

| Code | EHP Coverage | Notes | CPT Code Desc. |
|-------|--------------|-------------|---|
| 780 | Yes | Active Code | Telemedicine, General Classification, TELEMEDICINE |
| 90853 | Yes | Active Code | Group psychotherapy (other than of a multiple-family group) |
| 92507 | Yes | Active Code | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |
| 92521 | Yes | Active Code | Evaluation of speech fluency (eg, stuttering, cluttering) |
| 92522 | Yes | Active Code | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); |
| | | | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language |
| 92523 | Yes | Active Code | comprehension and expression (eg, receptive and expressive language) |
| 92524 | Yes | Active Code | Behavioral and qualitative analysis of voice and resonance |
| 92526 | Yes | Active Code | Treatment of swallowing dysfunction and/or oral function for feeding |
| | | | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of |
| 97110 | Yes | Active Code | motion and flexibility |
| | | | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, |
| 97112 | Yes | Active Code | kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97116 | Yes | Active Code | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) |
| | | | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or |
| 97156 | Yes | Active Code | without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes |
| | | | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities |
| | | | that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements |
| | | | from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical |
| | | | presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized |
| | | | patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face |
| 97161 | Yes | Active Code | with the patient and/or family. |
| | | | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal |
| | | | factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures |
| | | | in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or |
| | | | participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate |
| | | | complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 |
| 97162 | Yes | Active Code | minutes are spent face-to-face with the patient and/or family. |
| | | | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal |
| | | | factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures |
| | | | addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or |
| | | | participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of |
| | | | high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. |
| 97163 | Yes | Active Code | Typically, 45 minutes are spent face-to-face with the patient and/or family. |

| | Τ | | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of |
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| | | | history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment |
| | | | instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient |
| 97164 | Yes | Active Code | and/or family. |
| | | | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy |
| | | | history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An |
| | | | assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in |
| | | | activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of |
| | | | the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of |
| | | | treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or |
| | | | assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 |
| 97165 | Yes | Active Code | minutes are spent face-to-face with the patient and/or family. |
| | | | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and |
| | | | therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, |
| | | | cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance |
| | | | deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; |
| | | | and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of |
| | | | data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that |
| | | | affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with |
| | | | assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with |
| 97166 | Yes | Active Code | the patient and/or family. |
| | | | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy |
| | | | history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or |
| | | | psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits |
| | | | (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and |
| | | | Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from |
| | | | comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect |
| | | | occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary |
| 97167 | Yes | Active Code | to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| | | | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient |
| | | | functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition |
| | | | or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when |
| | | | there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are |
| 97168 | Yes | Active Code | spent face-to-face with the patient and/or family. |
| 37100 | 163 | Tactive code | paperteriace to race with the patient analysi ranning. |

| | | | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 |
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| 97530 | Yes | Active Code | minutes |
| | | | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety |
| | | | procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 |
| 97535 | Yes | Active Code | minutes |
| 97750 | Yes | Active Code | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes |
| | | | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or |
| 97755 | Yes | Active Code | maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes |
| | | | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower |
| 97760 | Yes | Active Code | extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes |
| 97761 | Yes | Active Code | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99382 | Yes | Active Code | laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99383 | Yes | Active Code | laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99384 | Yes | Active Code | laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99385 | Yes | Active Code | laboratory/diagnostic procedures, new patient; 18-39 years |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99386 | Yes | Active Code | laboratory/diagnostic procedures, new patient; 40-64 years |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99387 | Yes | Active Code | laboratory/diagnostic procedures, new patient; 65 years and older |
| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99391 | Yes | Active Code | laboratory/diagnostic procedures, established patient; infant (age younger than 1 year) |
| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99392 | Yes | Active Code | laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) |

| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
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| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 00202 | Vos | A ativa Cada | |
| 99393 | Yes | Active Code | laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) |
| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99394 | Yes | Active Code | laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) |
| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99395 | Yes | Active Code | laboratory/diagnostic procedures, established patient; 18-39 years |
| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99396 | Yes | Active Code | laboratory/diagnostic procedures, established patient; 40-64 years |
| | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender |
| | | | appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99397 | Yes | Active Code | laboratory/diagnostic procedures, established patient; 65 years and older |
| | | | 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 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest |
| 99441 | Yes | Active Code | available appointment; 5-10 minutes of medical discussion |
| | | | 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 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest |
| 99442 | Yes | Active Code | available appointment; 11-20 minutes of medical discussion |
| | | | 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 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest |
| 99443 | Yes | Active Code | available appointment; 21-30 minutes of medical discussion |
| | | | Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) |
| G2025 | Yes | Active Code | only |
| H2012 | Yes | Active Code | Behavioral health day treatment, per hour |
| 77427 | Yes | New Code 2021 | Radiation treatment management, 5 treatments |
| 90785 | Yes | New Code 2021 | Interactive complexity (List separately in addition to the code for primary procedure) |
| 90791 | Yes | New Code 2021 | Psychiatric diagnostic evaluation |
| 90792 | Yes | New Code 2021 | Psychiatric diagnostic evaluation with medical services |
| 90832 | Yes | New Code 2021 | Psychotherapy, 30 minutes with patient |
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| | Ι | | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition |
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| 90833 | Yes | New Code 2021 | to the code for primary procedure) |
| 90834 | Yes | New Code 2021 | Psychotherapy, 45 minutes with patient |
| | | | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition |
| 90836 | Yes | New Code 2021 | to the code for primary procedure) |
| 90837 | Yes | New Code 2021 | Psychotherapy, 60 minutes with patient |
| | | | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition |
| 90838 | Yes | New Code 2021 | to the code for primary procedure) |
| 90839 | Yes | New Code 2021 | Psychotherapy for crisis; first 60 minutes |
| 90840 | Yes | New Code 2021 | Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) |
| 90845 | Yes | New Code 2021 | Psychoanalysis |
| 90846 | Yes | New Code 2021 | Family psychotherapy (without the patient present), 50 minutes |
| 90847 | Yes | New Code 2021 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes |
| 90849 | Yes | New Code 2021 | Multiple-family group psychotherapy |
| | | | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List |
| 90863 | Yes | New Code 2021 | separately in addition to the code for primary procedure) |
| | | | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with |
| 90875 | Yes | New Code 2021 | psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes |
| | | | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the |
| | | | adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a |
| 90951 | Yes | New Code 2021 | physician or other qualified health care professional per month |
| | | | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the |
| | | | adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a |
| 90952 | Yes | New Code 2021 | physician or other qualified health care professional per month |
| | | | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the |
| | | | adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician |
| 90953 | Yes | New Code 2021 | or other qualified health care professional per month |
| | | | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of |
| | | | nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or |
| 90954 | Yes | New Code 2021 | other qualified health care professional per month |
| | | | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of |
| | | | nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other |
| 90955 | Yes | New Code 2021 | qualified health care professional per month |
| | | | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of |
| | | | nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other |
| 90956 | Yes | New Code 2021 | qualified health care professional per month |

| | T | | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of |
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| | | | nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or |
| 90957 | Yes | New Code 2021 | other qualified health care professional per month |
| 30337 | 103 | 1464 COGC 2021 | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of |
| | | | nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other |
| 90958 | Yes | New Code 2021 | qualified health care professional per month |
| 50558 | 163 | New Code 2021 | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of |
| | | | nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other |
| 90959 | Yes | New Code 2021 | qualified health care professional per month |
| 90939 | res | New Code 2021 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits |
| 00060 | Vos | Now Code 2021 | by a physician or other qualified health care professional per month |
| 90960 | Yes | New Code 2021 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a |
| 00061 | Vaa | Now Code 2021 | |
| 90961 | Yes | New Code 2021 | physician or other qualified health care professional per month |
| 00000 | | N C - d - 2024 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a |
| 90962 | Yes | New Code 2021 | physician or other qualified health care professional per month |
| 00000 | | | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to |
| 90963 | Yes | New Code 2021 | include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents |
| | | | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include |
| 90964 | Yes | New Code 2021 | monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents |
| | | | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include |
| 90965 | Yes | New Code 2021 | monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents |
| 90966 | Yes | New Code 2021 | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older |
| | | | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 |
| 90967 | Yes | New Code 2021 | years of age |
| | | | |
| 90968 | Yes | New Code 2021 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age |
| | | | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of |
| 90969 | Yes | New Code 2021 | age |
| | | | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age |
| 90970 | Yes | New Code 2021 | and older |
| | | | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, |
| 92002 | Yes | New Code 2021 | new patient |
| | | | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; |
| 92004 | Yes | New Code 2021 | comprehensive, new patient, 1 or more visits |
| | | | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment |
| 92012 | Yes | New Code 2021 | program; intermediate, established patient |

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| | | | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment |
| 92014 | Yes | New Code 2021 | program; comprehensive, established patient, 1 or more visits |
| 92227 | Yes | New Code 2021 | Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral |
| | | | Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional |
| 92228 | Yes | New Code 2021 | interpretation and report, unilateral or bilateral |
| 92508 | Yes | New Code 2021 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals |
| 92601 | Yes | New Code 2021 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming |
| 92602 | Yes | New Code 2021 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming |
| 92603 | Yes | New Code 2021 | Diagnostic analysis of cochlear implant, age 7 years or older; with programming |
| 92604 | Yes | New Code 2021 | Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming |
| 92606 | Yes | New Code 2021 | Therapeutic service(s) for the use of non-speech-generating device, including programming and modification |
| 92609 | Yes | New Code 2021 | Therapeutic services for the use of speech-generating device, including programming and modification |
| | | | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted |
| 92626 | Yes | New Code 2021 | device(s); first hour |
| | | | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted |
| 92627 | Yes | New Code 2021 | device(s); each additional 15 minutes (List separately in addition to code for primary procedure) |
| 92630 | Yes | New Code 2021 | Auditory rehabilitation; prelingual hearing loss |
| 92633 | Yes | New Code 2021 | Auditory rehabilitation; postlingual hearing loss |
| | | | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis |
| | | | and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events |
| | | | transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or |
| 93228 | Yes | New Code 2021 | other qualified health care professional |
| | | | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis |
| | | | and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events |
| | | | transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions |
| | | | for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other |
| 93229 | Yes | New Code 2021 | qualified health care professional |
| | | | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related |
| | | | memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and |
| 93268 | Yes | New Code 2021 | interpretation by a physician or other qualified health care professional |
| | | | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related |
| | | | memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, |
| 93270 | Yes | New Code 2021 | recording, and disconnection) |
| | | | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related |
| 93271 | Yes | New Code 2021 | memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis |
| 932/1 | Yes | New Code 2021 | memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis |

| | | | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related |
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| | | | memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a |
| 93272 | Yes | New Code 2021 | physician or other qualified health care professional |
| | | | Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of |
| | | | device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, |
| 93750 | Yes | New Code 2021 | recovery), with programming, if performed, and report |
| | | | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG |
| 93797 | Yes | New Code 2021 | monitoring (per session) |
| | | | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring |
| 93798 | Yes | New Code 2021 | (per session) |
| | | | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; |
| 94002 | Yes | New Code 2021 | hospital inpatient/observation, initial day |
| | | | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; |
| 94003 | Yes | New Code 2021 | hospital inpatient/observation, each subsequent day |
| | | | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing |
| 94004 | Yes | New Code 2021 | facility, per day |
| | | | Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted |
| | | | living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as |
| 94005 | Yes | New Code 2021 | appropriate), within a calendar month, 30 minutes or more |
| 94664 | Yes | New Code 2021 | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device |
| | | | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse |
| | | | width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive |
| | | | neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health |
| | | | care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse |
| 95970 | Yes | New Code 2021 | generator/transmitter, without programming |
| | | | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse |
| | | | width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive |
| | | | neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health |
| | | | care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter |
| 95971 | Yes | New Code 2021 | programming by physician or other qualified health care professional |
| | | | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse |
| | | | width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive |
| | | | neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health |
| | | | care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter |
| 95972 | Yes | New Code 2021 | programming by physician or other qualified health care professional |

| | | | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse |
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| | | | width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive |
| | | | neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health |
| | | | care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with |
| 95983 | Yes | New Code 2021 | physician or other qualified health care professional |
| | | | |
| | | | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse |
| | | | width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive |
| | | | neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health |
| | | l | care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face |
| 95984 | Yes | New Code 2021 | time with physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| 96040 | Yes | New Code 2021 | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family |
| | | | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, |
| | | | speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, |
| 96105 | Yes | New Code 2021 | per hour |
| | | | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and |
| 96110 | Yes | New Code 2021 | documentation, per standardized instrument |
| | | | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory |
| | | | and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health |
| 96112 | Yes | New Code 2021 | care professional, with interpretation and report; first hour |
| | | | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory |
| | | | and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health |
| | | | care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary |
| 96113 | Yes | New Code 2021 | procedure) |
| | | | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, |
| | | | language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care |
| 96116 | Yes | New Code 2021 | professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour |
| | | | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, |
| | | | language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care |
| | | | professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional |
| 96121 | Yes | New Code 2021 | hour (List separately in addition to code for primary procedure) |
| | | | Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care |
| | | | professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and |
| 96125 | Yes | New Code 2021 | preparing the report |
| | | | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with |
| 96127 | Yes | New Code 2021 | scoring and documentation, per standardized instrument |

| | 1 | 1 | Developering teating analystics complete by why siring an athem available books are quefocional including intermetion of mations. |
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| | | | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient |
| | | | data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and |
| 96130 | Yes | New Code 2021 | interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| | | | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient |
| | | | data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and |
| | | | interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in |
| 96131 | Yes | New Code 2021 | addition to code for primary procedure) |
| | | | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of |
| | | | patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, |
| 96132 | Yes | New Code 2021 | and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| | | | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of |
| | | | patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, |
| | | | and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately |
| 96133 | Yes | New Code 2021 | in addition to code for primary procedure) |
| | | | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two |
| 96136 | Yes | New Code 2021 | or more tests, any method; first 30 minutes |
| | | | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two |
| 96137 | Yes | New Code 2021 | or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 96138 | Yes | New Code 2021 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes |
| 30130 | 163 | 11CW COUC 2021 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional |
| 96139 | Yes | New Code 2021 | 30 minutes (List separately in addition to code for primary procedure) |
| 30133 | 103 | 1100 0000 2021 | Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision |
| 96156 | Yes | New Code 2021 | making) |
| 96158 | Yes | New Code 2021 | Health behavior intervention, individual, face-to-face; initial 30 minutes |
| 00200 | 1 | 11011 0000 1011 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary |
| 96159 | Yes | New Code 2021 | service) |
| | | | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and |
| 96160 | Yes | New Code 2021 | documentation, per standardized instrument |
| | | | Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, |
| 96161 | Yes | New Code 2021 | with scoring and documentation, per standardized instrument |
| 96164 | Yes | New Code 2021 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes |
| | | | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to |
| 96165 | Yes | New Code 2021 | code for primary service) |
| 96167 | Yes | New Code 2021 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes |
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| | | | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in |
|-------|-----|---------------|---|
| 96168 | Yes | New Code 2021 | addition to code for primary service) |
| 96170 | Yes | New Code 2021 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes |
| | | | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in |
| 96171 | Yes | New Code 2021 | addition to code for primary service) |
| | | | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, |
| | | | and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or |
| 97129 | Yes | New Code 2021 | schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes |
| | | | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, |
| | | | and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or |
| | | | schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List |
| 97130 | Yes | New Code 2021 | separately in addition to code for primary procedure) |
| 97150 | Yes | New Code 2021 | Therapeutic procedure(s), group (2 or more individuals) |
| | | | Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the |
| | | | physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) |
| | | | administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, |
| 97151 | Yes | New Code 2021 | scoring/interpreting the assessment, and preparing the report/treatment plan |
| | | | Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other |
| 97152 | Yes | New Code 2021 | qualified health care professional, face-to-face with the patient, each 15 minutes |
| | | | Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health |
| 97153 | Yes | New Code 2021 | care professional, face-to-face with one patient, each 15 minutes |
| | | | Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified |
| 97154 | Yes | New Code 2021 | health care professional, face-to-face with two or more patients, each 15 minutes |
| | | | Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, |
| 97155 | Yes | New Code 2021 | which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes |
| | | | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional |
| 97157 | Yes | New Code 2021 | (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes |
| | | | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care |
| 97158 | Yes | New Code 2021 | professional, face-to-face with multiple patients, each 15 minutes |
| | | | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct |
| 97533 | Yes | New Code 2021 | (one-on-one) patient contact, each 15 minutes |
| 97542 | Yes | New Code 2021 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes |
| 97802 | Yes | New Code 2021 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97803 | Yes | New Code 2021 | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97804 | Yes | New Code 2021 | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes |

| | 1 | 1 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized |
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| 98960 | Yes | New Code 2021 | curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient |
| 38300 | 163 | New Code 2021 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized |
| 98961 | Vos | New Code 2021 | curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients |
| 98961 | Yes | New Code 2021 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized |
| 00063 | V | Na Carla 2024 | |
| 98962 | Yes | New Code 2021 | curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients |
| | | | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established |
| | | | patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 |
| | | | days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available |
| 98966 | Yes | New Code 2021 | appointment; 5-10 minutes of medical discussion |
| 1 | | | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established |
| | | | patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 |
| | | | days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available |
| 98967 | Yes | New Code 2021 | appointment; 11-20 minutes of medical discussion |
| | | | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established |
| | | | patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 |
| | | | days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available |
| 98968 | Yes | New Code 2021 | appointment; 21-30 minutes of medical discussion |
| | | | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 |
| 98970 | Yes | New Code 2021 | days, cumulative time during the 7 days; 5-10 minutes |
| | | | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 |
| 98971 | Yes | New Code 2021 | days, cumulative time during the 7 days; 11-20 minutes |
| | | | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 |
| 98972 | Yes | New Code 2021 | days, cumulative time during the 7 days; 21 or more minutes |
| | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A |
| | | | problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. |
| 99201 | Yes | New Code 2021 | Typically, 10 minutes are spent face-to-face with the patient and/or family. |
| | | | 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, 15-29 minutes of |
| 99202 | Yes | New Code 2021 | total time is spent on the date of the encounter. |
| | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate |
| | | | history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total |
| 99203 | Yes | New Code 2021 | time is spent on the date of the encounter. |
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| | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate |
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| | | | history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of |
| 99204 | Vos | Now Code 2021 | |
| 99204 | Yes | New Code 2021 | total time is spent on the date of the encounter. |
| | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate |
| | | | history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total |
| 99205 | Yes | New Code 2021 | time is spent on the date of the encounter. |
| | | | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of |
| 99211 | Yes | New Code 2021 | a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. |
| | | | 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, 10-19 |
| 99212 | Yes | New Code 2021 | minutes of total time is spent on the date of the encounter. |
| | | | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically |
| | | | appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 |
| 99213 | Yes | New Code 2021 | minutes of total time is spent on the date of the encounter. |
| | | | 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- |
| 99214 | Yes | New Code 2021 | 39 minutes of total time is spent on the date of the encounter. |
| | | | 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, 40-54 |
| 99215 | Yes | New Code 2021 | minutes of total time is spent on the date of the encounter. |
| | | | Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge |
| | | | from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report |
| | | | services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for |
| 99217 | Yes | New Code 2021 | Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]) |
| 33217 | 163 | New Code 2021 | Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A |
| | | | detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward |
| | | | or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or |
| | | | |
| | | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the |
| 00246 | | N. C. L. 2021 | problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at |
| 99218 | Yes | New Code 2021 | the bedside and on the patient's hospital floor or unit. |

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| | | | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient |
| | | | hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital |
| 99219 | Yes | New Code 2021 | floor or unit. |
| | | | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient |
| | | | hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor |
| 99220 | Yes | New Code 2021 | or unit. |
| | | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed |
| | | | or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of |
| | | | low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or |
| | | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the |
| | | | problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital |
| 99221 | Yes | New Code 2021 | floor or unit. |
| | | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate |
| 99222 | Yes | New Code 2021 | severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| | | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. |
| 99223 | Yes | New Code 2021 | Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| | | | |
| | | | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or |
| | | | of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or |
| | | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is |
| 99224 | Yes | New Code 2021 | stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. |

| | 1 | | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
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| | | | components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making |
| | | | of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, |
| | | | or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient |
| | | | is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and |
| 99225 | Yes | New Code 2021 | on the patient's hospital floor or unit. |
| 99225 | 162 | New Code 2021 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant |
| | | | complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or |
| 99226 | Yes | New Code 2021 | unit. |
| 33220 | 163 | New Code 2021 | |
| | | | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward |
| | | | or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or |
| | | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is |
| 99231 | Yes | New Code 2021 | stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 33231 | 103 | New Code 2021 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making |
| | | | of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, |
| | | | or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient |
| | | | is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and |
| 99232 | Yes | New Code 2021 | on the patient's hospital floor or unit. |
| | | | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant |
| | | | complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or |
| 99233 | Yes | New Code 2021 | unit. |
| | | | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the |
| | | | same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive |
| | | | examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care |
| | | | with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the |
| | | | problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. |
| 99234 | Yes | New Code 2021 | Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit. |

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| | | | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the |
| | | | same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical |
| | | | decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care |
| | | | professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. |
| | | | Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside |
| 99235 | Yes | New Code 2021 | and on the patient's hospital floor or unit. |
| | | | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the |
| | | | same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical |
| | | | decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care |
| | | | professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. |
| | | | Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on |
| 99236 | Yes | New Code 2021 | the patient's hospital floor or unit. |
| 99238 | Yes | New Code 2021 | Hospital discharge day management; 30 minutes or less |
| 99239 | Yes | New Code 2021 | Hospital discharge day management; more than 30 minutes |
| | | | Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A |
| | | | problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other |
| | | | physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and |
| | | | the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent |
| 99241 | Yes | New Code 2021 | face-to-face with the patient and/or family. |
| | | | Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused |
| | | | history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, |
| 99242 | Yes | New Code 2021 | 30 minutes are spent face-to-face with the patient and/or family. |
| | | | Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed |
| | | | examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other |
| | | | qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or |
| | | | family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the |
| 99243 | Yes | New Code 2021 | patient and/or family. |
| | | | Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A |
| | | | comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with |
| | | | other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) |
| | | | and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes |
| 99244 | Yes | New Code 2021 | are spent face-to-face with the patient and/or family. |

| | 1 | <u> </u> | Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A |
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| | | | comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other |
| | | | |
| | | | physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and |
| | | | the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are |
| 99245 | Yes | New Code 2021 | spent face-to-face with the patient and/or family. |
| | | | Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A |
| | | | problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other |
| | | | physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and |
| | | | the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at |
| 99251 | Yes | New Code 2021 | the bedside and on the patient's hospital floor or unit. |
| | | | Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused |
| | | | history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, |
| 99252 | Yes | New Code 2021 | 40 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| | | | Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed |
| | | | examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other |
| | | | qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or |
| | | | family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on |
| 99253 | Yes | New Code 2021 | the patient's hospital floor or unit. |
| | | | Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A |
| | | | comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with |
| | | | other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) |
| | | | and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes |
| 99254 | Yes | New Code 2021 | are spent at the bedside and on the patient's hospital floor or unit. |
| | | | Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A |
| | | | comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other |
| | | | physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and |
| | | | the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are |
| 99255 | Yes | New Code 2021 | spent at the bedside and on the patient's hospital floor or unit. |
| | | | |
| | | | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem |
| | | | focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of |
| | | | care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the |
| 99281 | Yes | New Code 2021 | problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. |
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| | | | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An |
|-------|-----|-----------------|--|
| | | | expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. |
| | | | Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided |
| | | | consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low |
| 99282 | Yes | New Code 2021 | to moderate severity. |
| 99202 | 162 | New Code 2021 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An |
| | | | |
| | | | expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate |
| | | | complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies |
| 00202 | Vaa | Now Code 2021 | are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting |
| 99283 | Yes | New Code 2021 | problem(s) are of moderate severity. |
| | | | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed |
| | | | history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care |
| | | | with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the |
| | | | problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent |
| 00204 | | N C - d - 2024 | evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or |
| 99284 | Yes | New Code 2021 | physiologic function. Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the |
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| | | | constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A |
| | | | comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other |
| | | | physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and |
| 00305 | Vaa | Now Code 2021 | the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant |
| 99285 | Yes | New Code 2021 | threat to life or physiologic function. |
| 99291 | Yes | New Code 2021 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes |
| 00202 | Vaa | Now Code 2021 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately |
| 99292 | Yes | New Code 2021 | in addition to code for primary service) |
| | | | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward |
| | | | or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or |
| | | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the |
| 00204 | Vaa | Now Code 2021 | problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor |
| 99304 | Yes | New Code 2021 | or unit. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| 00205 | | Name Contractor | nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate |
| 99305 | Yes | New Code 2021 | severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit. |

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| | | | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. |
| 99306 | Yes | New Code 2021 | Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit. |
| | | | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. |
| | | | Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided |
| | | | consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or |
| 99307 | Yes | New Code 2021 | improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit. |
| | | | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making |
| | | | of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or |
| | | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is |
| | | | responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on |
| 99308 | Yes | New Code 2021 | the patient's facility floor or unit. |
| | | | |
| | | | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling |
| | | | and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent |
| | | | with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant |
| 99309 | Yes | New Code 2021 | complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit. |
| | | | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key |
| | | | components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. |
| | | | Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided |
| | | | consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have |
| | | | developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and |
| 99310 | Yes | New Code 2021 | on the patient's facility floor or unit. |
| 99315 | Yes | New Code 2021 | Nursing facility discharge day management; 30 minutes or less |
| 99316 | Yes | New Code 2021 | Nursing facility discharge day management; more than 30 minutes |
| | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A |
| | | | problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, |
| 99324 | Yes | New Code 2021 | 20 minutes are spent with the patient and/or family or caregiver. |
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| | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An |
| | | | expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. |
| | | | Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided |
| | | | consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of |
| 99325 | Yes | New Code 2021 | moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver. |
| | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A |
| | | | detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of |
| | | | care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the |
| | | | problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, |
| 99326 | Yes | New Code 2021 | 45 minutes are spent with the patient and/or family or caregiver. |
| | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, |
| 99327 | Yes | New Code 2021 | 60 minutes are spent with the patient and/or family or caregiver. |
| | | | |
| | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A |
| | | | comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant |
| 99328 | Yes | New Code 2021 | new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver. |
| | | | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 |
| | | | key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. |
| | | | Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided |
| | | | consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self- |
| 99334 | Yes | New Code 2021 | limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver. |
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| | | | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 |
| | | | key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision |
| | | | making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, |
| | | | or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the |
| 99335 | Yes | New Code 2021 | presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver. |

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| 99336 | Yes | New Code 2021 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver. |
| | | | |
| | | | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 |
| | | | key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high |
| | | | complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting |
| | | | problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem |
| 99337 | Yes | New Code 2021 | requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver. |
| 3337 | 163 | New code 2021 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused |
| | | | history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care |
| | | | with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the |
| | | | problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes |
| 99341 | Yes | New Code 2021 | are spent face-to-face with the patient and/or family. |
| | | | Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem |
| | | | focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or |
| | | | coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the |
| | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. |
| 99342 | Yes | New Code 2021 | Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| | | | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A |
| | | | detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other |
| | | | physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and |
| 00242 | Vos | Now Code 2021 | the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 99343 | Yes | New Code 2021 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive |
| | | | history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of |
| | | | care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the |
| | | | problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes |
| 99344 | Yes | New Code 2021 | are spent face-to-face with the patient and/or family. |
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| 99345 | Yes | New Code 2021 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family. Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A |
| 99347 | Yes | New Code 2021 | problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| 99348 | Yes | New Code 2021 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. |
| 99349 | Yes | New Code 2021 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. |
| 99350 | Yes | New Code 2021 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| 00254 | Vos | Now Code 2021 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other |
| 99354 | Yes | New Code 2021 | outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]) Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional |
| 99355 | Yes | New Code 2021 | 30 minutes (List separately in addition to code for prolonged service) |
| 3333 | 103 | 1.10.11 0.000 2.02.1 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List |
| 99356 | Yes | New Code 2021 | separately in addition to code for inpatient or observation Evaluation and Management service) |

| | | | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 |
|-------|-----|---------------|---|
| 99357 | Yes | New Code 2021 | minutes (List separately in addition to code for prolonged service) |
| | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate |
| | | | history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of |
| 99381 | Yes | New Code 2021 | laboratory/diagnostic procedures, new patient; infant (age younger than 1 year) |
| | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); |
| 99401 | Yes | New Code 2021 | approximately 15 minutes |
| | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); |
| 99402 | Yes | New Code 2021 | approximately 30 minutes |
| | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); |
| 99403 | Yes | New Code 2021 | approximately 45 minutes |
| | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); |
| 99404 | Yes | New Code 2021 | approximately 60 minutes |
| 99406 | Yes | New Code 2021 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes |
| 99407 | Yes | New Code 2021 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes |
| | | | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; |
| 99408 | Yes | New Code 2021 | 15 to 30 minutes |
| | | | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; |
| 99409 | Yes | New Code 2021 | greater than 30 minutes |
| | | | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative |
| | | | physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care |
| 99446 | Yes | New Code 2021 | professional; 5-10 minutes of medical consultative discussion and review |
| | | | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative |
| | | | physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care |
| 99447 | Yes | New Code 2021 | professional; 11-20 minutes of medical consultative discussion and review |
| | | | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative |
| | | | physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care |
| 99448 | Yes | New Code 2021 | professional; 21-30 minutes of medical consultative discussion and review |
| | | | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative |
| | | | physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care |
| 99449 | Yes | New Code 2021 | professional; 31 minutes or more of medical consultative discussion and review |
| | | | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative |
| | | | physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 |
| 99451 | Yes | New Code 2021 | minutes or more of medical consultative time |
| | | | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or |
| 99452 | Yes | New Code 2021 | other qualified health care professional, 30 minutes |

| | | | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or |
|-------|-----|---------------|--|
| 99468 | Yes | New Code 2021 | younger |
| | | | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age |
| 99469 | Yes | New Code 2021 | or younger |
| | | | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days |
| 99471 | Yes | New Code 2021 | through 24 months of age |
| | | | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 |
| 99472 | Yes | New Code 2021 | days through 24 months of age |
| 99473 | Yes | New Code 2021 | Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration |
| | | | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through |
| 99475 | Yes | New Code 2021 | 5 years of age |
| | | | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 |
| 99476 | Yes | New Code 2021 | through 5 years of age |
| | | | Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires |
| 99477 | Yes | New Code 2021 | intensive observation, frequent interventions, and other intensive care services |
| | | | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present |
| 99478 | Yes | New Code 2021 | body weight less than 1500 grams) |
| | | | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body |
| 99479 | Yes | New Code 2021 | weight of 1500-2500 grams) |
| | | | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501- |
| 99480 | Yes | New Code 2021 | 5000 grams) |
| | | | |
| | | | 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, with all of the following required elements: Cognition-focused evaluation including |
| | | | a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic |
| | | | and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of |
| | | | dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for |
| | | | high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of |
| | | | standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of |
| | | | caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; |
| | | | Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to |
| | | | address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources |
| | | I | as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial |
| 99483 | Yes | New Code 2021 | education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver. |

| | 1 | 1 | 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 Medical decision making of at least moderate |
| 99495 | Yes | New Code 2021 | complexity during the service period Face-to-face visit, within 14 calendar days of discharge |
| 33 133 | | | 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 Medical decision making of high complexity |
| 99496 | Yes | New Code 2021 | during the service period Face-to-face visit, within 7 calendar days of discharge |
| 33430 | 163 | 1100 0000 2021 | 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 |
| 99497 | Yes | New Code 2021 | patient, family member(s), and/or surrogate |
| 33437 | 103 | New code 2021 | 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 (List |
| 99498 | Yes | New Code 2021 | separately in addition to code for primary procedure) |
| 33438 | 163 | New Code 2021 | Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the |
| | | | following components: administration by the physician or other qualified health care professional who is on site; with the |
| | | | assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is |
| 0362T | Yes | New Code 2021 | customized to the patient's behavior. |
| G0108 | Yes | New Code 2021 | Diabetes outpatient self-management training services, individual, per 30 minutes |
| G0108 G0109 | Yes | New Code 2021 | Diabetes outpatient self-management training services, murriadar, per 30 minutes Diabetes outpatient self-management training services, group session (two or more), per 30 minutes |
| 00109 | 163 | New Code 2021 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in |
| | | | diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face |
| G0270 | Yes | New Code 2021 | with the patient, each 15 minutes |
| 00270 | 163 | New Code 2021 | Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and |
| G0296 | Yes | New Code 2021 | shared decision making) |
| G0290 | 163 | New Code 2021 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 |
| G0396 | Yes | New Code 2021 | minutes |
| 00390 | 163 | New Code 2021 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 |
| C0207 | Vos | Now Code 2021 | |
| G0397 | Yes | New Code 2021 | minutes |
| G0406 | Yes | New Code 2021 | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth |
| | | | Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via |
| G0407 | Yes | New Code 2021 | telehealth |
| | | | |
| G0408 | Yes | New Code 2021 | Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth |
| G0410 | Yes | New Code 2021 | Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes |
| G0410 G0420 | Yes | New Code 2021 | Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour |
| UU42U | 162 | INEW COUR ZUZI | I ace to face educational services related to the care of chronic kidney disease, individual, per session, per 1 flour |

| G0421 | Yes | New Code 2021 | Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour |
|-------|-----|---------------|---|
| G0423 | Yes | New Code 2021 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session |
| G0424 | Yes | New Code 2021 | Pulmonary rehabilitation, including exercise (includes monitoring), 1 hour, per session, up to two sessions per day |
| | | | Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via |
| G0425 | Yes | New Code 2021 | telehealth |
| | | | Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via |
| G0426 | Yes | New Code 2021 | telehealth |
| | | | Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient |
| G0427 | Yes | New Code 2021 | via telehealth |
| | | | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 |
| G0436 | Yes | New Code 2021 | minutes |
| G0437 | Yes | New Code 2021 | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes |
| G0438 | Yes | New Code 2021 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit |
| G0439 | Yes | New Code 2021 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit |
| G0442 | Yes | New Code 2021 | Annual alcohol misuse screening, 15 minutes |
| G0443 | Yes | New Code 2021 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes |
| G0444 | Yes | New Code 2021 | Annual depression screening, 15 minutes |
| G0444 | Yes | New Code 2021 | Annual depression screening, 15 minutes |
| | | | Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & |
| G0445 | Yes | New Code 2021 | guidance on how to change sexual behavior |
| G0446 | Yes | New Code 2021 | Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes |
| G0447 | Yes | New Code 2021 | Face-to-face behavioral counseling for obesity, 15 minutes |
| | | | Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than |
| G0459 | Yes | New Code 2021 | minimal medical psychotherapy |
| | | | Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in |
| G0506 | Yes | New Code 2021 | addition to primary monthly care management service) |
| | | | Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers |
| G0508 | Yes | New Code 2021 | via telehealth |
| | | | Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and |
| G0509 | Yes | New Code 2021 | providers via telehealth |
| | | | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient |
| | | | setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive |
| G0513 | Yes | New Code 2021 | service) |
| | | | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient |
| | | | setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code |
| G0514 | Yes | New Code 2021 | G0513 for additional 30 minutes of preventive service) |

| | | | Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual |
|-------|-----|---------------|--|
| G2086 | Yes | New Code 2021 | therapy and group therapy and counseling; at least 70 minutes in the first calendar month |
| | | | Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; |
| G2087 | Yes | New Code 2021 | at least 60 minutes in a subsequent calendar month |
| | | | |
| | | | Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; |
| G2088 | Yes | New Code 2021 | each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure) |
| | | | Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal |
| | | | point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's |
| | | | single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and |
| G2211 | Yes | New Code 2021 | management visit, new or established) |
| | | | Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary |
| | | | procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the |
| | | | physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes |
| | | | 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of |
| G2212 | Yes | New Code 2021 | service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes) |
| | | | Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in |
| G9685 | Yes | New Code 2021 | condition in a nursing facility. This service is for a demonstration project |
| S9152 | Yes | New Code 2021 | Speech therapy, re-evaluation |
| S9443 | Yes | New Code 2021 | Lactation classes, nonphysician provider, per session |