGMT 7 DAY DISCH	Yes	Yes	
99497	ADVNCN CARE PLAN 30 MIN	Yes	Yes	
99498	ADVNCN CARE PLAN ADDL 30 MIN	Yes	Yes	
0362T	BHV ID SUPRT ASSMT EA 15 MIN	Yes	Yes	
0373T	ADAPT BHV TX EA 15 MIN	Yes	Yes	
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using standardized diabetes prevention program curriculum, provided to in	No	Yes	
0500F	VISIT, PRENATAL CARE, INITITAL	Yes	Yes	
0503F	VISIT, POSTPARTUM CARE	Yes	Yes	
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	yes	yes	
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Yes	Yes	

97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Yes	Yes	
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Yes	Yes	
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Yes	Yes	
98960 U8	Lactation consultant services for single individual per 30 minutes - billed with U8 modifier only	Yes	Yes	
98961 U8	Lactation consultant services for 2-4 patients per 30 minutes - billed with U8 modifier only	Yes	Yes	
98962 U8	Lactation consultant services for 5-8 patients per 30 minutes - billed with U8 modifier only	Yes	Yes	
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	yes	yes	
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)	yes	yes	
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	No	Yes	
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp) to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes	Yes	Yes	
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence	Yes	Yes	
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	Yes	Yes	
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	Yes	Yes	

G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (sdoh) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: person-centered assessment, performed to better understand the individualized context of the intersection between the sdoh need(s) and the problem(s) addressed in the initiating visit. ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal-setting and establishing an action plan. ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan. practitioner, home-, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable). ++ communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the sdoh need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the sdoh need(s), and educating the patient on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the sdoh need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the sdoh need(s),	Yes	Yes	
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)	Yes	Yes	
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable). ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, likely to promote personalized and effective treatment of their condition. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them. ++ providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals	Yes	Yes	
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	Yes	Yes	
G0071	PSYCHOTHERAPY, OFFICE, NO E/M	Yes	Yes	
G0108	DIAB MANAGE TRN PER INDIV	Yes	Yes	

G0109	DIAB MANAGE TRN IND/GROUP	Yes	Yes	
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes	Yes	Yes	
G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Yes	Yes	
G0140	Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: person-centered interview, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet sdoh needs (that are not billed separately). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care communication. ++ assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals	Yes	Yes	
G0146	Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	Yes	Yes	
G0250	MD INR TEST REVIE INTER MGMT	Yes	Yes	
G0270	MNT SUBS TX FOR CHANGE DX	Yes	Yes	
G0296	VISIT TO DETERM LDCT ELIG	Yes	Yes	
G0310	Immunization counseling by physician or other qualified health care prof when vaccine is not administered on same date of service, 5 to 15 mins time	Yes	Yes	
G0311	Immunization counseling by physician or other qualified health care prof when vaccine is not administered on same date of service, 16-30 mins time	Yes	Yes	
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	yes	yes	
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. (these services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by medicare to prescribe medications and furnish e/m services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	yes	yes	

G0396	ALCOHOL/SUBS INTERV 15-30MN	Yes	Yes	
G0397	ALCOHOL/SUBS INTERV >30 MIN	Yes	Yes	
G0406	INPT/TELE FOLLOW UP 15	Yes	No	
G0407	INPT/TELE FOLLOW UP 25	Yes	No	
G0408	INPT/TELE FOLLOW UP 35	Yes	No	
G0410	GRP PSYCH PARTIAL HOSP 45-50	Yes	Yes	
G0420	ED SVC CKD IND PER SESSION	Yes	Yes	
G0421	ED SVC CKD GRP PER SESSION	Yes	Yes	
G0422	INTENS CARDIAC REHAB W/EXERC	Yes	Yes	
G0423	INTENS CARDIAC REHAB NO EXER	Yes	Yes	
G0425	INPT/ED TELECONSULT30	Yes	No	
G0426	INPT/ED TELECONSULT50	Yes	No	
G0427	INPT/ED TELECONSULT70	Yes	No	
G0438	PPPS, INITIAL VISIT	Yes	Yes	
G0439	PPPS, SUBSEQ VISIT	Yes	Yes	
G0442	ANNUAL ALCOHOL SCREEN 15 MIN	Yes	Yes	
G0443	BRIEF ALCOHOL MISUSE COUNSEL	Yes	Yes	
G0444	DEPRESSION SCREEN ANNUAL	Yes	Yes	
G0445	HIGH INTEN BEH COUNS STD 30M	Yes	Yes	
G0446	INTENS BEHAVE THER CARDIO DX	Yes	Yes	
G0447	BEHAVIOR COUNSEL OBESITY 15M	Yes	Yes	
G0459	TELEHEALTH INPT PHARM MGMT	Yes	No	
G0473	GROUP BEHAVE COUNS 2-10	Yes	Yes	
G0506	COMP ASSES CARE PLAN CCM SVC	Yes	Yes	
G0508	CRIT CARE TELEHEA CONSULT 60	Yes	No	
G0509	CRIT CARE TELEHEA CONSULT 50	Yes	Yes	
G0513	PROLONG PREV SVCS, FIRST 30 MIN	Yes	Yes	
G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ascvd) risk assessment, 5-15 minutes, not more often than every 12 months	Yes	Yes	7/1/2025
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	Yes	Yes	7/1/2025
G0540	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	Yes	Yes	7/1/2025
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	Yes	Yes	7/1/2025
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use g0542 in conjunction with g0541)	Yes	Yes	7/1/2025
G0544	Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month	Yes	Yes	7/1/2025
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	Yes	Yes	7/1/2025
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	Yes	Yes	7/1/2025
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	Yes	Yes	7/1/2025

G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	Yes	Yes	7/1/2025
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	Yes	Yes	7/1/2025
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	Yes	Yes	7/1/2025
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	Yes	Yes	7/1/2025
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the dmht device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	Yes	Yes	7/1/2025
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the dmht device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	Yes	Yes	7/1/2025
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe	Yes	Yes	7/1/2025
G2010	REMOT IMAGE SUBMIT BY PT	Yes	Yes	
G2025	Payment for telehealth distant site service furnished by rural health clinic or federally qualified health center only	Yes	Yes	
G2066	Interrogation device evaluation, up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor	Yes	Yes	
G2086	OFF BASE OPIOID TX 70MIN	Yes	Yes	
G2087	OFF BASE OPIOID TX, 60 M	Yes	Yes	
G2088	OFF BASE OPIOID TX, ADD30	Yes	Yes	
G2211	Complex E/M visit add on	Yes	Yes	
G2212	Prolong outpt/office vis	Yes	Yes	
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in month of behavioral health care manager activities, in consultation with psychiatric consu	Yes	Yes	
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using G3002, 30 minutes must be met or exceeded.)	Yes	Yes	
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for G3002. when using G3003, 15 minutes must be met or exceeded.)	Yes	Yes	
G9001	MCCD, INITIAL RATE	Yes	Yes	
G9002	MCCD, MAINTENANCE RATE	Yes	Yes	
G9004	Coordinated care fee, risk adjusted low, initial	Yes	Yes	
G9005	Coordinated care fee, risk adjusted maintenance	Yes	Yes	

G9006	Coordinated care fee, home monitoring	Yes	Yes	
G9007	Coordinated care fee, scheduled team conference	Yes	Yes	
G9010	Coordinated care fee, risk adjusted maintenance, Level 4	Yes	Yes	
G9011	Coordinated care fee, risk adjusted maintenance, Level 5	Yes	Yes	
G9685	ACUTE NURSING FACILITY CARE	Yes	No	
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	Yes	Yes	
G9888	Maintenance 5% WL from baseline weight in months 7-12	Yes	Yes	
H0014	ALCOHOL AND/OR DRUG SERVICES	Yes	Yes	
H0015	Alcohol &/or drug services intensive outpatient; crisis intervention	Yes	Yes	
H0016	ALCOHOL AND/OR DRUG SERVICES	Yes	Yes	
H0032	MH SVC PLAN DEV BY NON-MD	Yes	Yes	
H0033	ORAL MED ADM DIRECT OBSERVE	Yes	Yes	
H0034	Medication training and support, per 15 minutes	Yes	Yes	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Yes	Yes	
H0037	COMM PSY SUP TX PGM PER DIEM	Yes	Yes	
H0038	Self-help/peer services, per 15 minutes	Yes	Yes	
H0051	Traditional healing service	Yes	Yes	
H2016	Comprehensive community support services, per diem	Yes	Yes	
H2017	Psychosocial rehabilitation services, per 15 minutes	Yes	Yes	
H2018	PSYSOC REHAB SVC, PER DIEM	Yes	Yes	
H2019	THER BEHAV SVC, 15 MIN	Yes	Yes	
H2023	SUPPORTED EMPLOY, PER 15 MIN	Yes	Yes	
M1227	Evidence-based therapy was prescribed	Yes	Yes	
M1228	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test	Yes	Yes	
M1229	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	Yes	Yes	
M1230	Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv antibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv infection within 1 month and does not have hcv treatment initiated within 3 months of the reactive hcv antibody test, reason not given	Yes	Yes	
M1231	Patient receives hcv antibody test with nonreactive result	Yes	Yes	
M1232	Patient receives hcv antibody test with reactive result	Yes	Yes	
M1233	Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given	Yes	Yes	
M1234	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	Yes	Yes	
M1235	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period	Yes	Yes	
M1236	Baseline mrs > 2	Yes	Yes	
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	Yes	Yes	
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	Yes	Yes	
M1239	Patient did not respond to the question of patient felt heard and understood by this provider and team	Yes	Yes	
M1240	Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care	Yes	Yes	
M1241	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	Yes	Yes	
M1242	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life	Yes	Yes	
M1243	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team	Yes	Yes	
M1244	Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care	Yes	Yes	
M1245	Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	Yes	Yes	
M1246	Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life	Yes	Yes	
M1247	Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care	Yes	Yes	

M1248	Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	Yes	Yes	
M1249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life	Yes	Yes	
M1250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	Yes	Yes	
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	Yes	Yes	
M1252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey within 60 days of the ambulatory palliative care visit	Yes	Yes	
M1253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	Yes	Yes	
M1254	Patients who were deceased when the hu survey reached them	Yes	Yes	
M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	Yes	Yes	
M1256	Prior history of known cvd	Yes	Yes	
M1257	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified	Yes	Yes	
M1258	Cvd risk assessment performed, have a documented calculated risk score	Yes	Yes	
M1259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	Yes	Yes	
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	Yes	Yes	
M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Yes	Yes	
M1262	Patients who had a transplant prior to initiation of dialysis	Yes	Yes	
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	Yes	Yes	
M1264	Patients age 75 or older on their initiation of dialysis date	Yes	Yes	
M1265	Cms medical evidence form 2728 for dialysis patients: initial form completed	Yes	Yes	
M1266	Patients admitted to a skilled nursing facility (snf)	Yes	Yes	
M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Yes	Yes	
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Yes	Yes	
M1269	Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	Yes	Yes	
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Yes	Yes	
M1271	Patients with dementia at any time prior to or during the month	Yes	Yes	
M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Yes	Yes	
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form	Yes	Yes	
M1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	Yes	Yes	
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Yes	Yes	
M1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	Yes	Yes	
M1277	Colorectal cancer screening results documented and reviewed	Yes	Yes	
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Yes	Yes	
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Yes	Yes	
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Yes	Yes	
M1282	Patient screened for tobacco use and identified as a tobacco non-user	Yes	Yes	
M1283	Patient screened for tobacco use and identified as a tobacco user	Yes	Yes	
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	Yes	Yes	
M1286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Yes	Yes	
M1287	Bmi is documented below normal parameters and a follow-up plan is documented	Yes	Yes	
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	Yes	Yes	
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	Yes	Yes	

M1290	Patient not eligible due to active diagnosis of hypertension	Yes	Yes	
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Yes	Yes	
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Yes	Yes	
M1293	Bmi is documented above normal parameters and a follow-up plan is documented	Yes	Yes	
M1294	Normal blood pressure reading documented, follow-up not required	Yes	Yes	
M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Yes	Yes	
M1296	Bmi is documented within normal parameters and no follow-up plan is required	Yes	Yes	
M1297	Bmi not documented due to medical reason or patient refusal of height or weight measurement	Yes	Yes	
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	Yes	Yes	
M1299	Influenza immunization administered or previously received	Yes	Yes	
M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Yes	Yes	
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	Yes	Yes	
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	Yes	Yes	
M1303	Hospice services provided to patient any time during the measurement period	Yes	Yes	
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Yes	Yes	
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Yes	Yes	
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Yes	Yes	
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	Yes	Yes	
M1308	Influenza immunization was not administered, reason not given	Yes	Yes	
M1309	Palliative care services provided to patient any time during the measurement period	Yes	Yes	
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	Yes	Yes	
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	Yes	Yes	
M1312	Patient not screened for tobacco use	Yes	Yes	
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	Yes	Yes	
M1314	Bmi not documented and no reason is given	Yes	Yes	
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	Yes	Yes	
M1316	Current tobacco non-user	Yes	Yes	
M1317	Patients who are counseled on connection with a csp and explicitly opt out	Yes	Yes	
M1318	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp	Yes	Yes	
M1319	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening	Yes	Yes	
M1320	Patients who screened positive for at least 1 of the 5 hrsns	Yes	Yes	
M1321	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented iop or no plan of care documented if the iop was >25 mm hg	Yes	Yes	
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop =<25 mm hg for injected eye	Yes	Yes	
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop >25 mm hg and a plan of care was documented	Yes	Yes	
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Yes	Yes	

M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	Yes	Yes	
M1326	Patients with a diagnosis of hypotony	Yes	Yes	
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	Yes	Yes	
M1328	Patients with a diagnosis of acute vitreous hemorrhage	Yes	Yes	
M1329	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter	Yes	Yes	
M1330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Yes	Yes	
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Yes	Yes	
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	Yes	Yes	
M1333	Acute vitreous hemorrhage	Yes	Yes	
M1334	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	Yes	Yes	
M1335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Yes	Yes	
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Yes	Yes	
M1337	Acute pvd	Yes	Yes	
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	Yes	Yes	
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	Yes	Yes	
M1340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	Yes	Yes	
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Yes	Yes	
M1342	Patients who died during the performance period	Yes	Yes	
M1343	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam	Yes	Yes	
M1344	Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score	Yes	Yes	
M1345	Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	Yes	Yes	
M1346	Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period	Yes	Yes	
M1347	Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)	Yes	Yes	
M1348	Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent)	Yes	Yes	
M1349	Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period	Yes	Yes	
M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	Yes	Yes	
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Yes	Yes	
M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	Yes	Yes	
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	Yes	Yes	
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Yes	Yes	
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Yes	Yes	
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Yes	Yes	
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Yes	Yes	

M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained	Yes	Yes	
M1360	Suicidal ideation and/or behavior symptoms based on the c-ssrs	Yes	Yes	
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Yes	Yes	
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	Yes	Yes	
M1364	Calculated 10-year ascvd risk score of > = 20 percent during the performance period	Yes	Yes	
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	Yes	Yes	
M1366	Focusing on women's health mips value pathway	Yes	Yes	
M1367	Quality care for the treatment of ear, nose, and throat disorders mips value pathway	Yes	Yes	
M1368	Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	Yes	Yes	
M1369	Quality care in mental health and substance use disorders mips value pathway	Yes	Yes	
M1370	Rehabilitative support for musculoskeletal care mips value pathway	Yes	Yes	
Q3014	TELEHEALTH FACILITY FEE	Yes	Yes	
S0280	MEDICAL HOME, INITIAL PLAN	Yes	Yes	
S0285	Colonoscopy consultation performed prior to screening colonoscopy procedure	Yes	Yes	
S0315	Disease management program; initial assessment and initiation of the program	No	Yes	
S0316	Disease management program; follow-up/reassessment	No	Yes	
S9083	Global fee urgent care centers	Yes	Yes	
S9152	SPEECH THERAPY RE-EVAL	Yes	Yes	
S9426	ANTEPARTUM CARE ONLY, 7+ VISITS –	Yes	Yes	
S9443	Lactation classes, non-physician provider IF NCS-DO NOT RT FOR FEE	Yes	Yes	
S9470	NUTRITIONAL COUNSELING, DIET	Yes	Yes	
S9480	Intensive outpatient psychiatric services, per diem	Yes	Yes	
S9482	Family stabilization services, per 15 minutes	Yes	Yes	
S9484	CRISIS INTERVENTION MENTAL HEALTH S	Yes	Yes	
S9485	CRISIS INTERVENTION MENTAL H	Yes	Yes	
T1013	Sign language or oral interpreter services	Yes	Yes	
T1014	Telehealth transmission, per minute, professional services bill separately	Yes	Yes	
T2022	CASE MANAGEMENT PER MONTH	Yes	Yes	
T2023	TARGETED CASE MGMT PER MONTH	Yes	Yes	