

Diagnosis Trigger Codes

Trigger codes formally assign the beneficiary’s episode to an Accountable Provider (billing Tax ID entity) and initiate Case Rate payment in the 2nd or 3rd trimester.

To initiate the Case Rate payment, providers must bill a claim that meets the trigger event criteria below:

- Perform 30 or more deliveries annually
- Submit a claim with a trigger diagnosis code (see below) and one of the following trigger E&M codes: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215.
- Submit a claim with a qualifying place of service location: 11, 19, 22
- Bill as a qualifying maternity bundle specialty type: Obstetrics and Gynecology (including the Maternal Fetal Medicine subspecialty), Certified Nurse Midwife, Obstetric Nurse Practitioner, and Women’s Health Nurse

Dx Code	Description	Trimester/Postpartum
Z3A14	14 Weeks Gestation OF Pregnancy	2
Z3A15	15 Weeks Gestation OF Pregnancy	2
Z3A16	16 Weeks Gestation OF Pregnancy	2
Z3A17	17 Weeks Gestation OF Pregnancy	2
Z3A18	18 Weeks Gestation OF Pregnancy	2
Z3A19	19 Weeks Gestation OF Pregnancy	2
Z3A20	20 Weeks Gestation OF Pregnancy	2
Z3A21	21 Weeks Gestation OF Pregnancy	2
Z3A22	22 Weeks Gestation OF Pregnancy	2
Z3A23	23 Weeks Gestation OF Pregnancy	2
Z3A24	24 Weeks Gestation OF Pregnancy	2
Z3A25	25 Weeks Gestation OF Pregnancy	2
Z3A26	26 Weeks Gestation OF Pregnancy	2
Z3A27	27 Weeks Gestation OF Pregnancy	2
Z3A28	28 Weeks Gestation OF Pregnancy	3

Dx Code	Description	Trimester/Postpartum
Z3A29	29 Weeks Gestation OF Pregnancy	3
Z3A30	30 Weeks Gestation OF Pregnancy	3
Z3A31	31 Weeks Gestation OF Pregnancy	3
Z3A32	32 Weeks Gestation OF Pregnancy	3
Z3A33	33 Weeks Gestation OF Pregnancy	3
Z3A34	34 Weeks Gestation OF Pregnancy	3
Z3A35	35 Weeks Gestation OF Pregnancy	3
Z3A36	36 Weeks Gestation OF Pregnancy	3
Z3A37	37 Weeks Gestation OF Pregnancy	3
Z3A38	38 Weeks Gestation OF Pregnancy	3
Z3A39	39 Weeks Gestation OF Pregnancy	3
Z3A40	40 Weeks Gestation OF Pregnancy	3
Z3A41	41 Weeks Gestation OF Pregnancy	3
Z3A42	42 Weeks Gestation OF Pregnancy	3
O0902	Supervision Preg W/HX Infertility 2nd Trimester	2
O0903	Supervision Preg W/HX Infertility 3rd Trimester	3
O0912	Supervision of Pregnancy HX Ectopic Preg 2nd Tri	2
O0913	Supervision of Pregnancy HX Ectopic Preg 3rd Tri	3
O09212	Supervision Preg W/HX Pre-Term Labor Second Tri	2
O09213	Supervision Preg W/HX Pre-Term Labor Third Tri	3
O09292	Sup Preg W/Oth Poor Reproductive/OB HX 2nd Tri	2
O09293	Sup Preg W/Oth Poor Reproductive/OB HX 3rd Tri	3
O0932	Supervision Preg W/Insuff Antenatal Care 2nd Tri	2
O0933	Supervision Preg W/Insuff Antenatal Care 3rd Tri	3
O0942	Supervision Preg W/Grand Multiparity Second Tri	2
O0943	Supervision Preg W/Grand Multiparity Third Tri	3
O09512	Supervision Elderly Primigravida Second Tri	2
O09513	Supervision Elderly Primigravida Third Tri	3
O09522	Supervision Elderly Multigravida Second Tri	2
O09523	Supervision Elderly Multigravida Third Tri	3
O09612	Supervision Young Primigravida Second Trimester	2
O09613	Supervision Young Primigravida Third Trimester	3

Dx Code	Description	Trimester/Postpartum
O09622	Supervision Young Multigravida Second Trimester	2
O09623	Supervision Young Multigravida Third Trimester	3
O0972	Sup High Risk Preg D/T Social Problems 2nd Tri	2
O0973	Sup High Risk Preg D/T Social Problems 3rd Tri	3
O09812	Sup Preg Result Asstd Reproductive Tech 2nd Tri	2
O09813	Sup Preg Result Asstd Reproductive Tech 3rd Tri	3
O09822	Sup Preg W/HX In Utero Proc Dur Prev Pg 2nd Tri	2
O09823	Sup Preg W/HX In Utero Proc Dur Prev Pg 3rd Tri	3
O09892	Supervision Oth High Risk Preg Second Trimester	2
O09893	Supervision Oth High Risk Preg Third Trimester	3
O0992	Supervision High Risk Preg Uns Second Trimester	2
O0993	Supervision High Risk Preg Uns Third Trimester	3
O09A2	Supervision Pregnancy HX Molar Preg 2nd Trim	2
O09A3	Supervision Pregnancy HX Molar Preg 3rd Trim	3
Z3402	Encounter Suprvisn Normal First Preg 2 Trimester	2
Z3403	Encounter Suprvisn Normal First Preg 3 Trimester	3
Z3482	Enc Supervision Oth Normal Pregnancy 2 Trimester	2
Z3483	Enc Supervision Oth Normal Pregnancy 3 Trimester	3
Z3492	Enc Supervision Normal Pregnancy Uns 2 Trimester	2
Z3493	Enc Supervision Normal Pregnancy Uns 2 Trimester	3
O10012	ICD-10-CM Pre-existing essential hypertension complicating pregnancy, second trimester	2
O10013	ICD-10-CM Pre-existing essential hypertension complicating pregnancy, third trimester	3
O10112	ICD-10-CM Pre-existing hypertensive heart disease complicating pregnancy, second trimester	2
O10113	ICD-10-CM Pre-existing hypertensive heart disease complicating pregnancy, third trimester	3
O10212	ICD-10-CM Pre-existing hypertensive chronic kidney disease complicating pregnancy, second	2
O10213	ICD-10-CM Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester	3
O10312	ICD-10-CM Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester	2

Dx Code	Description	Trimester/Postpartum
O10313	ICD-10-CM Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester	3
O10412	ICD-10-CM Pre-existing secondary hypertension complicating pregnancy, second trimester	2
O10413	ICD-10-CM Pre-existing secondary hypertension complicating pregnancy, third trimester	3
O10912	ICD-10-CM Unspecified pre-existing hypertension complicating pregnancy, second trimester	2
O10913	ICD-10-CM Unspecified pre-existing hypertension complicating pregnancy, third trimester	3
O112	ICD-10-CM Pre-existing hypertension with pre-eclampsia, second trimester	2
O113	ICD-10-CM Pre-existing hypertension with pre-eclampsia, third trimester	3
O1202	ICD-10-CM Gestational edema, second trimester	2
O1203	ICD-10-CM Gestational edema, third trimester	3
O1212	ICD-10-CM Gestational proteinuria, second trimester	2
O1213	ICD-10-CM Gestational proteinuria, third trimester	3
O1222	ICD-10-CM Gestational edema with proteinuria, second trimester	2
O1223	ICD-10-CM Gestational edema with proteinuria, third trimester	3
O132	ICD-10-CM Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester	2
O133	ICD-10-CM Gestational [pregnancy-induced] hypertension without significant proteinuria, third	3
O1412	ICD-10-CM Severe pre-eclampsia, second trimester	2
O1413	ICD-10-CM Severe pre-eclampsia, third trimester	3
O1003	Pre-existing essential hypertension complicating the puerperium	Postpartum
O1013	Pre-existing hypertensive heart disease complicating the puerperium	Postpartum
O1023	Pre-existing hypertensive chronic kidney disease complicating the puerperium	Postpartum
O1033	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium	Postpartum
O1043	Pre-existing secondary hypertension complicating the puerperium	Postpartum
O1093	Unspecified pre-existing hypertension complicating the puerperium	Postpartum
O152	Eclampsia complicating the puerperium	Postpartum
O2403	Pre-existing diabetes mellitus, type 1, in the puerperium	Postpartum
O2413	Pre-existing diabetes mellitus, type 2, in the puerperium	Postpartum
O2433	Unspecified pre-existing diabetes mellitus in the puerperium	Postpartum
O24430	Gestational diabetes mellitus in the puerperium, diet controlled	Postpartum
O24434	Gestational diabetes mellitus in the puerperium, insulin controlled	Postpartum
O24439	Gestational diabetes mellitus in the puerperium, unspecified control	Postpartum

Dx Code	Description	Trimester/Postpartum
O2483	Other pre-existing diabetes mellitus in the puerperium	Postpartum
O2493	Unspecified diabetes mellitus in the puerperium	Postpartum
O253	Malnutrition in the puerperium	Postpartum
O2663	Liver and biliary tract disorders in the puerperium	Postpartum
O2673	Subluxation of symphysis (pubis) in the puerperium	Postpartum
O712	Postpartum inversion of uterus	Postpartum
O85	Puerperal sepsis	Postpartum
O8600	Infection of obstetric wound, unspecified	Postpartum
O8601	Infection of obstetric wound, superficial incision site	Postpartum
O8602	Infection of obstetric wound, deep incision site	Postpartum
O8603	Infection of obstetric wound, organ and space site	Postpartum
O8604	Sepsis following an obstetrical procedure	Postpartum
O8609	Infection of obstetrical surgical wound, other surgical site	Postpartum
O8611	Cervicitis following delivery	Postpartum
O8612	Endometritis following delivery	Postpartum
O8613	Vaginitis following delivery	Postpartum
O8619	Other infection of genital tract following delivery	Postpartum
O8620	Urinary tract infection following delivery, unspecified	Postpartum
O8621	Infection of kidney following delivery	Postpartum
O8622	Infection of bladder following delivery	Postpartum
O8629	Other urinary tract infection following delivery	Postpartum
O864	Pyrexia of unknown origin following delivery	Postpartum
O8681	Puerperal septic thrombophlebitis	Postpartum
O8689	Other specified puerperal infections	Postpartum
O870	Superficial thrombophlebitis in the puerperium	Postpartum
O871	Deep phlebothrombosis in the puerperium	Postpartum
O872	Hemorrhoids in the puerperium	Postpartum
O873	Cerebral venous thrombosis in the puerperium	Postpartum
O874	Varicose veins of lower extremity in the puerperium	Postpartum
O878	Other venous complications in the puerperium	Postpartum
O879	Venous complication in the puerperium, unspecified	Postpartum
O8803	Air embolism in the puerperium	Postpartum

Dx Code	Description	Trimester/Postpartum
O8813	Amniotic fluid embolism in the puerperium	Postpartum
O8823	Thromboembolism in the puerperium	Postpartum
O8833	Pyemic and septic embolism in the puerperium	Postpartum
O8883	Other embolism in the puerperium	Postpartum
O8901	Aspiration pneumonitis due to anesthesia during the puerperium	Postpartum
O8909	Other pulmonary complications of anesthesia during the puerperium	Postpartum
O891	Cardiac complications of anesthesia during the puerperium	Postpartum
O892	Central nervous system complications of anesthesia during the puerperium	Postpartum
O893	Toxic reaction to local anesthesia during the puerperium	Postpartum
O894	Spinal and epidural anesthesia-induced headache during the puerperium	Postpartum
O895	Other complications of spinal and epidural anesthesia during the puerperium	Postpartum
O896	Failed or difficult intubation for anesthesia during the puerperium	Postpartum
O898	Other complications of anesthesia during the puerperium	Postpartum
O899	Complication of anesthesia during the puerperium, unspecified	Postpartum
O900	Disruption of cesarean delivery wound	Postpartum
O901	Disruption of perineal obstetric wound	Postpartum
O903	Peripartum cardiomyopathy	Postpartum
O9041	Hepatorenal syndrome following labor and delivery	Postpartum
O9049	Other postpartum acute kidney failure	Postpartum
O905	Postpartum thyroiditis	Postpartum
O906	Postpartum mood disturbance	Postpartum
O9081	Anemia of the puerperium	Postpartum
O9089	Other complications of the puerperium, not elsewhere classified	Postpartum
O909	Complication of the puerperium, unspecified	Postpartum
O9102	Infection of nipple associated with the puerperium	Postpartum
O9103	Infection of nipple associated with lactation	Postpartum
O9112	Abscess of breast associated with the puerperium	Postpartum
O9113	Abscess of breast associated with lactation	Postpartum
O9122	Nonpurulent mastitis associated with the puerperium	Postpartum
O9123	Nonpurulent mastitis associated with lactation	Postpartum
O9202	Retracted nipple associated with the puerperium	Postpartum
O9203	Retracted nipple associated with lactation	Postpartum

Dx Code	Description	Trimester/Postpartum
O9212	Cracked nipple associated with the puerperium	Postpartum
O9213	Cracked nipple associated with lactation	Postpartum
O9220	Unspecified disorder of breast associated with pregnancy and the puerperium	Postpartum
O9229	Other disorders of breast associated with pregnancy and the puerperium	Postpartum
O923	Agalactia	Postpartum
O924	Hypogalactia	Postpartum
O925	Suppressed lactation	Postpartum
O926	Galactorrhea	Postpartum
O9270	Unspecified disorders of lactation	Postpartum
O9279	Other disorders of lactation	Postpartum
O9803	Tuberculosis complicating the puerperium	Postpartum
O9813	Syphilis complicating the puerperium	Postpartum
O9823	Gonorrhea complicating the puerperium	Postpartum
O9833	Other infections with a predominantly sexual mode of transmission complicating the puerperium	Postpartum
O9843	Viral hepatitis complicating the puerperium	Postpartum
O9853	Other viral diseases complicating the puerperium	Postpartum
O9863	Protozoal diseases complicating the puerperium	Postpartum
O9873	Human immunodeficiency virus [HIV] disease complicating the puerperium	Postpartum
O9883	Other maternal infectious and parasitic diseases complicating the puerperium	Postpartum
O9893	Unspecified maternal infectious and parasitic disease complicating the puerperium	Postpartum
O9903	Anemia complicating the puerperium	Postpartum
O9913	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium	Postpartum
O99215	Obesity complicating the puerperium	Postpartum
O99285	Endocrine, nutritional and metabolic diseases complicating the puerperium	Postpartum
O99315	Alcohol use complicating the puerperium	Postpartum
O99325	Drug use complicating the puerperium	Postpartum
O99335	Smoking (tobacco) complicating the puerperium	Postpartum
O99345	Other mental disorders complicating the puerperium	Postpartum
O99355	Diseases of the nervous system complicating the puerperium	Postpartum
O9943	Diseases of the circulatory system complicating the puerperium	Postpartum

Dx Code	Description	Trimester/Postpartum
O9953	Diseases of the respiratory system complicating the puerperium	Postpartum
O9963	Diseases of the digestive system complicating the puerperium	Postpartum
O9973	Diseases of the skin and subcutaneous tissue complicating the puerperium	Postpartum
O99815	Abnormal glucose complicating the puerperium	Postpartum
O99825	Streptococcus B carrier state complicating the puerperium	Postpartum
O99835	Other infection carrier state complicating the puerperium	Postpartum
O99845	Bariatric surgery status complicating the puerperium	Postpartum
O99893	Other specified diseases and conditions complicating puerperium	Postpartum
O9A13	Malignant neoplasm complicating the puerperium	Postpartum
O9A23	Injury, poisoning and certain other consequences of external causes complicating the puerperium	Postpartum
O9A33	Physical abuse complicating the puerperium	Postpartum
O9A43	Sexual abuse complicating the puerperium	Postpartum
O9A53	Psychological abuse complicating the puerperium	Postpartum
Z390	Encounter for care and examination of mother immediately after delivery	Postpartum
Z391	Encounter for care and examination of lactating mother	Postpartum
Z392	Encounter for routine postpartum follow-up	Postpartum

Case Rate Codes

The provider-specific Case Rate payment reimburses a defined set of services rendered by the Accountable Provider during the prenatal, delivery (if performed by the Accountable Provider), and postpartum periods of the episode. Services included in the Case Rate payment are outlined in the list below.

After the Accountable Provider (billing Tax ID entity) initiates the Case Rate payment (by billing a claims that meets the trigger event criteria), Case Rate codes will be zero-paid on the claim and reimbursed through the Case Rate payment at the end of the month. Services that are excluded from the Case Rate (i.e., not included in the list below) will continue to be reimbursed FFS.

Procedure Codes	Description
01960	Anesthesia for vaginal delivery only
01961	Anesthesia for cesarean delivery only
81025	Urinalysis Procedures
59025	Fetal Non-Stress Test
59050	Fetal Monitor with Report
59051	Fetal Monitor with 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
59430	Postpartum care only (separate procedure)
59514	Cesarean Delivery Only W/Postpartum Care
59515	Cesarean Delivery Only W/Postpartum Care

Procedure Codes	Description
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal Delivery After Cesarean Delivery
59614	Vaginal Delivery and PostPartum Care VBAC
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean Delivery Attempted VBAC
59622	Cesarean Divry and Postpartum Care Attempted VBA
59899	Maternity Procedure Care
76805	OB US >= 14 Wks, Addl 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-U, 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

Procedure Codes	Description
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	The collection and interpretation of physiologic data (e.g., 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 healthcare 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.

Procedure Codes	Description
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.
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 a 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.
99281	Emergency department visits for the evaluation and management of a patient may not require the presence of a physician or other qualified healthcare 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 a low level of medical decision-making
99284	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a moderate level of medical decision-making

Procedure Codes	Description
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.

Procedure Codes	Description
99374	Supervision of a patient under the care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., 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 a health care professional(s), family member(s), the surrogate decision maker(s) (e.g., 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) (e.g., 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) (e.g., 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
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

Procedure Codes	Description
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., 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 Samedia
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

Procedure Codes	Description
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 Psycho Collbrtv Care Mgmnt, EA Addl 30 M
99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge
99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge

Procedure Codes	Description
0JCB0ZZ	Extirpation of Matter from Perineum Subcutaneous Tissue and Fascia, Open Approach
0JCB3ZZ	Extirpation of Matter from Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0UCG0ZZ	Extirpation of Matter from Vagina, Open Approach
0UCG3ZZ	Extirpation of Matter from Vagina, Percutaneous Approach
0UCG4ZZ	Extirpation of Matter from Vagina, Percutaneous Endoscopic Approach
0UCM0ZZ	Extirpation of Matter from Vulva, Open Approach
0UJD7ZZ	Inspection of Uterus and Cervix, Via Natural or Artificial Opening
0US90ZZ	Reposition Uterus, Open Approach
0US94ZZ	Reposition Uterus, Percutaneous Endoscopic Approach
0US9XZZ	Reposition Uterus, External Approach
0W3R0ZZ	Control Bleeding in Genitourinary Tract, Open Approach
0W3R3ZZ	Control Bleeding in Genitourinary Tract, Percutaneous Approach
0W3R4ZZ	Control Bleeding in Genitourinary Tract, Percutaneous Endoscopic Approach
0W3R7ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening
0W3R8ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
2Y44X5Z	Packing of Female Genital Tract using Packing Material

Case Rate Termination Codes

The Case Rate may cease under any of the following circumstances:

- After completion of the three months postpartum,
- If the episode of care moves away from the Accountable Provider TIN (i.e., attribution change – as determined by the submission of claim that meets the trigger event criteria from another practice),
- If there is a missing a facility claim in the episode (i.e., “orphan episode”),
- If the patient experiences a stillborn birth, miscarriage or abortion

If the patient experiences a stillborn birth, miscarriage or elective abortion during the episode (as indicated based on the codes listed below), the Case Rate payment will cease in the following month after the stillborn birth, miscarriage or elective abortion.

Stillbirth Codes

Code Type	Code	Description
ICD-10-CM	P95	Stillbirth
ICD-10-CM	Z371	Single stillbirth
ICD-10-CM	Z374	Twins, both stillborn
ICD-10-CM	Z377	Other multiple births, all stillborn

Miscarriage Codes

Code Type	2024 Codes	Description
ICD-10	O03.0	Genital tract and pelvic infection following incomplete spontaneous abortion
ICD-10	O03.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion
ICD-10	O03.2	Embolism following incomplete spontaneous abortion
ICD-10	O03.30	Unspecified complication following incomplete spontaneous abortion
ICD-10	O03.31	Shock following incomplete spontaneous abortion
ICD-10	O03.32	Renal failure following incomplete spontaneous abortion
ICD-10	O03.33	Metabolic disorder following incomplete spontaneous abortion

ICD-10	O03.34	Damage to pelvic organs following incomplete spontaneous abortion
ICD-10	O03.35	Other venous complications following incomplete spontaneous abortion
ICD-10	O03.36	Cardiac arrest following incomplete spontaneous abortion
ICD-10	O03.37	Sepsis following incomplete spontaneous abortion
ICD-10	O03.38	Urinary tract infection following incomplete spontaneous abortion
ICD-10	O03.39	Incomplete spontaneous abortion with other complications
ICD-10	O03.4	Incomplete spontaneous abortion without complication
ICD-10	O03.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
ICD-10	O03.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
ICD-10	O03.7	Embolism following complete or unspecified spontaneous abortion
ICD-10	O03.80	Unspecified complication following complete or unspecified spontaneous abortion
ICD-10	O03.81	Shock following complete or unspecified spontaneous abortion
ICD-10	O03.82	Renal failure following complete or unspecified spontaneous abortion
ICD-10	O03.83	Metabolic disorder following complete or unspecified spontaneous abortion
ICD-10	O03.84	Damage to pelvic organs following complete or unspecified spontaneous abortion
ICD-10	O03.85	Other venous complications following complete or unspecified spontaneous abortion
ICD-10	O03.86	Cardiac arrest following complete or unspecified spontaneous abortion
ICD-10	O03.87	Sepsis following complete or unspecified spontaneous abortion
ICD-10	O03.88	Urinary tract infection following complete or unspecified spontaneous abortion
ICD-10	O03.89	Complete or unspecified spontaneous abortion with other complications
ICD-10	O03.9	Complete or unspecified spontaneous abortion without complication
ICD-10	O02.0	Blighted ovum and nonhydatidiform mole
ICD-10	O02.1	Missed abortion
ICD-10	O02.89	Other abnormal products of conception
ICD-10	O02.9	Abnormal product of conception, unspecified
ICD-10	N96	Recurrent pregnancy loss
ICD-10 PCS	10D17ZZ	Extraction of products of conception, retained, via natural or artificial opening
CPT	59812	Treatment of incomplete abortion, any trimester, completed surgically
CPT	59820	Treatment of missed abortion, completed surgically; first trimester
CPT	59821	Treatment of missed abortion, completed surgically; second trimester
CPT	59830	Treatment of septic abortion, completed surgically
CPT	01965	Anesthesia for incomplete or missed abortion procedures
CPT	59100	Hysterotomy, abdominal (eg, for hydatiform mole, abortion)

Elective Abortion Codes

2024 Codes	Code Type	Description
O04.5	ICD-10	GENITAL TRACT & PELV INF FOLLOW TERMINATION PREG
O04.6	ICD-10	DELAY OR EXCESS HEMORR FOLLOW TERMINATION PREG
O04.7	ICD-10	EMBOLISM FOLLOWING INDUCED TERMINATION PREGNANCY
O04.80	ICD-10	INDUCED TERMINATION PREGNANCY W/UNS COMP
O04.81	ICD-10	SHOCK FOLLOWING INDUCED TERMINATION OF PREGNANCY
O04.82	ICD-10	RENAL FAIL FOLLOW INDUCED TERMINATION PREGNANCY
O04.83	ICD-10	METAB DISORDER FOLLOW INDUCD TERMINATION PREG
O04.84	ICD-10	DAMAGE PELV ORGN FOLLOW INDUCD TERMINATION PREG
O04.85	ICD-10	OTH VENOUS COMP FOLLOW INDUCD TERMINATION PREG
O04.86	ICD-10	CARD ARREST FOLLOW INDUCED TERMINATION PREGNANCY
O04.87	ICD-10	SEPSIS FOLLOWING INDUCED TERMINATION PREGNANCY
O04.88	ICD-10	UTI FOLLOWING INDUCED TERMINATION PREGNANCY
O04.89	ICD-10	INDUCED TERMINATION PREGNANCY W/OTH COMP
O07.0	ICD-10	Genital tract and pelvic infection following failed attempted termination of pregnancy
O07.1	ICD-10	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
O07.2	ICD-10	Embolism following failed attempted termination of pregnancy
O07.30	ICD-10	Failed attempted termination of pregnancy with unspecified complications
O07.31	ICD-10	Shock following failed attempted termination of pregnancy
O07.32	ICD-10	Renal failure following failed attempted termination of pregnancy
O07.33	ICD-10	Metabolic disorder following failed attempted termination of pregnancy
O07.34	ICD-10	Damage to pelvic organs following failed attempted termination of pregnancy
O07.35	ICD-10	Other venous complications following failed attempted termination of pregnancy
O07.36	ICD-10	Cardiac arrest following failed attempted termination of pregnancy
O07.37	ICD-10	Sepsis following failed attempted termination of pregnancy
O07.38	ICD-10	Urinary tract infection following failed attempted termination of pregnancy
O07.39	ICD-10	Failed attempted termination of pregnancy with other complications
O07.4	ICD-10	Failed attempted termination of pregnancy without complication
Z33.2	ICD-10	ENCOUNTER FOR ELECTIVE TERMINATION OF PREGNANCY
10A00ZZ	ICD-10 PCS	ABORTION PRODUCTS OF CONCEPTION OPEN
10A03ZZ	ICD-10 PCS	ABORTION PRODUCTS OF CONCEPTION PERCUTANEOUS
10A04ZZ	ICD-10 PCS	ABORTION PRODUCTS OF CONCEPTION PERQ ENDOSCOPIC
10A07Z6	ICD-10 PCS	ABORTION PRODUCT OF CONCEPTION VACUUM NAT/ART OP

10A07ZW	ICD-10 PCS	ABORTION POC LAMINARIA VIA NATURAL/ARTIF OPENING
10A07ZX	ICD-10 PCS	ABORTION POC ABORTIFACIENT VIA NAT/ART OPENING
10A07ZZ	ICD-10 PCS	ABORTION PRODUCTS OF CONCEPTION VIA NAT/ART OPG
10A08ZZ	ICD-10 PCS	ABORTION PRODUCTS OF CONCEPTION NAT/ART OPG ENDO
01966	CPT	ANESTHESIA FOR INDUCED ABORTION PROCEDURES
59840	CPT	INDUCED ABORTION DILATION AND CURETTAGE
59841	CPT	INDUCED ABORTION DILATION & EVACUATION
59850	CPT	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ
59851	CPT	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C
59852	CPT	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM
59855	CPT	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS
59856	CPT	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC
59857	CPT	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT
59866	CPT	MULTIFETAL PREGNANCY REDUCTION
S0199	HCPCS	MED INDUCED AB ORAL INGESTION MED W/SRVC & SPL

Reconciliation Codes

As outlined below, services included in the episode, regardless of the provider who performed the service, will be included in the incentive payment calculations during reconciliation. Services included in the incentive payment calculations may be paid through the Case Rate payment or in accordance with the reimbursement methodology applicable to the provider and service.

Procedure Codes	Procedure Code Description	Notes
81025	Urinalysis Procedures	
00940	Anesth, Vaginal Procedures	
0127U	Obstetrics Biochem Assay	
0128U	Obstetrics Biochem Assay	
01958	Anesth Antepartum Manipul	Anesthesia for obstetric procedures
01960	Anesth Vaginal Delivery	
01961	Anesth, CS Delivery	
01967	Anesth/Analg, Vag Delivery	
01968	Anes/Analg CS Deliver Add-On	
0475T	Recording Fetal Magnetic Cardiac Signal, 3 Chan	
0476T	Recording Fetal Magnetic Cardiac Signal, 3 Chan	
0477T	Recording Fetal Magnetic Cardiac Signal, 3 Chan	
0478T	Recording Fetal Magnetic Cardiac Signal, 3 Chan	
0500T	Infects Agent Detctn DNA, RNA, HPV, 5 Types	
59012	Fetal Cord Puncture, Prenatal	
59015	Chorion Biopsy	
59020	Fetal Contract Stress Test	
59025	Fetal Non-Stress Test	
59030	Fetal Scalp Blood Sample	
59050	Fetal Monitor W/Report	
59051	Fetal Monitor/Interpret Only	
59070	Transabdom Amnioinfus W/US	

Procedure Codes	Procedure Code Description	Notes
59072	Umbilical Cord Occlud W/US	
59074	Fetal Fluid Drainage W/US	
59160	D&C After Delivery	
59200	Insert Cervical Dilator	
59300	Episiotomy OR Vaginal Repair	
59400	Obstetrical Care	
59409	Obstetrical Care	
59410	Obstetrical Care	
59412	Antepartum Manipulation	
59414	Deliver Placenta	
59425	Antepartum Care Only	
59426	Antepartum Care Only	
59430	Care After Delivery	
59510	Cesarean Delivery	
59514	Cesarean Delivery Only	
59515	Cesarean Delivery	
59610	VBAC Delivery	
59612	VBAC Delivery Only	
59614	VBAC Care After Delivery	
59618	Attempted VBAC Delivery	
59620	Attempted VBAC Delivery Only	
59622	Attempted VAC After Care	
59899	Maternity Care Procedure	
62273	Inject Epidural Patch	
0W8NXZZ	Division of Female Perineum, External Approach	
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening	
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening	
10S07ZZ	Reposition Products of Conception, Via Natural or Artificial Opening	
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening	
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening	
10A07Z6	Abortion of Products of Conception, Vacuum, Via Natural or Artificial Opening	

Procedure Codes	Procedure Code Description	Notes
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening	
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach	
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach	
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach	
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening	
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic	
0U7C7ZZ	Dilation of Cervix, Via Natural or Artificial Opening	
10J07ZZ	Inspection of Products of Conception, Via Natural or Artificial Opening	
3E030VJ	Introduction of Other Hormone into Peripheral Vein, Open Approach	
3E033VJ	Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach	
3E040VJ	Introduction of Other Hormone into Central Vein, Open Approach	
3E043VJ	Introduction of Other Hormone into Central Vein, Percutaneous Approach	
3E050VJ	Introduction of Other Hormone into Peripheral Artery, Open Approach	
3E053VJ	Introduction of Other Hormone into Peripheral Artery, Percutaneous Approach	
3E060VJ	Introduction of Other Hormone into Central Artery, Open Approach	
3E063VJ	Introduction of Other Hormone into Central Artery, Percutaneous Approach	
3E0DXGC	Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach	
3E0P7VZ	Introduction of Hormone into Female Reproductive, Via Natural or Artificial Opening	
10E0XZZ	Delivery Of Products Of Conception, External Approach	
10S0XZZ	Reposition Products of Conception, External Approach	
0Q820ZZ	Division of Right Pelvic Bone, Open Approach	
0Q823ZZ	Division of Right Pelvic Bone, Percutaneous Approach	
0Q824ZZ	Division of Right Pelvic Bone, Percutaneous Endoscopic Approach	
0Q830ZZ	Division of Left Pelvic Bone, Open Approach	
0Q833ZZ	Division of Left Pelvic Bone, Percutaneous Approach	
0Q834ZZ	Division of Left Pelvic Bone, Percutaneous Endoscopic Approach	
10D07Z8	Extraction Of Products Of Conception, Other, Via Opening	

Procedure Codes	Procedure Code Description	Notes
10D00Z0	Extraction of Products of Conception, High, Open Approach	
10D00Z1	Extraction of Products of Conception, Low, Open Approach	
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach	
76801	OB US < 14 Wks, Single Fetus	
76802	OB US < 14 Wks, Add'l Fetus	
76805	OB US >= 14 Wks, Single Fetus	
76810	OB US >= 14 Wks, Add'l Fetus	
76811	OB US, Detailed, Sngl Fetus	
76812	OB US, Detailed, Add'l 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/Inst	
76819	Fetal Biophys Profile W/O Inst	
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 Add'l After 3	
84702	Chorionic Gonadotropin Test	
84703	Chorionic Gonadotropin Assay	

Procedure Codes	Procedure Code Description	Notes
84704	HCG, Free Betachain Test	
87535	HIV-1, DNA, Amp Probe	
87536	HIV-1, DNA, Quant	
99091	Collection and interpretation of physiologic data (erg, 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 other 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 other 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 other 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 other 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 other 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.	

Procedure Codes	Procedure Code Description	Notes
99213	Office or other 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 other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and 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 other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and 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.	
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 a 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.	
99281	Emergency department visits for the evaluation and management of a patient may not require the presence of a physician or other qualified healthcare professional	
99282	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and straightforward medical decision-making	

Procedure Codes	Procedure Code Description	Notes
99283	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a low level of medical decision-making	
99284	Emergency department visits for the evaluation and management of a patient, which require 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	
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	
99360	Standby service, requiring prolonged attendance, each 30 minutes (e.g., operative standby, standby for frozen section, for cesarean/high-risk delivery, for monitoring EEG)	
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	

Procedure Codes	Procedure Code Description	Notes
99374	Supervision of a patient under the care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., 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 a health care professional(s), family member(s), the surrogate decision maker(s) (e.g., 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	
99375	Supervision of a patient under the care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., 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 a health care professional(s), family member(s), the surrogate decision maker(s) (e.g., 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; 30 minutes or more	
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) (e.g., 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	

Procedure Codes	Procedure Code Description	Notes
99378	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) (e.g., 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; 30 minutes or more	
99380	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) (e.g., 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; 30 minutes or more	
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 (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 minutes–30 minutes	

Procedure Codes	Procedure Code Description	Notes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., 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	
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	
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)	
99421	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; five minutes–10 minutes	
99422	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 11 minutes–20 minutes	
99423	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes	

Procedure Codes	Procedure Code Description	Notes
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least three months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death; the condition requires development, monitoring, or revision of disease-specific care plan; the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities; ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least three months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least three months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death; the condition requires development, monitoring, or revision of disease-specific care plan; the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities; ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	

Procedure Codes	Procedure Code Description	Notes
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least three months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	
99429	Unlisted preventive medicine service	
99441	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; five minutes–10 minutes of medical discussion	
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	

Procedure Codes	Procedure Code Description	Notes
99446	Interprofessional telephone, internet, and/or electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; five minutes–10 minutes of medical consultative discussion and review.	
99447	Interprofessional telephone, internet, and/or electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11 minutes–20 minutes of medical consultative discussion and review.	
99448	Interprofessional telephone, internet, and/or electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21 minutes–30 minutes of medical consultative discussion and review.	
99449	Interprofessional telephone, internet, and/or electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	
99451	Interprofessional telephone, internet, and/or electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; five minutes or more of medical consultative time.	
99452	Interprofessional telephone, internet, and/or electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional; 30 minutes.	
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on the use of equipment	

Procedure Codes	Procedure Code Description	Notes
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	
99463	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.	
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	
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home	

Procedure Codes	Procedure Code Description	Notes
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with 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, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision-making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision-making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	

Procedure Codes	Procedure Code Description	Notes
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	
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.	

Procedure Codes	Procedure Code Description	Notes
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 Mgmny, EA Add'l 30 M	
99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge At least a moderate level of medical decision-making during the service period face-to-face visit, within 14 calendar days of discharge	
99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge High level of medical decision-making during the service period face-to-face visit, within seven calendar days of discharge	
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	

Procedure Codes	Procedure Code Description	Notes
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes	
99499	Unlisted evaluation and management service	
99500	Home Visit, Prenatal	
99501	Home Visit, Postnatal	
99502	Home Visit, NB Care	
BY49ZZZ	Ultrasonography Of First Trimester, Single Fetus	
BY4BZZZ	Ultrasonography Of First Trimester, Multiple Gestation	
BY4CZZZ	Ultrasonography Of Second Trimester, Single Fetus	
BY4DZZZ	Ultrasonography Of Second Trimester, Multiple Gestation	
BY4FZZZ	Ultrasonography Of Third Trimester, Single Fetus	
BY4GZZZ	Ultrasonography Of Third Trimester, Multiple Gestation	
G9355	Elective Deliver/Early Induction Not Performed	
G9356	Elective Deliver/Early Induction Performed	
G9357	Post Partum Scrng/Eval/Educ Educ Performed	
G9358	Post Partum Scrng/Eval/Educ Educ Not Performed	
H0001	Alcohol and/or Drug Assess	
H0049	Alcohol/Drug Screening	
H1000	Prenatal Care At Risk Assessm	
H1001	Antepartum Management	
H1002	Care Coordination Prenatal	
H1003	Prenatal At Risk Education	
H1004	Follow Up Home/Visit Prenatal	
H1005	Prenatal Care Enhanced SRV Pk	
S0220	Medical Conference by Physic	
S0221	Medical Conference, 60 Min	
S3005	Eval Self-Assess Depression	
S9436	Lamaze Class	
S9437	Childbirth Refresher Class	
S9438	Cesarean Birth Class	
S9439	VBAC Class	

Procedure Codes	Procedure Code Description	Notes
S9442	Birth Class	
S9443	Lactation Class	
S9444	Parenting Class	
S9447	Infant Safety Class	
T1014	Telehealth Transmit, Per Min	
T2101	Breast Milk Proc/Store/Dist	