

## 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 Practitioner.

In addition, please note: For the first quarter of Performance Year 1, effective 1/1/2025 - 3/31/2025, trigger events in the 2nd trimester only will initiate Case Rate payments (i.e., providers will not receive Case Rate payments for patients who are in the 3rd trimester or postpartum period for the first three months of the program). Subsequently, effective 4/1/2025, trigger events in the 2nd trimester, 3rd trimester, and postpartum period will initiate Case Rate payments.

| Dx Code | Description                     |
|---------|---------------------------------|
| Z3A14   | 14 Weeks Gestation OF Pregnancy |
| Z3A15   | 15 Weeks Gestation OF Pregnancy |
| Z3A16   | 16 Weeks Gestation OF Pregnancy |
| Z3A17   | 17 Weeks Gestation OF Pregnancy |
| Z3A18   | 18 Weeks Gestation OF Pregnancy |
| Z3A19   | 19 Weeks Gestation OF Pregnancy |
| Z3A20   | 20 Weeks Gestation OF Pregnancy |
| Z3A21   | 21Weeks Gestation OF Pregnancy  |

| Dx Code | Description                                      |
|---------|--|
| Z3A22   | 22 Weeks Gestation OF Pregnancy                  |
| Z3A23   | 23 Weeks Gestation OF Pregnancy                  |
| Z3A24   | 24 Weeks Gestation OF Pregnancy                  |
| Z3A25   | 25 Weeks Gestation OF Pregnancy                  |
| Z3A26   | 26 Weeks Gestation OF Pregnancy                  |
| Z3A27   | 27 Weeks Gestation OF Pregnancy                  |
| Z3A28   | 28 Weeks Gestation OF Pregnancy                  |
| Z3A29   | 29 Weeks Gestation OF Pregnancy                  |
| Z3A30   | 30 Weeks Gestation OF Pregnancy                  |
| Z3A31   | 31 Weeks Gestation OF Pregnancy                  |
| Z3A32   | 32 Weeks Gestation OF Pregnancy                  |
| Z3A33   | 33 Weeks Gestation OF Pregnancy                  |
| Z3A34   | 34 Weeks Gestation OF Pregnancy                  |
| Z3A35   | 35 Weeks Gestation OF Pregnancy                  |
| Z3A36   | 36 Weeks Gestation OF Pregnancy                  |
| Z3A37   | 37 Weeks Gestation OF Pregnancy                  |
| Z3A38   | 38 Weeks Gestation OF Pregnancy                  |
| Z3A39   | 39 Weeks Gestation OF Pregnancy                  |
| Z3A40   | 40 Weeks Gestation OF Pregnancy                  |
| Z3A41   | 41 Weeks Gestation OF Pregnancy                  |
| Z3A42   | 42 Weeks Gestation OF Pregnancy                  |
| O0902   | Supervision Preg W/HX Infertility 2nd Trimester  |
| O0903   | Supervision Preg W/HX Infertility 3rd Trimester  |
| O0912   | Supervision of Pregnancy HX Ectopic Preg 2nd Tri |
| O0913   | Supervision of Pregnancy HX Ectopic Preg 3rd Tri |
| O09212  | Supervision Preg W/HX Pre-Term Labor Second Tri  |
| O09213  | Supervision Preg W/HX Pre-Term Labor Third Tri   |
| O09292  | Sup Preg W/Oth Poor Reproductive/OB HX 2nd Tri   |
| O09293  | Sup Preg W/Oth Poor Reproductive/OB HX 3rd Tri   |
| O0932   | Supervision Preg W/Insuff Antenatal Care 2nd Tri |
| O0933   | Supervision Preg W/Insuff Antenatal Care 3rd Tri |
| O0942   | Supervision Preg W/Grand Multiparity Second Tri  |

| Dx Code | Description  |
|---------|--|
| O0943   | Supervision Preg W/Grand Multiparity Third Tri   |
| O09512  | Supervision Elderly Primigravida Second Tri  |
| O09513  | Supervision Elderly Primigravida Third Tri   |
| O09522  | Supervision Elderly Multigravida Second Tri  |
| O09523  | Supervision Elderly Multigravida Third Tri   |
| O09612  | Supervision Young Primigravida Second Trimester  |
| O09613  | Supervision Young Primigravida Third Trimester   |
| O09622  | Supervision Young Multigravida Second Trimester  |
| O09623  | Supervision Young Multigravida Third Trimester   |
| O0972   | Sup High Risk Preg D/T Social Problems 2nd Tri   |
| O0973   | Sup High Risk Preg D/T Social Problems 3rd Tri   |
| O09812  | Sup Preg Result Asstd Reproductive Tech 2nd Tri  |
| O09813  | Sup Preg Result Asstd Reproductive Tech 3rd Tri  |
| O09822  | Sup Preg W/HX In Utero Proc Dur Prev Pg 2nd Tri  |
| O09823  | Sup Preg W/HX In Utero Proc Dur Prev Pg 3rd Tri  |
| O09892  | Supervision Oth High Risk Preg Second Trimester  |
| O09893  | Supervision Oth High Risk Preg Third Trimester   |
| O0992   | Supervision High Risk Preg Uns Second Trimester  |
| O0993   | Supervision High Risk Preg Uns Third Trimester   |
| O09A2   | Supervision Pregnancy HX Molar Preg 2nd Trim   |
| O09A3   | Supervision Pregnancy HX Molar Preg 3rd Trim   |
| Z3402   | Encounter Suprvisn Normal First Preg 2 Trimester   |
| Z3403   | Encounter Suprvisn Normal First Preg 3 Trimester   |
| Z3482   | Enc Supervision Oth Normal Pregnancy 2 Trimester   |
| Z3483   | Enc Supervision Oth Normal Pregnancy 3 Trimester   |
| Z3492   | Enc Supervision Normal Pregnancy Uns 2 Trimester   |
| Z3493   | Enc Supervision Normal Pregnancy Uns 2 Trimester   |
| O10012  | ICD-10-CM Pre-existing essential hypertension complicating pregnancy, second trimester     |
| O10013  | ICD-10-CM Pre-existing essential hypertension complicating pregnancy, third trimester      |
| O10112  | ICD-10-CM Pre-existing hypertensive heart disease complicating pregnancy, second trimester |
| O10113  | ICD-10-CM Pre-existing hypertensive heart disease complicating pregnancy, third trimester  |

| Dx Code | Description   |
|---------|---|
| O10212  | ICD-10-CM Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester           |
| O10213  | ICD-10-CM Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester            |
| O10312  | ICD-10-CM Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester |
| O10313  | ICD-10-CM Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester  |
| O10412  | ICD-10-CM Pre-existing secondary hypertension complicating pregnancy, second trimester                        |
| O10413  | ICD-10-CM Pre-existing secondary hypertension complicating pregnancy, third trimester                         |
| O10912  | ICD-10-CM Unspecified pre-existing hypertension complicating pregnancy, second trimester                      |
| O10913  | ICD-10-CM Unspecified pre-existing hypertension complicating pregnancy, third trimester                       |
| O112    | ICD-10-CM Pre-existing hypertension with pre-eclampsia, second trimester                                      |
| O113    | ICD-10-CM Pre-existing hypertension with pre-eclampsia, third trimester                                       |
| O1202   | ICD-10-CM Gestational edema, second trimester   |
| O1203   | ICD-10-CM Gestational edema, third trimester  |
| O1212   | ICD-10-CM Gestational proteinuria, second trimester   |
| O1213   | ICD-10-CM Gestational proteinuria, third trimester  |
| O1222   | ICD-10-CM Gestational edema with proteinuria, second trimester  |
| O1223   | ICD-10-CM Gestational edema with proteinuria, third trimester   |
| O132    | ICD-10-CM Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester      |
| O133    | ICD-10-CM Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester       |
| O1412   | ICD-10-CM Severe pre-eclampsia, second trimester  |
| O1413   | ICD-10-CM Severe pre-eclampsia, third trimester   |
| O1003   | Pre-existing essential hypertension complicating the puerperium   |
| O1013   | Pre-existing hypertensive heart disease complicating the puerperium   |
| O1023   | Pre-existing hypertensive chronic kidney disease complicating the puerperium                                  |
| O1033   | Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium                        |
| O1043   | Pre-existing secondary hypertension complicating the puerperium   |
| O1093   | Unspecified pre-existing hypertension complicating the puerperium   |
| O152    | Eclampsia complicating the puerperium   |
| O2403   | Pre-existing diabetes mellitus, type 1, in the puerperium   |
| O2413   | Pre-existing diabetes mellitus, type 2, in the puerperium   |
| O2433   | Unspecified pre-existing diabetes mellitus in the puerperium  |

| Dx Code | Description  |
|---------|--|
| O24430  | Gestational diabetes mellitus in the puerperium, diet controlled     |
| O24434  | Gestational diabetes mellitus in the puerperium, insulin controlled  |
| O24439  | Gestational diabetes mellitus in the puerperium, unspecified control |
| O2483   | Other pre-existing diabetes mellitus in the puerperium               |
| O2493   | Unspecified diabetes mellitus in the puerperium                      |
| O253    | Malnutrition in the puerperium                                       |
| O2663   | Liver and biliary tract disorders in the puerperium                  |
| O2673   | Subluxation of symphysis (pubis) in the puerperium                   |
| O712    | Postpartum inversion of uterus                                       |
| O85     | Puerperal sepsis   |
| O8600   | Infection of obstetric wound, unspecified                            |
| O8601   | Infection of obstetric wound, superficial incision site              |
| O8602   | Infection of obstetric wound, deep incision site                     |
| O8603   | Infection of obstetric wound, organ and space site                   |
| O8604   | Sepsis following an obstetrical procedure                            |
| O8609   | Infection of obstetrical surgical wound, other surgical site         |
| O8611   | Cervicitis following delivery  |
| O8612   | Endometritis following delivery                                      |
| O8613   | Vaginitis following delivery   |
| O8619   | Other infection of genital tract following delivery                  |
| O8620   | Urinary tract infection following delivery, unspecified              |
| O8621   | Infection of kidney following delivery                               |
| O8622   | Infection of bladder following delivery                              |
| O8629   | Other urinary tract infection following delivery                     |
| O864    | Pyrexia of unknown origin following delivery                         |
| O8681   | Puerperal septic thrombophlebitis                                    |
| O8689   | Other specified puerperal infections                                 |
| O870    | Superficial thrombophlebitis in the puerperium                       |
| O871    | Deep phlebothrombosis in the puerperium                              |
| O872    | Hemorrhoids in the puerperium  |
| O873    | Cerebral venous thrombosis in the puerperium                         |
| O874    | Varicose veins of lower extremity in the puerperium                  |

| Dx Code | Description   |
|---------|---|
| O878    | Other venous complications in the puerperium                                |
| O879    | Venous complication in the puerperium, unspecified                          |
| O8803   | Air embolism in the puerperium  |
| O8813   | Amniotic fluid embolism in the puerperium                                   |
| O8823   | Thromboembolism in the puerperium   |
| O8833   | Pyemic and septic embolism in the puerperium                                |
| O8883   | Other embolism in the puerperium  |
| O8901   | Aspiration pneumonitis due to anesthesia during the puerperium              |
| O8909   | Other pulmonary complications of anesthesia during the puerperium           |
| O891    | Cardiac complications of anesthesia during the puerperium                   |
| O892    | Central nervous system complications of anesthesia during the puerperium    |
| O893    | Toxic reaction to local anesthesia during the puerperium                    |
| O894    | Spinal and epidural anesthesia-induced headache during the puerperium       |
| O895    | Other complications of spinal and epidural anesthesia during the puerperium |
| O896    | Failed or difficult intubation for anesthesia during the puerperium         |
| O898    | Other complications of anesthesia during the puerperium                     |
| O899    | Complication of anesthesia during the puerperium, unspecified               |
| O900    | Disruption of cesarean delivery wound                                       |
| O901    | Disruption of perineal obstetric wound                                      |
| O903    | Peripartum cardiomyopathy   |
| O9041   | Hepatorenal syndrome following labor and delivery                           |
| O9049   | Other postpartum acute kidney failure                                       |
| O905    | Postpartum thyroiditis  |
| O906    | Postpartum mood disturbance   |
| O9081   | Anemia of the puerperium  |
| O9089   | Other complications of the puerperium, not elsewhere classified             |
| O909    | Complication of the puerperium, unspecified                                 |
| O9102   | Infection of nipple associated with the puerperium                          |
| O9103   | Infection of nipple associated with lactation                               |
| O9112   | Abscess of breast associated with the puerperium                            |
| O9113   | Abscess of breast associated with lactation                                 |
| O9122   | Nonpurulent mastitis associated with the puerperium                         |

| Dx Code | Description   |
|---------|---|
| O9123   | Nonpurulent mastitis associated with lactation  |
| O9202   | Retracted nipple associated with the puerperium   |
| O9203   | Retracted nipple associated with lactation  |
| O9212   | Cracked nipple associated with the puerperium   |
| O9213   | Cracked nipple associated with lactation  |
| O9220   | Unspecified disorder of breast associated with pregnancy and the puerperium   |
| O9229   | Other disorders of breast associated with pregnancy and the puerperium  |
| O923    | Agalactia   |
| O924    | Hypogalactia  |
| O925    | Suppressed lactation  |
| O926    | Galactorrhea  |
| O9270   | Unspecified disorders of lactation  |
| O9279   | Other disorders of lactation  |
| O9803   | Tuberculosis complicating the puerperium  |
| O9813   | Syphilis complicating the puerperium  |
| O9823   | Gonorrhea complicating the puerperium   |
| O9833   | Other infections with a predominantly sexual mode of transmission complicating the puerperium   |
| O9843   | Viral hepatitis complicating the puerperium   |
| O9853   | Other viral diseases complicating the puerperium  |
| O9863   | Protozoal diseases complicating the puerperium  |
| O9873   | Human immunodeficiency virus [HIV] disease complicating the puerperium  |
| O9883   | Other maternal infectious and parasitic diseases complicating the puerperium  |
| O9893   | Unspecified maternal infectious and parasitic disease complicating the puerperium   |
| O9903   | Anemia complicating the puerperium  |
| O9913   | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium |
| O99215  | Obesity complicating the puerperium   |
| O99285  | Endocrine, nutritional and metabolic diseases complicating the puerperium   |
| O99315  | Alcohol use complicating the puerperium   |
| O99325  | Drug use complicating the puerperium  |
| O99335  | Smoking (tobacco) complicating the puerperium   |
| O99345  | Other mental disorders complicating the puerperium  |

| <b>Dx Code</b> | <b>Description</b>  |
|----------------|---|
| O99355         | Diseases of the nervous system complicating the puerperium                                      |
| O9943          | Diseases of the circulatory system complicating the puerperium                                  |
| O9953          | Diseases of the respiratory system complicating the puerperium                                  |
| O9963          | Diseases of the digestive system complicating the puerperium                                    |
| O9973          | Diseases of the skin and subcutaneous tissue complicating the puerperium                        |
| O99815         | Abnormal glucose complicating the puerperium  |
| O99825         | Streptococcus B carrier state complicating the puerperium                                       |
| O99835         | Other infection carrier state complicating the puerperium                                       |
| O99845         | Bariatric surgery status complicating the puerperium  |
| O99893         | Other specified diseases and conditions complicating puerperium                                 |
| O9A13          | Malignant neoplasm complicating the puerperium  |
| O9A23          | Injury, poisoning and certain other consequences of external causes complicating the puerperium |
| O9A33          | Physical abuse complicating the puerperium  |
| O9A43          | Sexual abuse complicating the puerperium  |
| O9A53          | Psychological abuse complicating the puerperium   |
| Z390           | Encounter for care and examination of mother immediately after delivery                         |
| Z391           | Encounter for care and examination of lactating mother  |
| Z392           | Encounter for routine postpartum follow-up  |



## 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

| 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)   |
| 59510           | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care  |
| 59514           | Cesarean Delivery Only W/Postpartum Care  |
| 59515           | Cesarean Delivery Only W/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 |
| 59612           | Vaginal Delivery After Cesarean Delivery  |

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|-------|---|
| 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 Dlvry 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  |
| 82951 | Glucose Tolerance Test (GTT)  |
| 82952 | Gluc Tol Test, EA Addl After 3  |
| 84702 | Chorionic Gonadotropin Test   |
| 84703 | Chorionic Gonadotropin Assay  |

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| 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.   |
| 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.  |

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| 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  |

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| 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.                |

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| 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  |

|       |   |
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| 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 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  |

|       |  |
|-------|--|
| 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 Mgmt, EA Addl 30 M  |



## 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 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 | Codes |
|-----------|-------|
| ICD-10-CM | P95   |
| ICD-10-CM | Z371  |
| ICD-10-CM | Z374  |
| ICD-10-CM | Z377  |

### Miscarriage Codes

| Code Type | Codes  |
|-----------|--------|
| ICD-10    | O03.0  |
| ICD-10    | O03.1  |
| ICD-10    | O03.2  |
| ICD-10    | O03.30 |
| ICD-10    | O03.31 |
| ICD-10    | O03.32 |
| ICD-10    | O03.33 |
| ICD-10    | O03.34 |
| ICD-10    | O03.35 |
| ICD-10    | O03.36 |

|            |         |
|------------|---------|
| ICD-10     | O03.37  |
| ICD-10     | O03.38  |
| ICD-10     | O03.39  |
| ICD-10     | O03.4   |
| ICD-10     | O03.5   |
| ICD-10     | O03.6   |
| ICD-10     | O03.7   |
| ICD-10     | O03.80  |
| ICD-10     | O03.81  |
| ICD-10     | O03.82  |
| ICD-10     | O03.83  |
| ICD-10     | O03.84  |
| ICD-10     | O03.85  |
| ICD-10     | O03.86  |
| ICD-10     | O03.87  |
| ICD-10     | O03.88  |
| ICD-10     | O03.89  |
| ICD-10     | O03.9   |
| ICD-10     | O02.0   |
| ICD-10     | O02.1   |
| ICD-10     | O02.89  |
| ICD-10     | O02.9   |
| ICD-10     | N96     |
| ICD-10 PCS | 10D17ZZ |
| CPT        | 59812   |
| CPT        | 59820   |
| CPT        | 59821   |
| CPT        | 59830   |
| CPT        | 01965   |
| CPT        | 59100   |

**Elective Abortion Codes**

| <b>Code Type</b> | <b>Codes</b> |
|------------------|--------------|
| ICD-10           | O04.5        |
| ICD-10           | O04.6        |
| ICD-10           | O04.7        |
| ICD-10           | O04.80       |
| ICD-10           | O04.81       |
| ICD-10           | O04.82       |
| ICD-10           | O04.83       |
| ICD-10           | O04.84       |
| ICD-10           | O04.85       |
| ICD-10           | O04.86       |
| ICD-10           | O04.87       |
| ICD-10           | O04.88       |
| ICD-10           | O04.89       |
| ICD-10           | O07.0        |
| ICD-10           | O07.1        |
| ICD-10           | O07.2        |
| ICD-10           | O07.30       |
| ICD-10           | O07.31       |
| ICD-10           | O07.32       |
| ICD-10           | O07.33       |
| ICD-10           | O07.34       |
| ICD-10           | O07.35       |
| ICD-10           | O07.36       |
| ICD-10           | O07.37       |
| ICD-10           | O07.38       |
| ICD-10           | O07.39       |
| ICD-10           | O07.4        |
| ICD-10           | Z33.2        |
| ICD-10 PCS       | 10A00ZZ      |
| ICD-10 PCS       | 10A03ZZ      |
| ICD-10 PCS       | 10A04ZZ      |

Case Rate Termination Codes

|            |         |
|------------|---------|
| ICD-10 PCS | 10A07Z6 |
| ICD-10 PCS | 10A07ZW |
| ICD-10 PCS | 10A07ZX |
| ICD-10 PCS | 10A07ZZ |
| ICD-10 PCS | 10A08ZZ |
| CPT        | 01966   |
| CPT        | 59840   |
| CPT        | 59841   |
| CPT        | 59850   |
| CPT        | 59851   |
| CPT        | 59852   |
| CPT        | 59855   |
| CPT        | 59856   |
| CPT        | 59857   |
| CPT        | 59866   |
| HCPCS      | S0199   |

## 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 | Description                                 |
|-----------------|---|
| 00940           | Anesth, Vaginal Procedures                  |
| 0127U           | Obstetrics Biochem Assay                    |
| 0128U           | Obstetrics Biochem Assay                    |
| 01958           | Anesth Antepartum Manipul                   |
| 01960           | Anesth Vaginal Delivery                     |
| 01961           | Anesth, CS Delivery                         |
| 01967           | Anesth/Analg, Vag Delivery                  |
| 01968           | Anes/Analg CS Deliver Add-On                |
| 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                  |
| 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                            |

| Procedure Codes | Description   |
|-----------------|---|
| 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                                     |
| 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 |

| Procedure Codes | Description   |
|-----------------|---|
| 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                              |
| 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)   |

| Procedure Codes | Description   |
|-----------------|---|
| 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  |
| 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.  |



| Procedure Codes | Description   |
|-----------------|---|
| 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.   |
| 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.                            |

| Procedure Codes | Description   |
|-----------------|---|
| 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  |
| 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  |
| 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 |

| Procedure Codes | Description  |
|-----------------|--|
| 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 |
| 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   |
| 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   |

| Procedure Codes | Description  |
|-----------------|--|
| 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  |
| 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   |
| 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 | Description  |
|-----------------|--|
| 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  |
| 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   |