

Code	Code Description
90887	EXPLANATION OF PSYCHIATRIC, MEDICAL EXAMINATIONS, PROCEDURES, AND DATA TO OTHER THAN PATIENT
90951	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT YOUNGER THAN 2 YEARS OF AGE
90952	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT YOUNGER THAN 2 YEARS OF AGE
90954	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT 2-11 YEARS OF AGE
90955	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT 2-11 YEARS OF AGE
90957	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT 12-19 YEARS OF AGE
90958	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT 12-19 YEARS OF AGE
90960	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT 20 YEARS OF AGE AND OLDER
90961	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT 20 YEARS OF AGE AND OLDER
90963	HOME DIALYSIS SERVICES PER MONTH, PATIENT YOUNGER THAN 2 YEARS OF AGE
90964	HOME DIALYSIS SERVICES PER MONTH, PATIENT 2-11 YEARS OF AGE
90965	HOME DIALYSIS SERVICES PER MONTH, PATIENT 12-19 YEARS OF AGE
90966	HOME DIALYSIS SERVICES PER MONTH, PATIENT 20 YEARS OF AGE OR OLDER
90967	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT YOUNGER THAN 2 YEARS OF AGE
90968	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT 2-11 YEARS OF AGE
90969	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT 12-19 YEARS OF AGE
90970	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT 20 YEARS OF AGE OR OLDER
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS AND REPORT UNDER PHYSICIAN SUPERVISION, UNILATERAL OR BILATERAL
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY) WITH PHYSICIAN REVIEW, INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER
92521	EVALUATION OF SPEECH FLUENCY
92522	EVALUATION OF SPEECH SOUND PRODUCTION
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE
95251	AMBULATORY CONTINUOUS GLUCOSE (SUGAR) INCLUDING INTERPRETATION AND REPORT FOR A MINIMUM OF 72 HOURS
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY
96127	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT
96156	HEALTH BEHAVIOR ASSESSMENT OR REASSESSMENT

96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE, INITIAL 30 MINUTES
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH ADDITIONAL 15 MINUTES
96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT
96161	ADMINISTRATION AND INTERPRETATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE, INITIAL 30 MINUTES
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE, EACH ADDITIONAL 15 MINUTES
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE, INITIAL 30 MINUTES
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE, EACH ADDITIONAL 15 MINUTES
97110	THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES
97112	THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES
97116	THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES
97150	THERAPY PROCEDURE IN A GROUP SETTING
97151	BEHAVIOR IDENTIFICATION ASSESSMENT BY PROFESSIONAL, EACH 15 MINUTES
97155	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL USING AN ESTABLISHED PLAN, EACH 15 MINUTES
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN, EACH 15 MINUTES
97161	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97162	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 30 MINUTES
97163	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 45 MINUTES
97164	RE-EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97165	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES
97166	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES
97167	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 1 HOUR
97168	RE-EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES
97530	THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES
97535	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES
97755	EVALUATION FOR ASSISTIVE TECHNOLOGY, EACH 15 MINUTES
97802	MEDICAL NUTRITION THERAPY, ASSESSMENT AND INTERVENTION, EACH 15 MINUTES
97803	MEDICAL NUTRITION THERAPY RE-ASSESSMENT AND INTERVENTION, EACH 15 MINUTES
98960	COMMUNITY HEALTH WORKER INDIVIDUAL VISIT, EACH 30 MINUTES
98961	COMMUNITY HEALTH WORKER GROUP, 2-4 MEMBERS, EACH 30 MIN
98962	COMMUNITY HEALTH WORKER GROUP, 5-8 MEMBERS, EACH 30 MIN
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 5 MINUTES

99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 15 MINUTES PER DAY
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 25 MINUTES PER DAY
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 35 MINUTES PER DAY
99307	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 10 MINUTES PER DAY
99308	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 15 MINUTES PER DAY
99309	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY
99310	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS
99316	NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES
99347	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 15 MINUTES
99348	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 25 MINUTES
99349	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 40 MINUTES
99350	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 60 MINUTES
99406	SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING, GREATER THAN 3 MINUTES UP TO 10 MINUTES
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, GREATER THAN 10 MINUTES
99408	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES
99477	INITIAL INTENSIVE CARE OF NEWBORN, 28 DAYS OF AGE OR YOUNGER, PER DAY
99478	SUBSEQUENT INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT, PER DAY
99479	SUBSEQUENT INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT, PER DAY
99480	SUBSEQUENT INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT, PER DAY
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE CT SCAN (SERVICE IS FOR ELIGIBILITY DETERMINATION AND SHARED DECISION MAKING)
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION 15 TO 30 MINUTES

G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND INTERVENTION, GREATER THAN 30 MINUTES
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT
S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION
S5116	HOME CARE TRAINING, NON-FAMILY/SESSION
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE
T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES
T2011	PREADMISSION SCREEN AND RESIDENT REVIEW (PASRR) LEVEL II, EVALUATION, PER EVALUATION
T2017	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES
T2033	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM

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