

## Case Rate Codes

Codes in consideration for Case Rate payment. When billed by a provider under the Accountable Provider TIN with a qualifying billing specialty, Case Rate codes will be zero-paid on the claim and reimbursed through the Case Rate payment at the end of the month.

Procedure Code	Procedure Code Description
81025	Urinalysis Procedures
59025	FETAL NON-STRESS TEST
59050	FETAL MONITOR W/REPORT
59051	FETAL MONITOR/INTERPRET ONLY
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	OBSTETRICAL CARE
59410	OBSTETRICAL CARE
59412	ANTEPARTUM MANIPULATION
59425	ANTEPARTUM CARE ONLY
59426	ANTEPARTUM CARE ONLY
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59899	MATERNITY CARE PROCEDURE
76805	OB US >= 14 WKS, SNGL FETUS
76810	OB US >= 14 WKS, ADDL FETUS
76811	OB US, DETAILED, SNGL FETUS
76812	OB US, DETAILED, ADDL FETUS
76813	OB US NUCHAL MEAS, 1 GEST
76814	OB US NUCHAL MEAS, ADD-ON
76815	OB US, LIMITED, FETUS(S)
76816	OB US, FOLLOW-UP, PER FETUS
76817	TRANSVAGINAL US, OBSTETRIC
76818	FETAL BIOPHYS PROFILE W/NST

76819	FETAL BIOPHYS PROFIL W/O NST
76820	UMBILICAL ARTERY ECHO
76821	MIDDLE CEREBRAL ARTERY ECHO
76825	ECHO EXAM OF FETAL HEART
76826	ECHO EXAM OF FETAL HEART
76827	ECHO EXAM OF FETAL HEART
76828	ECHO EXAM OF FETAL HEART
76830	TRANSVAGINAL US, NON-OB
76831	ECHO EXAM, UTERUS
76856	US EXAM, PELVIC, COMPLETE
76857	US EXAM, PELVIC, LIMITED
80055	OBSTETRIC PANEL
80081	OBSTETRIC PANEL
81025	URINE PREGNANCY TEST
82951	GLUCOSE TOLERANCE TEST (GTT)
82952	GLUC TOL TEST, EA ADDL AFTER 3
84702	CHORIONIC GONADOTROPIN TEST
84703	CHORIONIC GONADOTROPIN ASSAY
84704	HCG, FREE BETACHAIN TEST
87535	HIV-1, DNA, AMP PROBE
87536	HIV-1, DNA, QUANT
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
99202	Office or other outpatient 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 time for code selection, 15 minutes–29 minutes of total time is spent on the date of the encounter.
99203	Office or another outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using time for code selection, 30 minutes–44 minutes of total time is spent on the date of the encounter.
99204	Office or another outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using time for code selection, 45 minutes–59 minutes of total time is spent on the date of the encounter.
99205	Office or another outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using time for code selection, 60 minutes–74 minutes of total time is spent on the date of the encounter.

99211	Office or another outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	Office or another outpatient 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 time for code selection, 10 minutes–19 minutes of total time is spent on the date of the encounter.
99213	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using time for code selection, 20 minutes–29 minutes of total time is spent on the date of the encounter.
99214	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using time for code selection, 30 minutes–39 minutes of total time is spent on the date of the encounter.
99215	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using time for code selection, 40 minutes–54 minutes of total time is spent on the date of the encounter.
99221	Initial hospital or observation care, per day, for the evaluation and management of a patient, requiring medically appropriate history and/or exam and straightforward or low-level medical decision-making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99222	Initial hospital or observation care, per day, for the evaluation and management of a patient, requiring medically appropriate history and/or exam and moderate medical decision-making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99223	Initial hospital or observation care, per day, for the evaluation and management of a patient, requiring medically appropriate history and/or exam and high medical decision-making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
99231	Subsequent hospital or observation care, per day, for the evaluation and management of a patient, requiring medically appropriate history and/or exam and straightforward or low-level medical decision-making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.
99232	Subsequent hospital or observation care, per day, for the evaluation and management of a patient, requiring medically appropriate history and/or exam and moderate medical decision-making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
99233	Subsequent hospital or observation care, per day, for the evaluation and management of a patient, requiring medically appropriate history and/or exam and high medical decision-making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.
99234	Hospital inpatient or observation care, for the evaluation and management of a patient, including admission and discharge on the same date, requiring medically appropriate history and/or exam and straightforward or low-level medical decision-making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99235	Hospital inpatient or observation care, for the evaluation and management of a patient, including admission and discharge on the same date, requiring medically appropriate history and/or exam and moderate medical decision-making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.

99236	Hospital inpatient or observation care, for the evaluation and management of a patient, including admission and discharge on the same date, requiring medically appropriate history and/or exam and high medical decision-making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter
99242	Office or other outpatient consultation for a new or 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, 20 minutes must be met or exceeded.
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision-making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99252	Inpatient or observation consultation for a new or 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, 35 minutes must be met or exceeded.
99253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision-making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision-making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.
99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision-making
99284	Emergency department visits for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making
99285	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a high level of medical decision-making

99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a straightforward or low level of medical decision-making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a 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.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes

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 one year)
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 one year–four years)
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 five years–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 years–17 years)
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 years-39 years
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 years–64 years
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
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 one year)
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 one year–four years)
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 five years–11 years)
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 years–17 years)
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 years–39 years
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 years–64 years



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
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate 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
99417	Prolonged outpatient 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
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)
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 minutes–20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 minutes–30 minutes of medical discussion
99460	INITIAL HOSP OR BIRTH CTR CARE, PER DAY, E&M, NORM
99463	INIT CARE, HOSP/BIRTH CTR, E&M, ADMIT/DSCHG SAMEDA
99464	ATTENDANCE AT DELIVERY, INIT STABILIZATION OF INFA
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

99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant and; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.
99494	INIT/SUBSQ PSYCH COLLBRTV CARE MGMNT, EA ADDL 30 M