



2026 Non-Covered Code List - Fully Insured
Effective 1/1/2026
(Updated February 2026)

<p>Procedures/services not covered by the Plan. Not subject to pre-service review. Except as otherwise noted in the date column, these codes are effective on or before January 1, 2026</p>	<p>This file is a searchable PDF. Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.</p>
--	---

Note: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.

Procedure Code	Code Description	Effective Date	Ending Date
213AA	Proc/Treat/Equip/Ins/Non-Covered	1/1/2005	12/31/2999
213AA	Proc/Treat/Equip/Ins/Non-Covered	1/1/2005	12/31/2999
213BA	OTC Drugs Non-Covered	1/1/2005	12/31/2999
213BA	OTC Drugs Non-Covered	1/1/2005	12/31/2999
213CA	Vision/Hear/Dental Non-Covered	1/1/2005	12/31/2999
213CA	Vision/Hear/Dental Non-Covered	1/1/2005	12/31/2999
213EA	Assit Disabled/Misc Non-Covered	1/1/2005	12/31/2999
213EA	Assit Disabled/Misc Non-Covered	1/1/2005	12/31/2999
213FA	Corr Eye Surgery Non-Covered	1/1/2005	12/31/2999
213FA	Corr Eye Surgery Non-Covered	1/1/2005	12/31/2999
213GA	Premiums Non- Covered	1/1/2005	12/31/2999
213GA	Premiums Non- Covered	1/1/2005	12/31/2999
213HA	Copays Non-Covered	1/1/2005	12/31/2999
213HA	Copays Non-Covered	1/1/2005	12/31/2999
213JA	Limited Purpose HCA Non- Covered	1/1/2005	12/31/2999
213JA	Limited Purpose HCA Non- Covered	1/1/2005	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
213KA	Preventative Care Non-Covered	1/1/2005	12/31/2999
213KA	Preventative Care Non-Covered	1/1/2005	12/31/2999
213LA	Long Term Care Non-Covered	1/1/2005	12/31/2999
213LA	Long Term Care Non-Covered	1/1/2005	12/31/2999
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	7/1/2019	12/31/2999
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	7/1/2019	12/31/2999
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	7/1/2019	12/31/2999
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	7/1/2019	12/31/2999
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	7/1/2019	12/31/2999
0095U	Eosinophilic esophagitis, 2 protein biomarkers (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and Major Basic Protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]-1), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis	7/1/2019	12/31/2999
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	7/1/2019	12/31/2999
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	10/1/2019	12/31/2999
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	10/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0108U	Gastroenterology (Barrett's esophagus), whole slide?digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	10/1/2019	12/31/2999
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	10/1/2019	12/31/2999
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	10/1/2019	12/31/2999
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	10/1/2019	12/31/2999
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	10/1/2019	12/31/2999
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	10/1/2019	12/31/2999
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	10/1/2019	12/31/2999
0119U	Cardiology, ceramides by liquid chromatography?tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	10/1/2019	12/31/2999
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	10/1/2019	12/31/2999
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	10/1/2019	12/31/2999
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	10/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	1/1/2020	12/31/2999
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	1/1/2020	12/31/2999
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	1/1/2020	12/31/2999
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	1/1/2020	12/31/2999
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	1/1/2024	12/31/2999
21032	Excision of maxillary torus palatinus	1/1/1950	12/31/2999
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	7/1/2017	12/31/2999
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	1/1/1950	12/31/2999
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/1950	12/31/2999
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	7/1/2019	12/31/2999
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	7/1/2019	12/31/2999
0591T	Health and well-being coaching face-to-face; individual, initial assessment	1/1/2020	12/31/2999
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	1/1/2020	12/31/2999
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	7/1/2023	12/31/2999
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	7/1/2023	12/31/2999
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	1/1/2024	12/31/2999
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	1/1/2024	12/31/2999
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	1/1/2024	12/31/2999
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	1/1/2024	12/31/2999
58321	Artificial insemination; intra-cervical	1/1/1950	12/31/2999
58322	Artificial insemination; intra-uterine	1/1/1950	12/31/2999
58323	Sperm washing for artificial insemination	1/1/1950	12/31/2999
58750	Tubotubal anastomosis	1/15/2008	12/31/2999
65760	Keratomileusis	1/1/2021	12/31/2999
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	7/1/2025	12/31/2999
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	7/1/2025	12/31/2999
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed	7/1/2025	12/31/2999
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	7/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	7/1/2025	12/31/2999
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	7/1/2025	12/31/2999
0985T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	7/1/2025	12/31/2999
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	7/1/2025	12/31/2999
0987T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	7/1/2025	12/31/2999
69090	Ear piercing	1/1/2020	12/31/2999
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	1/1/2020	12/31/2999
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	1/1/2020	12/31/2999
9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	1/1/2014	12/31/2999
9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	1/1/2014	12/31/2999
9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	1/1/2014	12/31/2999
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebral territory (NMA-No Measure Associated)	1/1/2014	12/31/2999
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)	1/1/2014	12/31/2999
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebral TIA or stroke (NMA-No Measure Associated)	1/1/2014	12/31/2999
9701A	NON-PRESCRIPTION DRUGS	1/1/1950	12/31/2999
9701A	NON-PRESCRIPTION DRUGS	1/1/1950	12/31/2999
9701A	NON-PRESCRIPTION DRUGS	1/1/1950	12/31/2999
7957	WEIGHT LOSS	1/1/1950	12/31/2999
7957	WEIGHT LOSS	1/1/1950	12/31/2999
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	10/1/2021	12/31/2999
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	10/1/2021	12/31/2999
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/1950	12/31/2999
86911	Blood typing, for paternity testing, per individual; each additional antigen system	1/1/1950	12/31/2999
88000	Necropsy (autopsy), gross examination only; without CNS	1/1/1950	12/31/2999
88005	Necropsy (autopsy), gross examination only; with brain	1/1/1950	12/31/2999
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	1/1/1950	12/31/2999
88012	Necropsy (autopsy), gross examination only; infant with brain	1/1/1950	12/31/2999
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	1/1/1950	12/31/2999
88016	Necropsy (autopsy), gross examination only; macerated stillborn	1/1/1950	12/31/2999
88020	Necropsy (autopsy), gross and microscopic; without CNS	1/1/1950	12/31/2999
88025	Necropsy (autopsy), gross and microscopic; with brain	1/1/1950	12/31/2999
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	1/1/1950	12/31/2999
88028	Necropsy (autopsy), gross and microscopic; infant with brain	1/1/1950	12/31/2999
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	1/1/1950	12/31/2999
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	1/1/1950	12/31/2999
88040	Necropsy (autopsy); forensic examination	1/1/1950	12/31/2999
88045	Necropsy (autopsy); coroner's call	1/1/1950	12/31/2999
88099	Unlisted necropsy (autopsy) procedure	1/1/1950	12/31/2999
89258	Cryopreservation; embryo(s)	1/1/2007	12/31/2999
89259	Cryopreservation; sperm	1/1/2007	12/31/2999
89335	Cryopreservation, reproductive tissue, testicular	3/20/2018	12/31/2999
89337	Cryopreservation, mature oocyte(s)	1/1/2019	12/31/2999
89342	Storage (per year); embryo(s)	3/20/2018	12/31/2999
89343	Storage (per year); sperm/semens	3/20/2018	12/31/2999
89344	Storage (per year); reproductive tissue, testicular/ovarian	1/1/1950	12/31/2999
89346	Storage (per year); oocyte(s)	3/20/2018	12/31/2999
89352	Thawing of cryopreserved; embryo(s)	3/20/2018	12/31/2999
89353	Thawing of cryopreserved; sperm/semens, each aliquot	3/20/2018	12/31/2999
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	1/1/1950	12/31/2999
89356	Thawing of cryopreserved; oocytes, each aliquot	1/1/1950	12/31/2999
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	8/22/2025	12/31/2999
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	7/1/2010	12/31/2999
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	7/1/2010	12/31/2999
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	7/1/2010	12/31/2999
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	1/1/1950	12/31/2999
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	1/1/1950	12/31/2999
92065	Orthoptic training; performed by a physician or other qualified health care professional	11/1/2013	12/31/2999
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/1950	12/31/2999
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	1/1/2005	12/31/2999
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	1/1/2005	12/31/2999
29440	Adding walker to previously applied cast	1/1/1950	12/31/2999
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1/1/2005	12/31/2999
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	1/1/2005	12/31/2999
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1/1/2005	12/31/2999
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	1/1/2005	12/31/2999
99026	Hospital mandated on call service; in-hospital, each hour	1/1/1950	12/31/2999
99027	Hospital mandated on call service; out-of-hospital, each hour	1/1/1950	12/31/2999
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	1/1/1950	12/31/2999
99075	Medical testimony	1/1/1950	12/31/2999
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	1/1/1950	12/31/2999
99082	Unusual travel (eg, transportation and escort of patient)	1/1/1950	12/31/2999
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	1/1/1950	12/31/2999
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with chain of custody protocols; and Completion of necessary documentation/certificates.	1/1/1950	12/31/2999
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
99509	Home visit for assistance with activities of daily living and personal care	1/1/2021	12/31/2999
41820	Gingivectomy, excision gingiva, each quadrant	1/1/1950	12/31/2999
41820	Gingivectomy, excision gingiva, each quadrant	1/1/1950	12/31/2999
41821	Operculectomy, excision pericoronal tissues	1/1/1950	12/31/2999
41821	Operculectomy, excision pericoronal tissues	1/1/1950	12/31/2999
41822	Excision of fibrous tuberosities, dentoalveolar structures	1/1/1950	12/31/2999
41823	Excision of osseous tuberosities, dentoalveolar structures	1/1/1950	12/31/2999
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	1/1/1950	12/31/2999
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	1/1/1950	12/31/2999
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	1/1/1950	12/31/2999
41870	Periodontal mucosal grafting	1/1/1950	12/31/2999
41870	Periodontal mucosal grafting	1/1/1950	12/31/2999
41872	Gingivoplasty, each quadrant (specify)	1/1/1950	12/31/2999
41872	Gingivoplasty, each quadrant (specify)	1/1/1950	12/31/2999
41874	Alveoloplasty, each quadrant (specify)	1/1/1950	12/31/2999
54440	Plastic operation of penis for injury	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	1/1/2013	12/31/2999
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	1/1/2013	12/31/2999
55400	Vasovasostomy, vasovasorrhaphy	1/1/1950	12/31/2999
55400	Vasovasostomy, vasovasorrhaphy	1/1/2013	12/31/2999
55870	Electroejaculation	11/1/2015	12/31/2999
55870	Electroejaculation	1/1/2013	12/31/2999
58321	Artificial insemination; intra-cervical	1/1/1950	12/31/2999
58322	Artificial insemination; intra-uterine	1/1/1950	12/31/2999
58323	Sperm washing for artificial insemination	1/1/1950	12/31/2999
58750	Tubotubal anastomosis	1/1/1950	12/31/2999
58750	Tubotubal anastomosis	1/1/2013	12/31/2999
58752	Tubouterine implantation	1/1/1950	12/31/2999
58752	Tubouterine implantation	1/1/2013	12/31/2999
58970	Follicle puncture for oocyte retrieval, any method	1/1/1950	12/31/2999
58970	Follicle puncture for oocyte retrieval, any method	11/1/2015	12/31/2999
58974	Embryo transfer, intrauterine	1/1/1950	12/31/2999
58974	Embryo transfer, intrauterine	11/1/2015	12/31/2999
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	1/1/1950	12/31/2999
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	11/1/2015	12/31/2999
65760	Keratomileusis	9/1/2020	12/31/2999
65760	Keratomileusis	1/1/2021	12/31/2999
65760	Keratomileusis	1/1/2021	12/31/2999
65765	Keratophakia	1/1/2021	12/31/2999
65765	Keratophakia	1/1/2021	12/31/2999
65771	Radial keratotomy	1/1/2021	12/31/2999
65771	Radial keratotomy	1/1/2021	12/31/2999
69090	Ear piercing	4/1/2019	12/31/2999
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	1/1/2005	12/31/2999
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	11/1/2015	12/31/2999
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	1/1/2024	12/31/2999
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/1950	12/31/2999
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/1950	12/31/2999
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/1950	12/31/2999
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/2013	12/31/2999
86911	Blood typing, for paternity testing, per individual; each additional antigen system	1/1/1950	12/31/2999
86911	Blood typing, for paternity testing, per individual; each additional antigen system	1/1/1950	12/31/2999
86911	Blood typing, for paternity testing, per individual; each additional antigen system	1/1/2013	12/31/2999
88000	Necropsy (autopsy), gross examination only; without CNS	1/1/1950	12/31/2999
88000	Necropsy (autopsy), gross examination only; without CNS	1/1/1950	12/31/2999
88000	Necropsy (autopsy), gross examination only; without CNS	1/1/2013	12/31/2999
88005	Necropsy (autopsy), gross examination only; with brain	1/1/1950	12/31/2999
88005	Necropsy (autopsy), gross examination only; with brain	1/1/1950	12/31/2999
88005	Necropsy (autopsy), gross examination only; with brain	1/1/2013	12/31/2999
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	1/1/1950	12/31/2999
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	1/1/1950	12/31/2999
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	1/1/2013	12/31/2999
88012	Necropsy (autopsy), gross examination only; infant with brain	1/1/1950	12/31/2999
88012	Necropsy (autopsy), gross examination only; infant with brain	1/1/1950	12/31/2999
88012	Necropsy (autopsy), gross examination only; infant with brain	1/1/2013	12/31/2999
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	1/1/1950	12/31/2999
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	1/1/1950	12/31/2999
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	1/1/2013	12/31/2999
88016	Necropsy (autopsy), gross examination only; macerated stillborn	1/1/1950	12/31/2999
88016	Necropsy (autopsy), gross examination only; macerated stillborn	1/1/1950	12/31/2999
88016	Necropsy (autopsy), gross examination only; macerated stillborn	1/1/2013	12/31/2999
88020	Necropsy (autopsy), gross and microscopic; without CNS	1/1/1950	12/31/2999
88020	Necropsy (autopsy), gross and microscopic; without CNS	1/1/1950	12/31/2999
88020	Necropsy (autopsy), gross and microscopic; without CNS	1/1/2013	12/31/2999
88025	Necropsy (autopsy), gross and microscopic; with brain	1/1/1950	12/31/2999
88025	Necropsy (autopsy), gross and microscopic; with brain	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
88025	Necropsy (autopsy), gross and microscopic; with brain	1/1/2013	12/31/2999
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	1/1/1950	12/31/2999
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	1/1/1950	12/31/2999
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	1/1/2013	12/31/2999
88028	Necropsy (autopsy), gross and microscopic; infant with brain	1/1/1950	12/31/2999
88028	Necropsy (autopsy), gross and microscopic; infant with brain	1/1/1950	12/31/2999
88028	Necropsy (autopsy), gross and microscopic; infant with brain	1/1/2013	12/31/2999
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	1/1/1950	12/31/2999
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	1/1/1950	12/31/2999
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	1/1/2013	12/31/2999
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	1/1/1950	12/31/2999
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	1/1/1950	12/31/2999
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	1/1/2013	12/31/2999
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	1/1/1950	12/31/2999
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	1/1/1950	12/31/2999
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	1/1/2013	12/31/2999
88040	Necropsy (autopsy); forensic examination	1/1/1950	12/31/2999
88040	Necropsy (autopsy); forensic examination	1/1/1950	12/31/2999
88040	Necropsy (autopsy); forensic examination	1/1/2013	12/31/2999
88045	Necropsy (autopsy); coroner's call	1/1/1950	12/31/2999
88045	Necropsy (autopsy); coroner's call	1/1/1950	12/31/2999
88099	Unlisted necropsy (autopsy) procedure	1/1/1950	12/31/2999
88099	Unlisted necropsy (autopsy) procedure	1/1/1950	12/31/2999
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	1/15/2022	12/31/2999
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	1/15/2022	12/31/2999
89253	Assisted embryo hatching, microtechniques (any method)	1/15/2022	12/31/2999
89254	Oocyte identification from follicular fluid	1/1/1950	12/31/2999
89254	Oocyte identification from follicular fluid	11/1/2015	12/31/2999
89255	Preparation of embryo for transfer (any method)	1/1/1950	12/31/2999
89255	Preparation of embryo for transfer (any method)	11/1/2015	12/31/2999
89257	Sperm identification from aspiration (other than seminal fluid)	1/1/1950	12/31/2999
89258	Cryopreservation; embryo(s)	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
89258	Cryopreservation; embryo(s)	1/1/1950	12/31/2999
89258	Cryopreservation; embryo(s)	11/1/2015	12/31/2999
89259	Cryopreservation; sperm	1/1/1950	12/31/2999
89259	Cryopreservation; sperm	1/1/1950	12/31/2999
89259	Cryopreservation; sperm	11/1/2015	12/31/2999
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	1/1/1950	12/31/2999
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	1/1/1950	12/31/2999
89264	Sperm identification from testis tissue, fresh or cryopreserved	1/1/1950	12/31/2999
89264	Sperm identification from testis tissue, fresh or cryopreserved	11/1/2015	12/31/2999
89268	Insemination of oocytes	1/1/1950	12/31/2999
89268	Insemination of oocytes	11/1/2015	12/31/2999
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	1/1/1950	12/31/2999
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	11/1/2015	12/31/2999
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	1/1/1950	12/31/2999
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	11/1/2015	12/31/2999
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	1/1/1950	12/31/2999
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	11/1/2015	12/31/2999
89325	Sperm antibodies	1/1/1950	12/31/2999
89329	Sperm evaluation; hamster penetration test	1/1/1950	12/31/2999
89329	Sperm evaluation; hamster penetration test	11/1/2015	12/31/2999
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	11/1/2015	12/31/2999
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	11/1/2015	12/31/2999
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	11/1/2015	12/31/2999
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	11/1/2015	12/31/2999
89335	Cryopreservation, reproductive tissue, testicular	1/1/1950	12/31/2999
89335	Cryopreservation, reproductive tissue, testicular	1/1/1950	12/31/2999
89335	Cryopreservation, reproductive tissue, testicular	11/1/2015	12/31/2999
89337	Cryopreservation, mature oocyte(s)	10/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
89337	Cryopreservation, mature oocyte(s)	1/1/2019	12/31/2999
89337	Cryopreservation, mature oocyte(s)	11/1/2015	12/31/2999
89342	Storage (per year); embryo(s)	1/1/1950	12/31/2999
89342	Storage (per year); embryo(s)	1/1/1950	12/31/2999
89342	Storage (per year); embryo(s)	11/1/2015	12/31/2999
89343	Storage (per year); sperm/semen	1/1/1950	12/31/2999
89343	Storage (per year); sperm/semen	1/1/1950	12/31/2999
89343	Storage (per year); sperm/semen	11/1/2015	12/31/2999
89344	Storage (per year); reproductive tissue, testicular/ovarian	1/1/1950	12/31/2999
89344	Storage (per year); reproductive tissue, testicular/ovarian	1/1/1950	12/31/2999
89344	Storage (per year); reproductive tissue, testicular/ovarian	11/1/2015	12/31/2999
89346	Storage (per year); oocyte(s)	1/1/1950	12/31/2999
89346	Storage (per year); oocyte(s)	1/1/1950	12/31/2999
89346	Storage (per year); oocyte(s)	11/1/2015	12/31/2999
89352	Thawing of cryopreserved; embryo(s)	1/1/1950	12/31/2999
89352	Thawing of cryopreserved; embryo(s)	11/1/2015	12/31/2999
89353	Thawing of cryopreserved; sperm/semen, each aliquot	1/1/1950	12/31/2999
89353	Thawing of cryopreserved; sperm/semen, each aliquot	11/1/2015	12/31/2999
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	1/1/1950	12/31/2999
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	11/1/2015	12/31/2999
89356	Thawing of cryopreserved; oocytes, each aliquot	1/1/1950	12/31/2999
89356	Thawing of cryopreserved; oocytes, each aliquot	11/1/2015	12/31/2999
90287	Botulinum antitoxin, equine, any route	4/1/2015	12/31/2999
90288	Botulism immune globulin, human, for intravenous use	4/1/2015	12/31/2999
90393	Vaccinia immune globulin, human, for intramuscular use	4/1/2015	12/31/2999
90476	Adenovirus vaccine, type 4, live, for oral use	4/1/2015	12/31/2999
90477	Adenovirus vaccine, type 7, live, for oral use	4/1/2015	12/31/2999
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	7/1/2022	12/31/2999
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	7/1/2022	12/31/2999
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	7/1/2022	12/31/2999
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	7/1/2022	12/31/2999
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	8/22/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	8/22/2025	12/31/2999
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	8/22/2025	12/31/2999
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	7/1/2025	12/31/2999
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	10/1/2024	12/31/2999
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	10/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	10/1/2024	12/31/2999
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	7/1/2021	12/31/2999
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	7/1/2021	12/31/2999
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	1/1/2019	12/31/2999
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	7/1/2010	12/31/2999
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	7/1/2010	12/31/2999
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	7/1/2010	12/31/2999
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	1/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	1/1/2022	12/31/2999
90846	Family psychotherapy (without the patient present), 50 minutes	1/1/2013	12/31/2999
90880	Hypnotherapy	5/1/2024	12/31/2999
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	1/1/2013	12/31/2999
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	1/1/1950	12/31/2999
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	1/1/1950	12/31/2999
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	1/1/2005	12/31/2999
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	1/1/2013	12/31/2999
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	1/1/2013	12/31/2999
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	1/1/1950	12/31/2999
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	1/1/1950	12/31/2999
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	1/1/2005	12/31/2999
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	1/1/2013	12/31/2999
92015	Determination of refractive state	1/1/1950	12/31/2999
92015	Determination of refractive state	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
92065	Orthoptic training; performed by a physician or other qualified health care professional	11/1/2013	12/31/2999
92340	Fitting of spectacles, except for aphakia; monofocal	1/1/1950	12/31/2999
92340	Fitting of spectacles, except for aphakia; monofocal	1/1/1950	12/31/2999
92341	Fitting of spectacles, except for aphakia; bifocal	1/1/1950	12/31/2999
92341	Fitting of spectacles, except for aphakia; bifocal	1/1/1950	12/31/2999
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	1/1/1950	12/31/2999
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	1/1/1950	12/31/2999
92354	Fitting of spectacle mounted low vision aid; single element system	1/1/1950	12/31/2999
92354	Fitting of spectacle mounted low vision aid; single element system	1/1/1950	12/31/2999
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	1/1/1950	12/31/2999
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	1/1/1950	12/31/2999
92370	Repair and refitting spectacles; except for aphakia	1/1/1950	12/31/2999
92370	Repair and refitting spectacles; except for aphakia	1/1/1950	12/31/2999
92596	Ear protector attenuation measurements	1/1/2013	12/31/2999
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	1/1/2013	12/31/2999
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	1/1/2013	12/31/2999
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	1/1/2013	12/31/2999
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2013	12/31/2999
92609	Therapeutic services for the use of speech-generating device, including programming and modification	5/1/2015	12/31/2999
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2013	12/31/2999
93668	Peripheral arterial disease (PAD) rehabilitation, per session	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	1/1/2005	12/31/2999
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	1/1/2005	12/31/2999
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	1/1/2013	12/31/2999
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	1/1/2005	12/31/2999
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	1/1/2005	12/31/2999
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	1/1/2013	12/31/2999
97012	Application of a modality to 1 or more areas; traction, mechanical	5/1/2015	12/31/2999
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	11/14/2012	12/31/2999
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	11/14/2012	12/31/2999
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	1/1/2016	12/31/2999
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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. Typically, 45 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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. Typically, 45 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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. Typically, 45 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	1/1/2020	12/31/2999
97545	Work hardening/conditioning; initial 2 hours	1/1/2020	12/31/2999
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	1/1/2020	12/31/2999
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1/12/2015	12/31/2999
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	3/15/2013	12/31/2999
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	1/12/2015	12/31/2999
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	3/15/2013	12/31/2999
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1/12/2015	12/31/2999
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	3/15/2013	12/31/2999
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	1/12/2015	12/31/2999
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	3/15/2013	12/31/2999
98962	Education and training for patient self-management by a nonphysician qualified, health care professional using a standardized curriculum, face-to face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	1/1/1950	12/31/2999
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period	1/1/2022	12/31/2999
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period	1/1/2022	12/31/2999
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes	1/1/2022	12/31/2999
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	1/1/2022	12/31/2999
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	1/1/1950	12/31/2999
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	1/1/1950	12/31/2999
99026	Hospital mandated on call service; in-hospital, each hour	1/1/1950	12/31/2999
99026	Hospital mandated on call service; in-hospital, each hour	1/1/1950	12/31/2999
99026	Hospital mandated on call service; in-hospital, each hour	1/1/1950	12/31/2999
99027	Hospital mandated on call service; out-of-hospital, each hour	1/1/1950	12/31/2999
99027	Hospital mandated on call service; out-of-hospital, each hour	1/1/1950	12/31/2999
99027	Hospital mandated on call service; out-of-hospital, each hour	1/1/1950	12/31/2999
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	1/1/1950	12/31/2999
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	1/1/1950	12/31/2999
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	5/15/2016	12/31/2999
99075	Medical testimony	1/1/1950	12/31/2999
99075	Medical testimony	1/1/1950	12/31/2999
99075	Medical testimony	1/1/1950	12/31/2999
99075	Medical testimony	5/15/2016	12/31/2999
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	1/1/1950	12/31/2999
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	1/1/1950	12/31/2999
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	1/1/2005	12/31/2999
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	5/15/2016	12/31/2999
99082	Unusual travel (eg, transportation and escort of patient)	1/1/1950	12/31/2999
99082	Unusual travel (eg, transportation and escort of patient)	1/1/2021	12/31/2999
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	1/1/2016	12/31/2999
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	1/1/2016	12/31/2999
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	1/1/1950	12/31/2999
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	1/1/2022	12/31/2999
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	1/1/2022	12/31/2999
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	1/1/2022	12/31/2999
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	1/1/2022	12/31/2999
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	1/1/2021	12/31/2999
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	7/10/2015	12/31/2999
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	1/1/2021	12/31/2999
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	7/10/2015	12/31/2999
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	1/1/2021	12/31/2999
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	7/10/2015	12/31/2999
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	7/10/2015	12/31/2999
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with chain of custody protocols; and Completion of necessary documentation/certificates.	1/1/1950	12/31/2999
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with chain of custody protocols; and Completion of necessary documentation/certificates.	1/1/1950	12/31/2999
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with chain of custody protocols; and Completion of necessary documentation/certificates.	1/1/2007	12/31/2999
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	1/1/2021	12/31/2999
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	1/1/2019	12/31/2999
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	1/1/2019	12/31/2999
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment	1/1/2019	12/31/2999
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period	1/1/2019	12/31/2999
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/2007	12/31/2999
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes	1/1/2019	12/31/2999
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes	1/1/2019	12/31/2999
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	3/11/2015	12/31/2999
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	3/11/2015	12/31/2999
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	1/1/2019	12/31/2999
99509	Home visit for assistance with activities of daily living and personal care	1/1/2021	12/31/2999
9701A	NON-PRESCRIPTION DRUGS	1/1/1950	12/31/2999
A0021	Ambulance service, outside state per mile, transport (medicaid only)	1/1/1950	12/31/2999
A0021	Ambulance service, outside state per mile, transport (medicaid only)	1/1/2013	12/31/2999
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	1/1/2021	12/31/2999
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	1/1/1950	12/31/2999
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	1/1/2013	12/31/2999
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	1/1/2021	12/31/2999
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	1/1/2021	12/31/2999
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	1/1/1950	12/31/2999
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	1/1/2013	12/31/2999
A0100	Non-emergency transportation; taxi	1/1/2021	12/31/2999
A0100	Non-emergency transportation; taxi	1/1/2021	12/31/2999
A0100	Non-emergency transportation; taxi	1/1/1950	12/31/2999
A0100	Non-emergency transportation; taxi	1/1/2013	12/31/2999
A0110	Non-emergency transportation and bus, intra or inter state carrier	1/1/2021	12/31/2999
A0110	Non-emergency transportation and bus, intra or inter state carrier	1/1/2021	12/31/2999
A0110	Non-emergency transportation and bus, intra or inter state carrier	1/1/1950	12/31/2999
A0110	Non-emergency transportation and bus, intra or inter state carrier	1/1/2013	12/31/2999
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	1/1/2021	12/31/2999
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	1/1/2021	12/31/2999
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	1/1/1950	12/31/2999
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	1/1/2013	12/31/2999
A0130	Non-emergency transportation: wheel-chair van	1/1/2021	12/31/2999
A0130	Non-emergency transportation: wheel-chair van	1/1/2021	12/31/2999
A0130	Non-emergency transportation: wheel-chair van	1/1/1950	12/31/2999
A0130	Non-emergency transportation: wheel-chair van	1/1/2013	12/31/2999
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	1/1/2021	12/31/2999
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	1/1/1950	12/31/2999
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	1/1/2013	12/31/2999
A0160	Non-emergency transportation: per mile - case worker or social worker	1/1/2021	12/31/2999
A0160	Non-emergency transportation: per mile - case worker or social worker	1/1/2021	12/31/2999
A0160	Non-emergency transportation: per mile - case worker or social worker	1/1/1950	12/31/2999
A0160	Non-emergency transportation: per mile - case worker or social worker	1/1/2013	12/31/2999
A0170	Transportation ancillary: parking fees, tolls, other	1/1/2021	12/31/2999
A0170	Transportation ancillary: parking fees, tolls, other	1/1/2021	12/31/2999
A0170	Transportation ancillary: parking fees, tolls, other	1/1/1950	12/31/2999
A0170	Transportation ancillary: parking fees, tolls, other	1/1/2013	12/31/2999
A0180	Non-emergency transportation: ancillary: lodging-recipient	1/1/2021	12/31/2999
A0180	Non-emergency transportation: ancillary: lodging-recipient	1/1/2021	12/31/2999
A0180	Non-emergency transportation: ancillary: lodging-recipient	1/1/1950	12/31/2999
A0180	Non-emergency transportation: ancillary: lodging-recipient	1/1/2013	12/31/2999
A0190	Non-emergency transportation: ancillary: meals-recipient	1/1/2021	12/31/2999
A0190	Non-emergency transportation: ancillary: meals-recipient	1/1/2021	12/31/2999
A0190	Non-emergency transportation: ancillary: meals-recipient	1/1/2021	12/31/2999
A0190	Non-emergency transportation: ancillary: meals-recipient	1/1/2013	12/31/2999
A0200	Non-emergency transportation: ancillary: lodging escort	1/1/2021	12/31/2999
A0200	Non-emergency transportation: ancillary: lodging escort	1/1/2021	12/31/2999
A0200	Non-emergency transportation: ancillary: lodging escort	1/1/1950	12/31/2999
A0200	Non-emergency transportation: ancillary: lodging escort	1/1/2013	12/31/2999
A0210	Non-emergency transportation: ancillary: meals-escort	1/1/2021	12/31/2999
A0210	Non-emergency transportation: ancillary: meals-escort	1/1/2021	12/31/2999
A0210	Non-emergency transportation: ancillary: meals-escort	5/3/2006	12/31/2999
A0210	Non-emergency transportation: ancillary: meals-escort	1/1/2013	12/31/2999
A0420	Ambulance waiting time (als or bls), one half (1/2) hour increments	1/1/1950	12/31/2999
A0420	Ambulance waiting time (als or bls), one half (1/2) hour increments	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	4/2/2007	12/31/2999
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	1/1/2013	12/31/2999
A0888	Noncovered ambulance mileage, per mile (e. G. , for miles traveled beyond closest appropriate facility)	1/1/2021	12/31/2999
A0888	Noncovered ambulance mileage, per mile (e. G. , for miles traveled beyond closest appropriate facility)	1/1/2021	12/31/2999
A0888	Noncovered ambulance mileage, per mile (e. G. , for miles traveled beyond closest appropriate facility)	1/1/1950	12/31/2999
A4244	Alcohol or peroxide, per pint	1/1/1950	12/31/2999
A4244	Alcohol or peroxide, per pint	1/1/2022	12/31/2999
A4245	Alcohol wipes, per box	1/1/2022	12/31/2999
A4246	Betadine or phiso hex solution, per pint	1/1/1950	12/31/2999
A4246	Betadine or phiso hex solution, per pint	1/1/2022	12/31/2999
A4247	Betadine or iodine swabs/wipes, per box	1/1/1950	12/31/2999
A4247	Betadine or iodine swabs/wipes, per box	1/1/2022	12/31/2999
A4335	Incontinence supply; miscellaneous	1/1/1950	12/31/2999
A4337	Incontinence supply, rectal insert, any type, each	1/1/2016	12/31/2999
A4450	Tape, non-waterproof, per 18 square inches	1/1/1950	12/31/2999
A4450	Tape, non-waterproof, per 18 square inches	1/1/2022	12/31/2999
A4452	Tape, waterproof, per 18 square inches	1/1/1950	12/31/2999
A4452	Tape, waterproof, per 18 square inches	1/1/2022	12/31/2999
A4457	Enema tube, with or without adapter, any type, replacement only, each	1/1/2024	12/31/2999
A4457	Enema tube, with or without adapter, any type, replacement only, each	1/1/2024	12/31/2999
A4457	Enema tube, with or without adapter, any type, replacement only, each	1/1/2024	12/31/2999
A4458	Enema bag with tubing, reusable	1/1/1950	12/31/2999
A4458	Enema bag with tubing, reusable	1/1/1950	12/31/2999
A4458	Enema bag with tubing, reusable	1/1/1950	12/31/2999
A4458	Enema bag with tubing, reusable	1/1/1950	12/31/2999
A4458	Enema bag with tubing, reusable	8/1/2019	12/31/2999
A4465	Non-elastic binder for extremity	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A4490	Surgical stockings above knee length, each	1/1/1950	12/31/2999
A4490	Surgical stockings above knee length, each	1/1/2022	12/31/2999
A4495	Surgical stockings thigh length, each	1/1/1950	12/31/2999
A4495	Surgical stockings thigh length, each	1/1/2022	12/31/2999
A4500	Surgical stockings below knee length, each	1/1/1950	12/31/2999
A4500	Surgical stockings below knee length, each	1/1/2022	12/31/2999
A4510	Surgical stockings full length, each	1/1/1950	12/31/2999
A4510	Surgical stockings full length, each	1/1/2022	12/31/2999
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	1/1/2005	12/31/2999
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	1/1/2005	12/31/2999
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	1/1/2005	12/31/2999
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	1/1/2005	12/31/2999
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	1/1/2017	12/31/2999
A4553	Non-disposable underpads, all sizes	1/1/2017	12/31/2999
A4553	Non-disposable underpads, all sizes	1/1/2017	12/31/2999
A4553	Non-disposable underpads, all sizes	1/1/2017	12/31/2999
A4553	Non-disposable underpads, all sizes	1/1/2017	12/31/2999
A4554	Disposable underpads, all sizes	1/1/1950	12/31/2999
A4554	Disposable underpads, all sizes	2/7/2005	12/31/2999
A4554	Disposable underpads, all sizes	2/7/2005	12/31/2999
A4554	Disposable underpads, all sizes	1/1/2017	12/31/2999
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ	1/1/1950	12/31/2999
A4595	Electrical stimulator supplies, 2 lead, per month, (e. G. Tens, nmes)	1/25/2013	12/31/2999
A4606	Oxygen probe for use with oximeter device, replacement	10/15/2022	12/31/2999
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	4/15/2007	12/31/2999
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	1/1/1950	12/31/2999
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	1/1/2022	12/31/2999
A4663	Blood pressure cuff only	1/1/1950	12/31/2999
A4663	Blood pressure cuff only	1/1/2022	12/31/2999
A4870	Plumbing and/or electrical work for home hemodialysis equipment	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A4890	Contracts, repair and maintenance, for hemodialysis equipment	1/1/1950	12/31/2999
A4890	Contracts, repair and maintenance, for hemodialysis equipment	1/1/1950	12/31/2999
A4890	Contracts, repair and maintenance, for hemodialysis equipment	1/1/1950	12/31/2999
A4927	Gloves, non-sterile, per 100	1/1/1950	12/31/2999
A4927	Gloves, non-sterile, per 100	1/1/1950	12/31/2999
A4927	Gloves, non-sterile, per 100	1/1/1950	12/31/2999
A4927	Gloves, non-sterile, per 100	1/1/2022	12/31/2999
A4928	Surgical mask, per 20	1/1/2022	12/31/2999
A4930	Gloves, sterile, per pair	1/1/1950	12/31/2999
A4930	Gloves, sterile, per pair	1/1/2022	12/31/2999
A4931	Oral thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4931	Oral thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4931	Oral thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4931	Oral thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4931	Oral thermometer, reusable, any type, each	1/1/2022	12/31/2999
A4932	Rectal thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4932	Rectal thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4932	Rectal thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4932	Rectal thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4932	Rectal thermometer, reusable, any type, each	1/1/2022	12/31/2999
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing	1/1/1950	12/31/2999
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In. , without adhesive border, each dressing	1/1/1950	12/31/2999
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. In. , without adhesive border, each dressing	1/1/1950	12/31/2999
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	1/1/2006	12/31/2999
A6531	Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	1/1/2006	12/31/2999
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	1/1/2006	12/31/2999
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	1/1/2006	12/31/2999
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	1/1/2006	12/31/2999
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	1/1/2006	12/31/2999
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	1/1/2006	12/31/2999
A6544	Gradient compression stocking, garter belt	1/1/2006	12/31/2999
A6549	Gradient compression garment, not otherwise specified, for daytime use, each	1/1/2006	12/31/2999
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	4/1/2023	12/31/2999
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	4/1/2023	12/31/2999
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022	12/31/2999
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022	12/31/2999
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022	12/31/2999
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022	12/31/2999
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	1/1/2022	12/31/2999
A9150	Non-prescription drugs	1/1/1950	12/31/2999
A9150	Non-prescription drugs	1/1/1950	12/31/2999
A9150	Non-prescription drugs	1/1/1950	12/31/2999
A9150	Non-prescription drugs	1/1/1950	12/31/2999
A9150	Non-prescription drugs	1/1/2012	12/31/2999
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9180	PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMINISTRATION BY PATIENT/CARETAKER	1/1/2005	12/31/2999
A9270	Non-covered item or service	1/1/1950	12/31/2999
A9270	Non-covered item or service	1/1/1950	12/31/2999
A9270	Non-covered item or service	1/1/1950	12/31/2999
A9270	Non-covered item or service	1/1/1950	12/31/2999
A9270	Non-covered item or service	1/1/2012	12/31/2999
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	1/1/2011	12/31/2999
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	9/1/2020	12/31/2999
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	1/1/2021	12/31/2999
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	1/1/2021	12/31/2999
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	1/1/2006	12/31/2999
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	1/1/2022	12/31/2999
A9282	WIG, ANY TYPE, EACH	1/1/2006	12/31/2999
A9282	WIG, ANY TYPE, EACH	7/1/2022	12/31/2999
A9282	WIG, ANY TYPE, EACH	4/1/2015	12/31/2999
A9286	Hygienic item or device, disposable or non-disposable, any type, each	1/1/2017	12/31/2999
A9300	Exercise equipment	1/1/1950	12/31/2999
A9300	Exercise equipment	1/1/1950	12/31/2999
A9300	Exercise equipment	1/1/1950	12/31/2999
A9300	Exercise equipment	1/1/1950	12/31/2999
A9300	Exercise equipment	1/1/2013	12/31/2999
B4100	Food thickener, administered orally, per ounce	1/1/2022	12/31/2999
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2005	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2005	12/31/2999
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2005	12/31/2999
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2005	12/31/2999
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	1/1/2005	12/31/2999
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	1/1/2005	12/31/2999
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2005	12/31/2999
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2006	12/31/2999
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/1950	12/31/2999
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/1950	12/31/2999
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/1950	12/31/2999
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	12/31/2999
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2005	12/31/2999
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2005	12/31/2999
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2005	12/31/2999
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - homemix	1/1/1950	12/31/2999
C9760	Non-randomized, non-blinded procedure for nyha class ii, iii, iv heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	7/1/2020	12/31/2999
C9782	Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	4/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study	4/1/2022	12/31/2999
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	10/1/2023	12/31/2999
C9810	Water circulating motorized cold therapy device (e.g., iceman) including all system components (e.g. pads, console, disposable parts), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2026	12/31/2999
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	1/1/2013	12/31/2999
D0140	limited oral evaluation - problem focused	1/1/2013	12/31/2999
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	1/1/2013	12/31/2999
D0150	comprehensive oral evaluation - new or established patient	1/1/2013	12/31/2999
D0160	detailed and extensive oral evaluation - problem focused, by report	1/1/2013	12/31/2999
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	1/1/2013	12/31/2999
D0171	re-evaluation ? post-operative office visit	1/1/2015	12/31/2999
D0180	comprehensive periodontal evaluation - new or established patient	1/1/2013	12/31/2999
D0190	screening of a patient	1/1/2013	12/31/2999
D0191	assessment of a patient	1/1/2013	12/31/2999
D0210	intraoral - comprehensive series of radiographic images	1/1/2013	12/31/2999
D0220	intraoral - periapical first radiographic image	1/1/2013	12/31/2999
D0230	intraoral - periapical each additional radiographic image	1/1/2013	12/31/2999
D0240	intraoral - occlusal radiographic image	1/1/2013	12/31/2999
D0250	extraoral - first radiographic image	1/1/2013	12/31/2999
D0270	bitewing - single radiographic image	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D0272	bitewings - two radiographic images	1/1/2013	12/31/2999
D0273	bitewings - three radiographic images	1/1/2013	12/31/2999
D0274	bitewings - four radiographic images	1/1/2013	12/31/2999
D0277	vertical bitewings - 7 to 8 radiographic images	1/1/2013	12/31/2999
D0310	sialography	1/1/2013	12/31/2999
D0320	temporomandibular joint arthrogram, including injection	1/1/2013	12/31/2999
D0321	other temporomandibular joint radiographic images, by report	1/1/2013	12/31/2999
D0322	tomographic survey	1/1/2013	12/31/2999
D0330	panoramic radiographic image	1/1/2013	12/31/2999
D0340	cephalometric radiographic image	1/1/2013	12/31/2999
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	1/1/2013	12/31/2999
D0364	cone beam CT capture and interpretation with limited field of view ? less than one whole jaw	1/1/2013	12/31/2999
D0365	cone beam CT capture and interpretation with field of view of one full dental arch ? mandible	1/1/2013	12/31/2999
D0366	cone beam CT capture and interpretation with field of view of one full dental arch ? maxilla, with or without cranium	1/1/2013	12/31/2999
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1/1/2013	12/31/2999
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1/1/2013	12/31/2999
D0369	maxillofacial MRI capture and interpretation	1/1/2013	12/31/2999
D0370	maxillofacial ultrasound capture and interpretation	1/1/2013	12/31/2999
D0372	intraoral tomosynthesis ? comprehensive series of radiographic images	1/1/2023	12/31/2999
D0372	intraoral tomosynthesis ? comprehensive series of radiographic images	1/1/2023	12/31/2999
D0373	intraoral tomosynthesis ? bitewing radiographic image	1/1/2023	12/31/2999
D0373	intraoral tomosynthesis ? bitewing radiographic image	1/1/2023	12/31/2999
D0374	intraoral tomosynthesis ? periapical radiographic image	1/1/2023	12/31/2999
D0374	intraoral tomosynthesis ? periapical radiographic image	1/1/2023	12/31/2999
D0380	cone beam CT image capture with limited field of view ? less than one whole jaw	1/1/2013	12/31/2999
D0381	cone beam CT image capture with field of view of one full dental arch ? mandible	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D0382	cone beam CT image capture with field of view of one full dental arch ? maxilla, with or without cranium	1/1/2013	12/31/2999
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1/1/2013	12/31/2999
D0384	cone beam CT image capture for TMJ series including two or more exposures	1/1/2013	12/31/2999
D0385	maxillofacial MRI image capture	1/1/2013	12/31/2999
D0386	maxillofacial ultrasound image capture	1/1/2013	12/31/2999
D0387	intraoral tomosynthesis ? comprehensive series of radiographic images - image capture only	1/1/2023	12/31/2999
D0387	intraoral tomosynthesis ? comprehensive series of radiographic images - image capture only	1/1/2023	12/31/2999
D0388	intraoral tomosynthesis ? bitewing radiographic image - image capture only	1/1/2023	12/31/2999
D0388	intraoral tomosynthesis ? bitewing radiographic image - image capture only	1/1/2023	12/31/2999
D0389	intraoral tomosynthesis ? periapical radiographic image - image capture only	1/1/2023	12/31/2999
D0389	intraoral tomosynthesis ? periapical radiographic image - image capture only	1/1/2023	12/31/2999
D0393	virtual treatment simulation using 3D image volume or surface scan	1/1/2014	12/31/2999
D0394	digital subtraction of two or more images or image volumes of the same modality	1/1/2014	12/31/2999
D0395	fusion of two or more 3D image volumes of one or more modalities	1/1/2014	12/31/2999
D0396	3D printing of a 3D dental surface scan	1/1/2024	12/31/2999
D0396	3D printing of a 3D dental surface scan	1/1/2024	12/31/2999
D0415	collection of microorganisms for culture and sensitivity	1/1/2013	12/31/2999
D0416	VIRAL CULTURE	1/1/2013	12/31/2999
D0417	Collection and preparation of saliva sample for laboratory analysis	1/1/2013	12/31/2999
D0418	Analysis of saliva sample - laboratory	1/1/2013	12/31/2999
D0419	assessment of salivary flow by measurement	1/1/2020	12/31/2999
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1/1/2016	12/31/2999
D0423	genetic test for susceptibility to diseases ? specimen analysis	1/1/2016	12/31/2999
D0425	caries susceptibility tests	1/1/2013	12/31/2999
D0426	collection, preparation, and analysis of saliva sample - point-of-care	1/1/2026	12/31/2999
D0426	collection, preparation, and analysis of saliva sample - point-of-care	1/1/2026	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	1/1/2013	12/31/2999
D0460	pulp vitality tests	1/1/2013	12/31/2999
D0461	testing for cracked tooth	1/1/2026	12/31/2999
D0461	testing for cracked tooth	1/1/2026	12/31/2999
D0470	DIAGNOSTIC CASTS	1/1/2013	12/31/2999
D0472	accession of tissue, gross examination, preparation and transmission of written report	1/1/2013	12/31/2999
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	1/1/2013	12/31/2999
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	1/1/2013	12/31/2999
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	1/1/2013	12/31/2999
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	1/1/2017	12/31/2999
D0601	caries risk assessment and documentation, with a finding of low risk	1/1/2014	12/31/2999
D0602	caries risk assessment and documentation, with a finding of moderate risk	1/1/2014	12/31/2999
D0603	caries risk assessment and documentation, with a finding of high risk	1/1/2014	12/31/2999
D0701	panoramic radiographic image ? image capture only	1/1/2021	12/31/2999
D0702	2-D cephalometric radiographic image ? image capture only	1/1/2021	12/31/2999
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally ? image capture only	1/1/2021	12/31/2999
D0705	extra-oral posterior dental radiographic image ? image capture only	1/1/2021	12/31/2999
D0706	intraoral ? occlusal radiographic image ? image capture only	1/1/2021	12/31/2999
D0707	intraoral ? periapical radiographic image ? image capture only	1/1/2021	12/31/2999
D0708	intraoral ? bitewing radiographic image ? image capture only	1/1/2021	12/31/2999
D0709	intraoral - comprehensive series of radiographic images - image capture only	1/1/2021	12/31/2999
D0801	3D intraoral surface scan - direct	1/1/2023	12/31/2999
D0801	3D intraoral surface scan - direct	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D0802	3D dental surface scan ? indirect	1/1/2023	12/31/2999
D0802	3D dental surface scan ? indirect	1/1/2023	12/31/2999
D0803	3D facial surface scan ? direct	1/1/2023	12/31/2999
D0803	3D facial surface scan ? direct	1/1/2023	12/31/2999
D0804	3D facial surface scan ? indirect	1/1/2023	12/31/2999
D0804	3D facial surface scan ? indirect	1/1/2023	12/31/2999
D1110	prophylaxis - adult	1/1/2013	12/31/2999
D1120	prophylaxis - child	1/1/2013	12/31/2999
D1206	topical application of fluoride varnish	1/1/2013	12/31/2999
D1208	topical application of fluoride ? excluding varnish	1/1/2013	12/31/2999
D1301	Immunization counseling	1/1/2024	12/31/2999
D1301	Immunization counseling	1/1/2024	12/31/2999
D1310	nutritional counseling for control of dental disease	1/1/2013	12/31/2999
D1320	tobacco counseling for the control and prevention of oral disease	1/1/2013	12/31/2999
D1330	oral hygiene instructions	1/1/2013	12/31/2999
D1351	sealant - per tooth	1/1/2013	12/31/2999
D1353	sealant repair ? per tooth	1/1/2015	12/31/2999
D1354	application of caries arresting medicament ? per tooth	1/1/2021	12/31/2999
D1355	caries preventive medicament application ? per tooth	1/1/2021	12/31/2999
D1510	space maintainer ? fixed unilateral ? per quadrant	1/1/2013	12/31/2999
D1520	space maintainer ? removable ? unilateral ? per quadrant	1/1/2013	12/31/2999
D1526	space maintainer ? removable ? bilateral, maxillary	1/1/2019	12/31/2999
D1527	space maintainer ? removable ? bilateral, mandibular	1/1/2019	12/31/2999
D1551	re-cement or re-bond bilateral space maintainer ? maxillary	1/1/2020	12/31/2999
D1552	re-cement or re-bond bilateral space maintainer ? mandibular	1/1/2020	12/31/2999
D1553	re-cement or re-bond unilateral space maintainer ? per quadrant	1/1/2020	12/31/2999
D1556	removal of fixed unilateral space maintainer ? per quadrant	1/1/2020	12/31/2999
D1557	removal of fixed bilateral space maintainer ? maxillary	1/1/2020	12/31/2999
D1558	removal of fixed bilateral space maintainer ? mandibular	1/1/2020	12/31/2999
D1575	distal shoe space maintainer ? fixed ? unilateral ? per quadrant	1/1/2017	12/31/2999
D1999	unspecified preventive procedure, by report	1/1/2014	12/31/2999
D2140	amalgam - one surface, primary or permanent	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D2150	amalgam - two surfaces, primary or permanent	1/1/2013	12/31/2999
D2160	amalgam - three surfaces, primary or permanent	1/1/2013	12/31/2999
D2161	amalgam - four or more surfaces, primary or permanent	1/1/2013	12/31/2999
D2330	resin-based composite - one surface, anterior	1/1/2013	12/31/2999
D2331	resin-based composite - two surfaces, anterior	1/1/2013	12/31/2999
D2332	resin-based composite - three surfaces, anterior	1/1/2013	12/31/2999
D2335	resin-based composite - four or more surfaces (anterior)	1/1/2013	12/31/2999
D2390	resin-based composite crown, anterior	1/1/2013	12/31/2999
D2391	resin-based composite - one surface, posterior	1/1/2013	12/31/2999
D2392	resin-based composite - two surfaces, posterior	1/1/2013	12/31/2999
D2393	resin-based composite - three surfaces, posterior	1/1/2013	12/31/2999
D2394	resin-based composite - four or more surfaces, posterior	1/1/2013	12/31/2999
D2410	gold foil - one surface	1/1/2013	12/31/2999
D2420	gold foil - two surfaces	1/1/2013	12/31/2999
D2430	gold foil - three surfaces	1/1/2013	12/31/2999
D2510	inlay - metallic - one surface	1/1/2013	12/31/2999
D2520	inlay - metallic - two surfaces	1/1/2013	12/31/2999
D2530	inlay - metallic - three or more surfaces	1/1/2013	12/31/2999
D2542	onlay - metallic-two surfaces	1/1/2013	12/31/2999
D2543	onlay - metallic-three surfaces	1/1/2013	12/31/2999
D2544	onlay - metallic-four or more surfaces	1/1/2013	12/31/2999
D2610	inlay - porcelain/ceramic - one surface	1/1/2013	12/31/2999
D2620	inlay - porcelain/ceramic - two surfaces	1/1/2013	12/31/2999
D2630	inlay - porcelain/ceramic - three or more surfaces	1/1/2013	12/31/2999
D2642	onlay - porcelain/ceramic - two surfaces	1/1/2013	12/31/2999
D2643	onlay - porcelain/ceramic - three surfaces	1/1/2013	12/31/2999
D2644	onlay - porcelain/ceramic - four or more surfaces	1/1/2013	12/31/2999
D2650	inlay - resin-based composite - one surface	1/1/2013	12/31/2999
D2651	inlay - resin-based composite - two surfaces	1/1/2013	12/31/2999
D2652	inlay - resin-based composite - three or more surfaces	1/1/2013	12/31/2999
D2662	onlay - resin-based composite - two surfaces	1/1/2013	12/31/2999
D2663	onlay - resin-based composite - three surfaces	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D2664	onlay - resin-based composite - four or more surfaces	1/1/2013	12/31/2999
D2710	crown - resin-based composite (indirect)	1/1/2013	12/31/2999
D2712	crown - ¾ resin-based composite (indirect)	1/1/2013	12/31/2999
D2720	crown - resin with high noble metal	1/1/2013	12/31/2999
D2721	crown - resin with predominantly base metal	1/1/2013	12/31/2999
D2722	crown - resin with noble metal	1/1/2013	12/31/2999
D2740	Crown - porcelain/ceramic	1/1/2013	12/31/2999
D2750	crown - porcelain fused to high noble metal	1/1/2013	12/31/2999
D2751	crown - porcelain fused to predominantly base metal	1/1/2013	12/31/2999
D2752	crown - porcelain fused to noble metal	1/1/2013	12/31/2999
D2753	crown - porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D2780	crown - 3/4 cast high noble metal	1/1/2013	12/31/2999
D2781	crown - 3/4 cast predominantly base metal	1/1/2013	12/31/2999
D2782	crown - 3/4 cast noble metal	1/1/2013	12/31/2999
D2783	crown - 3/4 porcelain/ceramic	1/1/2013	12/31/2999
D2790	crown - full cast high noble metal	1/1/2013	12/31/2999
D2791	crown - full cast predominantly base metal	1/1/2013	12/31/2999
D2792	crown - full cast noble metal	1/1/2013	12/31/2999
D2794	crown ? titanium and titanium alloys	1/1/2013	12/31/2999
D2799	interim crown ? further treatment or completion of diagnosis necessary prior to final impression	1/1/2013	12/31/2999
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	1/1/2013	12/31/2999
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	1/1/2013	12/31/2999
D2920	re-cement or re-bond crown	1/1/2013	12/31/2999
D2921	reattachment of tooth fragment, incisal edge or cusp	1/1/2014	12/31/2999
D2928	prefabricated porcelain/ceramic crown ? permanent tooth	1/1/2021	12/31/2999
D2929	prefabricated porcelain/ceramic crown ? primary tooth	1/1/2013	12/31/2999
D2930	prefabricated stainless steel crown - primary tooth	1/1/2013	12/31/2999
D2931	prefabricated stainless steel crown - permanent tooth	1/1/2013	12/31/2999
D2932	PREFABRICATED RESIN CROWN	1/1/2013	12/31/2999
D2933	prefabricated stainless steel crown with resin window	1/1/2013	12/31/2999
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D2940	Placement of interim direct restoration	1/1/2013	12/31/2999
D2949	restorative foundation for an indirect restoration	1/1/2014	12/31/2999
D2950	core buildup, including any pins when required	1/1/2013	12/31/2999
D2951	pin retention - per tooth, in addition to restoration	1/1/2013	12/31/2999
D2952	post and core in addition to crown, indirectly fabricated	1/1/2013	12/31/2999
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	1/1/2013	12/31/2999
D2954	prefabricated post and core in addition to crown	1/1/2013	12/31/2999
D2955	post removal	1/1/2013	12/31/2999
D2957	each additional prefabricated post - same tooth	1/1/2013	12/31/2999
D2960	labial veneer (resin laminate) - chairside	1/1/2013	12/31/2999
D2961	labial veneer (resin laminate) - laboratory	1/1/2013	12/31/2999
D2962	labial veneer (porcelain laminate) - laboratory	1/1/2013	12/31/2999
D2975	coping	1/1/2013	12/31/2999
D2980	crown repair necessitated by restorative material failure	1/1/2013	12/31/2999
D2989	excavation of a tooth resulting in the determination of non-restorability	1/1/2024	12/31/2999
D2989	excavation of a tooth resulting in the determination of non-restorability	1/1/2024	12/31/2999
D2991	application of hydroxyapatite regeneration medicament - per tooth	1/1/2024	12/31/2999
D2991	application of hydroxyapatite regeneration medicament - per tooth	1/1/2024	12/31/2999
D3110	pulp cap - direct (excluding final restoration)	1/1/2013	12/31/2999
D3120	pulp cap - indirect (excluding final restoration)	1/1/2013	12/31/2999
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament To be performed on primary or permanent teeth. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis	1/1/2013	12/31/2999
D3221	pulpal debridement, primary and permanent teeth	1/1/2013	12/31/2999
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	1/1/2013	12/31/2999
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1/1/2013	12/31/2999
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1/1/2013	12/31/2999
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1/1/2013	12/31/2999
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1/1/2013	12/31/2999
D3331	treatment of root canal obstruction; non-surgical access	1/1/2013	12/31/2999
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1/1/2013	12/31/2999
D3333	internal root repair of perforation defects	1/1/2013	12/31/2999
D3346	retreatment of previous root canal therapy - anterior	1/1/2013	12/31/2999
D3347	Retreatment of previous root canal therapy ? premolar	1/1/2013	12/31/2999
D3348	retreatment of previous root canal therapy - molar	1/1/2013	12/31/2999
D3351	apexification/recalcification ? initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	1/1/2013	12/31/2999
D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	1/1/2013	12/31/2999
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	1/1/2013	12/31/2999
D3355	pulpal regeneration - initial visit	1/1/2014	12/31/2999
D3356	pulpal regeneration - interim medication replacement	1/1/2014	12/31/2999
D3357	pulpal regeneration - completion of treatment	1/1/2014	12/31/2999
D3410	apicoectomy - anterior	1/1/1950	12/31/2999
D3410	apicoectomy - anterior	1/1/1950	12/31/2999
D3410	apicoectomy - anterior	1/1/1950	12/31/2999
D3410	apicoectomy - anterior	1/1/2013	12/31/2999
D3421	Apicoectomy ? premolar (first root)	1/1/2013	12/31/2999
D3425	apicoectomy - molar (first root)	1/1/2013	12/31/2999
D3426	apicoectomy (each additional root)	1/1/2013	12/31/2999
D3428	bone graft in conjunction with periradicular surgery ? per tooth, single site	1/1/2014	12/31/2999
D3429	bone graft in conjunction with periradicular surgery ? each additional contiguous tooth in the same surgical site	1/1/2014	12/31/2999
D3430	retrograde filling - per root	1/1/2013	12/31/2999
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	1/1/2014	12/31/2999
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D3450	root amputation - per root	1/1/2013	12/31/2999
D3460	endodontic endosseous implant	1/1/2013	12/31/2999
D3470	intentional reimplantation (including necessary splinting)	1/1/2013	12/31/2999
D3471	surgical repair of root resorption ? anterior	1/1/2021	12/31/2999
D3472	surgical repair of root resorption ? premolar	1/1/2021	12/31/2999
D3473	surgical repair of root resorption ? molar	1/1/2021	12/31/2999
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption ? anterior	1/1/2021	12/31/2999
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption ? premolar	1/1/2021	12/31/2999
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption ? molar	1/1/2021	12/31/2999
D3910	surgical procedure for isolation of tooth with rubber dam	1/1/2013	12/31/2999
D3911	intraorifice barrier	1/1/2022	12/31/2999
D3920	hemisection (including any root removal), not including root canal therapy	1/1/2013	12/31/2999
D3921	decoronation or submergence of an erupted tooth	1/1/2022	12/31/2999
D3950	canal preparation and fitting of preformed dowel or post	1/1/2013	12/31/2999
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1/1/2013	12/31/2999
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1/1/2013	12/31/2999
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1/1/2013	12/31/2999
D4230	anatomical crown exposure ? four or more contiguous teeth or tooth bounded tooth spaces per quadrant	1/1/2013	12/31/2999
D4231	anatomical crown exposure ? one to three teeth or tooth bounded tooth spaces per quadrant	1/1/2013	12/31/2999
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	1/1/2013	12/31/2999
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	1/1/2013	12/31/2999
D4245	APICALLY POSITIONED FLAP	1/1/2013	12/31/2999
D4249	clinical crown lengthening ? hard tissue	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D4260	osseous surgery (including elevation of a full thickness flap and closure) ? four or more contiguous teeth or tooth bounded spaces per quadrant	1/1/2013	12/31/2999
D4261	osseous surgery (including elevation of a full thickness flap and closure) ? one to three contiguous teeth or tooth bounded spaces per quadrant	1/1/2013	12/31/2999
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1/1/2013	12/31/2999
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1/1/2013	12/31/2999
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1/1/2013	12/31/2999
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	1/1/2013	12/31/2999
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	1/1/2013	12/31/2999
D4268	surgical revision procedure, per tooth	1/1/2013	12/31/2999
D4270	pedicle soft tissue graft procedure	1/1/2013	12/31/2999
D4273	subepithelial connective tissue graft procedures, per tooth	1/1/2013	12/31/2999
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	1/1/2013	12/31/2999
D4275	SOFT TISSUE ALLOGRAFT	1/1/2013	12/31/2999
D4276	combined connective tissue and pedicle graft, per tooth	1/1/2013	12/31/2999
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	1/1/2013	12/31/2999
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	1/1/2013	12/31/2999
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) ? each additional contiguous tooth, implant or edentulous tooth position in same graft site	1/1/2016	12/31/2999
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) ? each additional contiguous tooth, implant or edentulous tooth position in same graft site	1/1/2016	12/31/2999
D4322	splint ? intra-coronal; natural teeth or prosthetic crowns	1/1/2022	12/31/2999
D4323	splint ? extra-coronal; natural teeth or prosthetic crowns	1/1/2022	12/31/2999
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1/1/2013	12/31/2999
D4342	periodontal scaling and root planing - one to three teeth per quadrant	1/1/2013	12/31/2999
D4346	Scaling in presence of generalized moderate or severe gingival inflammation ? full mouth, after oral evaluation	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1/1/2013	12/31/2999
D4381	localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	1/1/2013	12/31/2999
D4910	periodontal maintenance	1/1/2013	12/31/2999
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1/1/2013	12/31/2999
D4921	gingival irrigation with a medicinal agent - per quadrant	1/1/2014	12/31/2999
D5110	complete denture - maxillary	1/1/2013	12/31/2999
D5120	complete denture - mandibular	1/1/2013	12/31/2999
D5130	immediate denture - maxillary	1/1/2013	12/31/2999
D5140	immediate denture - mandibular	1/1/2013	12/31/2999
D5211	maxillary partial denture ? resin base (including any conventional clasps retentive/clasping materials, rests, and teeth)	1/1/2013	12/31/2999
D5212	mandibular partial denture ? resin base (including any conventional clasps retentive/clasping materials, rests, and teeth)	1/1/2013	12/31/2999
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1/1/2013	12/31/2999
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1/1/2013	12/31/2999
D5221	immediate maxillary partial denture ? resin base (including retentive/clasping materials, rests and teeth) rebasing/relining procedure(s).	1/1/2016	12/31/2999
D5222	immediate mandibular partial denture ? resin base (including retentive/clasping materials, rests and teeth) rebasing/relining procedure(s).	1/1/2016	12/31/2999
D5223	immediate maxillary partial denture ? cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1/1/2016	12/31/2999
D5224	immediate mandibular partial denture ? cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1/1/2016	12/31/2999
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1/1/2013	12/31/2999
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1/1/2013	12/31/2999
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1/1/2022	12/31/2999
D5282	removable unilateral partial denture ? one piece cast metal (including clasps and teeth), maxillary	1/1/2019	12/31/2999
D5283	removable unilateral partial denture ? one piece cast metal (including clasps and teeth), mandibular	1/1/2019	12/31/2999
D5284	removable unilateral partial denture ? one piece flexible base (including clasps and teeth) ? per quadrant	1/1/2020	12/31/2999
D5286	removable unilateral partial denture ? one piece resin (including clasps and teeth) ? per quadrant	1/1/2020	12/31/2999
D5410	adjust complete denture - maxillary	1/1/2013	12/31/2999
D5411	adjust complete denture - mandibular	1/1/2013	12/31/2999
D5421	adjust partial denture - maxillary	1/1/2013	12/31/2999
D5422	adjust partial denture - mandibular	1/1/2013	12/31/2999
D5520	Replace missing or broken teeth - complete denture -per tooth	1/1/2013	12/31/2999
D5630	repair or replace broken clasp retentive/clasping materials per tooth	1/1/2013	12/31/2999
D5640	Replace missing or broken teeth - partial denture - per tooth	1/1/2013	12/31/2999
D5650	Add tooth to existing partial denture - per tooth	1/1/2013	12/31/2999
D5660	add clasp to existing partial denture	1/1/2013	12/31/2999
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	1/1/2013	12/31/2999
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	1/1/2013	12/31/2999
D5710	rebase complete maxillary denture	1/1/2013	12/31/2999
D5711	rebase complete mandibular denture	1/1/2013	12/31/2999
D5720	rebase maxillary partial denture	1/1/2013	12/31/2999
D5721	rebase mandibular partial denture	1/1/2013	12/31/2999
D5725	rebase hybrid prosthesis	1/1/2022	12/31/2999
D5730	reline complete maxillary denture (chairside)	1/1/2013	12/31/2999
D5731	reline complete mandibular denture (chairside)	1/1/2013	12/31/2999
D5740	reline maxillary partial denture (chairside)	1/1/2013	12/31/2999
D5741	reline mandibular partial denture (chairside)	1/1/2013	12/31/2999
D5750	reline complete maxillary denture (laboratory)	1/1/2013	12/31/2999
D5751	reline complete mandibular denture (laboratory)	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D5760	reline maxillary partial denture (laboratory)	1/1/2013	12/31/2999
D5761	reline mandibular partial denture (laboratory)	1/1/2013	12/31/2999
D5765	soft liner for complete or partial removable denture ? indirect	1/1/2022	12/31/2999
D5810	interim complete denture (maxillary)	1/1/2013	12/31/2999
D5811	interim complete denture (mandibular)	1/1/2013	12/31/2999
D5820	interim partial denture (maxillary)	1/1/2013	12/31/2999
D5821	interim partial denture (mandibular)	1/1/2013	12/31/2999
D5850	tissue conditioning, maxillary	1/1/2013	12/31/2999
D5851	tissue conditioning, mandibular	1/1/2013	12/31/2999
D5862	precision attachment, by report	1/1/2013	12/31/2999
D5863	Overdenture - complete maxillary - natural tooth borne	1/1/2014	12/31/2999
D5864	Overdenture - partial maxillary - natural tooth borne	1/1/2014	12/31/2999
D5865	Overdenture - complete mandibular - natural tooth borne	1/1/2014	12/31/2999
D5866	Overdenture - partial mandibular - natural tooth borne	1/1/2014	12/31/2999
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment of natural tooth borne prosthesis	1/1/2013	12/31/2999
D5875	modification of removable prosthesis following implant surgery	1/1/2013	12/31/2999
D5876	Add metal substructure to acrylic complete denture- per arch	1/1/2019	12/31/2999
D5877	duplication of complete denture - maxillary	1/1/2026	12/31/2999
D5877	duplication of complete denture - maxillary	1/1/2026	12/31/2999
D5878	duplication of complete denture - mandibular	1/1/2026	12/31/2999
D5878	duplication of complete denture - mandibular	1/1/2026	12/31/2999
D5937	trismus appliance (not for TMD treatment)	1/1/2013	12/31/2999
D5982	Surgical stent for soft tissue healing	1/1/2013	12/31/2999
D5986	fluoride gel carrier	1/1/2013	12/31/2999
D5988	SURGICAL SPLINT	1/1/2013	12/31/2999
D5991	vesiculobullous disease medicament carrier	1/1/2013	12/31/2999
D5995	periodontal medicament carrier with peripheral seal ? laboratory processed, maxillary	1/1/2021	12/31/2999
D5996	periodontal medicament carrier with peripheral seal ? laboratory processed, mandibular	1/1/2021	12/31/2999
D6010	surgical placement of implant body: endosteal implant	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D6011	Surgical access to an implant body (second stage implant surgery)	1/1/2014	12/31/2999
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	1/1/2013	12/31/2999
D6013	surgical placement of mini implant	1/1/2014	12/31/2999
D6040	surgical placement: eposteal implant	1/1/2013	12/31/2999
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	1/1/2026	12/31/2999
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	1/1/2026	12/31/2999
D6050	surgical placement: transosteal implant	1/1/2013	12/31/2999
D6055	connecting bar ? implant supported or abutment supported	1/1/2013	12/31/2999
D6056	prefabricated abutment ? includes modification and placement	1/1/2013	12/31/2999
D6057	custom fabricated abutment ? includes placement	1/1/2013	12/31/2999
D6058	abutment supported porcelain/ceramic crown	1/1/2013	12/31/2999
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1/1/2013	12/31/2999
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1/1/2013	12/31/2999
D6061	abutment supported porcelain fused to metal crown (noble metal)	1/1/2013	12/31/2999
D6062	abutment supported cast metal crown (high noble metal)	1/1/2013	12/31/2999
D6063	abutment supported cast metal crown (predominantly base metal)	1/1/2013	12/31/2999
D6064	abutment supported cast metal crown (noble metal)	1/1/2013	12/31/2999
D6065	implant supported porcelain/ceramic crown	1/1/2013	12/31/2999
D6066	implant supported crown ? porcelain fused to high noble alloys	1/1/2013	12/31/2999
D6067	implant supported crown ? high noble alloys	1/1/2013	12/31/2999
D6068	abutment supported retainer for porcelain/ceramic FPD	1/1/2013	12/31/2999
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1/1/2013	12/31/2999
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1/1/2013	12/31/2999
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1/1/2013	12/31/2999
D6072	abutment supported retainer for cast metal FPD (high noble metal)	1/1/2013	12/31/2999
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D6074	abutment supported retainer for cast metal FPD (noble metal)	1/1/2013	12/31/2999
D6075	implant supported retainer for ceramic FPD	1/1/2013	12/31/2999
D6076	implant supported retainer for FPD ? porcelain fused to high noble alloys	1/1/2013	12/31/2999
D6077	implant supported retainer for metal FPD ? high noble alloys	1/1/2013	12/31/2999
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	1/1/2013	12/31/2999
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	1/1/2017	12/31/2999
D6082	implant supported crown ? porcelain fused to predominantly base alloys	1/1/2020	12/31/2999
D6083	implant supported crown ? porcelain fused to noble alloys	1/1/2020	12/31/2999
D6084	implant supported crown ? porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D6085	interim implant crown	1/1/2017	12/31/2999
D6086	implant supported crown ? predominantly base alloys	1/1/2020	12/31/2999
D6087	implant supported crown ? noble alloys	1/1/2020	12/31/2999
D6088	implant supported crown ? titanium and titanium alloys	1/1/2020	12/31/2999
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	1/1/2013	12/31/2999
D6094	abutment supported crown ? titanium and titanium alloys	1/1/2013	12/31/2999
D6097	abutment supported crown ? porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D6098	implant supported retainer ? porcelain fused to predominantly base alloys	1/1/2020	12/31/2999
D6099	implant supported retainer for FPD ? porcelain fused to noble alloys	1/1/2020	12/31/2999
D6105	removal of implant body not requiring bone removal nor flap elevation	1/1/2023	12/31/2999
D6105	removal of implant body not requiring bone removal nor flap elevation	1/1/2023	12/31/2999
D6110	implant /abutment supported removable denture for edentulous arch ? maxillary	1/1/2015	12/31/2999
D6111	implant /abutment supported removable denture for edentulous arch ? mandibular	1/1/2015	12/31/2999
D6112	implant /abutment supported removable denture for partially edentulous arch ? maxillary	1/1/2015	12/31/2999
D6113	implant /abutment supported removable denture for partially edentulous arch ? mandibular	1/1/2015	12/31/2999
D6114	implant /abutment supported fixed denture for edentulous arch ? maxillary	1/1/2015	12/31/2999
D6115	implant /abutment supported fixed denture for edentulous arch ? mandibular	1/1/2015	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D6116	implant /abutment supported fixed denture for partially edentulous arch ? maxillary	1/1/2015	12/31/2999
D6117	implant /abutment supported fixed denture for partially edentulous arch ? mandibular	1/1/2015	12/31/2999
D6120	implant supported retainer ? porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D6121	implant supported retainer for metal FPD ? predominantly base alloys	1/1/2020	12/31/2999
D6122	implant supported retainer for metal FPD ? noble alloys	1/1/2020	12/31/2999
D6123	implant supported retainer for metal FPD ? titanium and titanium alloys	1/1/2020	12/31/2999
D6191	semi-precision abutment - placement	1/1/2021	12/31/2999
D6192	semi-precision attachment - placement	1/1/2021	12/31/2999
D6194	abutment supported retainer crown for FPD ? titanium and titanium alloys	1/1/2013	12/31/2999
D6195	abutment supported retainer ? porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D6196	removal of an indirect restoration on an implant retained abutment	1/1/2026	12/31/2999
D6196	removal of an indirect restoration on an implant retained abutment	1/1/2026	12/31/2999
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	1/1/2023	12/31/2999
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	1/1/2023	12/31/2999
D6198	remove interim implant component	1/1/2022	12/31/2999
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	1/1/2013	12/31/2999
D6210	pontic - cast high noble metal	1/1/2013	12/31/2999
D6211	pontic - cast predominantly base metal	1/1/2013	12/31/2999
D6212	pontic - cast noble metal	1/1/2013	12/31/2999
D6214	pontic ? titanium and titanium alloys	1/1/2013	12/31/2999
D6240	pontic - porcelain fused to high noble metal	1/1/2013	12/31/2999
D6241	pontic - porcelain fused to predominantly base metal	1/1/2013	12/31/2999
D6242	pontic - porcelain fused to noble metal	1/1/2013	12/31/2999
D6243	pontic ? porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D6245	pontic - porcelain/ceramic	1/1/2013	12/31/2999
D6250	pontic - resin with high noble metal	1/1/2013	12/31/2999
D6251	pontic - resin with predominantly base metal	1/1/2013	12/31/2999
D6252	pontic - resin with noble metal	1/1/2013	12/31/2999
D6253	interim pontic ? further treatment or completion of diagnosis necessary prior to final impression	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	1/1/2026	12/31/2999
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	1/1/2026	12/31/2999
D6545	retainer - cast metal for resin bonded fixed prosthesis	1/1/2013	12/31/2999
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	1/1/2013	12/31/2999
D6549	resin retainer ? for resin bonded fixed prosthesis	1/1/2015	12/31/2999
D6600	inlay - porcelain/ceramic, two surfaces	1/1/2013	12/31/2999
D6601	inlay - porcelain/ceramic, three or more surfaces	1/1/2013	12/31/2999
D6602	inlay - cast high noble metal, two surfaces	1/1/2013	12/31/2999
D6603	inlay - cast high noble metal, three or more surfaces	1/1/2013	12/31/2999
D6604	inlay - cast predominantly base metal, two surfaces	1/1/2013	12/31/2999
D6605	inlay - cast predominantly base metal, three or more surfaces	1/1/2013	12/31/2999
D6606	inlay - cast noble metal, two surfaces	1/1/2013	12/31/2999
D6607	inlay - cast noble metal, three or more surfaces	1/1/2013	12/31/2999
D6608	onlay -porcelain/ceramic, two surfaces	1/1/2013	12/31/2999
D6609	onlay - porcelain/ceramic, three or more surfaces	1/1/2013	12/31/2999
D6610	onlay - cast high noble metal, two surfaces	1/1/2013	12/31/2999
D6611	onlay - cast high noble metal, three or more surfaces	1/1/2013	12/31/2999
D6612	onlay - cast predominantly base metal, two surfaces	1/1/2013	12/31/2999
D6613	onlay - cast predominantly base metal, three or more surfaces	1/1/2013	12/31/2999
D6614	onlay - cast noble metal, two surfaces	1/1/2013	12/31/2999
D6615	onlay - cast noble metal, three or more surfaces	1/1/2013	12/31/2999
D6624	INLAY - TITANIUM	1/1/2013	12/31/2999
D6634	ONLAY - TITANIUM	1/1/2013	12/31/2999
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	1/1/2013	12/31/2999
D6720	crown - resin with high noble metal	1/1/2013	12/31/2999
D6721	crown - resin with predominantly base metal	1/1/2013	12/31/2999
D6722	crown - resin with noble metal	1/1/2013	12/31/2999
D6740	crown - porcelain/ceramic	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D6750	crown - porcelain fused to high noble metal	1/1/2013	12/31/2999
D6751	crown - porcelain fused to predominantly base metal	1/1/2013	12/31/2999
D6752	crown - porcelain fused to noble metal	1/1/2013	12/31/2999
D6753	retainer crown ? porcelain fused to titanium and titanium alloys	1/1/2020	12/31/2999
D6780	crown - 3/4 cast high noble metal	1/1/2013	12/31/2999
D6781	crown - 3/4 cast predominantly base metal	1/1/2013	12/31/2999
D6782	crown - 3/4 cast noble metal	1/1/2013	12/31/2999
D6783	crown - 3/4 porcelain/ceramic	1/1/2013	12/31/2999
D6784	retainer crown ¾ ? titanium and titanium alloys	1/1/2020	12/31/2999
D6790	crown - full cast high noble metal	1/1/2013	12/31/2999
D6791	crown - full cast predominantly base metal	1/1/2013	12/31/2999
D6792	crown - full cast noble metal	1/1/2013	12/31/2999
D6794	retainer crown ? titanium and titanium alloys	1/1/2013	12/31/2999
D6920	connector bar	1/1/2013	12/31/2999
D6930	re-cement or re-bond fixed partial denture	1/1/2013	12/31/2999
D6940	STRESS BREAKER	1/1/2013	12/31/2999
D6950	PRECISION ATTACHMENT	1/1/2013	12/31/2999
D6980	fixed partial denture repair necessitated by restorative material failure	1/1/2013	12/31/2999
D6985	pediatric partial denture, fixed	1/1/2013	12/31/2999
D7111	Extraction, coronal remnants ? primary tooth	1/1/2013	12/31/2999
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1/1/2013	12/31/2999
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1/1/1950	12/31/2999
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1/1/1950	12/31/2999
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1/1/2013	12/31/2999
D7220	removal of impacted tooth - soft tissue	1/1/1950	12/31/2999
D7220	removal of impacted tooth - soft tissue	1/1/1950	12/31/2999
D7220	removal of impacted tooth - soft tissue	1/1/1950	12/31/2999
D7220	removal of impacted tooth - soft tissue	1/1/2013	12/31/2999
D7230	removal of impacted tooth - partially bony	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D7230	removal of impacted tooth - partially bony	1/1/1950	12/31/2999
D7230	removal of impacted tooth - partially bony	1/1/1950	12/31/2999
D7230	removal of impacted tooth - partially bony	1/1/2013	12/31/2999
D7250	removal of residual tooth roots (cutting procedure)	1/1/2013	12/31/2999
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	1/1/2013	12/31/2999
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1/1/2013	12/31/2999
D7280	exposure of an unerupted tooth	1/1/2013	12/31/2999
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1/1/2013	12/31/2999
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	1/1/2013	12/31/2999
D7287	exfoliative cytological sample collection	1/1/2013	12/31/2999
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	1/1/2013	12/31/2999
D7290	surgical repositioning of teeth	1/1/2013	12/31/2999
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	1/1/2013	12/31/2999
D7292	placement of temporary anchorage device [screw retained plate] requiring flap;	1/1/2013	12/31/2999
D7293	placement of temporary anchorage device requiring flap;	1/1/2013	12/31/2999
D7294	placement of temporary anchorage device without flap;	1/1/2013	12/31/2999
D7310	alveoloplasty in conjunction with extractions four or more teeth or tooth spaces, per quadrant	1/1/2013	12/31/2999
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1/1/2013	12/31/2999
D7320	alveoloplasty not in conjunction with extractions four or more teeth or tooth spaces, per quadrant	1/1/2013	12/31/2999
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1/1/2013	12/31/2999
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1/1/2013	12/31/2999
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1/1/2013	12/31/2999
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1/1/2013	12/31/2999
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1/1/2013	12/31/2999
D7472	removal of torus palatinus	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D7473	removal of torus mandibularis	1/1/2013	12/31/2999
D7510	incision and drainage of abscess - intraoral soft tissue	1/1/2013	12/31/2999
D7810	open reduction of dislocation	1/1/2013	12/31/2999
D7820	closed reduction of dislocation	1/1/2013	12/31/2999
D7830	manipulation under anesthesia	1/1/2013	12/31/2999
D7840	condylectomy	1/1/2013	12/31/2999
D7850	surgical discectomy, with/without implant	1/1/2013	12/31/2999
D7852	disc repair	1/1/2013	12/31/2999
D7854	synovectomy	1/1/2013	12/31/2999
D7856	myotomy	1/1/2013	12/31/2999
D7858	joint reconstruction	1/1/2013	12/31/2999
D7860	arthrotomy	1/1/2013	12/31/2999
D7865	arthroplasty	1/1/2013	12/31/2999
D7870	arthrocentesis	1/1/2013	12/31/2999
D7871	non-arthroscopic lysis and lavage	1/1/2013	12/31/2999
D7872	arthroscopy - diagnosis, with or without biopsy	1/1/2013	12/31/2999
D7873	arthroscopy: lavage and lysis of adhesions	1/1/2013	12/31/2999
D7874	arthroscopy: disc repositioning and stabilization	1/1/2013	12/31/2999
D7875	arthroscopy: synovectomy	1/1/2013	12/31/2999
D7876	arthroscopy: discectomy	1/1/2013	12/31/2999
D7877	arthroscopy: debridement	1/1/2013	12/31/2999
D7880	occlusal orthotic device, by report	1/1/2013	12/31/2999
D7881	occlusal orthotic device adjustment	1/1/2016	12/31/2999
D7921	collection and application of autologous blood concentrate product	1/1/2013	12/31/2999
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1/1/2013	12/31/2999
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1/1/2013	12/31/2999
D7953	bone replacement graft for ridge preservation - per site	1/1/2013	12/31/2999
D7970	excision of hyperplastic tissue - per arch	1/1/2013	12/31/2999
D7971	excision of pericoronal gingiva	1/1/2013	12/31/2999
D8010	limited orthodontic treatment of the primary dentition	1/1/2013	12/31/2999
D8020	limited orthodontic treatment of the transitional dentition	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D8030	limited orthodontic treatment of the adolescent dentition	1/1/2013	12/31/2999
D8040	limited orthodontic treatment of the adult dentition	1/1/2013	12/31/2999
D8070	comprehensive orthodontic treatment of the transitional dentition	1/1/2013	12/31/2999
D8080	comprehensive orthodontic treatment of the adolescent dentition	1/1/2013	12/31/2999
D8090	comprehensive orthodontic treatment of the adult dentition	1/1/2013	12/31/2999
D8091	Comprehensive orthodontic treatment with orthognathic surgery	1/1/2025	12/31/2999
D8210	removable appliance therapy	1/1/1950	12/31/2999
D8210	removable appliance therapy	1/1/1950	12/31/2999
D8210	removable appliance therapy	1/1/1950	12/31/2999
D8210	removable appliance therapy	1/1/2013	12/31/2999
D8220	fixed appliance therapy	1/1/1950	12/31/2999
D8220	fixed appliance therapy	1/1/1950	12/31/2999
D8220	fixed appliance therapy	1/1/1950	12/31/2999
D8220	fixed appliance therapy	1/1/2013	12/31/2999
D8660	pre-orthodontic treatment examination to monitor growth and development	1/1/2013	12/31/2999
D8670	periodic orthodontic treatment visit	1/1/2013	12/31/2999
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	1/1/2025	12/31/2999
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	1/1/2013	12/31/2999
D8681	removable orthodontic retainer adjustment	1/1/2016	12/31/2999
D8696	repair of orthodontic appliance ? maxillary	1/1/2020	12/31/2999
D8697	repair of orthodontic appliance ? mandibular	1/1/2020	12/31/2999
D8698	re-cement or re-bond fixed retainer ? maxillary	1/1/2020	12/31/2999
D8699	re-cement or re-bond fixed retainer ? mandibular	1/1/2020	12/31/2999
D8701	repair of fixed retainer, includes reattachment ? maxillary	1/1/2020	12/31/2999
D8702	repair of fixed retainer, includes reattachment ? mandibular	1/1/2020	12/31/2999
D8703	replacement of lost or broken retainer ? maxillary	1/1/2020	12/31/2999
D8704	replacement of lost or broken retainer ? mandibular	1/1/2020	12/31/2999
D9110	palliative treatment of dental pain - per visit	1/1/2013	12/31/2999
D9120	FIXED PARTIAL DENTURE SECTIONING	1/1/2013	12/31/2999
D9211	REGIONAL BLOCK ANESTHESIA	1/1/2013	12/31/2999
D9212	trigeminal division block anesthesia	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D9215	local anesthesia in conjunction with operative or surgical procedures	1/1/2013	12/31/2999
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	1/1/2015	12/31/2999
D9230	Administration of nitrous oxide	1/1/2013	12/31/2999
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment or any portion thereof	1/1/2016	12/31/2999
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	1/1/2013	12/31/2999
D9311	Consultation with a medical health care professional	1/1/2017	12/31/2999
D9410	house/extended care facility call	1/1/2013	12/31/2999
D9420	hospital or ambulatory surgical center call	1/1/2013	12/31/2999
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1/1/2013	12/31/2999
D9440	office visit - after regularly scheduled hours	1/1/2013	12/31/2999
D9450	case presentation, subsequent to detailed and extensive treatment planning	1/1/2013	12/31/2999
D9610	therapeutic parenteral drug, single administration	1/1/2013	12/31/2999
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1/1/2013	12/31/2999
D9613	infiltration of sustained release therapeutic drug, per quadrant	1/1/2019	12/31/2999
D9630	drugs or medicaments dispensed in the office for home use	1/1/2013	12/31/2999
D9910	application of desensitizing medicament	1/1/2013	12/31/2999
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	1/1/2013	12/31/2999
D9912	pre-visit patient screening	1/1/2022	12/31/2999
D9913	administration of neuromodulators	1/1/2025	12/31/2999
D9914	administration dermal fillers	1/1/2025	12/31/2999
D9920	behavior management, by report	1/1/2013	12/31/2999
D9932	cleaning and inspection of removable complete denture, maxillary	1/1/2016	12/31/2999
D9933	cleaning and inspection of removable complete denture, mandibular	1/1/2016	12/31/2999
D9934	cleaning and inspection of removable partial denture, maxillary	1/1/2016	12/31/2999
D9935	cleaning and inspection of removable partial denture, mandibular	1/1/2016	12/31/2999
D9936	cleaning and inspection of occlusal guard - per appliance	1/1/2026	12/31/2999
D9936	cleaning and inspection of occlusal guard - per appliance	1/1/2026	12/31/2999
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	1/1/2024	12/31/2999
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	1/1/2024	12/31/2999
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	1/1/2024	12/31/2999
D9941	fabrication of athletic mouthguard	1/1/2013	12/31/2999
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	1/1/2013	12/31/2999
D9943	occlusal guard adjustment	1/1/2016	12/31/2999
D9944	occlusal guard ? hard appliance, full arch	1/1/2019	12/31/2999
D9945	occlusal guard ? soft appliance, full arch	1/1/2019	12/31/2999
D9946	occlusal guard ? hard appliance, partial arch	1/1/2019	12/31/2999
D9950	occlusion analysis - mounted case	1/1/2013	12/31/2999
D9951	occlusal adjustment - limited	1/1/2013	12/31/2999
D9952	occlusal adjustment - complete	1/1/2013	12/31/2999
D9961	duplicate/copy patient's records	1/1/2019	12/31/2999
D9970	ENAMEL MICROABRASION	1/1/2013	12/31/2999
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	1/1/2013	12/31/2999
D9972	external bleaching ? per arch ? performed in office	1/1/2013	12/31/2999
D9973	external bleaching - per tooth	1/1/2013	12/31/2999
D9974	internal bleaching - per tooth	1/1/2013	12/31/2999
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	1/1/2013	12/31/2999
D9985	sales tax	1/1/2014	12/31/2999
D9986	missed appointment	1/1/2015	12/31/2999
D9987	cancelled appointment	1/1/2015	12/31/2999
D9990	certified translation or sign-language services per visit	1/1/2019	12/31/2999
D9991	Dental case management - addressing appointment compliance barriers	1/1/2017	12/31/2999
D9992	Dental case management ? care coordination	1/1/2017	12/31/2999
D9993	Dental case management - motivational interviewing	1/1/2017	12/31/2999
D9994	Dental case management - patient education to improve oral health literacy	1/1/2017	12/31/2999
D9995	Teledentistry - synchronous; real-time encounter	1/1/2018	12/31/2999
D9995	Teledentistry - synchronous; real-time encounter	1/1/2018	12/31/2999
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1/1/2018	12/31/2999
D9997	dental case management ? patients with special health care needs	1/1/2020	12/31/2999
D9999	unspecified adjunctive procedure, by report	10/1/2013	12/31/2999
E0162	Sitz bath chair	1/1/1950	12/31/2999
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	1/1/2021	12/31/2999
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	2/1/2010	12/31/2999
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/1950	12/31/2999
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022	12/31/2999
E0210	Electric heat pad, standard	1/1/1950	12/31/2999
E0210	Electric heat pad, standard	1/1/1950	12/31/2999
E0210	Electric heat pad, standard	1/1/1950	12/31/2999
E0210	Electric heat pad, standard	1/1/2022	12/31/2999
E0215	Electric heat pad, moist	1/1/1950	12/31/2999
E0215	Electric heat pad, moist	1/1/2022	12/31/2999
E0217	Water circulating heat pad with pump	6/1/2006	12/31/2999
E0217	Water circulating heat pad with pump	9/1/2020	12/31/2999
E0217	Water circulating heat pad with pump	1/1/2021	12/31/2999
E0217	Water circulating heat pad with pump	1/1/2021	12/31/2999
E0218	Fluid circulating cold pad with pump, any type	1/1/2021	12/31/2999
E0218	Fluid circulating cold pad with pump, any type	9/1/2020	12/31/2999
E0218	Fluid circulating cold pad with pump, any type	1/1/2021	12/31/2999
E0218	Fluid circulating cold pad with pump, any type	1/1/2021	12/31/2999
E0225	Hydrocollator unit, includes pads	1/1/2021	12/31/2999
E0236	Pump for water circulating pad	1/1/2021	12/31/2999
E0236	Pump for water circulating pad	9/1/2020	12/31/2999
E0236	Pump for water circulating pad	1/1/2021	12/31/2999
E0236	Pump for water circulating pad	1/1/2021	12/31/2999
E0239	Hydrocollator unit, portable	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0240	Bath/shower chair, with or without wheels, any size	1/1/1950	12/31/2999
E0240	Bath/shower chair, with or without wheels, any size	1/1/1950	12/31/2999
E0240	Bath/shower chair, with or without wheels, any size	1/1/1950	12/31/2999
E0240	Bath/shower chair, with or without wheels, any size	5/15/2021	12/31/2999
E0241	Bath tub wall rail, each	1/1/1950	12/31/2999
E0241	Bath tub wall rail, each	1/1/1950	12/31/2999
E0241	Bath tub wall rail, each	1/1/1950	12/31/2999
E0241	Bath tub wall rail, each	5/15/2021	12/31/2999
E0241	Bath tub wall rail, each	1/1/2022	12/31/2999
E0242	Bath tub rail, floor base	1/1/1950	12/31/2999
E0242	Bath tub rail, floor base	1/1/1950	12/31/2999
E0242	Bath tub rail, floor base	1/1/1950	12/31/2999
E0242	Bath tub rail, floor base	5/15/2021	12/31/2999
E0242	Bath tub rail, floor base	1/1/2022	12/31/2999
E0243	Toilet rail, each	1/1/1950	12/31/2999
E0243	Toilet rail, each	1/1/1950	12/31/2999
E0243	Toilet rail, each	1/1/1950	12/31/2999
E0243	Toilet rail, each	5/15/2021	12/31/2999
E0243	Toilet rail, each	1/1/2022	12/31/2999
E0244	Raised toilet seat	1/1/1950	12/31/2999
E0244	Raised toilet seat	1/1/1950	12/31/2999
E0244	Raised toilet seat	1/1/1950	12/31/2999
E0244	Raised toilet seat	5/15/2021	12/31/2999
E0245	Tub stool or bench	1/1/1950	12/31/2999
E0245	Tub stool or bench	1/1/1950	12/31/2999
E0245	Tub stool or bench	1/1/1950	12/31/2999
E0245	Tub stool or bench	5/15/2021	12/31/2999
E0246	Transfer tub rail attachment	1/1/1950	12/31/2999
E0246	Transfer tub rail attachment	1/1/1950	12/31/2999
E0246	Transfer tub rail attachment	1/1/1950	12/31/2999
E0246	Transfer tub rail attachment	5/15/2021	12/31/2999
E0247	Transfer bench for tub or toilet with or without commode opening	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0247	Transfer bench for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0247	Transfer bench for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0247	Transfer bench for tub or toilet with or without commode opening	5/15/2021	12/31/2999
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	5/15/2021	12/31/2999
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	9/1/2006	12/31/2999
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	1/1/2021	12/31/2999
E0273	Bed board	1/1/2021	12/31/2999
E0273	Bed board	9/1/2020	12/31/2999
E0273	Bed board	1/1/2021	12/31/2999
E0273	Bed board	1/1/2021	12/31/2999
E0274	Over-bed table	1/1/2021	12/31/2999
E0274	Over-bed table	9/1/2020	12/31/2999
E0274	Over-bed table	1/1/2021	12/31/2999
E0274	Over-bed table	1/1/2020	12/31/2999
E0315	Bed accessory: board, table, or support device, any type	1/1/2021	12/31/2999
E0315	Bed accessory: board, table, or support device, any type	9/1/2020	12/31/2999
E0315	Bed accessory: board, table, or support device, any type	1/1/2021	12/31/2999
E0315	Bed accessory: board, table, or support device, any type	1/1/2021	12/31/2999
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	1/1/2021	12/31/2999
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	1/1/2021	12/31/2999
E0445	Oximeter device for measuring blood oxygen levels non-invasively	1/1/2022	12/31/2999
E0462	Rocking bed with or without side rails	1/1/1950	12/31/2999
E0620	Skin piercing device for collection of capillary blood, laser, each	1/1/1950	12/31/2999
E0620	Skin piercing device for collection of capillary blood, laser, each	1/1/1950	12/31/2999
E0635	Patient lift, electric with seat or sling	1/1/2021	12/31/2999
E0640	Patient lift, fixed system, includes all components/accessories	1/1/2021	12/31/2999
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	1/1/1950	12/31/2999
E0705	Transfer device, any type, each	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	1/25/2013	12/31/2999
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	1/25/2013	12/31/2999
E0746	Electromyography (emg), biofeedback device	1/1/2020	12/31/2999
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)	1/1/1950	12/31/2999
E1022	Wheelchair transportation securement system, any type includes all components and accessories	4/1/2025	12/31/2999
E1023	Wheelchair transit securement system, includes all components and accessories	4/1/2025	12/31/2999
E1300	Whirlpool, portable (overtub type)	1/1/1950	12/31/2999
E1300	Whirlpool, portable (overtub type)	1/1/1950	12/31/2999
E1300	Whirlpool, portable (overtub type)	6/1/2015	12/31/2999
E1301	Whirlpool tub, walk-in, portable	4/24/2024	12/31/2999
E1301	Whirlpool tub, walk-in, portable	1/1/2024	12/31/2999
E1301	Whirlpool tub, walk-in, portable	1/1/2024	12/31/2999
E1310	Whirlpool, non-portable (built-in type)	1/1/1950	12/31/2999
E1310	Whirlpool, non-portable (built-in type)	1/1/1950	12/31/2999
E1310	Whirlpool, non-portable (built-in type)	6/1/2015	12/31/2999
E1355	Stand/rack	1/1/1950	12/31/2999
E1570	Adjustable chair, for esrd patients	1/1/2022	12/31/2999
E1639	Scale, each	1/1/2024	12/31/2999
E1639	Scale, each	1/1/2022	12/31/2999
E1700	Jaw motion rehabilitation system	1/1/1950	12/31/2999
E1700	Jaw motion rehabilitation system	6/1/2024	12/31/2999
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. Of 6	1/1/1950	12/31/2999
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. Of 6	6/1/2024	12/31/2999
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. Of 200	1/1/1950	12/31/2999
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. Of 200	6/1/2024	12/31/2999
E1902	Communication board, non-electronic augmentative or alternative communication device	1/1/1950	12/31/2999
E1902	Communication board, non-electronic augmentative or alternative communication device	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	6/1/2006	12/31/2999
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	6/1/2006	12/31/2999
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	1/1/2021	12/31/2999
E2301	Wheelchair accessory, power standing system, any type	1/1/2021	12/31/2999
E2301	Wheelchair accessory, power standing system, any type	1/1/2021	12/31/2999
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	1/1/2013	12/31/2999
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	1/1/2013	12/31/2999
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	1/1/2013	12/31/2999
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	1/1/2013	12/31/2999
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	1/1/2013	12/31/2999
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	1/1/2013	12/31/2999
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1/1/2013	12/31/2999
E2511	Speech generating software program, for personal computer or personal digital assistant	1/1/2013	12/31/2999
E2512	Accessory for speech generating device, mounting system	1/1/2013	12/31/2999
E2513	Accessory for speech generating device, electromyographic sensor	10/1/2024	12/31/2999
E2513	Accessory for speech generating device, electromyographic sensor	10/1/2024	12/31/2999
E2599	Accessory for speech generating device, not otherwise classified	1/1/2013	12/31/2999
G0029	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	1/1/2022	12/31/2999
G0030	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	1/1/2022	12/31/2999
G0031	Palliative care services given to patient any time during the measurement period	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (ipds) for antipsychotics	1/1/2022	12/31/2999
G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the ipds for benzodiazepines	1/1/2022	12/31/2999
G0034	Patients receiving palliative care during the measurement period	1/1/2022	12/31/2999
G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23	1/1/2022	12/31/2999
G0036	Patient or care partner decline assessment	1/1/2022	12/31/2999
G0037	On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available	1/1/2022	12/31/2999
G0038	Clinician determines patient does not require referral	1/1/2022	12/31/2999
G0039	Patient not referred, reason not otherwise specified	1/1/2022	12/31/2999
G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period	1/1/2022	12/31/2999
G0041	Patient and/or care partner decline referral	1/1/2022	12/31/2999
G0042	Referral to physical, occupational, speech, or recreational therapy	1/1/2022	12/31/2999
G0043	Patients with mechanical prosthetic heart valve	1/1/2022	12/31/2999
G0044	Patients with moderate or severe mitral stenosis	1/1/2022	12/31/2999
G0045	Clinical follow-up and mrs score assessed at 90 days following endovascular stroke intervention	1/1/2022	12/31/2999
G0046	Clinical follow-up and mrs score not assessed at 90 days following endovascular stroke intervention	1/1/2022	12/31/2999
G0047	Pediatric patient with minor blunt head trauma and pecarn prediction criteria are not assessed	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year	1/1/2022	12/31/2999
G0049	With maintenance hemodialysis (in-center and home hd) for the complete reporting month	1/1/2022	12/31/2999
G0050	Patients with a catheter that have limited life expectancy	1/1/2022	12/31/2999
G0051	Patients under hospice care in the current reporting month	1/1/2022	12/31/2999
G0052	Patients on peritoneal dialysis for any portion of the reporting month	1/1/2022	12/31/2999
G0053	Advancing rheumatology patient care mips value pathways	1/1/2022	12/31/2999
G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes mips value pathways	1/1/2022	12/31/2999
G0055	Advancing care for heart disease mips value pathways	1/1/2022	12/31/2999
G0057	Proposed adopting best practices and promoting patient safety within emergency medicine mips value pathways	1/1/2022	12/31/2999
G0058	Improving care for lower extremity joint repair mips value pathways	1/1/2022	12/31/2999
G0059	Patient safety and support of positive experiences with anesthesia mips value pathways	1/1/2022	12/31/2999
G0060	Allergy/immunology mips specialty set	1/1/2022	12/31/2999
G0061	Anesthesiology mips specialty set	1/1/2022	12/31/2999
G0062	Audiology mips specialty set	1/1/2022	12/31/2999
G0063	Cardiology mips specialty set	1/1/2022	12/31/2999
G0064	Certified nurse midwife mips specialty set	1/1/2022	12/31/2999
G0065	Chiropractic medicine mips specialty set	1/1/2022	12/31/2999
G0066	Clinical social work mips specialty set	1/1/2022	12/31/2999
G0067	Dentistry mips specialty set	1/1/2022	12/31/2999
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	1/1/2019	12/31/2999
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	1/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes	1/1/2019	12/31/2999
G0076	Brief (20 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0077	Limited (30 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0078	Moderate (45 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0079	Comprehensive (60 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0080	Extensive (75 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0081	Brief (20 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0082	Limited (30 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0083	Moderate (45 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0085	Extensive (75 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0086	Limited (30 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0087	Comprehensive (60 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	1/1/2019	12/31/2999
G0180	Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	1/1/2013	12/31/2999
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial	1/1/2015	12/31/2999
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial	1/1/2015	12/31/2999
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial	1/1/2015	12/31/2999
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial	1/1/2015	12/31/2999
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial	1/1/2015	12/31/2999
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	10/15/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day	1/1/2013	12/31/2999
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day	1/1/2013	12/31/2999
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes)	5/11/2022	12/31/2999
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt))	5/11/2022	12/31/2999
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt))	5/11/2022	12/31/2999
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt))	5/11/2022	12/31/2999
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt))	5/11/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (do not report g0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report g0316 for any time unit less than 15 minutes)	1/1/2023	12/31/2999
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (do not report g0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report g0316 for any time unit less than 15 minutes)	1/1/2023	12/31/2999
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99306, 99310 for nursing facility evaluation and management services). (do not report g0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (do not report g0317 for any time unit less than 15 minutes)	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99306, 99310 for nursing facility evaluation and management services). (do not report g0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (do not report g0317 for any time unit less than 15 minutes)	1/1/2023	12/31/2999
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99345, 99350 for home or residence evaluation and management services). (do not report g0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report g0318 for any time unit less than 15 minutes)	1/1/2023	12/31/2999
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99345, 99350 for home or residence evaluation and management services). (do not report g0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report g0318 for any time unit less than 15 minutes)	1/1/2023	12/31/2999
G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30-DAY SUPPLY AS A BENEFICIARY	1/1/2013	12/31/2999
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE (USE IN ADDITION TO PRIMARY EVALUATION AND MANAGEMENT CODE)	10/25/2005	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)	1/1/2017	12/31/2999
G0529	In-home respite care, 4-hour unit, for use in cmmi model	7/1/2024	12/31/2999
G0530	Adult day center, 8-hour unit, for use in cmmi model	7/1/2024	12/31/2999
G0538	Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month	1/1/2025	12/31/2999
G0538	Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month	1/1/2025	12/31/2999
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	1/1/2025	12/31/2999
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	1/1/2025	12/31/2999
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	1/1/2025	12/31/2999
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	1/1/2025	12/31/2999
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	1/1/2025	12/31/2999
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the dmht device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	1/1/2025	12/31/2999
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the dmht device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0556	<p>Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan with typical care plan elements when clinically relevant; ++ care plan is available timely within and</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0556	<p>Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan with typical care plan elements when clinically relevant; ++ care plan is available timely within and</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0556	<p>Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan with typical care plan elements when clinically relevant; ++ care plan is available timely within and</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0556	<p>Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan with typical care plan elements when clinically relevant; ++ care plan is available timely within and</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0557	<p>Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0557	<p>Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0557	<p>Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0557	<p>Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0558	<p>Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0558	<p>Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0558	<p>Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside</p>	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0558	Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside	1/1/2025	12/31/2999
G0913	IMPROVEMENT IN VISUAL FUNCTION ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY	5/16/2016	12/31/2999
G0914	PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT	5/16/2016	12/31/2999
G0915	IMPROVEMENT IN VISUAL FUNCTION NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY	5/16/2016	12/31/2999
G0916	SATISFACTION WITH CARE ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY	5/16/2016	12/31/2999
G0917	Patient care survey was not completed by patient	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G1025	Patient-months where there are more than one medicare capitated payment (mcp) provider listed for the month	1/1/2022	12/31/2999
G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for three months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month	1/1/2022	12/31/2999
G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months	1/1/2022	12/31/2999
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, non-covered experimental therapy), performed in an approved ide-based clinical trial, per treatment session	8/1/2018	12/31/2999
G2001	Brief (20 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2002	Limited (30 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2003	Moderate (45 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2004	Comprehensive (60 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2005	Extensive (75 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2006	Brief (20 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2007	Limited (30 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2008	Moderate (45 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2009	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	1/1/2019	12/31/2999
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	1/1/2019	12/31/2999
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	1/1/2019	12/31/2999
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	1/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2013	Extensive (75 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.	4/1/2019	12/31/2999
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	4/1/2019	12/31/2999
G2015	Comprehensive (60 mins) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)	4/1/2019	12/31/2999
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes)	4/1/2021	12/31/2999
G2021	Health care practitioners rendering treatment in place (tip)	1/1/2020	12/31/2999
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	1/1/2020	12/31/2999
G2025	Payment for a telehealth distant site service furnished by a rural health clinic (rhc) or federally qualified health center (fqhc) only	1/1/2021	12/31/2999
G2081	Patients age 66 and older in institutional special needs plans (snp) or residing in long-term care with a pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	1/1/2020	12/31/2999
G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2092	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) or angiotensin receptor-neprilysin inhibitor (arni) therapy prescribed or currently being taken	1/1/2020	12/31/2999
G2093	Documentation of medical reason(s) for not prescribing ace inhibitor or arb or arni therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)	1/1/2020	12/31/2999
G2094	Documentation of patient reason(s) for not prescribing ace inhibitor or arb or arni therapy (e.g., patient declined, other patient reasons)	1/1/2020	12/31/2999
G2096	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) or angiotensin receptor-neprilysin inhibitor (arni) therapy was not prescribed, reason not given	1/1/2020	12/31/2999
G2097	Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or uti)	1/1/2020	12/31/2999
G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2105	Patient age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	1/1/2020	12/31/2999
G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months	1/1/2020	12/31/2999
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	1/1/2020	12/31/2999
G2115	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2116	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period	1/1/2020	12/31/2999
G2121	Depression, anxiety, apathy, and psychosis assessed	1/1/2020	12/31/2999
G2122	Depression, anxiety, apathy, and psychosis not assessed	1/1/2020	12/31/2999
G2125	Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through december 31 of the measurement period	1/1/2020	12/31/2999
G2126	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999
G2127	Patients 66 ? 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, idiopathic thrombocytopenic purpura (itp), gastric bypass or documentation of active anticoagulant use during the measurement period)	1/1/2020	12/31/2999
G2129	Procedure-related bp's not taken during an outpatient visit. examples include same day surgery, ambulatory service center, g.i. lab, dialysis, infusion center, chemotherapy	1/1/2020	12/31/2999
G2136	Back pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	1/1/2020	12/31/2999
G2137	Back pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated improvement of less than 5.0 points	1/1/2020	12/31/2999
G2138	Back pain as measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	1/1/2020	12/31/2999
G2139	Back pain measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points	1/1/2020	12/31/2999
G2140	Leg pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2141	Leg pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated improvement of less than 5.0 points	1/1/2020	12/31/2999
G2142	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater	1/1/2020	12/31/2999
G2143	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points	1/1/2020	12/31/2999
G2144	Functional status measured by the oswestry disability index (odi version 2.1a) at three months (6 - 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 30 points or greater	1/1/2020	12/31/2999
G2145	Functional status measured by the oswestry disability index (odi version 2.1a) at three months (6 - 20 weeks) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of less than 30 points	1/1/2020	12/31/2999
G2146	Leg pain as measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2147	Leg pain measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points	1/1/2020	12/31/2999
G2148	Multimodal pain management was used	1/1/2020	12/31/2999
G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during pacu stay, other medical reason(s))	1/1/2020	12/31/2999
G2150	Multimodal pain management was not used	1/1/2020	12/31/2999
G2151	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
G2152	Residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	1/1/2020	12/31/2999
G2167	Residual score for the neck impairment successfully calculated and the score was less than zero (< 0)	1/1/2020	12/31/2999
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project	4/1/2021	12/31/2999
G2173	Uri episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	1/1/2021	12/31/2999
G2174	Uri episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date	1/1/2021	12/31/2999
G2175	Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	1/1/2021	12/31/2999
G2176	Outpatient, ed, or observation visits that result in an inpatient admission	1/1/2021	12/31/2999
G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation	1/1/2021	12/31/2999
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	1/1/2021	12/31/2999
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	1/1/2021	12/31/2999
G2181	Bmi not documented due to medical reason or patient refusal of height or weight measurement	1/1/2021	12/31/2999
G2182	Patient receiving first-time biologic and/or immune response modifier therapy	1/1/2021	12/31/2999
G2183	Documentation patient unable to communicate and informant not available	1/1/2021	12/31/2999
G2184	Patient does not have a caregiver	1/1/2021	12/31/2999
G2185	Documentation caregiver is trained and certified in dementia care	1/1/2021	12/31/2999
G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	1/1/2021	12/31/2999
G2187	Patients with clinical indications for imaging of the head: head trauma	1/1/2021	12/31/2999
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	1/1/2021	12/31/2999
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	1/1/2021	12/31/2999
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	1/1/2021	12/31/2999
G2191	Patients with clinical indications for imaging of the head: positional headaches	1/1/2021	12/31/2999
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	1/1/2021	12/31/2999
G2193	Patients with clinical indications for imaging of the head: new onset headache in pre-school children or younger (<6 years of age)	1/1/2021	12/31/2999
G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G2195	Patients with clinical indications for imaging of the head: occipital headache in children	1/1/2021	12/31/2999
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	1/1/2021	12/31/2999
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	1/1/2021	12/31/2999
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method	1/1/2021	12/31/2999
G2200	Patient identified as an unhealthy alcohol user received brief counseling	1/1/2021	12/31/2999
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user	1/1/2021	12/31/2999
G2204	Patients between 45 and 85 years of age who received a screening colonoscopy during the performance period	1/1/2021	12/31/2999
G2205	Patients with pregnancy during adjuvant treatment course	1/1/2021	12/31/2999
G2206	Patient received adjuvant treatment course including both chemotherapy and her2-targeted therapy	1/1/2021	12/31/2999
G2207	Reason for not administering adjuvant treatment course including both chemotherapy and her2-targeted therapy (e.g. poor performance status (ecog 3-4; karnofsky <=50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)	1/1/2021	12/31/2999
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and her2-targeted therapy	1/1/2021	12/31/2999
G2209	Patient refused to participate	1/1/2021	12/31/2999
G2210	Residual score for the neck impairment not measured because the patient did not complete the neck fs prom at initial evaluation and/or near discharge, reason not given	1/1/2021	12/31/2999
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	1/1/2023	12/31/2999
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (when using g3002, 30 minutes must be met or exceeded.)	1/1/2023	12/31/2999
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	1/1/2023	12/31/2999
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	1/1/2023	12/31/2999
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)	1/1/2023	12/31/2999
G4000	Dermatology mips specialty set	1/1/2022	12/31/2999
G4001	Diagnostic radiology mips specialty set	1/1/2022	12/31/2999
G4002	Electrophysiology cardiac specialist mips specialty set	1/1/2022	12/31/2999
G4003	Emergency medicine mips specialty set	1/1/2022	12/31/2999
G4004	Endocrinology mips specialty set	1/1/2022	12/31/2999
G4005	Family medicine mips specialty set	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G4006	Gastro-enterology mips specialty set	1/1/2022	12/31/2999
G4007	General surgery mips specialty set	1/1/2022	12/31/2999
G4008	Geriatrics mips specialty set	1/1/2022	12/31/2999
G4009	Hospitalists mips specialty set	1/1/2022	12/31/2999
G4010	Infectious disease mips specialty set	1/1/2022	12/31/2999
G4011	Internal medicine mips specialty set	1/1/2022	12/31/2999
G4012	Interventional radiology mips specialty set	1/1/2022	12/31/2999
G4013	Mental/behavioral and psychiatry mips specialty set	1/1/2022	12/31/2999
G4014	Nephrology mips specialty set	1/1/2022	12/31/2999
G4015	Neurology mips specialty set	1/1/2022	12/31/2999
G4016	Neurosurgical mips specialty set	1/1/2022	12/31/2999
G4017	Nutrition/dietician mips specialty set	1/1/2022	12/31/2999
G4018	Obstetrics/gynecology mips specialty set	1/1/2022	12/31/2999
G4019	Oncology/hematology mips specialty set	1/1/2022	12/31/2999
G4020	Ophthalmology/optometry mips specialty set	1/1/2022	12/31/2999
G4021	Orthopedic surgery mips specialty set	1/1/2022	12/31/2999
G4022	Otolaryngology mips specialty set	1/1/2022	12/31/2999
G4023	Pathology mips specialty set	1/1/2022	12/31/2999
G4024	Pediatrics mips specialty set	1/1/2022	12/31/2999
G4025	Physical medicine mips specialty set	1/1/2022	12/31/2999
G4026	Physical therapy/occupational therapy mips specialty set	1/1/2022	12/31/2999
G4027	Plastic surgery mips specialty set	1/1/2022	12/31/2999
G4028	Podiatry mips specialty set	1/1/2022	12/31/2999
G4029	Preventive medicine mips specialty set	1/1/2022	12/31/2999
G4030	Pulmonology mips specialty set	1/1/2022	12/31/2999
G4031	Radiation oncology mips specialty set	1/1/2022	12/31/2999
G4032	Rheumatology mips specialty set	1/1/2022	12/31/2999
G4033	Skilled nursing facility mips specialty set	1/1/2022	12/31/2999
G4034	Speech language pathology mips specialty set	1/1/2022	12/31/2999
G4035	Thoracic surgery mips specialty set	1/1/2022	12/31/2999
G4036	Urgent care mips specialty set	1/1/2022	12/31/2999
G4037	Urology mips specialty set	1/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G4038	Vascular surgery mips specialty set	1/1/2022	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	1/1/2008	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	1/1/2008	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	1/1/2008	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	1/1/2008	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	1/1/2008	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	5/16/2016	12/31/2999
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	1/1/2008	12/31/2999
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	1/1/2008	12/31/2999
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	1/1/2008	12/31/2999
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	1/1/2008	12/31/2999
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	5/16/2016	12/31/2999
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	1/1/2008	12/31/2999
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	1/1/2008	12/31/2999
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	1/1/2008	12/31/2999
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	1/1/2008	12/31/2999
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	5/16/2016	12/31/2999
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	1/1/2008	12/31/2999
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	1/1/2008	12/31/2999
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	1/1/2008	12/31/2999
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	5/16/2016	12/31/2999
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	1/1/2008	12/31/2999
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	1/1/2008	12/31/2999
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	1/1/2008	12/31/2999
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	1/1/2008	12/31/2999
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	5/16/2016	12/31/2999
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	5/16/2016	12/31/2999
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	1/1/2008	12/31/2999
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	1/1/2008	12/31/2999
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	1/1/2008	12/31/2999
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	1/1/2008	12/31/2999
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	5/16/2016	12/31/2999
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	5/16/2016	12/31/2999
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	1/1/2008	12/31/2999
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	1/1/2008	12/31/2999
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	1/1/2008	12/31/2999
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	5/16/2016	12/31/2999
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR	1/1/2008	12/31/2999
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR	1/1/2008	12/31/2999
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR	1/1/2008	12/31/2999
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR	1/1/2008	12/31/2999
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR	5/16/2016	12/31/2999
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	5/16/2016	12/31/2999
G8418	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8418	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8418	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8418	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8418	Bmi is documented below normal parameters and a follow-up plan is documented	5/16/2016	12/31/2999
G8419	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2008	12/31/2999
G8419	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2008	12/31/2999
G8419	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2008	12/31/2999
G8419	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2008	12/31/2999
G8419	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8420	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2008	12/31/2999
G8420	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2008	12/31/2999
G8420	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2008	12/31/2999
G8420	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2008	12/31/2999
G8420	Bmi is documented within normal parameters and no follow-up plan is required	5/16/2016	12/31/2999
G8421	Bmi not documented and no reason is given	1/1/2008	12/31/2999
G8421	Bmi not documented and no reason is given	1/1/2008	12/31/2999
G8421	Bmi not documented and no reason is given	1/1/2008	12/31/2999
G8421	Bmi not documented and no reason is given	1/1/2008	12/31/2999
G8421	Bmi not documented and no reason is given	5/16/2016	12/31/2999
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	1/1/2008	12/31/2999
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	1/1/2008	12/31/2999
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	1/1/2008	12/31/2999
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	1/1/2008	12/31/2999
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	5/16/2016	12/31/2999
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	1/1/2008	12/31/2999
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	1/1/2008	12/31/2999
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	1/1/2008	12/31/2999
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	1/1/2008	12/31/2999
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an acute health crisis where time is of the essence and delay of treatment would jeopardize the patient's health status)	1/1/2008	12/31/2999
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an acute health crisis where time is of the essence and delay of treatment would jeopardize the patient's health status)	1/1/2008	12/31/2999
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an acute health crisis where time is of the essence and delay of treatment would jeopardize the patient's health status)	1/1/2008	12/31/2999
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an acute health crisis where time is of the essence and delay of treatment would jeopardize the patient's health status)	1/1/2008	12/31/2999
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an acute health crisis where time is of the essence and delay of treatment would jeopardize the patient's health status)	5/16/2016	12/31/2999
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	1/1/2008	12/31/2999
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	1/1/2008	12/31/2999
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	1/1/2008	12/31/2999
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	1/1/2008	12/31/2999
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	5/16/2016	12/31/2999
G8432	Depression screening not documented, reason not given	1/1/2008	12/31/2999
G8432	Depression screening not documented, reason not given	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8432	Depression screening not documented, reason not given	1/1/2008	12/31/2999
G8432	Depression screening not documented, reason not given	1/1/2008	12/31/2999
G8432	Depression screening not documented, reason not given	5/16/2016	12/31/2999
G8433	Screening for depression not completed, documented patient or medical reason	1/1/2008	12/31/2999
G8433	Screening for depression not completed, documented patient or medical reason	1/1/2008	12/31/2999
G8433	Screening for depression not completed, documented patient or medical reason	1/1/2008	12/31/2999
G8433	Screening for depression not completed, documented patient or medical reason	1/1/2008	12/31/2999
G8433	Screening for depression not completed, documented patient or medical reason	5/16/2016	12/31/2999
G8450	Beta-blocker therapy prescribed	1/1/2008	12/31/2999
G8450	Beta-blocker therapy prescribed	1/1/2008	12/31/2999
G8450	Beta-blocker therapy prescribed	1/1/2008	12/31/2999
G8450	Beta-blocker therapy prescribed	1/1/2008	12/31/2999
G8450	Beta-blocker therapy prescribed	5/16/2016	12/31/2999
G8451	Beta-blocker therapy for lvef <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)	1/1/2008	12/31/2999
G8451	Beta-blocker therapy for lvef <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)	1/1/2008	12/31/2999
G8451	Beta-blocker therapy for lvef <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)	1/1/2008	12/31/2999
G8451	Beta-blocker therapy for lvef <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8451	Beta-blocker therapy for lvef <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)	5/16/2016	12/31/2999
G8452	Beta-blocker therapy not prescribed	1/1/2008	12/31/2999
G8452	Beta-blocker therapy not prescribed	1/1/2008	12/31/2999
G8452	Beta-blocker therapy not prescribed	1/1/2008	12/31/2999
G8452	Beta-blocker therapy not prescribed	1/1/2008	12/31/2999
G8452	Beta-blocker therapy not prescribed	5/16/2016	12/31/2999
G8465	High or very high risk of recurrence of prostate cancer	1/1/2008	12/31/2999
G8465	High or very high risk of recurrence of prostate cancer	1/1/2008	12/31/2999
G8465	High or very high risk of recurrence of prostate cancer	1/1/2008	12/31/2999
G8465	High or very high risk of recurrence of prostate cancer	1/1/2008	12/31/2999
G8465	High or very high risk of recurrence of prostate cancer	5/16/2016	12/31/2999
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER	1/1/2008	12/31/2999
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER	1/1/2008	12/31/2999
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER	1/1/2008	12/31/2999
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER	1/1/2008	12/31/2999
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER	5/16/2016	12/31/2999
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	1/1/2008	12/31/2999
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	1/1/2008	12/31/2999
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	1/1/2008	12/31/2999
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	5/16/2016	12/31/2999
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given	1/1/2008	12/31/2999
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given	1/1/2008	12/31/2999
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given	1/1/2008	12/31/2999
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given	1/1/2008	12/31/2999
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given	5/16/2016	12/31/2999
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	1/1/2008	12/31/2999
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	1/1/2008	12/31/2999
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	1/1/2008	12/31/2999
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	1/1/2008	12/31/2999
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8477	Most recent blood pressure has a systolic measurement of ≥ 140 mmhg and/or a diastolic measurement of ≥ 90 mmhg	1/1/2008	12/31/2999
G8477	Most recent blood pressure has a systolic measurement of ≥ 140 mmhg and/or a diastolic measurement of ≥ 90 mmhg	1/1/2008	12/31/2999
G8477	Most recent blood pressure has a systolic measurement of ≥ 140 mmhg and/or a diastolic measurement of ≥ 90 mmhg	1/1/2008	12/31/2999
G8477	Most recent blood pressure has a systolic measurement of ≥ 140 mmhg and/or a diastolic measurement of ≥ 90 mmhg	1/1/2008	12/31/2999
G8477	Most recent blood pressure has a systolic measurement of ≥ 140 mmhg and/or a diastolic measurement of ≥ 90 mmhg	5/16/2016	12/31/2999
G8478	Blood pressure measurement not performed or documented, reason not given	1/1/2008	12/31/2999
G8478	Blood pressure measurement not performed or documented, reason not given	1/1/2008	12/31/2999
G8478	Blood pressure measurement not performed or documented, reason not given	1/1/2008	12/31/2999
G8478	Blood pressure measurement not performed or documented, reason not given	1/1/2008	12/31/2999
G8478	Blood pressure measurement not performed or documented, reason not given	5/16/2016	12/31/2999
G8510	Screening for depression is documented as negative, a follow-up plan is not required	5/16/2016	12/31/2999
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	5/16/2016	12/31/2999
G8535	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter related to one of the following reasons: (1) patient refuses to participate in the screening and has reasonable decisional capacity for self-protection, or (2) patient is in an urgent or emergent situation where time is of the essence and to delay treatment to perform the screening would jeopardize the patient's health status	5/16/2016	12/31/2999
G8536	No documentation of an elder maltreatment screen, reason not given	5/16/2016	12/31/2999
G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies is documented within two days of the functional outcome assessment	5/16/2016	12/31/2999
G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8541	Functional outcome assessment using a standardized tool not documented, reason not given	5/16/2016	12/31/2999
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	5/16/2016	12/31/2999
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented within two days of assessment, reason not given	5/16/2016	12/31/2999
G8559	PATIENT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION	1/1/2010	12/31/2999
G8559	PATIENT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION	5/16/2016	12/31/2999
G8560	PATIENT HAS A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAYS	1/1/2010	12/31/2999
G8560	PATIENT HAS A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAYS	5/16/2016	12/31/2999
G8561	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR PATIENTS WITH A HISTORY OF ACTIVE DRAINAGE MEASURE	1/1/2010	12/31/2999
G8561	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR PATIENTS WITH A HISTORY OF ACTIVE DRAINAGE MEASURE	5/16/2016	12/31/2999
G8562	PATIENT DOES NOT HAVE A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAYS	1/1/2010	12/31/2999
G8562	PATIENT DOES NOT HAVE A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAYS	5/16/2016	12/31/2999
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	1/1/2010	12/31/2999
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	5/16/2016	12/31/2999
G8564	PATIENT WAS REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION, REASON NOT SPECIFIED)	1/1/2010	12/31/2999
G8564	PATIENT WAS REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION, REASON NOT SPECIFIED)	5/16/2016	12/31/2999
G8565	VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS	1/1/2010	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8565	VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS	5/16/2016	12/31/2999
G8566	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS MEASURE	1/1/2010	12/31/2999
G8566	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS MEASURE	5/16/2016	12/31/2999
G8567	PATIENT DOES NOT HAVE VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS	1/1/2010	12/31/2999
G8567	PATIENT DOES NOT HAVE VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS	5/16/2016	12/31/2999
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	1/1/2010	12/31/2999
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	5/16/2016	12/31/2999
G8569	Prolonged postoperative intubation (> 24 hrs) required	1/1/2010	12/31/2999
G8569	Prolonged postoperative intubation (> 24 hrs) required	5/16/2016	12/31/2999
G8570	Prolonged postoperative intubation (> 24 hrs) not required	1/1/2010	12/31/2999
G8570	Prolonged postoperative intubation (> 24 hrs) not required	5/16/2016	12/31/2999
G8575	DEVELOPED POSTOPERATIVE RENAL FAILURE OR REQUIRED DIALYSIS	1/1/2010	12/31/2999
G8575	DEVELOPED POSTOPERATIVE RENAL FAILURE OR REQUIRED DIALYSIS	5/16/2016	12/31/2999
G8576	NO POSTOPERATIVE RENAL FAILURE/DIALYSIS NOT REQUIRED	1/1/2010	12/31/2999
G8576	NO POSTOPERATIVE RENAL FAILURE/DIALYSIS NOT REQUIRED	5/16/2016	12/31/2999
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason	1/1/2010	12/31/2999
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason	5/16/2016	12/31/2999
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason	1/1/2010	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason	5/16/2016	12/31/2999
G8598	Aspirin or another antiplatelet therapy used	1/1/2010	12/31/2999
G8598	Aspirin or another antiplatelet therapy used	5/16/2016	12/31/2999
G8599	Aspirin or another antiplatelet therapy not used, reason not given	1/1/2010	12/31/2999
G8599	Aspirin or another antiplatelet therapy not used, reason not given	5/16/2016	12/31/2999
G8600	Iv thrombolytic therapy initiated within 4.5 hours (<= 270 minutes) of time last known well	1/1/2010	12/31/2999
G8600	Iv thrombolytic therapy initiated within 4.5 hours (<= 270 minutes) of time last known well	5/16/2016	12/31/2999
G8601	Iv thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention)	1/1/2010	12/31/2999
G8601	Iv thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention)	5/16/2016	12/31/2999
G8602	Iv thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well, reason not given	1/1/2010	12/31/2999
G8602	Iv thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well, reason not given	5/16/2016	12/31/2999
G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	5/16/2016	12/31/2999
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	5/16/2016	12/31/2999
G8647	Residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	5/16/2016	12/31/2999
G8648	Residual score for the knee impairment successfully calculated and the score was less than zero (< 0)	5/16/2016	12/31/2999
G8650	Residual score for the knee impairment not measured because the patient did not complete the lepf prom at initial evaluation and/or near discharge, reason not given	5/16/2016	12/31/2999
G8651	Residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8652	Residual score for the hip impairment successfully calculated and the score was less than zero (< 0)	5/16/2016	12/31/2999
G8654	Residual score for the hip impairment not measured because the patient did not complete the lepf prom at initial evaluation and/or near discharge, reason not given	5/16/2016	12/31/2999
G8655	Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	5/16/2016	12/31/2999
G8656	Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0)	5/16/2016	12/31/2999
G8658	Residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the lepf prom at initial evaluation and/or near discharge, reason not given	5/16/2016	12/31/2999
G8659	Residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	5/16/2016	12/31/2999
G8660	Residual score for the low back impairment successfully calculated and the score was less than zero (< 0)	5/16/2016	12/31/2999
G8661	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the fs status survey near discharge, patient not appropriate	5/16/2016	12/31/2999
G8662	Residual score for the low back impairment not measured because the patient did not complete the low back fs prom at initial evaluation and/or near discharge, reason not given	5/16/2016	12/31/2999
G8663	Residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	5/16/2016	12/31/2999
G8664	Residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0)	5/16/2016	12/31/2999
G8666	Residual score for the shoulder impairment not measured because the patient did not complete the shoulder fs prom at initial evaluation and/or near discharge, reason not given	5/16/2016	12/31/2999
G8667	Residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	5/16/2016	12/31/2999
G8668	Residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8670	Residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand fs prom at initial evaluation and/or near discharge, reason not given	5/16/2016	12/31/2999
G8694	Current or prior left ventricular ejection fraction (lvef) < = 40% or documentation of moderate or severe lvsd	5/16/2016	12/31/2999
G8708	Patient not prescribed antibiotic	5/16/2016	12/31/2999
G8709	Uri episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or uti, and acne)	5/16/2016	12/31/2999
G8710	Patient prescribed antibiotic	5/16/2016	12/31/2999
G8711	Prescribed antibiotic on or within 3 days after the episode date	5/16/2016	12/31/2999
G8712	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED	5/16/2016	12/31/2999
G8721	PT CATEGORY (PRIMARY TUMOR), PN CATEGORY (REGIONAL LYMPH NODES), AND HISTOLOGIC GRADE WERE DOCUMENTED IN PATHOLOGY REPORT	5/16/2016	12/31/2999
G8722	Documentation of medical reason(s) for not including the pt category, the pn category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)	5/16/2016	12/31/2999
G8723	SPECIMEN SITE IS OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR	5/16/2016	12/31/2999
G8724	Pt category, pn category and histologic grade were not documented in the pathology report, reason not given	5/16/2016	12/31/2999
G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented	5/16/2016	12/31/2999
G8734	Elder maltreatment screen documented as negative, follow-up is not required	5/16/2016	12/31/2999
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8749	Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)	5/16/2016	12/31/2999
G8752	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140MMHG	5/16/2016	12/31/2999
G8753	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140MMHG	5/16/2016	12/31/2999
G8754	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90MMHG	5/16/2016	12/31/2999
G8755	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90MMHG	5/16/2016	12/31/2999
G8756	No documentation of blood pressure measurement, reason not given	5/16/2016	12/31/2999
G8783	Normal blood pressure reading documented, follow-up not required	5/16/2016	12/31/2999
G8785	Blood pressure reading not documented, reason not given	5/16/2016	12/31/2999
G8797	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF ESOPHAGUS	5/16/2016	12/31/2999
G8798	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF PROSTATE	5/16/2016	12/31/2999
G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented	5/16/2016	12/31/2999
G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has a documented intrauterine pregnancy [iup])	5/16/2016	12/31/2999
G8808	Trans-abdominal or trans-vaginal ultrasound not performed, reason not given	5/16/2016	12/31/2999
G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-atherosclerotic disease)	5/16/2016	12/31/2999
G8816	STATIN MEDICATION PRESCRIBED AT DISCHARGE	5/16/2016	12/31/2999
G8817	Statin therapy not prescribed at discharge, reason not given	5/16/2016	12/31/2999
G8826	Patient discharged to home no later than post-operative day #2 following evar	5/16/2016	12/31/2999
G8833	Patient not discharged to home by post-operative day #2 following evar	5/16/2016	12/31/2999
G8834	PATIENT DISCHARGED TO HOME NO LATER THAN POST-OPERATIVE DAY #2 FOLLOWING CEA	5/16/2016	12/31/2999
G8838	Patient not discharged to home by post-operative day #2 following cea	5/16/2016	12/31/2999
G8839	SLEEP APNEA SYMPTOMS ASSESSED, INCLUDING PRESENCE OR ABSENCE OF SNORING AND DAYTIME SLEEPINESS	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)	5/16/2016	12/31/2999
G8841	Sleep apnea symptoms not assessed, reason not given	5/16/2016	12/31/2999
G8842	Apnea hypopnea index (ahi), respiratory disturbance index (rdi) or respiratory event index (rei) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea	5/16/2016	12/31/2999
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi), a respiratory disturbance index (rdi), or a respiratory event index (rei) within 2 months after initial evaluation for suspected obstructive sleep apnea (e.g., medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study, patients for whom a sleep study would present a bigger risk than benefit or would pose an undue burden, dementia, patients previously diagnosed with osa and severity assessed by another provider, patients who decline ahi/rdi/rei measurement, patients who had a financial reason for not completing testing, test was ordered but not completed, patients decline because their insurance (payer) does not cover the expense)	5/16/2016	12/31/2999
G8844	Apnea hypopnea index (ahi), respiratory disturbance index (rdi), or respiratory event index (rei) not documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea, reason not given	5/16/2016	12/31/2999
G8845	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	5/16/2016	12/31/2999
G8846	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA (APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) OF 15 OR GREATER)	5/16/2016	12/31/2999
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e. G. , patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)	5/16/2016	12/31/2999
G8850	Positive airway pressure therapy not prescribed, reason not given	5/16/2016	12/31/2999
G8851	Adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available, documented)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8854	Documentation of reason(s) for not objectively reporting adherence to evidence-based therapy (e.g., patients who have been diagnosed with a terminal or advanced disease with an expected life span of less than 6 months, patients who decline therapy, patients who do not return for follow-up at least annually, patients unable to access/afford therapy, patient's insurance will not cover therapy)	5/16/2016	12/31/2999
G8855	Adherence to therapy was not assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available), reason not given	5/16/2016	12/31/2999
G8856	REFERRAL TO A PHYSICIAN FOR AN OTOLOGIC EVALUATION PERFORMED	5/16/2016	12/31/2999
G8857	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION MEASURE (E.G., PATIENTS WHO ARE ALREADY UNDER THE CARE OF A PHYSICIAN FOR ACUTE OR CHRONIC DIZZINESS)	5/16/2016	12/31/2999
G8858	Referral to a physician for an otologic evaluation not performed, reason not given	5/16/2016	12/31/2999
G8863	Patients not assessed for risk of bone loss, reason not given	5/16/2016	12/31/2999
G8864	PNEUMOCOCCAL VACCINE ADMINISTERED OR PREVIOUSLY RECEIVED	5/16/2016	12/31/2999
G8865	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING PNEUMOCOCCAL VACCINE (E.G., PATIENT ALLERGIC REACTION, POTENTIAL ADVERSE DRUG REACTION)	5/16/2016	12/31/2999
G8866	DOCUMENTATION OF PATIENT REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING PNEUMOCOCCAL VACCINE (E.G., PATIENT REFUSAL)	5/16/2016	12/31/2999
G8867	Pneumococcal vaccine not administered or previously received, reason not given	5/16/2016	12/31/2999
G8869	Patient has documented immunity to hepatitis b and initiating anti-tnf therapy	5/16/2016	12/31/2999
G8875	CLINICIAN DIAGNOSED BREAST CANCER PREOPERATIVELY BY A MINIMALLY INVASIVE BIOPSY METHOD	5/16/2016	12/31/2999
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)	5/16/2016	12/31/2999
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8878	SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED	5/16/2016	12/31/2999
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (ln) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change)	5/16/2016	12/31/2999
G8881	STAGE OF BREAST CANCER IS GREATER THAN T1N0M0 OR T2N0M0	5/16/2016	12/31/2999
G8882	Sentinel lymph node biopsy procedure not performed, reason not given	5/16/2016	12/31/2999
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge, a fall within the facility, wrong site/side/patient/procedure/implant event, a hospital transfer or hospital admission upon discharge from the facility.	5/16/2016	12/31/2999
G8908	Patient documented to have received a burn prior to discharge	5/16/2016	12/31/2999
G8909	Patient documented not to have received a burn prior to discharge	5/16/2016	12/31/2999
G8910	Patient documented to have experienced a fall within ASC	5/16/2016	12/31/2999
G8911	Patient documented not to have experienced a fall within ASC	5/16/2016	12/31/2999
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	5/16/2016	12/31/2999
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	5/16/2016	12/31/2999
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	5/16/2016	12/31/2999
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	5/16/2016	12/31/2999
G8916	Patient with preoperative order for IV antibiotic surgical site infection. (SSI) prophylaxis, antibiotic initiated on time.	5/16/2016	12/31/2999
G8917	Patient with preoperative order for IV antibiotic surgical site infection. (SSI) prophylaxis, antibiotic not initiated on time.	5/16/2016	12/31/2999
G8918	Patient without preoperative order for IV antibiotic surgical site infection. (SSI) prophylaxis	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8923	Current or prior left ventricular ejection fraction (lvef) <= 40% or documentation of moderately or severely depressed left ventricular systolic function	5/16/2016	12/31/2999
G8924	Spirometry results documented (fev1/fvc < 70%)	5/16/2016	12/31/2999
G8934	Current or prior left ventricular ejection fraction (lvef) <=40% or documentation of moderately or severely depressed left ventricular systolic function	5/16/2016	12/31/2999
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	5/16/2016	12/31/2999
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg, patient declined, other patient reasons)	5/16/2016	12/31/2999
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	5/16/2016	12/31/2999
G8942	Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies is documented within two days of the functional outcome assessment	5/16/2016	12/31/2999
G8944	Ajcc melanoma cancer stage 0 through iic melanoma	5/16/2016	12/31/2999
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)	5/16/2016	12/31/2999
G8950	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	5/16/2016	12/31/2999
G8952	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	5/16/2016	12/31/2999
G8955	Most recent assessment of adequacy of volume management documented	5/16/2016	12/31/2999
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	5/16/2016	12/31/2999
G8958	Assessment of adequacy of volume management not documented, reason not given	5/16/2016	12/31/2999
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	5/16/2016	12/31/2999
G8967	Fda approved oral anticoagulant is prescribed	5/16/2016	12/31/2999
G8968	Documentation of medical reason(s) for not prescribing an fda-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to af/atrial flutter treatment)	5/16/2016	12/31/2999
G8969	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is fda approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)	5/16/2016	12/31/2999
G8970	No risk factors or one moderate risk factor for thromboembolism	5/16/2016	12/31/2999
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	5/16/2016	12/31/2999
G9014	ESRD DEMO EXPANDED BUNDLE INCLUDING VENOUS ACCESS AND RELATED SERVICES	5/16/2016	12/31/2999
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	5/16/2016	12/31/2999
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a medicare-approved demonstration project)	1/1/2013	12/31/2999
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage i (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage i (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage i (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage i (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage i (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiaa-iiib; and not t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiaa-iiib; and not t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiaa-iiib; and not t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiaa-iiib; and not t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiiia-iiib; and not t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiiia-iiib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiiia-iiib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiiia-iiib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiiia-iiib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiiia-iiib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising psa or failure of psa decline (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising psa or failure of psa decline (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising psa or failure of psa decline (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising psa or failure of psa decline (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising psa or failure of psa decline (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or nx (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or nx (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or nx (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or nx (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or nx (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post r0 resection without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post r0 resection without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post r0 resection without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post r0 resection without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 2-3); or stage ic (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 2-3); or stage ic (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 2-3); or stage ic (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 2-3); or stage ic (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 2-3); or stage ic (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage i (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage i (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage i (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage i (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)	5/16/2016	12/31/2999
G9131	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9131	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9131	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9131	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9132	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-REFRACTORY/ANDROGEN-INDEPENDENT (E.G., RISING PSA ON ANTI-ANDROGEN THERAPY OR POST-ORCHIECTOMY); CLINICAL METASTASES (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9132	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-REFRACTORY/ANDROGEN-INDEPENDENT (E.G., RISING PSA ON ANTI-ANDROGEN THERAPY OR POST-ORCHIECTOMY); CLINICAL METASTASES (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9132	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-REFRACTORY/ANDROGEN-INDEPENDENT (E.G., RISING PSA ON ANTI-ANDROGEN THERAPY OR POST-ORCHIECTOMY); CLINICAL METASTASES (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9132	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-REFRACTORY/ANDROGEN-INDEPENDENT (E.G., RISING PSA ON ANTI-ANDROGEN THERAPY OR POST-ORCHIECTOMY); CLINICAL METASTASES (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9133	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-RESPONSIVE; CLINICAL METASTASES OR M1 AT DIAGNOSIS (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9133	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-RESPONSIVE; CLINICAL METASTASES OR M1 AT DIAGNOSIS (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9133	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-RESPONSIVE; CLINICAL METASTASES OR M1 AT DIAGNOSIS (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9133	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-RESPONSIVE; CLINICAL METASTASES OR M1 AT DIAGNOSIS (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9134	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE I, II AT DIAGNOSIS, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9134	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE I, II AT DIAGNOSIS, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9134	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE I, II AT DIAGNOSIS, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9134	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE I, II AT DIAGNOSIS, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE III, IV, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE III, IV, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE III, IV, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE III, IV, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9136	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, TRANSFORMED FROM ORIGINAL CELLULAR DIAGNOSIS TO A SECOND CELLULAR CLASSIFICATION (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9136	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, TRANSFORMED FROM ORIGINAL CELLULAR DIAGNOSIS TO A SECOND CELLULAR CLASSIFICATION (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9136	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, TRANSFORMED FROM ORIGINAL CELLULAR DIAGNOSIS TO A SECOND CELLULAR CLASSIFICATION (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9136	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, TRANSFORMED FROM ORIGINAL CELLULAR DIAGNOSIS TO A SECOND CELLULAR CLASSIFICATION (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; RELAPSED/REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; RELAPSED/REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; RELAPSED/REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; RELAPSED/REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9138	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; DIAGNOSTIC EVALUATION, STAGE NOT DETERMINED, EVALUATION OF POSSIBLE RELAPSE OR NON-RESPONSE TO THERAPY, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9138	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; DIAGNOSTIC EVALUATION, STAGE NOT DETERMINED, EVALUATION OF POSSIBLE RELAPSE OR NON-RESPONSE TO THERAPY, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9138	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; DIAGNOSTIC EVALUATION, STAGE NOT DETERMINED, EVALUATION OF POSSIBLE RELAPSE OR NON-RESPONSE TO THERAPY, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9138	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; DIAGNOSTIC EVALUATION, STAGE NOT DETERMINED, EVALUATION OF POSSIBLE RELAPSE OR NON-RESPONSE TO THERAPY, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999
G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND/OR BCR-ABL POSITIVE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND/OR BCR-ABL POSITIVE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND/OR BCR-ABL POSITIVE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND/OR BCR-ABL POSITIVE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS	1/1/2008	12/31/2999
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS	10/1/2007	12/31/2999
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS	10/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS	10/1/2007	12/31/2999
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS	5/16/2016	12/31/2999
G9148	National Committee for Quality Assurance - Level I medical home	5/16/2016	12/31/2999
G9149	National Committee for Quality Assurance - Level II medical home	5/16/2016	12/31/2999
G9150	National Committee for Quality Assurance - Level III medical home	5/16/2016	12/31/2999
G9151	Multi-payer Advanced Primary Care Practice Demonstration State	5/16/2016	12/31/2999
G9152	Multi-payer Advanced Primary Care Practice Demonstration Community	5/16/2016	12/31/2999
G9153	Multi-payer Advanced Primary Care Practice Demonstration Physician	5/16/2016	12/31/2999
G9187	Bundled Payments for Care Improvement Initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting. (For use only in the Medicare-approved Bundled Payments for Care Improvement Initiative.) May not be billed for a 30-day period covered by a transitional care management code	10/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9188	Beta-blocker therapy not prescribed, reason not given	1/1/2014	12/31/2999
G9189	Beta-blocker therapy prescribed or currently being taken	1/1/2014	12/31/2999
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)	1/1/2014	12/31/2999
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)	1/1/2014	12/31/2999
G9212	Dsm-ivtm criteria for major depressive disorder documented at the initial evaluation	1/1/2014	12/31/2999
G9213	Dsm-iv-tr criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	1/1/2014	12/31/2999
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15%	1/1/2014	12/31/2999
G9225	Foot exam was not performed, reason not given	1/1/2014	12/31/2999
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)	1/1/2014	12/31/2999
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter	1/1/2014	12/31/2999
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)	1/1/2014	12/31/2999
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	1/1/2014	12/31/2999
G9231	Documentation of end stage renal disease (esrd), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	1/1/2014	12/31/2999
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed	1/1/2014	12/31/2999
G9243	Documentation of viral load less than 200 copies/ml	1/1/2014	12/31/2999
G9246	Patient did not have two eligible encounters at least 90 days apart or one eligible encounter and one hiv viral load test at least 90 days apart	1/1/2014	12/31/2999
G9247	Patient had two eligible encounters at least 90 days apart or one eligible encounter and one hiv viral load test at least 90 days apart	1/1/2014	12/31/2999
G9254	Documentation of patient discharged to home later than post-operative day 2 following cea or cas	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9255	Documentation of patient discharged to home no later than post operative day 2 following cea or cas	1/1/2014	12/31/2999
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	1/1/2014	12/31/2999
G9274	Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90	1/1/2014	12/31/2999
G9275	Documentation that patient is a current non-tobacco user	1/1/2014	12/31/2999
G9276	Documentation that patient is a current tobacco user	1/1/2014	12/31/2999
G9277	Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux)	1/1/2014	12/31/2999
G9278	Documentation that the patient is not on daily aspirin or anti-platelet regimen	1/1/2014	12/31/2999
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	1/1/2014	12/31/2999
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	1/1/2014	12/31/2999
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	1/1/2014	12/31/2999
G9282	Documentation of medical reason(s) for not reporting the histological type or nsclc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)	1/1/2014	12/31/2999
G9283	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nsclc-nos with an explanation	1/1/2014	12/31/2999
G9284	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nsclc-nos with an explanation	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer	1/1/2014	12/31/2999
G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	1/1/2014	12/31/2999
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	1/1/2014	12/31/2999
G9288	Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)	1/1/2014	12/31/2999
G9289	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation	1/1/2014	12/31/2999
G9290	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation	1/1/2014	12/31/2999
G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as nslc-nos	1/1/2014	12/31/2999
G9292	Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	1/1/2014	12/31/2999
G9293	Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	1/1/2014	12/31/2999
G9294	Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	1/1/2014	12/31/2999
G9295	Specimen site other than anatomic cutaneous location	1/1/2014	12/31/2999
G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., ns aids, analgesics, weight loss, exercise, injections) prior to the procedure	1/1/2014	12/31/2999
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., ns aids, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given	1/1/2014	12/31/2999
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of dvt, pe, mi, arrhythmia and stroke)	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of dvt, pe, mi, arrhythmia and stroke, reason not given)	1/1/2014	12/31/2999
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	1/1/2014	12/31/2999
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	1/1/2014	12/31/2999
G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	1/1/2014	12/31/2999
G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	1/1/2014	12/31/2999
G9309	No unplanned hospital readmission within 30 days of principal procedure	1/1/2014	12/31/2999
G9310	Unplanned hospital readmission within 30 days of principal procedure	1/1/2014	12/31/2999
G9311	No surgical site infection	1/1/2014	12/31/2999
G9312	Surgical site infection	1/1/2014	12/31/2999
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason	1/1/2014	12/31/2999
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	1/1/2014	12/31/2999
G9315	Amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	1/1/2014	12/31/2999
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	1/1/2014	12/31/2999
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	1/1/2014	12/31/2999
G9318	Imaging study named according to standardized nomenclature	1/1/2014	12/31/2999
G9319	Imaging study not named according to standardized nomenclature, reason not given	1/1/2014	12/31/2999
G9321	Count of previous ct (any type of ct) and cardiac nuclear medicine (myocardial perfusion or infarct avid imaging) studies documented in the 12-month period prior to the current study	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9322	Count of previous ct and cardiac nuclear medicine (myocardial perfusion or infarct avid imaging) studies not documented in the 12-month period prior to the current study, reason not given	1/1/2014	12/31/2999
G9341	Search conducted for prior patient ct studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	1/1/2014	12/31/2999
G9342	Search not conducted prior to an imaging study being performed for prior patient ct studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive, reason not given	1/1/2014	12/31/2999
G9344	Due to system reasons search not conducted for dicom format images for prior patient ct imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system)	1/1/2014	12/31/2999
G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up ct imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors	1/1/2014	12/31/2999
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	1/1/2014	12/31/2999
G9351	More than one ct scan of the paranasal sinuses ordered or received within 90 days after diagnosis	1/1/2014	12/31/2999
G9352	More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	1/1/2014	12/31/2999
G9353	More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second ct obtained prior to surgery, other medical reasons)	1/1/2014	12/31/2999
G9354	One ct scan or no ct scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9355	Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (<39 weeks of gestation)	1/1/2014	12/31/2999
G9356	Elective delivery (without medical indication) by cesarean birth or induction of labor performed (<39 weeks of gestation)	1/1/2014	12/31/2999
G9357	Post-partum screenings, evaluations and education performed	1/1/2014	12/31/2999
G9358	Post-partum screenings, evaluations and education not performed	1/1/2014	12/31/2999
G9361	Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]	5/16/2016	12/31/2999
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	5/16/2016	12/31/2999
G9367	At least two orders for high-risk medications from the same drug class	5/16/2016	12/31/2999
G9368	At least two orders for high-risk medications from the same drug class not ordered	5/16/2016	12/31/2999
G9380	Patient offered assistance with end of life issues or existing end of life plan was reviewed or updated during the measurement period	5/16/2016	12/31/2999
G9382	Patient not offered assistance with end of life issues or existing end of life plan was not reviewed or updated during the measurement period	5/16/2016	12/31/2999
G9383	Patient received screening for hcv infection within the 12 month reporting period	5/16/2016	12/31/2999
G9384	Documentation of medical reason(s) for not receiving annual screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	5/16/2016	12/31/2999
G9385	Documentation of patient reason(s) for not receiving annual screening for hcv infection (e.g., patient declined, other patient reasons)	5/16/2016	12/31/2999
G9386	Screening for hcv infection not received within the 12 month reporting period, reason not given	5/16/2016	12/31/2999
G9393	Patient with an initial phq-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than five	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period	5/16/2016	12/31/2999
G9395	Patient with an initial phq-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score greater than or equal to five	5/16/2016	12/31/2999
G9396	Patient with an initial phq-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	5/16/2016	12/31/2999
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	5/16/2016	12/31/2999
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days	5/16/2016	12/31/2999
G9410	Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	5/16/2016	12/31/2999
G9411	Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	5/16/2016	12/31/2999
G9412	Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	5/16/2016	12/31/2999
G9413	Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	5/16/2016	12/31/2999
G9414	Patient had one dose of meningococcal vaccine (serogroups a, c, w, y or a, c, w, y, b) on or between the patient's 10th and 13th birthdays	5/16/2016	12/31/2999
G9415	Patient did not have one dose of meningococcal vaccine (serogroups a, c, w, y or a, c, w, y, b), on or between the patient's 10th and 13th birthdays	5/16/2016	12/31/2999
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays	5/16/2016	12/31/2999
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays	5/16/2016	12/31/2999
G9418	Primary non-small cell lung cancer lung biopsy and cytology specimen report documents classification into specific histologic type following iasc guidance or classified as nslc-nos with an explanation	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9419	Documentation of medical reason(s) for not including the histological type or nsclc-nos classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)	5/16/2016	12/31/2999
G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer	5/16/2016	12/31/2999
G9421	Primary non-small cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow iaslc guidance or is classified as nsclc-nos but without an explanation	5/16/2016	12/31/2999
G9422	Primary lung carcinoma resection report documents pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not nsclc-nos)	5/16/2016	12/31/2999
G9423	Documentation of medical reason(s) for not reporting the histological type or nsclc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)	5/16/2016	12/31/2999
G9424	Specimen site other than anatomic location of lung, is not classified as non-small cell lung cancer or classified as nsclc-nos	5/16/2016	12/31/2999
G9425	Primary lung carcinoma resection report does not document pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)	5/16/2016	12/31/2999
G9426	Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration performed for ed admitted patients	5/16/2016	12/31/2999
G9427	Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration not performed for ed admitted patients	5/16/2016	12/31/2999
G9428	Pathology report includes the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	5/16/2016	12/31/2999
G9429	Documentation of medical reason(s) for not including pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)	5/16/2016	12/31/2999
G9430	Specimen site other than anatomic cutaneous location	5/16/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9431	Pathology report does not include the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	5/16/2016	12/31/2999
G9432	Asthma well-controlled based on the act, c-act, acq, or ataq score and results documented	5/16/2016	12/31/2999
G9434	Asthma not well-controlled based on the act, c-act, acq, or ataq score, or specified asthma control tool not used, reason not given	5/16/2016	12/31/2999
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced ct or contrast mri for hcc	5/16/2016	12/31/2999
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)	5/16/2016	12/31/2999
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period	5/16/2016	12/31/2999
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills	5/16/2016	12/31/2999
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills	5/16/2016	12/31/2999
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered or documented	5/16/2016	12/31/2999
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	1/1/2016	12/31/2999
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	1/1/2016	12/31/2999
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	1/1/2016	12/31/2999
G9480	Admission to medicare care choice model program (mccm)	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and 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 needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	4/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9490	CMS innovation center models, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (for use only in medicare-approved cms innovation center models); may not be billed for a 30 day period covered by a transitional care management code	4/1/2016	12/31/2999
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	1/1/2016	12/31/2999
G9498	Antibiotic regimen prescribed	1/1/2016	12/31/2999
G9500	Radiation exposure indices documented in final report for procedure using fluoroscopy	1/1/2016	12/31/2999
G9501	Radiation exposure indices not documented in final report for procedure using fluoroscopy, reason not given	1/1/2016	12/31/2999
G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	1/1/2016	12/31/2999
G9504	Documented reason for not assessing hepatitis b virus (hbv) status (e.g., patient not initiating anti-tnf therapy, patient declined) prior to initiating anti-tnf therapy	1/1/2016	12/31/2999
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (hiv protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs)	1/1/2016	12/31/2999
G9508	Documentation that the patient is not on a statin medication	1/1/2016	12/31/2999
G9509	Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5	1/1/2016	12/31/2999
G9510	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5. either phq- 9 or phq-9m score was not assessed or is greater than or equal to 5	1/1/2016	12/31/2999
G9511	Index event date phq-9 or phq-9m score greater than 9 documented during the twelve month denominator identification period	1/1/2016	12/31/2999
G9512	Individual had a pdc of 0.8 or greater	1/1/2016	12/31/2999
G9513	Individual did not have a pdc of 0.8 or greater	1/1/2016	12/31/2999
G9514	Patient required a return to the operating room within 90 days of surgery	1/1/2016	12/31/2999
G9515	Patient did not require a return to the operating room within 90 days of surgery	1/1/2016	12/31/2999
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	1/1/2016	12/31/2999
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	1/1/2016	12/31/2999
G9518	Documentation of active injection drug use	1/1/2016	12/31/2999
G9519	Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	1/1/2016	12/31/2999
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	1/1/2016	12/31/2999
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	1/1/2016	12/31/2999
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	1/1/2016	12/31/2999
G9530	Patient presented with a minor blunt head trauma and had a head ct ordered for trauma by an emergency care provider	1/1/2016	12/31/2999
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar	1/1/2016	12/31/2999
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	1/1/2016	12/31/2999
G9537	Imaging needed as part of a clinical trial; or other clinician ordered the study	1/1/2016	12/31/2999
G9539	Intent for potential removal at time of placement	1/1/2016	12/31/2999
G9540	Patient alive 3 months post procedure	1/1/2016	12/31/2999
G9541	Filter removed within 3 months of placement	1/1/2016	12/31/2999
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	1/1/2016	12/31/2999
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	1/1/2016	12/31/2999
G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	1/1/2016	12/31/2999
G9547	Cystic renal lesion that is simple appearing (bosniak i or ii) , or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced ct or washout protocol ct, or mri with in- and opposed-phase sequences or other equivalent institutional imaging protocols	1/1/2016	12/31/2999
G9548	Final reports for imaging studies stating no follow-up imaging is recommended	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))	1/1/2016	12/31/2999
G9550	Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up	1/1/2016	12/31/2999
G9551	Final reports for imaging studies without an incidentally found lesion noted	1/1/2016	12/31/2999
G9552	Incidental thyroid nodule < 1.0 cm noted in report	1/1/2016	12/31/2999
G9553	Prior thyroid disease diagnosis	1/1/2016	12/31/2999
G9554	Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging recommended	1/1/2016	12/31/2999
G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	1/1/2016	12/31/2999
G9556	Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging not recommended	1/1/2016	12/31/2999
G9557	Final reports for ct, cta, mri or mra studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	1/1/2016	12/31/2999
G9580	Door to puncture time of 90 minutes or less	1/1/2016	12/31/2999
G9582	Door to puncture time of greater than 90 minutes, no reason given	1/1/2016	12/31/2999
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	1/1/2016	12/31/2999
G9594	Patient presented with a minor blunt head trauma and had a head ct ordered for trauma by an emergency care provider	1/1/2016	12/31/2999
G9595	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy	1/1/2016	12/31/2999
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	1/1/2016	12/31/2999
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	1/1/2016	12/31/2999
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	1/1/2016	12/31/2999
G9603	Patient survey score improved from baseline following treatment	1/1/2016	12/31/2999
G9605	Patient survey score did not improve from baseline following treatment	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	1/1/2016	12/31/2999
G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death	1/1/2016	12/31/2999
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	1/1/2016	12/31/2999
G9609	Documentation of an order for anti-platelet agents	1/1/2016	12/31/2999
G9610	Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents	1/1/2016	12/31/2999
G9611	Order for anti-platelet agents was not documented in the patient's record, reason not given	1/1/2016	12/31/2999
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	1/1/2016	12/31/2999
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	1/1/2016	12/31/2999
G9624	Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user	1/1/2016	12/31/2999
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery	1/1/2016	12/31/2999
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)	1/1/2016	12/31/2999
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	1/1/2016	12/31/2999
G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery	1/1/2016	12/31/2999
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury)	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	1/1/2016	12/31/2999
G9637	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	1/1/2016	12/31/2999
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	1/1/2016	12/31/2999
G9642	Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	1/1/2016	12/31/2999
G9643	Elective surgery	1/1/2016	12/31/2999
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	1/1/2016	12/31/2999
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	1/1/2016	12/31/2999
G9646	Patients with 90 day mrs score of 0 to 2	1/1/2016	12/31/2999
G9648	Patients with 90 day mrs score greater than 2	1/1/2016	12/31/2999
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (pga; 5-point or 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi))	1/1/2016	12/31/2999
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (pga; 5-point or 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi)) or psoriasis assessment tool not documented	1/1/2016	12/31/2999
G9654	Monitored anesthesia care (mac)	1/1/2016	12/31/2999
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	1/1/2016	12/31/2999
G9656	Patient transferred directly from anesthetizing location to pacu or other non-icu location	1/1/2016	12/31/2999
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9659	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease (i.e., crohn's disease or ulcerative colitis), abnormal finding of gastrointestinal tract, weight loss, or changes in bowel habits	1/1/2016	12/31/2999
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease (i.e., crohn's disease or ulcerative colitis), abnormal finding of gastrointestinal tract, weight loss, or changes in bowel habits)	1/1/2016	12/31/2999
G9661	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of gi tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions	1/1/2016	12/31/2999
G9662	Previously diagnosed or have a diagnosis of clinical ascvd, including ascvd procedure	1/1/2016	12/31/2999
G9663	Any ldl-c laboratory result >= 190 mg/dl	1/1/2016	12/31/2999
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	1/1/2016	12/31/2999
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	1/1/2016	12/31/2999
G9674	Patients with clinical ascvd diagnosis	1/1/2016	12/31/2999
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	1/1/2016	12/31/2999
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70-189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	1/1/2016	12/31/2999
G9679	Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed oncper day per beneficiary.	10/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9680	Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary.	10/1/2016	12/31/2999
G9681	Onsite acute care treatment of a resident with COPD or asthma. May only be billed once per day per beneficiary.	10/1/2016	12/31/2999
G9682	Onsite acute care treatment a nursing facility resident with a skin infection. May only be billed once per day per beneficiary	10/1/2016	12/31/2999
G9683	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder. (may only be billed once per day per beneficiary). this service is for a demonstration project	10/1/2016	12/31/2999
G9684	Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary.	10/1/2016	12/31/2999
G9685	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. this service is for a demonstration project	10/1/2016	12/31/2999
G9687	Hospice services provided to patient any time during the measurement period	1/1/2017	12/31/2999
G9688	Patients using hospice services any time during the measurement period	1/1/2017	12/31/2999
G9689	Patient admitted for performance of elective carotid intervention	1/1/2017	12/31/2999
G9690	Patient receiving hospice services any time during the measurement period	1/1/2017	12/31/2999
G9691	Patient had hospice services any time during the measurement period	1/1/2017	12/31/2999
G9692	Hospice services received by patient any time during the measurement period	1/1/2017	12/31/2999
G9693	Patient use of hospice services any time during the measurement period	1/1/2017	12/31/2999
G9694	Hospice services utilized by patient any time during the measurement period	1/1/2017	12/31/2999
G9695	Long-acting inhaled bronchodilator prescribed	1/1/2017	12/31/2999
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., patient intolerance or history of side effects)	1/1/2017	12/31/2999
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., cost of treatment or lack of insurance)	1/1/2017	12/31/2999
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	1/1/2017	12/31/2999
G9700	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9702	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9703	Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9704	Ajcc breast cancer stage i: t1 mic or t1a documented	1/1/2017	12/31/2999
G9705	Ajcc breast cancer stage i: t1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented	1/1/2017	12/31/2999
G9706	Low (or very low) risk of recurrence, prostate cancer	1/1/2017	12/31/2999
G9708	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	1/1/2017	12/31/2999
G9709	Hospice services used by patient any time during the measurement period	1/1/2017	12/31/2999
G9710	Patient was provided hospice services any time during the measurement period	1/1/2017	12/31/2999
G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer	1/1/2017	12/31/2999
G9712	Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/ mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/uti, acne, hiv disease/asymptomatic hiv, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis	1/1/2017	12/31/2999
G9713	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9714	Patient is using hospice services any time during the measurement period	1/1/2017	12/31/2999
G9716	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	1/1/2017	12/31/2999
G9717	Documentation stating the patient has had a diagnosis of bipolar disorder	1/1/2017	12/31/2999
G9719	Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	1/1/2017	12/31/2999
G9720	Hospice services for patient occurred any time during the measurement period	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9721	Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	1/1/2017	12/31/2999
G9722	Documented history of renal failure or baseline serum creatinine \geq 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the cr has been or is 4.0 or higher	1/1/2017	12/31/2999
G9723	Hospice services for patient received any time during the measurement period	1/1/2017	12/31/2999
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	1/1/2017	12/31/2999
G9726	Patient refused to participate	1/1/2017	12/31/2999
G9727	Patient unable to complete the lepf prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017	12/31/2999
G9728	Patient refused to participate	1/1/2017	12/31/2999
G9729	Patient unable to complete the lepf prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017	12/31/2999
G9730	Patient refused to participate	1/1/2017	12/31/2999
G9731	Patient unable to complete the lepf prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017	12/31/2999
G9732	Patient refused to participate	1/1/2017	12/31/2999
G9733	Patient unable to complete the low back fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017	12/31/2999
G9734	Patient refused to participate	1/1/2017	12/31/2999
G9735	Patient unable to complete the shoulder fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017	12/31/2999
G9736	Patient refused to participate	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9737	Patient unable to complete the elbow/wrist/hand fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017	12/31/2999
G9740	Hospice services given to patient any time during the measurement period	1/1/2017	12/31/2999
G9741	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9744	Patient not eligible due to active diagnosis of hypertension	1/1/2017	12/31/2999
G9745	Documented reason for not screening or recommending a follow-up for high blood pressure	1/1/2017	12/31/2999
G9746	Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of af (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	1/1/2017	12/31/2999
G9752	Emergency surgery	1/1/2017	12/31/2999
G9753	Documentation of medical reason for not conducting a search for dicom format images for prior patient ct imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)	1/1/2017	12/31/2999
G9754	A finding of an incidental pulmonary nodule	1/1/2017	12/31/2999
G9755	Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)	1/1/2017	12/31/2999
G9756	Surgical procedures that included the use of silicone oil	1/1/2017	12/31/2999
G9757	Surgical procedures that included the use of silicone oil	1/1/2017	12/31/2999
G9758	Patient in hospice at any time during the measurement period	1/1/2017	12/31/2999
G9761	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9762	Patient had at least two hpv vaccines (with at least 146 days between the two) or three hpv vaccines on or between the patient's 9th and 13th birthdays	1/1/2017	12/31/2999
G9763	Patient did not have at least two hpv vaccines (with at least 146 days between the two) or three hpv vaccines on or between the patient's 9th and 13th birthdays	1/1/2017	12/31/2999
G9764	Patient has been treated with a systemic medication for psoriasis vulgaris	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9765	Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by pga, bsa, pasi, or dlqi	1/1/2017	12/31/2999
G9766	Patients who are transferred from one institution to another with a known diagnosis of cva for endovascular stroke treatment	1/1/2017	12/31/2999
G9767	Hospitalized patients with newly diagnosed cva considered for endovascular stroke treatment	1/1/2017	12/31/2999
G9768	Patients who utilize hospice services any time during the measurement period	1/1/2017	12/31/2999
G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months	1/1/2017	12/31/2999
G9770	Peripheral nerve block (pnb)	1/1/2017	12/31/2999
G9771	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time	1/1/2017	12/31/2999
G9772	Documentation of medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)	1/1/2017	12/31/2999
G9773	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time, reason not given	1/1/2017	12/31/2999
G9775	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	1/1/2017	12/31/2999
G9776	Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	1/1/2017	12/31/2999
G9777	Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	1/1/2017	12/31/2999
G9779	Patients who are breastfeeding at any time during the performance period	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9780	Patients who have a diagnosis of rhabdomyolysis at any time during the performance period	1/1/2017	12/31/2999
G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease [esrd], or other medical reasons)	1/1/2017	12/31/2999
G9782	History of or active diagnosis of familial hypercholesterolemia	1/1/2017	12/31/2999
G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy	1/1/2017	12/31/2999
G9785	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	1/1/2017	12/31/2999
G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	1/1/2017	12/31/2999
G9787	Patient alive as of the last day of the measurement year	1/1/2017	12/31/2999
G9788	Most recent bp is less than or equal to 130/80 mm hg	1/1/2017	12/31/2999
G9789	Blood pressure recorded during inpatient stays, emergency room visits, or urgent care visits	1/1/2017	12/31/2999
G9790	Most recent bp is greater than 130/80 mm hg, or blood pressure not documented	1/1/2017	12/31/2999
G9791	Most recent tobacco status is tobacco free	1/1/2017	12/31/2999
G9792	Most recent tobacco status is not tobacco free	1/1/2017	12/31/2999
G9793	Patient is currently on a daily aspirin or other antiplatelet	1/1/2017	12/31/2999
G9794	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intra-cranial bleed, idiopathic thrombocytopenic purpura (itp), gastric bypass or documentation of active anticoagulant use during the measurement period)	1/1/2017	12/31/2999
G9795	Patient is not currently on a daily aspirin or other antiplatelet	1/1/2017	12/31/2999
G9796	Patient is currently on a high intensity statin therapy	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9797	Patient is not on a high intensity statin therapy	1/1/2017	12/31/2999
G9805	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9806	Patients who received cervical cytology or an hpv test	1/1/2017	12/31/2999
G9807	Patients who did not receive cervical cytology or an hpv test	1/1/2017	12/31/2999
G9812	Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure	1/1/2017	12/31/2999
G9813	Patient did not die within 30 days of the procedure or during the index hospitalization	1/1/2017	12/31/2999
G9818	Documentation of sexual activity	1/1/2017	12/31/2999
G9819	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2999
G9820	Documentation of a chlamydia screening test with proper follow-up	1/1/2017	12/31/2999
G9821	No documentation of a chlamydia screening test with proper follow-up	1/1/2017	12/31/2999
G9822	Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)	1/1/2017	12/31/2999
G9823	Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	1/1/2017	12/31/2999
G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	1/1/2017	12/31/2999
G9830	Her-2/neu positive	1/1/2017	12/31/2999
G9831	Ajcc stage at breast cancer diagnosis = ii or iii	1/1/2017	12/31/2999
G9832	Ajcc stage at breast cancer diagnosis = i (ia or ib) and t-stage at breast cancer diagnosis = t1c	1/1/2017	12/31/2999
G9838	Patient has metastatic disease at diagnosis	1/1/2017	12/31/2999
G9839	Anti-egfr monoclonal antibody therapy	1/1/2017	12/31/2999
G9840	Ras (kras and nras) gene mutation testing performed before initiation of anti-egfr moab	1/1/2017	12/31/2999
G9841	Ras (kras and nras) gene mutation testing not performed before initiation of anti-egfr moab	1/1/2017	12/31/2999
G9842	Patient has metastatic disease at diagnosis	1/1/2017	12/31/2999
G9843	Ras (kras or nras) gene mutation	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9844	Patient did not receive anti-egfr monoclonal antibody therapy	1/1/2017	12/31/2999
G9845	Patient received anti-egfr monoclonal antibody therapy	1/1/2017	12/31/2999
G9846	Patients who died from cancer	1/1/2017	12/31/2999
G9847	Patient received systemic cancer-directed therapy in the last 14 days of life	1/1/2017	12/31/2999
G9848	Patient did not receive systemic cancer-directed therapy in the last 14 days of life	1/1/2017	12/31/2999
G9858	Patient enrolled in hospice	1/1/2017	12/31/2999
G9859	Patients who died from cancer	1/1/2017	12/31/2999
G9860	Patient spent less than three days in hospice care	1/1/2017	12/31/2999
G9861	Patient spent greater than or equal to three days in hospice care	1/1/2017	12/31/2999
G9862	Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons)	1/1/2017	12/31/2999
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a medicare-approved cmmi model, less than 10 minutes	1/1/2018	12/31/2999
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a medicare-approved cmmi model, 10-20 minutes	1/1/2018	12/31/2999
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a medicare-approved cmmi model, more than 20 minutes	1/1/2018	12/31/2999
G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	4/1/2018	12/31/2999
G9874	Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions.	4/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9875	Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions.	4/1/2018	12/31/2999
G9876	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9.	4/1/2018	12/31/2999
G9877	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions.	4/1/2018	12/31/2999
G9878	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9.	4/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9879	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12	4/1/2018	12/31/2999
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.	4/1/2018	12/31/2999
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session.	4/1/2018	12/31/2999
G9882	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13-15.	4/1/2018	12/31/2999
G9883	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions.	4/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9884	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19-21.	4/1/2018	12/31/2999
G9885	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions.	4/1/2018	12/31/2999
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	1/1/2024	12/31/2999
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	1/1/2024	12/31/2999
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	1/1/2024	12/31/2999
G9888	Maintenance 5% wl from baseline weight in months 7-12	1/1/2024	12/31/2999
G9888	Maintenance 5% wl from baseline weight in months 7-12	1/1/2024	12/31/2999
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary.	1/1/2018	12/31/2999
G9891	MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code.(This code is for reporting purposes only).	1/1/2018	12/31/2999
G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate	1/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9895	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)	1/1/2018	12/31/2999
G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate	1/1/2018	12/31/2999
G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given	1/1/2018	12/31/2999
G9898	Patients age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	1/1/2018	12/31/2999
G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	1/1/2018	12/31/2999
G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	1/1/2018	12/31/2999
G9901	Patient age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	1/1/2018	12/31/2999
G9902	Patient screened for tobacco use and identified as a tobacco user	1/1/2018	12/31/2999
G9903	Patient screened for tobacco use and identified as a tobacco non-user	1/1/2018	12/31/2999
G9905	Patient not screened for tobacco use	1/1/2018	12/31/2999
G9906	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	1/1/2018	12/31/2999
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	1/1/2018	12/31/2999
G9910	Patients age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	1/1/2018	12/31/2999
G9911	Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer before or after neoadjuvant systemic therapy	1/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9912	Hepatitis b virus (hbv) status assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy	1/1/2018	12/31/2999
G9913	Hepatitis b virus (hbv) status not assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy, reason not otherwise specified	1/1/2018	12/31/2999
G9914	Patient initiated an anti-tnf agent	1/1/2018	12/31/2999
G9915	No record of hbv results documented	1/1/2018	12/31/2999
G9916	Functional status performed once in the last 12 months	1/1/2018	12/31/2999
G9917	Documentation of advanced stage dementia and caregiver knowledge is limited	1/1/2018	12/31/2999
G9918	Functional status not performed, reason not otherwise specified	1/1/2018	12/31/2999
G9919	Screening performed and positive and provision of recommendations	1/1/2018	12/31/2999
G9920	Screening performed and negative	1/1/2018	12/31/2999
G9922	Safety concerns screen provided and if positive then documented mitigation recommendations	1/1/2018	12/31/2999
G9923	Safety concerns screen provided and negative	1/1/2018	12/31/2999
G9925	Safety concerns screening not provided, reason not otherwise specified	1/1/2018	12/31/2999
G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources	1/1/2018	12/31/2999
G9928	Fda-approved anticoagulant not prescribed, reason not given	1/1/2018	12/31/2999
G9929	Patient with transient or reversible cause of af (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	1/1/2018	12/31/2999
G9930	Patients who are receiving comfort care only	1/1/2018	12/31/2999
G9931	Documentation of cha2ds2-vasc risk score of 0 or 1 for men; or 0, 1, or 2 for women	1/1/2018	12/31/2999
G9938	Patients aged 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through december 31 of the measurement period	1/1/2018	12/31/2999
G9939	Pathologists/dermatopathologists is the same clinician who performed the biopsy	1/1/2018	12/31/2999
G9940	Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene rx, esrd, cirrhosis, muscular pain and disease during the measurement period or prior year)	1/1/2018	12/31/2999
G9943	Back pain was not measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively	1/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9945	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	1/1/2018	12/31/2999
G9946	Back pain was not measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively	1/1/2018	12/31/2999
G9949	Leg pain was not measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively	1/1/2018	12/31/2999
G9954	Patient exhibits 2 or more risk factors for post-operative vomiting	1/1/2018	12/31/2999
G9955	Cases in which an inhalational anesthetic is used only for induction	1/1/2018	12/31/2999
G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	1/1/2018	12/31/2999
G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	1/1/2018	12/31/2999
G9959	Systemic antimicrobials not prescribed	1/1/2018	12/31/2999
G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials	1/1/2018	12/31/2999
G9961	Systemic antimicrobials prescribed	1/1/2018	12/31/2999
G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy	1/1/2018	12/31/2999
G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy	1/1/2018	12/31/2999
G9964	Patient received at least one well-child visit with a pcp during the performance period	1/1/2018	12/31/2999
G9965	Patient did not receive at least one well-child visit with a pcp during the performance period	1/1/2018	12/31/2999
G9968	Patient was referred to another clinician or specialist during the measurement period	1/1/2018	12/31/2999
G9969	Clinician who referred the patient to another clinician received a report from the clinician to whom the patient was referred	1/1/2018	12/31/2999
G9970	Clinician who referred the patient to another clinician did not receive a report from the clinician to whom the patient was referred	1/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	1/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: An expanded problem focused history;An expanded problem focused examination;Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: An expanded problem focused history;An expanded problem focused examination;Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	1/1/2018	12/31/2999
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A detailed history;A detailed examination; Medical decision making of low complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A detailed history;A detailed examination; Medical decision making of low complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of high complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of high complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A problem focused history;A problem focused examination;Straightforward medical decision making, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A problem focused history;A problem focused examination;Straightforward medical decision making, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: An expanded problem focused history;An expanded problem focused examination;Medical decision making of low complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: An expanded problem focused history;An expanded problem focused examination;Medical decision making of low complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A detailed history; A detailed examination;Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A detailed history; A detailed examination;Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of high complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of high complexity, furnished in real time using interactive audio and video technology.Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code.	10/1/2018	12/31/2999
G9988	Palliative care services provided to patient any time during the measurement period	1/1/2022	12/31/2999
G9992	Palliative care services used by patient any time during the measurement period	1/1/2022	12/31/2999
G9993	Patient was provided palliative care services any time during the measurement period	1/1/2022	12/31/2999
G9994	Patient is using palliative care services any time during the measurement period	1/1/2022	12/31/2999
G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care	1/1/2022	12/31/2999
G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	1/1/2022	12/31/2999
G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or sessile serrated polyps \geq 20 mm in size, last colonoscopy found greater than 10 adenomas, lower gastrointestinal bleeding, or patient at high risk for colon cancer due to underlying medical history ([i.e. crohn's disease, ulcerative colitis, personal or family history of colon cancer, hereditary colorectal cancer syndromes]))	1/1/2022	12/31/2999
G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, patient cannot provide precise date or details from previous colonoscopy, previous colonoscopy report was incomplete)	1/1/2022	12/31/2999
H0031	Mental health assessment, by non-physician	1/1/1950	12/31/2999
H0032	Mental health service plan development by non-physician	1/1/1950	12/31/2999
H0038	Self-help/peer services, per 15 minutes	1/1/1950	12/31/2999
H0039	Assertive community treatment, face-to-face, per 15 minutes	1/1/1950	12/31/2999
H0040	Assertive community treatment program, per diem	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
H0041	Foster care, child, non-therapeutic, per diem	1/1/1950	12/31/2999
H0041	Foster care, child, non-therapeutic, per diem	1/1/2023	12/31/2999
H0042	Foster care, child, non-therapeutic, per month	1/1/1950	12/31/2999
H0042	Foster care, child, non-therapeutic, per month	1/1/2023	12/31/2999
H0043	Supported housing, per diem	1/1/1950	12/31/2999
H0043	Supported housing, per diem	1/1/2023	12/31/2999
H0044	Supported housing, per month	1/1/1950	12/31/2999
H0044	Supported housing, per month	1/1/2023	12/31/2999
H0045	Respite care services, not in the home, per diem	1/1/1950	12/31/2999
H0051	Traditional healing service	4/1/2024	12/31/2999
H0051	Traditional healing service	4/1/2024	12/31/2999
H1010	Non-medical family planning education, per session	1/1/1950	12/31/2999
H1010	Non-medical family planning education, per session	1/1/2023	12/31/2999
H1011	Family assessment by licensed behavioral health professional for state defined purposes	1/1/1950	12/31/2999
H2000	Comprehensive multidisciplinary evaluation	1/1/1950	12/31/2999
H2011	Crisis intervention service, per 15 minutes	1/1/1950	12/31/2999
H2012	Behavioral health day treatment, per hour	1/1/1950	12/31/2999
H2013	Psychiatric health facility service, per diem	1/1/1950	12/31/2999
H2014	Skills training and development, per 15 minutes	1/1/1950	12/31/2999
H2015	Comprehensive community support services, per 15 minutes	1/1/1950	12/31/2999
H2015	Comprehensive community support services, per 15 minutes	1/1/2021	12/31/2999
H2016	Comprehensive community support services, per diem	1/1/1950	12/31/2999
H2021	Community-based wrap-around services, per 15 minutes	1/1/1950	12/31/2999
H2021	Community-based wrap-around services, per 15 minutes	1/1/2021	12/31/2999
H2022	Community-based wrap-around services, per diem	1/1/1950	12/31/2999
H2023	Supported employment, per 15 minutes	1/1/1950	12/31/2999
H2023	Supported employment, per 15 minutes	1/1/2023	12/31/2999
H2024	Supported employment, per diem	1/1/1950	12/31/2999
H2024	Supported employment, per diem	1/1/2023	12/31/2999
H2025	Ongoing support to maintain employment, per 15 minutes	1/1/1950	12/31/2999
H2025	Ongoing support to maintain employment, per 15 minutes	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
H2026	Ongoing support to maintain employment, per diem	1/1/1950	12/31/2999
H2026	Ongoing support to maintain employment, per diem	1/1/2023	12/31/2999
H2027	Psychoeducational service, per 15 minutes	1/1/1950	12/31/2999
H2028	Sexual offender treatment service, per 15 minutes	1/1/1950	12/31/2999
H2029	Sexual offender treatment service, per diem	1/1/1950	12/31/2999
H2030	Mental health clubhouse services, per 15 minutes	1/1/1950	12/31/2999
H2030	Mental health clubhouse services, per 15 minutes	1/1/2023	12/31/2999
H2031	Mental health clubhouse services, per diem	1/1/1950	12/31/2999
H2031	Mental health clubhouse services, per diem	1/1/2023	12/31/2999
H2032	Activity therapy, per 15 minutes	1/1/1950	12/31/2999
H2033	Multisystemic therapy for juveniles, per 15 minutes	1/1/1950	12/31/2999
H2034	Alcohol and/or drug abuse halfway house services, per diem	1/1/1950	12/31/2999
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	1/1/1950	12/31/2999
H2038	Skills training and development, per diem	4/1/2022	12/31/2999
J0591	Injection, deoxycholic acid, 1 mg	7/1/2020	12/31/2999
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	7/15/2023	12/31/2999
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	7/15/2023	12/31/2999
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	7/15/2023	12/31/2999
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	7/15/2023	12/31/2999
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	7/15/2023	12/31/2999
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	7/15/2023	12/31/2999
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	7/15/2023	12/31/2999
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	7/15/2023	12/31/2999
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	7/15/2023	12/31/2999
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	7/15/2023	12/31/2999
J3570	Laetrile, amygdalin, vitamin b17	6/1/2015	12/31/2999
J3570	Laetrile, amygdalin, vitamin b17	6/1/2015	12/31/2999
J3570	Laetrile, amygdalin, vitamin b17	6/1/2015	12/31/2999
J3570	Laetrile, amygdalin, vitamin b17	6/1/2015	12/31/2999
J3570	Laetrile, amygdalin, vitamin b17	1/1/2013	12/31/2999
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	1/1/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	1/1/2020	12/31/2999
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	1/1/2020	12/31/2999
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1/1/2020	12/31/2999
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	1/1/2020	12/31/2999
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	1/1/2020	12/31/2999
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7624	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	1/1/2020	12/31/2999
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	1/1/2020	12/31/2999
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	1/1/2020	12/31/2999
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7637	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7638	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	1/1/2020	12/31/2999
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	1/1/2020	12/31/2999
J7642	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS	1/1/2020	12/31/2999
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	1/1/2020	12/31/2999
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1/1/2020	12/31/2999
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7683	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2020	12/31/2999
J7684	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	1/1/2020	12/31/2999
J9057	Injection, copanlisib, 1 mg	4/1/2024	12/31/2999
J9057	Injection, copanlisib, 1 mg	4/1/2024	12/31/2999
J9057	Injection, copanlisib, 1 mg	4/1/2024	12/31/2999
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	1/1/2014	12/31/2999
J9285	Injection, olaratumab, 10 mg	9/1/2019	12/31/2999
J9285	Injection, olaratumab, 10 mg	5/15/2021	12/31/2999
J9285	Injection, olaratumab, 10 mg	5/15/2021	12/31/2999
J9285	Injection, olaratumab, 10 mg	9/1/2019	12/31/2999
J9285	Injection, olaratumab, 10 mg	9/1/2019	12/31/2999
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	4/1/2024	12/31/2999
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	4/1/2024	12/31/2999
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	4/1/2024	12/31/2999
J9400	Injection, ziv-aflibercept, 1 mg	1/1/2014	12/31/2999
K0065	Spoke protectors, each	1/1/2021	12/31/2999
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	5/12/2023	12/31/2999
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	4/1/2023	12/31/2999
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	4/1/2023	12/31/2999
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)	11/1/2015	12/31/2999
L3000	Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each	1/1/2013	12/31/2999
L3001	Foot, insert, removable, molded to patient model, spenco, each	5/15/2007	12/31/2999
L3001	Foot, insert, removable, molded to patient model, spenco, each	1/1/2013	12/31/2999
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	5/15/2007	12/31/2999
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	1/1/2013	12/31/2999
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	5/15/2007	12/31/2999
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	1/1/2013	12/31/2999
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	5/15/2007	12/31/2999
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	5/15/2007	12/31/2999
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	1/1/2013	12/31/2999
L3030	Foot, insert, removable, formed to patient foot, each	5/15/2007	12/31/2999
L3030	Foot, insert, removable, formed to patient foot, each	1/1/2013	12/31/2999
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	3/1/2009	12/31/2999
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	1/1/2013	12/31/2999
L3040	Foot, arch support, removable, premolded, longitudinal, each	1/1/1950	12/31/2999
L3040	Foot, arch support, removable, premolded, longitudinal, each	5/15/2007	12/31/2999
L3040	Foot, arch support, removable, premolded, longitudinal, each	5/15/2007	12/31/2999
L3040	Foot, arch support, removable, premolded, longitudinal, each	5/15/2007	12/31/2999
L3040	Foot, arch support, removable, premolded, longitudinal, each	1/1/2013	12/31/2999
L3050	Foot, arch support, removable, premolded, metatarsal, each	1/1/1950	12/31/2999
L3050	Foot, arch support, removable, premolded, metatarsal, each	5/15/2007	12/31/2999
L3050	Foot, arch support, removable, premolded, metatarsal, each	5/15/2007	12/31/2999
L3050	Foot, arch support, removable, premolded, metatarsal, each	5/15/2007	12/31/2999
L3050	Foot, arch support, removable, premolded, metatarsal, each	1/1/2013	12/31/2999
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	1/1/1950	12/31/2999
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	5/15/2007	12/31/2999
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	5/15/2007	12/31/2999
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	5/15/2007	12/31/2999
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	1/1/2013	12/31/2999
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	5/15/2007	12/31/2999
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	1/1/2013	12/31/2999
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	5/15/2007	12/31/2999
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	1/1/2013	12/31/2999
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	5/15/2007	12/31/2999
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	1/1/2013	12/31/2999
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	1/1/2013	12/31/2999
L3140	Foot, abduction rotation bar, including shoes	1/1/2006	12/31/2999
L3140	Foot, abduction rotation bar, including shoes	1/1/2013	12/31/2999
L3150	Foot, abduction rotation bar, without shoes	1/1/2006	12/31/2999
L3150	Foot, abduction rotation bar, without shoes	1/1/2013	12/31/2999
L3160	Foot, adjustable shoe-styled positioning device	1/1/2006	12/31/2999
L3160	Foot, adjustable shoe-styled positioning device	1/1/2013	12/31/2999
L3170	Foot, plastic, silicone or equal, heel stabilizer, prafabricated, off-the-shelf, each	1/1/2006	12/31/2999
L3170	Foot, plastic, silicone or equal, heel stabilizer, prafabricated, off-the-shelf, each	1/1/2013	12/31/2999
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	1/1/2006	12/31/2999
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	1/1/2013	12/31/2999
L3202	Orthopedic shoe, oxford with supinator or pronator, child	1/1/2006	12/31/2999
L3202	Orthopedic shoe, oxford with supinator or pronator, child	1/1/2013	12/31/2999
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	1/1/2006	12/31/2999
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	1/1/2013	12/31/2999
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	1/1/2006	12/31/2999
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	1/1/2013	12/31/2999
L3206	Orthopedic shoe, hightop with supinator or pronator, child	1/1/2006	12/31/2999
L3206	Orthopedic shoe, hightop with supinator or pronator, child	1/1/2013	12/31/2999
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	1/1/2006	12/31/2999
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	1/1/2013	12/31/2999
L3212	Benesch boot, pair, infant	1/1/2006	12/31/2999
L3212	Benesch boot, pair, infant	1/1/2014	12/31/2999
L3213	Benesch boot, pair, child	1/1/2006	12/31/2999
L3213	Benesch boot, pair, child	1/1/2014	12/31/2999
L3214	Benesch boot, pair, junior	1/1/2006	12/31/2999
L3214	Benesch boot, pair, junior	1/1/2014	12/31/2999
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	1/1/2006	12/31/2999
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	1/1/2014	12/31/2999
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	1/1/2006	12/31/2999
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	1/1/2014	12/31/2999
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	1/1/2014	12/31/2999
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	1/1/2006	12/31/2999
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	1/1/2014	12/31/2999
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	1/1/2006	12/31/2999
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	1/1/2014	12/31/2999
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	1/1/2006	12/31/2999
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	1/1/2014	12/31/2999
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	1/1/2006	12/31/2999
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	1/1/2006	12/31/2999
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	1/1/2006	12/31/2999
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	1/1/2014	12/31/2999
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	1/1/2006	12/31/2999
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	1/1/2014	12/31/2999
L3251	Foot, shoe molded to patient model, silicone shoe, each	1/1/2006	12/31/2999
L3251	Foot, shoe molded to patient model, silicone shoe, each	1/1/2014	12/31/2999
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	1/1/2006	12/31/2999
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	1/1/2014	12/31/2999
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	1/1/2006	12/31/2999
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	1/1/2014	12/31/2999
L3254	Non-standard size or width	1/1/2006	12/31/2999
L3254	Non-standard size or width	1/1/2014	12/31/2999
L3255	Non-standard size or length	1/1/2006	12/31/2999
L3255	Non-standard size or length	1/1/2014	12/31/2999
L3257	Orthopedic footwear, additional charge for split size	1/1/2006	12/31/2999
L3257	Orthopedic footwear, additional charge for split size	1/1/2014	12/31/2999
L3265	Plastazote sandal, each	1/1/2006	12/31/2999
L3265	Plastazote sandal, each	1/1/2014	12/31/2999
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	1/1/2014	12/31/2999
L3310	Lift, elevation, heel and sole, neoprene, per inch	1/1/2006	12/31/2999
L3310	Lift, elevation, heel and sole, neoprene, per inch	1/1/2014	12/31/2999
L3320	Lift, elevation, heel and sole, cork, per inch	1/1/2006	12/31/2999
L3320	Lift, elevation, heel and sole, cork, per inch	1/1/2014	12/31/2999
L3330	Lift, elevation, metal extension (skate)	1/1/2006	12/31/2999
L3330	Lift, elevation, metal extension (skate)	1/1/2014	12/31/2999
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	1/1/2006	12/31/2999
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	1/1/2014	12/31/2999
L3334	Lift, elevation, heel, per inch	1/1/2006	12/31/2999
L3334	Lift, elevation, heel, per inch	1/1/2014	12/31/2999
L3340	Heel wedge, sach	1/1/2006	12/31/2999
L3340	Heel wedge, sach	1/1/2014	12/31/2999
L3350	Heel wedge	1/1/2006	12/31/2999
L3350	Heel wedge	1/1/2014	12/31/2999
L3360	Sole wedge, outside sole	1/1/2006	12/31/2999
L3360	Sole wedge, outside sole	1/1/2014	12/31/2999
L3370	Sole wedge, between sole	1/1/2006	12/31/2999
L3370	Sole wedge, between sole	1/1/2014	12/31/2999
L3380	Clubfoot wedge	1/1/2006	12/31/2999
L3380	Clubfoot wedge	1/1/2014	12/31/2999
L3390	Outflare wedge	1/1/2006	12/31/2999
L3390	Outflare wedge	1/1/2014	12/31/2999
L3400	Metatarsal bar wedge, rocker	1/1/2006	12/31/2999
L3400	Metatarsal bar wedge, rocker	1/1/2014	12/31/2999
L3410	Metatarsal bar wedge, between sole	1/1/2006	12/31/2999
L3410	Metatarsal bar wedge, between sole	1/1/2014	12/31/2999
L3420	Full sole and heel wedge, between sole	1/1/2006	12/31/2999
L3420	Full sole and heel wedge, between sole	1/1/2014	12/31/2999
L3430	Heel, counter, plastic reinforced	1/1/2006	12/31/2999
L3430	Heel, counter, plastic reinforced	1/1/2014	12/31/2999
L3440	Heel, counter, leather reinforced	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L3440	Heel, counter, leather reinforced	1/1/2014	12/31/2999
L3450	Heel, sach cushion type	1/1/2006	12/31/2999
L3450	Heel, sach cushion type	1/1/2014	12/31/2999
L3455	Heel, new leather, standard	1/1/2006	12/31/2999
L3455	Heel, new leather, standard	1/1/2014	12/31/2999
L3460	Heel, new rubber, standard	1/1/2006	12/31/2999
L3460	Heel, new rubber, standard	1/1/2014	12/31/2999
L3465	Heel, thomas with wedge	1/1/2006	12/31/2999
L3465	Heel, thomas with wedge	1/1/2014	12/31/2999
L3470	Heel, thomas extended to ball	1/1/2006	12/31/2999
L3470	Heel, thomas extended to ball	1/1/2014	12/31/2999
L3480	Heel, pad and depression for spur	1/1/2006	12/31/2999
L3480	Heel, pad and depression for spur	1/1/2014	12/31/2999
L3485	Heel, pad, removable for spur	1/1/2006	12/31/2999
L3485	Heel, pad, removable for spur	1/1/2014	12/31/2999
L3500	Orthopedic shoe addition, insole, leather	1/1/2006	12/31/2999
L3500	Orthopedic shoe addition, insole, leather	1/1/2014	12/31/2999
L3510	Orthopedic shoe addition, insole, rubber	1/1/2006	12/31/2999
L3510	Orthopedic shoe addition, insole, rubber	1/1/2014	12/31/2999
L3520	Orthopedic shoe addition, insole, felt covered with leather	1/1/2006	12/31/2999
L3520	Orthopedic shoe addition, insole, felt covered with leather	1/1/2014	12/31/2999
L3530	Orthopedic shoe addition, sole, half	1/1/2006	12/31/2999
L3530	Orthopedic shoe addition, sole, half	1/1/2014	12/31/2999
L3540	Orthopedic shoe addition, sole, full	1/1/2006	12/31/2999
L3540	Orthopedic shoe addition, sole, full	1/1/2014	12/31/2999
L3550	Orthopedic shoe addition, toe tap standard	1/1/2006	12/31/2999
L3550	Orthopedic shoe addition, toe tap standard	1/1/2014	12/31/2999
L3560	Orthopedic shoe addition, toe tap, horseshoe	1/1/2006	12/31/2999
L3560	Orthopedic shoe addition, toe tap, horseshoe	1/1/2014	12/31/2999
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	1/1/2006	12/31/2999
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	1/1/2014	12/31/2999
L3580	Orthopedic shoe addition, convert instep to velcro closure	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L3580	Orthopedic shoe addition, convert instep to velcro closure	1/1/2014	12/31/2999
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	1/1/2006	12/31/2999
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	1/1/2014	12/31/2999
L3595	Orthopedic shoe addition, march bar	1/1/2006	12/31/2999
L3595	Orthopedic shoe addition, march bar	1/1/2014	12/31/2999
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	1/1/2006	12/31/2999
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	1/1/2014	12/31/2999
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	1/1/2006	12/31/2999
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	1/1/2014	12/31/2999
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	1/1/2006	12/31/2999
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	1/1/2014	12/31/2999
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	1/1/2006	12/31/2999
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	1/1/2014	12/31/2999
L3640	Transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes	1/1/2006	12/31/2999
L3640	Transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes	1/1/2014	12/31/2999
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	1/1/2006	12/31/2999
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	1/1/2014	12/31/2999
M0001	Advancing cancer care mips value pathways	1/1/2023	12/31/2999
M0001	Advancing cancer care mips value pathways	1/1/2023	12/31/2999
M0002	Optimal care for kidney health mips value pathways	1/1/2023	12/31/2999
M0002	Optimal care for kidney health mips value pathways	1/1/2023	12/31/2999
M0004	Quality care for patients with neurological conditions mips value pathway	1/1/2023	12/31/2999
M0004	Quality care for patients with neurological conditions mips value pathway	1/1/2023	12/31/2999
M0005	Value in primary care mips value pathway	1/1/2023	12/31/2999
M0005	Value in primary care mips value pathway	1/1/2023	12/31/2999
M0010	Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services	4/1/2023	12/31/2999
M0075	Cellular therapy	1/1/1950	12/31/2999
M0075	Cellular therapy	1/1/1950	12/31/2999
M0075	Cellular therapy	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M0075	Cellular therapy	1/1/1950	12/31/2999
M0100	Intragastric hypothermia using gastric freezing	1/1/1950	12/31/2999
M0100	Intragastric hypothermia using gastric freezing	5/19/2014	12/31/2999
M0100	Intragastric hypothermia using gastric freezing	1/1/1950	12/31/2999
M0301	Fabric wrapping of abdominal aneurysm	1/1/1950	12/31/2999
M0301	Fabric wrapping of abdominal aneurysm	5/19/2014	12/31/2999
M0301	Fabric wrapping of abdominal aneurysm	1/1/2013	12/31/2999
M1003	Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic and/or immune response modifier therapy	1/1/2019	12/31/2999
M1004	Documentation of medical reason for not screening for tb or interpreting results (i.e., patient positive for tb and documentation of past treatment; patient who has recently completed a course of anti-tb therapy)	1/1/2019	12/31/2999
M1005	Tb screening not performed or results not interpreted, reason not given	1/1/2019	12/31/2999
M1006	Disease activity not assessed, reason not given	1/1/2019	12/31/2999
M1007	>=50% of total number of a patient's outpatient ra encounters assessed	1/1/2019	12/31/2999
M1008	<50% of total number of a patient's outpatient ra encounters assessed	1/1/2019	12/31/2999
M1009	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019	12/31/2999
M1010	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019	12/31/2999
M1011	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019	12/31/2999
M1012	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019	12/31/2999
M1013	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019	12/31/2999
M1014	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019	12/31/2999
M1016	Female patients unable to bear children	1/1/2019	12/31/2999
M1018	Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients	1/1/2019	12/31/2999
M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5	1/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5. either phq-9 or phq-9m score was not assessed or is greater than or equal to 5	1/1/2019	12/31/2999
M1021	Patient had only urgent care visits during the performance period	1/1/2019	12/31/2999
M1027	Imaging of the head (ct or mri) was obtained	1/1/2019	12/31/2999
M1028	Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained	1/1/2019	12/31/2999
M1029	Imaging of the head (ct or mri) was not obtained, reason not given	1/1/2019	12/31/2999
M1032	Adults currently taking pharmacotherapy for oud	1/1/2019	12/31/2999
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	1/1/2019	12/31/2999
M1035	Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment	1/1/2019	12/31/2999
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	1/1/2019	12/31/2999
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	1/1/2019	12/31/2999
M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	1/1/2019	12/31/2999
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	1/1/2019	12/31/2999
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	1/1/2019	12/31/2999
M1041	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	1/1/2019	12/31/2999
M1043	Functional status was not measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively	1/1/2019	12/31/2999
M1045	Functional status measured by the oxford knee score (oks) at one year (9 to 15 months) postoperatively was greater than or equal to 37 or knee injury and osteoarthritis outcome score joint replacement (koos, jr.) was greater than or equal to 71	1/1/2019	12/31/2999
M1046	Functional status measured by the oxford knee score (oks) at one year (9 to 15 months) postoperatively was less than 37 or the knee injury and osteoarthritis outcome score joint replacement (koos, jr.) was less than 71 postoperatively	1/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1049	Functional status was not measured by the oswestry disability index (odi version 2.1a) at three months (6 - 20 weeks) postoperatively	1/1/2019	12/31/2999
M1051	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	1/1/2019	12/31/2999
M1052	Leg pain was not measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively	1/1/2019	12/31/2999
M1054	Patient had only urgent care visits during the performance period	1/1/2019	12/31/2999
M1055	Aspirin or another antiplatelet therapy used	1/1/2019	12/31/2999
M1056	Prescribed anticoagulant medication during the performance period, history of gi bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or anti-platelets, use of non-steroidal anti-inflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mmhg or gastroesophageal reflux disease	1/1/2019	12/31/2999
M1057	Aspirin or another antiplatelet therapy not used, reason not given	1/1/2019	12/31/2999
M1058	Patient was a permanent nursing home resident at any time during the performance period	1/1/2019	12/31/2999
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	1/1/2019	12/31/2999
M1060	Patient died prior to the end of the performance period	1/1/2019	12/31/2999
M1067	Hospice services for patient provided any time during the measurement period	1/1/2019	12/31/2999
M1068	Adults who are not ambulatory	1/1/2019	12/31/2999
M1069	Patient screened for future fall risk	1/1/2019	12/31/2999
M1070	Patient not screened for future fall risk, reason not given	1/1/2019	12/31/2999
M1106	The start of an episode of care documented in the medical record	1/1/2020	12/31/2999
M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
M1108	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1109	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2020	12/31/2999
M1110	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2020	12/31/2999
M1111	The start of an episode of care documented in the medical record	1/1/2020	12/31/2999
M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
M1113	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2020	12/31/2999
M1114	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2020	12/31/2999
M1115	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2020	12/31/2999
M1116	The start of an episode of care documented in the medical record	1/1/2020	12/31/2999
M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
M1118	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2020	12/31/2999
M1119	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2020	12/31/2999
M1120	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2020	12/31/2999
M1121	The start of an episode of care documented in the medical record	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
M1123	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2020	12/31/2999
M1124	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2020	12/31/2999
M1125	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2020	12/31/2999
M1126	The start of an episode of care documented in the medical record	1/1/2020	12/31/2999
M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
M1128	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2020	12/31/2999
M1129	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2020	12/31/2999
M1130	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2020	12/31/2999
M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	1/1/2020	12/31/2999
M1132	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2020	12/31/2999
M1133	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1134	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2020	12/31/2999
M1135	The start of an episode of care documented in the medical record	1/1/2020	12/31/2999
M1141	Functional status was not measured by the oxford knee score (oks) or the knee injury and osteoarthritis outcome score joint replacement (koos, jr.) at one year (9 to 15 months) postoperatively	1/1/2020	12/31/2999
M1142	Emergent cases	1/1/2020	12/31/2999
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	1/1/2020	12/31/2999
M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	1/1/2021	12/31/2999
M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	1/1/2021	12/31/2999
M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	1/1/2021	12/31/2999
M1149	Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available	1/1/2021	12/31/2999
M1150	Current or prior left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	1/1/2023	12/31/2999
M1150	Current or prior left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	1/1/2023	12/31/2999
M1151	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	1/1/2023	12/31/2999
M1151	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	1/1/2023	12/31/2999
M1152	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	1/1/2023	12/31/2999
M1152	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	1/1/2023	12/31/2999
M1153	Patient with diagnosis of osteoporosis on date of encounter	1/1/2023	12/31/2999
M1153	Patient with diagnosis of osteoporosis on date of encounter	1/1/2023	12/31/2999
M1159	Hospice services provided to patient any time during the measurement period	1/1/2023	12/31/2999
M1159	Hospice services provided to patient any time during the measurement period	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	1/1/2023	12/31/2999
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	1/1/2023	12/31/2999
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	1/1/2023	12/31/2999
M1165	Patients who use hospice services any time during the measurement period	1/1/2023	12/31/2999
M1165	Patients who use hospice services any time during the measurement period	1/1/2023	12/31/2999
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	1/1/2023	12/31/2999
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	1/1/2023	12/31/2999
M1167	In hospice or using hospice services during the measurement period	1/1/2023	12/31/2999
M1167	In hospice or using hospice services during the measurement period	1/1/2023	12/31/2999
M1168	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	1/1/2023	12/31/2999
M1168	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	1/1/2023	12/31/2999
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	1/1/2023	12/31/2999
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	1/1/2023	12/31/2999
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	1/1/2023	12/31/2999
M1171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	1/1/2023	12/31/2999
M1171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	1/1/2023	12/31/2999
M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	1/1/2023	12/31/2999
M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	1/1/2023	12/31/2999
M1173	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	1/1/2023	12/31/2999
M1173	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	1/1/2023	12/31/2999
M1174	Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on october 20, 2017, through the end of the measurement period	1/1/2023	12/31/2999
M1174	Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on october 20, 2017, through the end of the measurement period	1/1/2023	12/31/2999
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	1/1/2023	12/31/2999
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	1/1/2023	12/31/2999
M1176	Patient did not receive two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on october 20, 2017, through the end of the measurement period	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1176	Patient did not receive two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on october 20, 2017, through the end of the measurement period	1/1/2023	12/31/2999
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	1/1/2023	12/31/2999
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	1/1/2023	12/31/2999
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	1/1/2023	12/31/2999
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	1/1/2023	12/31/2999
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period	1/1/2023	12/31/2999
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period	1/1/2023	12/31/2999
M1180	Patients on immune checkpoint inhibitor therapy	1/1/2023	12/31/2999
M1180	Patients on immune checkpoint inhibitor therapy	1/1/2023	12/31/2999
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	1/1/2023	12/31/2999
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	1/1/2023	12/31/2999
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	1/1/2023	12/31/2999
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	1/1/2023	12/31/2999
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	1/1/2023	12/31/2999
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	1/1/2023	12/31/2999
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	1/1/2023	12/31/2999
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	1/1/2023	12/31/2999
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	1/1/2023	12/31/2999
M1186	Patients who have an order for or are receiving hospice or palliative care	1/1/2023	12/31/2999
M1186	Patients who have an order for or are receiving hospice or palliative care	1/1/2023	12/31/2999
M1187	Patients with a diagnosis of end stage renal disease (esrd)	1/1/2023	12/31/2999
M1187	Patients with a diagnosis of end stage renal disease (esrd)	1/1/2023	12/31/2999
M1188	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	1/1/2023	12/31/2999
M1188	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	1/1/2023	12/31/2999
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed	1/1/2023	12/31/2999
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed	1/1/2023	12/31/2999
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	1/1/2023	12/31/2999
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	1/1/2023	12/31/2999
M1191	Hospice services provided to patient any time during the measurement period	1/1/2023	12/31/2999
M1191	Hospice services provided to patient any time during the measurement period	1/1/2023	12/31/2999
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	1/1/2023	12/31/2999
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	1/1/2023	12/31/2999
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	1/1/2023	12/31/2999
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	1/1/2023	12/31/2999
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	1/1/2023	12/31/2999
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given	1/1/2023	12/31/2999
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given	1/1/2023	12/31/2999
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	1/1/2023	12/31/2999
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	1/1/2023	12/31/2999
M1197	Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score	1/1/2023	12/31/2999
M1197	Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score	1/1/2023	12/31/2999
M1198	Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1198	Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	1/1/2023	12/31/2999
M1199	Patients receiving rrt	1/1/2023	12/31/2999
M1199	Patients receiving rrt	1/1/2023	12/31/2999
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	1/1/2023	12/31/2999
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	1/1/2023	12/31/2999
M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	1/1/2023	12/31/2999
M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	1/1/2023	12/31/2999
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	1/1/2023	12/31/2999
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	1/1/2023	12/31/2999
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	1/1/2023	12/31/2999
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	1/1/2023	12/31/2999
M1204	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	1/1/2023	12/31/2999
M1204	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	1/1/2023	12/31/2999
M1205	Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1205	Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score	1/1/2023	12/31/2999
M1206	Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	1/1/2023	12/31/2999
M1206	Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	1/1/2023	12/31/2999
M1207	Patient is screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	1/1/2023	12/31/2999
M1207	Patient is screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	1/1/2023	12/31/2999
M1208	Patient is not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	1/1/2023	12/31/2999
M1208	Patient is not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	1/1/2023	12/31/2999
M1209	At least two orders for high-risk medications from the same drug class, (table 4), without appropriate diagnoses	1/1/2023	12/31/2999
M1209	At least two orders for high-risk medications from the same drug class, (table 4), without appropriate diagnoses	1/1/2023	12/31/2999
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	1/1/2023	12/31/2999
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	1/1/2023	12/31/2999
M1211	Most recent glycemic status assessment (hba1c or gmi) level > 9.0%	1/1/2024	12/31/2999
M1211	Most recent glycemic status assessment (hba1c or gmi) level > 9.0%	1/1/2024	12/31/2999
M1212	Glycemic status assessment (hba1c or gmi) level is missing, or was not performed during the measurement period	1/1/2024	12/31/2999
M1212	Glycemic status assessment (hba1c or gmi) level is missing, or was not performed during the measurement period	1/1/2024	12/31/2999
M1213	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1213	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%	1/1/2024	12/31/2999
M1214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	1/1/2024	12/31/2999
M1214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	1/1/2024	12/31/2999
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	1/1/2024	12/31/2999
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	1/1/2024	12/31/2999
M1216	No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter	1/1/2024	12/31/2999
M1216	No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter	1/1/2024	12/31/2999
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	1/1/2024	12/31/2999
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	1/1/2024	12/31/2999
M1218	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	1/1/2024	12/31/2999
M1218	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	1/1/2024	12/31/2999
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy	1/1/2024	12/31/2999
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy	1/1/2024	12/31/2999
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy	1/1/2024	12/31/2999
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1222	Glaucoma plan of care not documented, reason not otherwise specified	1/1/2024	12/31/2999
M1222	Glaucoma plan of care not documented, reason not otherwise specified	1/1/2024	12/31/2999
M1223	Glaucoma plan of care documented	1/1/2024	12/31/2999
M1223	Glaucoma plan of care documented	1/1/2024	12/31/2999
M1224	Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	1/1/2024	12/31/2999
M1224	Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	1/1/2024	12/31/2999
M1225	Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	1/1/2024	12/31/2999
M1225	Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	1/1/2024	12/31/2999
M1226	Iop measurement not documented, reason not otherwise specified	1/1/2024	12/31/2999
M1226	Iop measurement not documented, reason not otherwise specified	1/1/2024	12/31/2999
M1227	Evidence-based therapy was prescribed	1/1/2024	12/31/2999
M1227	Evidence-based therapy was prescribed	1/1/2024	12/31/2999
M1228	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test	1/1/2024	12/31/2999
M1228	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test	1/1/2024	12/31/2999
M1229	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	1/1/2024	12/31/2999
M1229	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1230	Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv antibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv infection within 1 month and does not have hcv treatment initiated within 3 months of the reactive hcv antibody test, reason not given	1/1/2024	12/31/2999
M1230	Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv antibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv infection within 1 month and does not have hcv treatment initiated within 3 months of the reactive hcv antibody test, reason not given	1/1/2024	12/31/2999
M1231	Patient receives hcv antibody test with nonreactive result	1/1/2024	12/31/2999
M1231	Patient receives hcv antibody test with nonreactive result	1/1/2024	12/31/2999
M1232	Patient receives hcv antibody test with reactive result	1/1/2024	12/31/2999
M1232	Patient receives hcv antibody test with reactive result	1/1/2024	12/31/2999
M1233	Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given	1/1/2024	12/31/2999
M1233	Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given	1/1/2024	12/31/2999
M1234	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	1/1/2024	12/31/2999
M1234	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	1/1/2024	12/31/2999
M1235	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period	1/1/2024	12/31/2999
M1235	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period	1/1/2024	12/31/2999
M1236	Baseline mrs > 2	1/1/2024	12/31/2999
M1236	Baseline mrs > 2	1/1/2024	12/31/2999
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	1/1/2024	12/31/2999
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	1/1/2024	12/31/2999
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	1/1/2024	12/31/2999
M1239	Patient did not respond to the question of patient felt heard and understood by this provider and team	1/1/2024	12/31/2999
M1239	Patient did not respond to the question of patient felt heard and understood by this provider and team	1/1/2024	12/31/2999
M1240	Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care	1/1/2024	12/31/2999
M1240	Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care	1/1/2024	12/31/2999
M1241	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	1/1/2024	12/31/2999
M1241	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	1/1/2024	12/31/2999
M1242	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life	1/1/2024	12/31/2999
M1242	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life	1/1/2024	12/31/2999
M1243	Patient provided a response other than completely true for the question of patient felt heard and understood by this provider and team	1/1/2024	12/31/2999
M1243	Patient provided a response other than completely true for the question of patient felt heard and understood by this provider and team	1/1/2024	12/31/2999
M1244	Patient provided a response other than completely true for the question of patient felt this provider and team put my best interests first when making recommendations about my care	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1244	Patient provided a response other than completely true for the question of patient felt this provider and team put my best interests first when making recommendations about my care	1/1/2024	12/31/2999
M1245	Patient provided a response other than completely true for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	1/1/2024	12/31/2999
M1245	Patient provided a response other than completely true for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	1/1/2024	12/31/2999
M1246	Patient provided a response other than completely true for the question of patient felt this provider and team understood what is important to me in my life	1/1/2024	12/31/2999
M1246	Patient provided a response other than completely true for the question of patient felt this provider and team understood what is important to me in my life	1/1/2024	12/31/2999
M1247	Patient responded completely true for the question of patient felt this provider and team put my best interests first when making recommendations about my care	1/1/2024	12/31/2999
M1247	Patient responded completely true for the question of patient felt this provider and team put my best interests first when making recommendations about my care	1/1/2024	12/31/2999
M1248	Patient responded completely true for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	1/1/2024	12/31/2999
M1248	Patient responded completely true for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	1/1/2024	12/31/2999
M1249	Patient responded completely true for the question of patient felt this provider and team understood what is important to me in my life	1/1/2024	12/31/2999
M1249	Patient responded completely true for the question of patient felt this provider and team understood what is important to me in my life	1/1/2024	12/31/2999
M1250	Patient responded as completely true for the question of patient felt heard and understood by this provider and team	1/1/2024	12/31/2999
M1250	Patient responded as completely true for the question of patient felt heard and understood by this provider and team	1/1/2024	12/31/2999
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	1/1/2024	12/31/2999
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey within 60 days of the ambulatory palliative care visit	1/1/2024	12/31/2999
M1252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey within 60 days of the ambulatory palliative care visit	1/1/2024	12/31/2999
M1253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	1/1/2024	12/31/2999
M1253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	1/1/2024	12/31/2999
M1254	Patients who were deceased when the hu survey reached them	1/1/2024	12/31/2999
M1254	Patients who were deceased when the hu survey reached them	1/1/2024	12/31/2999
M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	1/1/2024	12/31/2999
M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	1/1/2024	12/31/2999
M1256	Prior history of known cvd	1/1/2024	12/31/2999
M1256	Prior history of known cvd	1/1/2024	12/31/2999
M1257	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified	1/1/2024	12/31/2999
M1257	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified	1/1/2024	12/31/2999
M1258	Cvd risk assessment performed, have a documented calculated risk score	1/1/2024	12/31/2999
M1258	Cvd risk assessment performed, have a documented calculated risk score	1/1/2024	12/31/2999
M1259	Patient status documented within the first year of initiating dialysis	1/1/2024	12/31/2999
M1259	Patient status documented within the first year of initiating dialysis	1/1/2024	12/31/2999
M1260	Patient status not documented within the first year of initiating dialysis	1/1/2024	12/31/2999
M1260	Patient status not documented within the first year of initiating dialysis	1/1/2024	12/31/2999
M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	1/1/2024	12/31/2999
M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1262	Patients who had a transplant prior to initiation of dialysis	1/1/2024	12/31/2999
M1262	Patients who had a transplant prior to initiation of dialysis	1/1/2024	12/31/2999
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	1/1/2024	12/31/2999
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	1/1/2024	12/31/2999
M1265	Cms medical evidence form 2728 for dialysis patients: initial form completed	1/1/2024	12/31/2999
M1265	Cms medical evidence form 2728 for dialysis patients: initial form completed	1/1/2024	12/31/2999
M1266	Patients admitted to a skilled nursing facility (snf)	1/1/2024	12/31/2999
M1266	Patients admitted to a skilled nursing facility (snf)	1/1/2024	12/31/2999
M1267	Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1267	Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1268	Patients observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1268	Patients observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1269	Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	1/1/2024	12/31/2999
M1269	Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	1/1/2024	12/31/2999
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1271	Patients with dementia at any time prior to or during the month	1/1/2024	12/31/2999
M1271	Patients with dementia at any time prior to or during the month	1/1/2024	12/31/2999
M1272	Patients observed on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999
M1272	Patients observed on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form	1/1/2024	12/31/2999
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form	1/1/2024	12/31/2999
M1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	1/1/2024	12/31/2999
M1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	1/1/2024	12/31/2999
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	1/1/2024	12/31/2999
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	1/1/2024	12/31/2999
M1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2024	12/31/2999
M1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2024	12/31/2999
M1277	Colorectal cancer screening results documented and reviewed	1/1/2024	12/31/2999
M1277	Colorectal cancer screening results documented and reviewed	1/1/2024	12/31/2999
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	1/1/2024	12/31/2999
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	1/1/2024	12/31/2999
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	1/1/2024	12/31/2999
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	1/1/2024	12/31/2999
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	1/1/2024	12/31/2999
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	1/1/2024	12/31/2999
M1281	Blood pressure reading not documented, reason not given	1/1/2024	12/31/2999
M1281	Blood pressure reading not documented, reason not given	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1282	Patient screened for tobacco use and identified as a tobacco non-user	1/1/2024	12/31/2999
M1282	Patient screened for tobacco use and identified as a tobacco non-user	1/1/2024	12/31/2999
M1283	Patient screened for tobacco use and identified as a tobacco user	1/1/2024	12/31/2999
M1283	Patient screened for tobacco use and identified as a tobacco user	1/1/2024	12/31/2999
M1284	Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	1/1/2024	12/31/2999
M1284	Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	1/1/2024	12/31/2999
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	1/1/2024	12/31/2999
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	1/1/2024	12/31/2999
M1286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	1/1/2024	12/31/2999
M1286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	1/1/2024	12/31/2999
M1287	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2024	12/31/2999
M1287	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2024	12/31/2999
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	1/1/2024	12/31/2999
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	1/1/2024	12/31/2999
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	1/1/2024	12/31/2999
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1290	Patient not eligible due to active diagnosis of hypertension	1/1/2024	12/31/2999
M1290	Patient not eligible due to active diagnosis of hypertension	1/1/2024	12/31/2999
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2024	12/31/2999
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	1/1/2024	12/31/2999
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2024	12/31/2999
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and an advanced illness diagnosis during the measurement period or the year prior to the measurement period	1/1/2024	12/31/2999
M1293	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2024	12/31/2999
M1293	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2024	12/31/2999
M1294	Normal blood pressure reading documented, follow-up not required	1/1/2024	12/31/2999
M1294	Normal blood pressure reading documented, follow-up not required	1/1/2024	12/31/2999
M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	1/1/2024	12/31/2999
M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	1/1/2024	12/31/2999
M1296	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2024	12/31/2999
M1296	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2024	12/31/2999
M1297	Bmi not documented due to medical reason or patient refusal of height or weight measurement	1/1/2024	12/31/2999
M1297	Bmi not documented due to medical reason or patient refusal of height or weight measurement	1/1/2024	12/31/2999
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	1/1/2024	12/31/2999
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	1/1/2024	12/31/2999
M1299	Influenza immunization administered or previously received	1/1/2024	12/31/2999
M1299	Influenza immunization administered or previously received	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	1/1/2024	12/31/2999
M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	1/1/2024	12/31/2999
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	1/1/2024	12/31/2999
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	1/1/2024	12/31/2999
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	1/1/2024	12/31/2999
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	1/1/2024	12/31/2999
M1303	Hospice services provided to patient any time during the measurement period	1/1/2024	12/31/2999
M1303	Hospice services provided to patient any time during the measurement period	1/1/2024	12/31/2999
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	1/1/2024	12/31/2999
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	1/1/2024	12/31/2999
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	1/1/2024	12/31/2999
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	1/1/2024	12/31/2999
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	1/1/2024	12/31/2999
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	1/1/2024	12/31/2999
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	1/1/2024	12/31/2999
M1308	Influenza immunization was not administered, reason not given	1/1/2024	12/31/2999
M1308	Influenza immunization was not administered, reason not given	1/1/2024	12/31/2999
M1309	Palliative care services provided to patient any time during the measurement period	1/1/2024	12/31/2999
M1309	Palliative care services provided to patient any time during the measurement period	1/1/2024	12/31/2999
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	1/1/2024	12/31/2999
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	1/1/2024	12/31/2999
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	1/1/2024	12/31/2999
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	1/1/2024	12/31/2999
M1312	Patient not screened for tobacco use	1/1/2024	12/31/2999
M1312	Patient not screened for tobacco use	1/1/2024	12/31/2999
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	1/1/2024	12/31/2999
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	1/1/2024	12/31/2999
M1314	Bmi not documented and no reason is given	1/1/2024	12/31/2999
M1314	Bmi not documented and no reason is given	1/1/2024	12/31/2999
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	1/1/2024	12/31/2999
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	1/1/2024	12/31/2999
M1316	Current tobacco non-user	1/1/2024	12/31/2999
M1316	Current tobacco non-user	1/1/2024	12/31/2999
M1317	Patients who are counseled on connection with a csp and explicitly opt out	1/1/2024	12/31/2999
M1317	Patients who are counseled on connection with a csp and explicitly opt out	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1318	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp	1/1/2024	12/31/2999
M1318	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp	1/1/2024	12/31/2999
M1319	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening	1/1/2024	12/31/2999
M1319	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening	1/1/2024	12/31/2999
M1320	Patients who screened positive for at least 1 of the 5 hrsns	1/1/2024	12/31/2999
M1320	Patients who screened positive for at least 1 of the 5 hrsns	1/1/2024	12/31/2999
M1321	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented iop or no plan of care documented if the iop was >25 mm hg	1/1/2024	12/31/2999
M1321	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented iop or no plan of care documented if the iop was >25 mm hg	1/1/2024	12/31/2999
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop =<25 mm hg for injected eye	1/1/2024	12/31/2999
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop =<25 mm hg for injected eye	1/1/2024	12/31/2999
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop >25 mm hg and a plan of care was documented	1/1/2024	12/31/2999
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop >25 mm hg and a plan of care was documented	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	1/1/2024	12/31/2999
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	1/1/2024	12/31/2999
M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	1/1/2024	12/31/2999
M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	1/1/2024	12/31/2999
M1326	Patients with a diagnosis of hypotony	1/1/2024	12/31/2999
M1326	Patients with a diagnosis of hypotony	1/1/2024	12/31/2999
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	1/1/2024	12/31/2999
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	1/1/2024	12/31/2999
M1328	Patients with a diagnosis of acute vitreous hemorrhage	1/1/2024	12/31/2999
M1328	Patients with a diagnosis of acute vitreous hemorrhage	1/1/2024	12/31/2999
M1329	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter	1/1/2024	12/31/2999
M1329	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter	1/1/2024	12/31/2999
M1330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	1/1/2024	12/31/2999
M1330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	1/1/2024	12/31/2999
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	1/1/2024	12/31/2999
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	1/1/2024	12/31/2999
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	1/1/2024	12/31/2999
M1333	Acute vitreous hemorrhage	1/1/2024	12/31/2999
M1333	Acute vitreous hemorrhage	1/1/2024	12/31/2999
M1334	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	1/1/2024	12/31/2999
M1334	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	1/1/2024	12/31/2999
M1335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	1/1/2024	12/31/2999
M1335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	1/1/2024	12/31/2999
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	1/1/2024	12/31/2999
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	1/1/2024	12/31/2999
M1337	Acute pvd	1/1/2024	12/31/2999
M1337	Acute pvd	1/1/2024	12/31/2999
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	1/1/2024	12/31/2999
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	1/1/2024	12/31/2999
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	1/1/2024	12/31/2999
M1340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	1/1/2024	12/31/2999
M1340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	1/1/2024	12/31/2999
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	1/1/2024	12/31/2999
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	1/1/2024	12/31/2999
M1342	Patients who died during the performance period	1/1/2024	12/31/2999
M1342	Patients who died during the performance period	1/1/2024	12/31/2999
M1343	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam or with excessive missing responses	1/1/2024	12/31/2999
M1343	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam or with excessive missing responses	1/1/2024	12/31/2999
M1344	Patients who did not have a baseline pam score and/or a second score within 4 to 12 months of baseline pam score	1/1/2024	12/31/2999
M1344	Patients who did not have a baseline pam score and/or a second score within 4 to 12 months of baseline pam score	1/1/2024	12/31/2999
M1345	Patients who had a baseline pam score and a second score within 4 to 12 month of baseline pam score	1/1/2024	12/31/2999
M1345	Patients who had a baseline pam score and a second score within 4 to 12 month of baseline pam score	1/1/2024	12/31/2999
M1346	Patients who did not have a net increase in pam score of at least 6 points within a 4 to 12 month period	1/1/2024	12/31/2999
M1346	Patients who did not have a net increase in pam score of at least 6 points within a 4 to 12 month period	1/1/2024	12/31/2999
M1347	Patients who achieved a net increase in pam score of at least 3 points in a 4 to 12 month period (passing)	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1347	Patients who achieved a net increase in pam score of at least 3 points in a 4 to 12 month period (passing)	1/1/2024	12/31/2999
M1348	Patients who achieved a net increase in pam score of at least 6-points in a 4 to 12 month period (excellent)	1/1/2024	12/31/2999
M1348	Patients who achieved a net increase in pam score of at least 6-points in a 4 to 12 month period (excellent)	1/1/2024	12/31/2999
M1349	Patients who did not have a net increase in pam score of at least 3 points within a 4 to 12 month period	1/1/2024	12/31/2999
M1349	Patients who did not have a net increase in pam score of at least 3 points within a 4 to 12 month period	1/1/2024	12/31/2999
M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	1/1/2024	12/31/2999
M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	1/1/2024	12/31/2999
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	1/1/2024	12/31/2999
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	1/1/2024	12/31/2999
M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	1/1/2024	12/31/2999
M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	1/1/2024	12/31/2999
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	1/1/2024	12/31/2999
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	1/1/2024	12/31/2999
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	1/1/2024	12/31/2999
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	1/1/2024	12/31/2999
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	1/1/2024	12/31/2999
M1356	Patients who died during the measurement period	1/1/2024	12/31/2999
M1356	Patients who died during the measurement period	1/1/2024	12/31/2999
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	1/1/2024	12/31/2999
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	1/1/2024	12/31/2999
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	1/1/2024	12/31/2999
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	1/1/2024	12/31/2999
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained	1/1/2024	12/31/2999
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained	1/1/2024	12/31/2999
M1360	Suicidal ideation and/or behavior symptoms based on the c-ssrs	1/1/2024	12/31/2999
M1360	Suicidal ideation and/or behavior symptoms based on the c-ssrs	1/1/2024	12/31/2999
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	1/1/2024	12/31/2999
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	1/1/2024	12/31/2999
M1362	Patients who died during the measurement period	1/1/2024	12/31/2999
M1362	Patients who died during the measurement period	1/1/2024	12/31/2999
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	1/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	1/1/2024	12/31/2999
M1364	Calculated 10-year ascvd risk score of >= 20 percent during the performance period	1/1/2024	12/31/2999
M1364	Calculated 10-year ascvd risk score of >= 20 percent during the performance period	1/1/2024	12/31/2999
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	1/1/2024	12/31/2999
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	1/1/2024	12/31/2999
M1366	Focusing on women's health mips value pathway	1/1/2024	12/31/2999
M1366	Focusing on women's health mips value pathway	1/1/2024	12/31/2999
M1367	Quality care for the treatment of ear, nose, and throat disorders mips value pathway	1/1/2024	12/31/2999
M1367	Quality care for the treatment of ear, nose, and throat disorders mips value pathway	1/1/2024	12/31/2999
M1368	Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	1/1/2024	12/31/2999
M1368	Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	1/1/2024	12/31/2999
M1369	Quality care in mental health and substance use disorders mips value pathway	1/1/2024	12/31/2999
M1369	Quality care in mental health and substance use disorders mips value pathway	1/1/2024	12/31/2999
M1370	Rehabilitative support for musculoskeletal care mips value pathway	1/1/2024	12/31/2999
M1370	Rehabilitative support for musculoskeletal care mips value pathway	1/1/2024	12/31/2999
P2028	Cephalin flocculation, blood	5/19/2014	12/31/2999
P2029	Congo red, blood	1/1/1950	12/31/2999
P2029	Congo red, blood	5/19/2014	12/31/2999
P2033	Thymol turbidity, blood	5/19/2014	12/31/2999
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	5/19/2014	12/31/2999
P9099	Blood component or product not otherwise classified	1/1/2020	12/31/2999
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	1/1/1950	12/31/2999
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge.	1/1/1950	12/31/2999
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge.	1/1/2013	12/31/2999
P9615	Catheterization for collection of specimen (s) (multiple patients)	1/1/2013	12/31/2999
Q0035	Cardiokymography	1/1/1950	12/31/2999
Q0035	Cardiokymography	1/1/1950	12/31/2999
Q0092	Set-up portable x-ray equipment	1/1/2013	12/31/2999
Q0114	Fern test	1/1/1950	12/31/2999
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	1/1/1950	12/31/2999
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	1/1/2013	12/31/2999
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING transPLANT	1/1/2006	12/31/2999
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING transPLANT	1/1/2006	12/31/2999
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING transPLANT	1/1/2006	12/31/2999
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING transPLANT	1/1/2013	12/31/2999
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	1/1/2006	12/31/2999
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	1/1/2006	12/31/2999
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	1/1/2006	12/31/2999
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	11/1/2024	12/31/2999
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	1/1/2013	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	1/1/2006	12/31/2999
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	1/1/2006	12/31/2999
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	1/1/2006	12/31/2999
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	5/16/2016	12/31/2999
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS	1/1/2013	12/31/2999
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS	1/1/2013	12/31/2999
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	1/1/2025	12/31/2999
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	1/1/2025	12/31/2999
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	1/1/2025	12/31/2999
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	1/1/2025	12/31/2999
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 mg	4/1/2024	12/31/2999
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 mg	4/1/2024	12/31/2999
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 mg	4/1/2024	12/31/2999
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 mg	4/1/2024	12/31/2999
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 mg	4/1/2024	12/31/2999
Q2052	Services, supplies, and accessories used in the home for the administration of intravenous immune globulin (ivig)	4/1/2014	12/31/2999
Q2052	Services, supplies, and accessories used in the home for the administration of intravenous immune globulin (ivig)	4/1/2014	12/31/2999
Q2052	Services, supplies, and accessories used in the home for the administration of intravenous immune globulin (ivig)	4/1/2014	12/31/2999
Q2052	Services, supplies, and accessories used in the home for the administration of intravenous immune globulin (ivig)	4/1/2014	12/31/2999
Q3014	Telehealth originating site facility fee	1/1/2021	12/31/2999
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	1/1/2007	12/31/2999
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	1/1/2007	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	1/1/2007	12/31/2999
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	1/1/2007	12/31/2999
Q9001	Assessment by chaplain services	10/1/2020	12/31/2999
Q9002	Counseling, individual, by chaplain services	10/1/2020	12/31/2999
Q9003	Counseling, group, by chaplain services	10/1/2020	12/31/2999
Q9004	Department of veterans affairs whole health partner services	10/1/2021	12/31/2999
Q9004	Department of veterans affairs whole health partner services	10/1/2021	12/31/2999
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1/1/2013	12/31/2999
R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	1/1/2013	12/31/2999
R0076	Transportation of portable ekg to facility or location, per patient	1/1/2013	12/31/2999
S0117	Tretinoin, topical, 5 grams	1/1/1950	12/31/2999
S0117	Tretinoin, topical, 5 grams	1/1/1950	12/31/2999
S0117	Tretinoin, topical, 5 grams	1/1/1950	12/31/2999
S0122	Injection, menotropins, 75 iu	1/1/1950	12/31/2999
S0126	Injection, follitropin alfa, 75 iu	1/1/1950	12/31/2999
S0126	Injection, follitropin alfa, 75 iu	1/1/2013	12/31/2999
S0128	Injection, follitropin beta, 75 iu	1/1/1950	12/31/2999
S0128	Injection, follitropin beta, 75 iu	1/1/2013	12/31/2999
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	4/1/2005	12/31/2999
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	4/1/2005	12/31/2999
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	4/1/2005	12/31/2999
S0194	DIALYSIS/STRESS VITAMIN SUPPLEMENT, ORAL100 CAPSULES	1/1/1950	12/31/2999
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4/1/2005	12/31/2999
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4/1/2005	12/31/2999
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4/1/2005	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4/1/2005	12/31/2999
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	1/1/2013	12/31/2999
S0207	Paramedic intercept, non-hospital-based als service (non-voluntary), non-transport	1/1/1950	12/31/2999
S0207	Paramedic intercept, non-hospital-based als service (non-voluntary), non-transport	1/1/1950	12/31/2999
S0209	Wheelchair van, mileage, per mile	1/1/2021	12/31/2999
S0209	Wheelchair van, mileage, per mile	1/1/2021	12/31/2999
S0209	Wheelchair van, mileage, per mile	1/1/2020	12/31/2999
S0257	COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE CARE PLANNING AND DECISIONS, WITH PATIENT AND/OR SURROGATE (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT SERVICE)	1/1/2005	12/31/2999
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)	1/1/2013	12/31/2999
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	1/1/2013	12/31/2999
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)	1/1/2013	12/31/2999
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	1/1/1950	12/31/2999
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	1/1/1950	12/31/2999
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	1/1/2013	12/31/2999
S0315	Disease management program; initial assessment and initiation of the program	1/1/1950	12/31/2999
S0316	DISEASE MANAGEMENT PROGRAM; FOLLOW-UP/REASSESSMENT	1/1/1950	12/31/2999
S0317	Disease management program; per diem	1/1/1950	12/31/2999
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	1/1/1950	12/31/2999
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	1/1/1950	12/31/2999
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	1/1/1950	12/31/2999
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter / stage	1/1/2013	12/31/2999
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter / stage	1/1/2013	12/31/2999
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter / stage	1/1/2013	12/31/2999
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	1/1/2014	12/31/2999
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens	1/1/1950	12/31/2999
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens	1/1/2022	12/31/2999
S0514	Color contact lens, per lens	1/1/1950	12/31/2999
S0516	Safety eyeglass frames	1/1/1950	12/31/2999
S0516	Safety eyeglass frames	1/1/2022	12/31/2999
S0518	Sunglasses frames	1/1/1950	12/31/2999
S0518	Sunglasses frames	1/1/2022	12/31/2999
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	1/1/1950	12/31/2999
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	1/1/1950	12/31/2999
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	1/1/1950	12/31/2999
S0800	Laser in situ keratomileusis (lasik)	11/1/2011	12/31/2999
S0800	Laser in situ keratomileusis (lasik)	1/1/2013	12/31/2999
S0810	Photorefractive keratectomy (prk)	1/1/2021	12/31/2999
S0810	Photorefractive keratectomy (prk)	9/1/2020	12/31/2999
S0810	Photorefractive keratectomy (prk)	1/1/2021	12/31/2999
S0810	Photorefractive keratectomy (prk)	1/1/2021	12/31/2999
S1001	Deluxe item, patient aware (list in addition to code for basic item)	1/1/2013	12/31/2999
S3600	Stat laboratory request (situations other than s3601)	1/1/1950	12/31/2999
S3600	Stat laboratory request (situations other than s3601)	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S3600	Stat laboratory request (situations other than s3601)	1/1/1950	12/31/2999
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	1/1/1950	12/31/2999
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	1/1/1950	12/31/2999
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	1/1/1950	12/31/2999
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	1/1/2013	12/31/2999
S3655	Antisperm antibodies test (immunobead)	1/1/1950	12/31/2999
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	1/1/1950	12/31/2999
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	1/1/1950	12/31/2999
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	11/1/2015	12/31/2999
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	1/1/1950	12/31/2999
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	11/1/2015	12/31/2999
S4014	Complete cycle, zygote intrafallopian transfer (zift), case rate	1/1/1950	12/31/2999
S4014	Complete cycle, zygote intrafallopian transfer (zift), case rate	11/1/2015	12/31/2999
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	1/1/1950	12/31/2999
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	11/1/2015	12/31/2999
S4016	Frozen in vitro fertilization cycle, case rate	1/1/1950	12/31/2999
S4016	Frozen in vitro fertilization cycle, case rate	11/1/2015	12/31/2999
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	1/1/1950	12/31/2999
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	1/1/2013	12/31/2999
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	1/1/1950	12/31/2999
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	1/1/2013	12/31/2999
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	1/1/1950	12/31/2999
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	1/1/2013	12/31/2999
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	1/1/2013	12/31/2999
S4022	Assisted oocyte fertilization, case rate	1/1/1950	12/31/2999
S4022	Assisted oocyte fertilization, case rate	11/1/2015	12/31/2999
S4023	Donor egg cycle, incomplete, case rate	1/1/1950	12/31/2999
S4023	Donor egg cycle, incomplete, case rate	1/1/1950	12/31/2999
S4023	Donor egg cycle, incomplete, case rate	1/1/2013	12/31/2999
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	1/1/1950	12/31/2999
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	1/1/1950	12/31/2999
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	11/1/2015	12/31/2999
S4026	Procurement of donor sperm from sperm bank	1/1/1950	12/31/2999
S4026	Procurement of donor sperm from sperm bank	1/1/1950	12/31/2999
S4026	Procurement of donor sperm from sperm bank	1/1/1950	12/31/2999
S4026	Procurement of donor sperm from sperm bank	11/1/2015	12/31/2999
S4027	Storage of previously frozen embryos	1/1/1950	12/31/2999
S4027	Storage of previously frozen embryos	1/1/1950	12/31/2999
S4027	Storage of previously frozen embryos	1/1/1950	12/31/2999
S4027	Storage of previously frozen embryos	11/1/2015	12/31/2999
S4028	Microsurgical epididymal sperm aspiration (mesa)	1/1/1950	12/31/2999
S4028	Microsurgical epididymal sperm aspiration (mesa)	1/1/2013	12/31/2999
S4030	Sperm procurement and cryopreservation services; initial visit	1/1/1950	12/31/2999
S4030	Sperm procurement and cryopreservation services; initial visit	1/1/1950	12/31/2999
S4030	Sperm procurement and cryopreservation services; initial visit	1/1/1950	12/31/2999
S4030	Sperm procurement and cryopreservation services; initial visit	11/1/2015	12/31/2999
S4031	Sperm procurement and cryopreservation services; subsequent visit	1/1/1950	12/31/2999
S4031	Sperm procurement and cryopreservation services; subsequent visit	1/1/1950	12/31/2999
S4031	Sperm procurement and cryopreservation services; subsequent visit	1/1/1950	12/31/2999
S4031	Sperm procurement and cryopreservation services; subsequent visit	11/1/2015	12/31/2999
S4035	Stimulated intrauterine insemination (iui), case rate	1/1/1950	12/31/2999
S4037	Cryopreserved embryo transfer, case rate	1/1/1950	12/31/2999
S4037	Cryopreserved embryo transfer, case rate	11/1/2015	12/31/2999
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	1/1/1950	12/31/2999
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	1/1/1950	12/31/2999
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	11/1/2015	12/31/2999
S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	1/1/2005	12/31/2999
S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	1/1/2013	12/31/2999
S4990	Nicotine patches, legend	1/1/1950	12/31/2999
S4990	Nicotine patches, legend	1/1/1950	12/31/2999
S4990	Nicotine patches, legend	1/1/1950	12/31/2999
S4990	Nicotine patches, legend	1/1/1950	12/31/2999
S4990	Nicotine patches, legend	1/1/2022	12/31/2999
S4991	Nicotine patches, non-legend	1/1/1950	12/31/2999
S4991	Nicotine patches, non-legend	1/1/1950	12/31/2999
S4991	Nicotine patches, non-legend	1/1/1950	12/31/2999
S4991	Nicotine patches, non-legend	1/1/1950	12/31/2999
S4991	Nicotine patches, non-legend	1/1/2022	12/31/2999
S4995	Smoking cessation gum	1/1/1950	12/31/2999
S4995	Smoking cessation gum	1/1/1950	12/31/2999
S4995	Smoking cessation gum	1/1/1950	12/31/2999
S4995	Smoking cessation gum	1/1/1950	12/31/2999
S5035	Home infusion therapy, routine service of infusion device (e. G. Pump maintenance)	1/1/1950	12/31/2999
S5035	Home infusion therapy, routine service of infusion device (e. G. Pump maintenance)	1/1/1950	12/31/2999
S5036	Home infusion therapy, repair of infusion device (e. G. Pump repair)	1/1/1950	12/31/2999
S5036	Home infusion therapy, repair of infusion device (e. G. Pump repair)	1/1/1950	12/31/2999
S5100	Day care services, adult; per 15 minutes	1/1/1950	12/31/2999
S5100	Day care services, adult; per 15 minutes	1/1/1950	12/31/2999
S5100	Day care services, adult; per 15 minutes	1/1/1950	12/31/2999
S5100	Day care services, adult; per 15 minutes	1/1/1950	12/31/2999
S5100	Day care services, adult; per 15 minutes	1/1/2023	12/31/2999
S5101	Day care services, adult; per half day	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S5101	Day care services, adult; per half day	1/1/1950	12/31/2999
S5101	Day care services, adult; per half day	1/1/1950	12/31/2999
S5101	Day care services, adult; per half day	1/1/1950	12/31/2999
S5101	Day care services, adult; per half day	1/1/2023	12/31/2999
S5102	Day care services, adult; per diem	1/1/1950	12/31/2999
S5102	Day care services, adult; per diem	1/1/1950	12/31/2999
S5102	Day care services, adult; per diem	1/1/1950	12/31/2999
S5102	Day care services, adult; per diem	1/1/1950	12/31/2999
S5102	Day care services, adult; per diem	1/1/2023	12/31/2999
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/1950	12/31/2999
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/1950	12/31/2999
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/1950	12/31/2999
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/1950	12/31/2999
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/2023	12/31/2999
S5108	Home care training to home care client, per 15 minutes	1/1/1950	12/31/2999
S5108	Home care training to home care client, per 15 minutes	1/1/1950	12/31/2999
S5108	Home care training to home care client, per 15 minutes	1/1/1950	12/31/2999
S5108	Home care training to home care client, per 15 minutes	1/1/1950	12/31/2999
S5109	Home care training to home care client, per session	1/1/1950	12/31/2999
S5109	Home care training to home care client, per session	1/1/1950	12/31/2999
S5109	Home care training to home care client, per session	1/1/1950	12/31/2999
S5109	Home care training to home care client, per session	1/1/1950	12/31/2999
S5110	Home care training, family; per 15 minutes	1/1/1950	12/31/2999
S5110	Home care training, family; per 15 minutes	1/1/1950	12/31/2999
S5110	Home care training, family; per 15 minutes	1/1/1950	12/31/2999
S5110	Home care training, family; per 15 minutes	1/1/1950	12/31/2999
S5111	Home care training, family; per session	1/1/1950	12/31/2999
S5111	Home care training, family; per session	1/1/1950	12/31/2999
S5111	Home care training, family; per session	1/1/1950	12/31/2999
S5115	Home care training, non-family; per 15 minutes	1/1/1950	12/31/2999
S5115	Home care training, non-family; per 15 minutes	1/1/1950	12/31/2999
S5115	Home care training, non-family; per 15 minutes	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S5115	Home care training, non-family; per 15 minutes	1/1/1950	12/31/2999
S5116	Home care training, non-family; per session	1/1/1950	12/31/2999
S5116	Home care training, non-family; per session	1/1/1950	12/31/2999
S5116	Home care training, non-family; per session	1/1/1950	12/31/2999
S5116	Home care training, non-family; per session	1/1/1950	12/31/2999
S5120	Chore services; per 15 minutes	1/1/1950	12/31/2999
S5120	Chore services; per 15 minutes	1/1/1950	12/31/2999
S5120	Chore services; per 15 minutes	1/1/1950	12/31/2999
S5120	Chore services; per 15 minutes	1/1/1950	12/31/2999
S5120	Chore services; per 15 minutes	1/1/2023	12/31/2999
S5121	Chore services; per diem	1/1/1950	12/31/2999
S5121	Chore services; per diem	1/1/1950	12/31/2999
S5121	Chore services; per diem	1/1/1950	12/31/2999
S5121	Chore services; per diem	1/1/1950	12/31/2999
S5121	Chore services; per diem	1/1/2023	12/31/2999
S5125	Attendant care services; per 15 minutes	1/1/1950	12/31/2999
S5125	Attendant care services; per 15 minutes	1/1/1950	12/31/2999
S5125	Attendant care services; per 15 minutes	1/1/1950	12/31/2999
S5125	Attendant care services; per 15 minutes	1/1/1950	12/31/2999
S5126	Attendant care services; per diem	1/1/1950	12/31/2999
S5126	Attendant care services; per diem	1/1/1950	12/31/2999
S5126	Attendant care services; per diem	1/1/1950	12/31/2999
S5126	Attendant care services; per diem	1/1/1950	12/31/2999
S5130	Homemaker service, nos; per 15 minutes	1/1/1950	12/31/2999
S5130	Homemaker service, nos; per 15 minutes	1/1/1950	12/31/2999
S5130	Homemaker service, nos; per 15 minutes	1/1/1950	12/31/2999
S5130	Homemaker service, nos; per 15 minutes	1/1/1950	12/31/2999
S5130	Homemaker service, nos; per 15 minutes	1/1/2023	12/31/2999
S5131	Homemaker service, nos; per diem	1/1/1950	12/31/2999
S5131	Homemaker service, nos; per diem	1/1/1950	12/31/2999
S5131	Homemaker service, nos; per diem	1/1/1950	12/31/2999
S5131	Homemaker service, nos; per diem	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S5131	Homemaker service, nos; per diem	1/1/2023	12/31/2999
S5135	Companion care, adult (e. G. lndl/adl); per 15 minutes	1/1/1950	12/31/2999
S5135	Companion care, adult (e. G. lndl/adl); per 15 minutes	1/1/1950	12/31/2999
S5135	Companion care, adult (e. G. lndl/adl); per 15 minutes	1/1/1950	12/31/2999
S5135	Companion care, adult (e. G. lndl/adl); per 15 minutes	1/1/1950	12/31/2999
S5135	Companion care, adult (e. G. lndl/adl); per 15 minutes	1/1/2023	12/31/2999
S5136	Companion care, adult (e. G. lndl/adl); per diem	1/1/1950	12/31/2999
S5136	Companion care, adult (e. G. lndl/adl); per diem	1/1/1950	12/31/2999
S5136	Companion care, adult (e. G. lndl/adl); per diem	1/1/1950	12/31/2999
S5136	Companion care, adult (e. G. lndl/adl); per diem	1/1/1950	12/31/2999
S5136	Companion care, adult (e. G. lndl/adl); per diem	1/1/2023	12/31/2999
S5140	Foster care, adult; per diem	1/1/1950	12/31/2999
S5140	Foster care, adult; per diem	1/1/1950	12/31/2999
S5140	Foster care, adult; per diem	1/1/1950	12/31/2999
S5140	Foster care, adult; per diem	1/1/1950	12/31/2999
S5140	Foster care, adult; per diem	1/1/2023	12/31/2999
S5141	Foster care, adult; per month	1/1/1950	12/31/2999
S5141	Foster care, adult; per month	1/1/1950	12/31/2999
S5141	Foster care, adult; per month	1/1/1950	12/31/2999
S5141	Foster care, adult; per month	1/1/1950	12/31/2999
S5141	Foster care, adult; per month	1/1/2023	12/31/2999
S5145	Foster care, therapeutic, child; per diem	1/1/1950	12/31/2999
S5145	Foster care, therapeutic, child; per diem	1/1/1950	12/31/2999
S5145	Foster care, therapeutic, child; per diem	1/1/1950	12/31/2999
S5145	Foster care, therapeutic, child; per diem	1/1/1950	12/31/2999
S5145	Foster care, therapeutic, child; per diem	1/1/2023	12/31/2999
S5146	Foster care, therapeutic, child; per month	1/1/1950	12/31/2999
S5146	Foster care, therapeutic, child; per month	1/1/1950	12/31/2999
S5146	Foster care, therapeutic, child; per month	1/1/1950	12/31/2999
S5146	Foster care, therapeutic, child; per month	1/1/1950	12/31/2999
S5146	Foster care, therapeutic, child; per month	1/1/2023	12/31/2999
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/1950	12/31/2999
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/1950	12/31/2999
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/1950	12/31/2999
S5151	Unskilled respite care, not hospice; per diem	1/1/1950	12/31/2999
S5151	Unskilled respite care, not hospice; per diem	1/1/1950	12/31/2999
S5151	Unskilled respite care, not hospice; per diem	1/1/1950	12/31/2999
S5151	Unskilled respite care, not hospice; per diem	1/1/1950	12/31/2999
S5160	Emergency response system; installation and testing	1/1/1950	12/31/2999
S5160	Emergency response system; installation and testing	1/1/1950	12/31/2999
S5160	Emergency response system; installation and testing	1/1/1950	12/31/2999
S5160	Emergency response system; installation and testing	1/1/1950	12/31/2999
S5161	Emergency response system; service fee, per month (excludes installation and testing)	1/1/1950	12/31/2999
S5161	Emergency response system; service fee, per month (excludes installation and testing)	1/1/1950	12/31/2999
S5161	Emergency response system; service fee, per month (excludes installation and testing)	1/1/1950	12/31/2999
S5161	Emergency response system; service fee, per month (excludes installation and testing)	1/1/1950	12/31/2999
S5162	Emergency response system; purchase only	1/1/1950	12/31/2999
S5162	Emergency response system; purchase only	1/1/1950	12/31/2999
S5162	Emergency response system; purchase only	1/1/1950	12/31/2999
S5162	Emergency response system; purchase only	1/1/1950	12/31/2999
S5162	Emergency response system; purchase only	1/1/2022	12/31/2999
S5165	Home modifications; per service	1/1/1950	12/31/2999
S5165	Home modifications; per service	1/1/1950	12/31/2999
S5165	Home modifications; per service	1/1/1950	12/31/2999
S5165	Home modifications; per service	1/1/1950	12/31/2999
S5165	Home modifications; per service	1/1/2013	12/31/2999
S5170	Home delivered meals, including preparation; per meal	1/1/1950	12/31/2999
S5170	Home delivered meals, including preparation; per meal	1/1/1950	12/31/2999
S5170	Home delivered meals, including preparation; per meal	1/1/1950	12/31/2999
S5170	Home delivered meals, including preparation; per meal	1/1/1950	12/31/2999
S5170	Home delivered meals, including preparation; per meal	1/1/2023	12/31/2999
S5175	Laundry service, external, professional; per order	1/1/1950	12/31/2999
S5175	Laundry service, external, professional; per order	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S5175	Laundry service, external, professional; per order	1/1/1950	12/31/2999
S5175	Laundry service, external, professional; per order	1/1/1950	12/31/2999
S5175	Laundry service, external, professional; per order	1/1/2023	12/31/2999
S5185	Medication reminder service, non-face-to-face; per month	1/1/1950	12/31/2999
S5185	Medication reminder service, non-face-to-face; per month	1/1/1950	12/31/2999
S5185	Medication reminder service, non-face-to-face; per month	1/1/1950	12/31/2999
S5185	Medication reminder service, non-face-to-face; per month	1/1/1950	12/31/2999
S5199	Personal care item, nos, each	1/1/1950	12/31/2999
S5199	Personal care item, nos, each	1/1/1950	12/31/2999
S5199	Personal care item, nos, each	1/1/1950	12/31/2999
S5199	Personal care item, nos, each	1/1/1950	12/31/2999
S5199	Personal care item, nos, each	1/1/2023	12/31/2999
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	7/1/2005	12/31/2999
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	7/1/2005	12/31/2999
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	7/1/2005	12/31/2999
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	7/1/2005	12/31/2999
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	1/1/2013	12/31/2999
S8301	Infection control supplies, not otherwise specified	1/1/2013	12/31/2999
S8415	Supplies for home delivery of infant	1/1/1950	12/31/2999
S8460	Camisole, post-mastectomy	1/1/1950	12/31/2999
S8460	Camisole, post-mastectomy	1/1/1950	12/31/2999
S8460	Camisole, post-mastectomy	1/1/1950	12/31/2999
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS; EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	1/12/2015	12/31/2999
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	9/1/2020	12/31/2999
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	1/1/2020	12/31/2999
S9125	Respite care, in the home, per diem	1/1/1950	12/31/2999
S9125	Respite care, in the home, per diem	1/1/1950	12/31/2999
S9125	Respite care, in the home, per diem	3/1/2008	12/31/2999
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	1/1/1950	12/31/2999
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	1/1/1950	12/31/2999
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	1/1/2013	12/31/2999
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	1/1/1950	12/31/2999
S9432	Medical foods for non-inborn errors of metabolism	10/1/2021	12/31/2999
S9434	Modified solid food supplements for inborn errors of metabolism	1/1/1950	12/31/2999
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	1/1/1950	12/31/2999
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	1/1/1950	12/31/2999
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	1/1/1950	12/31/2999
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	1/1/1950	12/31/2999
S9437	Childbirth refresher classes, non-physician provider, per session	1/1/1950	12/31/2999
S9437	Childbirth refresher classes, non-physician provider, per session	1/1/1950	12/31/2999
S9437	Childbirth refresher classes, non-physician provider, per session	1/1/1950	12/31/2999
S9437	Childbirth refresher classes, non-physician provider, per session	1/1/1950	12/31/2999
S9438	Cesarean birth classes, non-physician provider, per session	1/1/1950	12/31/2999
S9438	Cesarean birth classes, non-physician provider, per session	1/1/1950	12/31/2999
S9438	Cesarean birth classes, non-physician provider, per session	1/1/1950	12/31/2999
S9438	Cesarean birth classes, non-physician provider, per session	1/1/1950	12/31/2999
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9441	Asthma education, non-physician provider, per session	1/1/1950	12/31/2999
S9442	Birthing classes, non-physician provider, per session	1/1/1950	12/31/2999
S9442	Birthing classes, non-physician provider, per session	1/1/1950	12/31/2999
S9442	Birthing classes, non-physician provider, per session	1/1/1950	12/31/2999
S9444	Parenting classes, non-physician provider, per session	1/1/1950	12/31/2999
S9444	Parenting classes, non-physician provider, per session	1/1/1950	12/31/2999
S9444	Parenting classes, non-physician provider, per session	1/1/1950	12/31/2999
S9444	Parenting classes, non-physician provider, per session	1/1/1950	12/31/2999
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	1/1/1950	12/31/2999
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	1/1/1950	12/31/2999
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	1/1/1950	12/31/2999
S9447	Infant safety (including cpr) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9447	Infant safety (including cpr) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9447	Infant safety (including cpr) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9447	Infant safety (including cpr) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9449	Weight management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9449	Weight management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9449	Weight management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9449	Weight management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9449	Weight management classes, non-physician provider, per session	1/1/2013	12/31/2999
S9451	Exercise classes, non-physician provider, per session	1/1/1950	12/31/2999
S9451	Exercise classes, non-physician provider, per session	1/1/1950	12/31/2999
S9451	Exercise classes, non-physician provider, per session	1/1/1950	12/31/2999
S9451	Exercise classes, non-physician provider, per session	1/1/1950	12/31/2999
S9454	Stress management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9454	Stress management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9454	Stress management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9454	Stress management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	1/1/2005	12/31/2999
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	1/1/2005	12/31/2999
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	1/1/2005	12/31/2999
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	1/1/2005	12/31/2999
S9900	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE PRACTITIONER FOR THE PURPOSE OF HEALING, PER DIEM	1/1/1950	12/31/2999
S9900	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE PRACTITIONER FOR THE PURPOSE OF HEALING, PER DIEM	1/1/1950	12/31/2999
S9900	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE PRACTITIONER FOR THE PURPOSE OF HEALING, PER DIEM	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S9900	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE PRACTITIONER FOR THE PURPOSE OF HEALING, PER DIEM	1/1/1950	12/31/2999
S9970	Health club membership, annual	1/1/1950	12/31/2999
S9970	Health club membership, annual	1/1/1950	12/31/2999
S9970	Health club membership, annual	1/1/1950	12/31/2999
S9970	Health club membership, annual	1/1/1950	12/31/2999
S9975	Transplant related lodging, meals and transportation, per diem	1/1/1950	12/31/2999
S9975	Transplant related lodging, meals and transportation, per diem	1/1/1950	12/31/2999
S9975	Transplant related lodging, meals and transportation, per diem	5/1/2015	12/31/2999
S9976	Lodging, per diem, not otherwise classified	1/1/1950	12/31/2999
S9976	Lodging, per diem, not otherwise classified	1/1/1950	12/31/2999
S9976	Lodging, per diem, not otherwise classified	1/1/1950	12/31/2999
S9976	Lodging, per diem, not otherwise classified	1/1/1950	12/31/2999
S9976	Lodging, per diem, not otherwise classified	1/1/2021	12/31/2999
S9977	Meals, per diem, not otherwise specified	1/1/1950	12/31/2999
S9977	Meals, per diem, not otherwise specified	1/1/1950	12/31/2999
S9977	Meals, per diem, not otherwise specified	1/1/1950	12/31/2999
S9977	Meals, per diem, not otherwise specified	1/1/1950	12/31/2999
S9977	Meals, per diem, not otherwise specified	1/1/2021	12/31/2999
S9981	Medical records copying fee, administrative	1/1/1950	12/31/2999
S9981	Medical records copying fee, administrative	1/1/1950	12/31/2999
S9981	Medical records copying fee, administrative	1/1/1950	12/31/2999
S9981	Medical records copying fee, administrative	1/1/1950	12/31/2999
S9982	Medical records copying fee, per page	1/1/1950	12/31/2999
S9982	Medical records copying fee, per page	1/1/1950	12/31/2999
S9982	Medical records copying fee, per page	1/1/1950	12/31/2999
S9982	Medical records copying fee, per page	1/1/1950	12/31/2999
S9986	Not medically necessary service (patient is aware that service not medically necessary)	1/1/1950	12/31/2999
S9986	Not medically necessary service (patient is aware that service not medically necessary)	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S9986	Not medically necessary service (patient is aware that service not medically necessary)	1/1/1950	12/31/2999
S9986	Not medically necessary service (patient is aware that service not medically necessary)	1/1/1950	12/31/2999
S9988	Services provided as part of a phase i clinical trial	1/1/1950	12/31/2999
S9988	Services provided as part of a phase i clinical trial	1/1/1950	12/31/2999
S9988	Services provided as part of a phase i clinical trial	1/1/1950	12/31/2999
S9988	Services provided as part of a phase i clinical trial	1/1/1950	12/31/2999
S9989	Services provided outside of the united states of america (list in addition to code(s) for services(s))	1/1/1950	12/31/2999
S9989	Services provided outside of the united states of america (list in addition to code(s) for services(s))	1/1/1950	12/31/2999
S9990	Services provided as part of a phase ii clinical trial	1/1/1950	12/31/2999
S9990	Services provided as part of a phase ii clinical trial	1/1/1950	12/31/2999
S9990	Services provided as part of a phase ii clinical trial	1/1/1950	12/31/2999
S9990	Services provided as part of a phase ii clinical trial	1/1/1950	12/31/2999
S9991	Services provided as part of a phase iii clinical trial	1/1/1950	12/31/2999
S9991	Services provided as part of a phase iii clinical trial	1/1/1950	12/31/2999
S9991	Services provided as part of a phase iii clinical trial	1/1/1950	12/31/2999
S9991	Services provided as part of a phase iii clinical trial	1/1/1950	12/31/2999
S9992	Transportation costs to and from trial location and local transportation costs (e. G. , fares for taxicab or bus) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9992	Transportation costs to and from trial location and local transportation costs (e. G. , fares for taxicab or bus) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9992	Transportation costs to and from trial location and local transportation costs (e. G. , fares for taxicab or bus) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9992	Transportation costs to and from trial location and local transportation costs (e. G. , fares for taxicab or bus) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9992	Transportation costs to and from trial location and local transportation costs (e. G. , fares for taxicab or bus) for clinical trial participant and one caregiver/companion	1/1/2013	12/31/2999
S9994	Lodging costs (e. G. , hotel charges) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S9994	Lodging costs (e. G. , hotel charges) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9994	Lodging costs (e. G. , hotel charges) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9994	Lodging costs (e. G. , hotel charges) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9994	Lodging costs (e. G. , hotel charges) for clinical trial participant and one caregiver/companion	1/1/2013	12/31/2999
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/2013	12/31/2999
S9999	Sales tax	1/1/1950	12/31/2999
S9999	Sales tax	1/1/1950	12/31/2999
S9999	Sales tax	1/1/1950	12/31/2999
S9999	Sales tax	6/1/2014	12/31/2999
S9999	Sales tax	1/1/2013	12/31/2999
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	1/1/2013	12/31/2999
T1005	Respite care services, up to 15 minutes	1/1/1950	12/31/2999
T1006	Alcohol and/or substance abuse services, family/couple counseling	1/1/1950	12/31/2999
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	1/1/1950	12/31/2999
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	1/1/1950	12/31/2999
T1012	Alcohol and/or substance abuse services, skills development	1/1/1950	12/31/2999
T1013	Sign language or oral interpretive services, per 15 minutes	1/1/1950	12/31/2999
T1014	Telehealth transmission, per minute, professional services bill separately	1/1/2021	12/31/2999
T1014	Telehealth transmission, per minute, professional services bill separately	7/10/2015	12/31/2999
T1014	Telehealth transmission, per minute, professional services bill separately	1/1/1950	12/31/2999
T1014	Telehealth transmission, per minute, professional services bill separately	1/1/2021	12/31/2999
T1018	School-based individualized education program (iep) services, bundled	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	1/1/1950	12/31/2999
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	1/1/1950	12/31/2999
T1032	Services performed by a doula birth worker, per 15 minutes	10/1/2022	12/31/2999
T1032	Services performed by a doula birth worker, per 15 minutes	10/1/2022	12/31/2999
T1033	Services performed by a doula birth worker, per diem	10/1/2022	12/31/2999
T1033	Services performed by a doula birth worker, per diem	10/1/2022	12/31/2999
T1040	Medicaid certified community behavioral health clinic services, per diem	1/1/2017	12/31/2999
T1041	Medicaid certified community behavioral health clinic services, per month	1/1/2017	12/31/2999
T2001	Non-emergency transportation; patient attendant/escort	1/1/1950	12/31/2999
T2002	Non-emergency transportation; per diem	1/1/1950	12/31/2999
T2003	Non-emergency transportation; encounter/trip	1/1/1950	12/31/2999
T2004	Non-emergency transport; commercial carrier, multi-pass	1/1/1950	12/31/2999
T2005	Non-emergency transportation; stretcher van	1/1/1950	12/31/2999
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments	1/1/1950	12/31/2999
T2012	Habilitation, educational; waiver, per diem	1/1/1950	12/31/2999
T2012	Habilitation, educational; waiver, per diem	1/1/2023	12/31/2999
T2013	Habilitation, educational, waiver; per hour	1/1/1950	12/31/2999
T2013	Habilitation, educational, waiver; per hour	1/1/2023	12/31/2999
T2014	Habilitation, prevocational, waiver; per diem	1/1/1950	12/31/2999
T2014	Habilitation, prevocational, waiver; per diem	1/1/2023	12/31/2999
T2015	Habilitation, prevocational, waiver; per hour	1/1/1950	12/31/2999
T2015	Habilitation, prevocational, waiver; per hour	1/1/2023	12/31/2999
T2016	Habilitation, residential, waiver; per diem	1/1/1950	12/31/2999
T2016	Habilitation, residential, waiver; per diem	1/1/2023	12/31/2999
T2017	Habilitation, residential, waiver; 15 minutes	1/1/1950	12/31/2999
T2017	Habilitation, residential, waiver; 15 minutes	1/1/2023	12/31/2999
T2018	Habilitation, supported employment, waiver; per diem	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
T2018	Habilitation, supported employment, waiver; per diem	1/1/2023	12/31/2999
T2019	Habilitation, supported employment, waiver; per 15 minutes	1/1/1950	12/31/2999
T2019	Habilitation, supported employment, waiver; per 15 minutes	1/1/2023	12/31/2999
T2020	Day habilitation, waiver; per diem	1/1/1950	12/31/2999
T2020	Day habilitation, waiver; per diem	1/1/2023	12/31/2999
T2021	Day habilitation, waiver; per 15 minutes	1/1/1950	12/31/2999
T2021	Day habilitation, waiver; per 15 minutes	1/1/2023	12/31/2999
T2026	Specialized childcare, waiver; per diem	1/1/1950	12/31/2999
T2026	Specialized childcare, waiver; per diem	1/1/2023	12/31/2999
T2027	Specialized childcare, waiver; per 15 minutes	1/1/1950	12/31/2999
T2027	Specialized childcare, waiver; per 15 minutes	1/1/2023	12/31/2999
T2028	Specialized supply, not otherwise specified, waiver	1/1/1950	12/31/2999
T2029	Specialized medical equipment, not otherwise specified, waiver	1/1/1950	12/31/2999
T2030	Assisted living, waiver; per month	1/1/2023	12/31/2999
T2031	Assisted living; waiver, per diem	1/1/2023	12/31/2999
T2034	Crisis intervention, waiver; per diem	1/1/1950	12/31/2999
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	1/1/1950	12/31/2999
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	1/1/2023	12/31/2999
T2036	Therapeutic camping, overnight, waiver; each session	1/1/1950	12/31/2999
T2036	Therapeutic camping, overnight, waiver; each session	1/1/2023	12/31/2999
T2037	Therapeutic camping, day, waiver; each session	1/1/1950	12/31/2999
T2037	Therapeutic camping, day, waiver; each session	1/1/2023	12/31/2999
T2038	Community transition, waiver; per service	1/1/1950	12/31/2999
T2038	Community transition, waiver; per service	1/1/2023	12/31/2999
T2039	Vehicle modifications, waiver; per service	1/1/1950	12/31/2999
T2039	Vehicle modifications, waiver; per service	1/1/2023	12/31/2999
T2040	Financial management, self-directed, waiver; per 15 minutes	1/1/1950	12/31/2999
T2040	Financial management, self-directed, waiver; per 15 minutes	1/1/2023	12/31/2999
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	1/1/1950	12/31/2999
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
T2047	Habilitation, prevocational, waiver; per 15 minutes	10/1/2020	12/31/2999
T2049	NON-EMERGENCY TRANSPORTATION; STRETCHER VAN, MILEAGE; PER MILE	7/1/2004	12/31/2999
T2050	Financial management, self-directed, waiver; per diem	4/1/2022	12/31/2999
T2050	Financial management, self-directed, waiver; per diem	4/1/2022	12/31/2999
T2051	Supports brokerage, self-directed, waiver; per diem	4/1/2022	12/31/2999
T2051	Supports brokerage, self-directed, waiver; per diem	4/1/2022	12/31/2999
T2101	Human breast milk processing, storage and distribution only	7/1/2019	12/31/2999
T2101	Human breast milk processing, storage and distribution only	1/1/1950	12/31/2999
T2101	Human breast milk processing, storage and distribution only	2/1/2020	12/31/2999
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	1/1/2005	12/31/2999
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	1/1/2025	12/31/2999
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	1/1/2005	12/31/2999
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	1/1/2025	12/31/2999
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	1/1/2005	12/31/2999
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	1/1/2025	12/31/2999
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	1/1/2005	12/31/2999
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	1/1/2025	12/31/2999
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	1/1/2005	12/31/2999
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	1/1/2025	12/31/2999
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	1/1/2005	12/31/2999
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	1/1/2025	12/31/2999
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1/1/2005	12/31/2999
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1/1/2005	12/31/2999
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1/1/2025	12/31/2999
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	1/1/2005	12/31/2999
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	1/1/2025	12/31/2999
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	1/1/2005	12/31/2999
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	1/1/2025	12/31/2999
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	1/1/2005	12/31/2999
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	1/1/2025	12/31/2999
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1/1/2005	12/31/2999
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1/1/2025	12/31/2999
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	1/1/2005	12/31/2999
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	1/1/2025	12/31/2999
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	1/1/2005	12/31/2999
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	1/1/2025	12/31/2999
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	1/1/2005	12/31/2999
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	1/1/2025	12/31/2999
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	1/1/2005	12/31/2999
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	1/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	1/1/2005	12/31/2999
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	1/1/2017	12/31/2999
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	1/1/2005	12/31/2999
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	1/1/2017	12/31/2999
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	1/1/2005	12/31/2999
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	1/1/2017	12/31/2999
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	1/1/2005	12/31/2999
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	1/1/2017	12/31/2999
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	1/1/2005	12/31/2999
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	1/1/2017	12/31/2999
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	1/1/2005	12/31/2999
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	1/1/2017	12/31/2999
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	1/1/2007	12/31/2999
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	1/1/2017	12/31/2999
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	1/1/2014	12/31/2999
T4545	Incontinence product, disposable, penile wrap, each	1/1/2019	12/31/2999
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	1/1/1950	12/31/2999
V2025	Deluxe frame	1/1/2021	12/31/2999
V2025	Deluxe frame	9/1/2020	12/31/2999
V2025	Deluxe frame	1/1/2021	12/31/2999
V2025	Deluxe frame	1/1/2020	12/31/2999
V2219	Bifocal seg width over 28mm	1/1/1950	12/31/2999
V2600	Hand held low vision aids and other nonspectacle mounted aids	1/1/1950	12/31/2999
V2600	Hand held low vision aids and other nonspectacle mounted aids	1/1/2022	12/31/2999
V2610	Single lens spectacle mounted low vision aids	1/1/1950	12/31/2999
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	1/1/1950	12/31/2999
V2702	DELUXE LENS FEATURE	1/1/2021	12/31/2999
V2702	DELUXE LENS FEATURE	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
V2702	DELUXE LENS FEATURE	1/1/2021	12/31/2999
V2702	DELUXE LENS FEATURE	1/1/2005	12/31/2999
V2702	DELUXE LENS FEATURE	1/1/2020	12/31/2999
V2715	Prism, per lens	1/1/1950	12/31/2999
V2718	Press-on lens, fresnell prism, per lens	1/1/1950	12/31/2999
V2730	Special base curve, glass or plastic, per lens	1/1/1950	12/31/2999
V2744	Tint, photochromatic, per lens	1/1/1950	12/31/2999
V2744	Tint, photochromatic, per lens	5/15/2006	12/31/2999
V2744	Tint, photochromatic, per lens	5/15/2006	12/31/2999
V2744	Tint, photochromatic, per lens	1/1/2022	12/31/2999
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	1/1/1950	12/31/2999
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	1/1/2022	12/31/2999
V2750	Anti-reflective coating, per lens	1/1/1950	12/31/2999
V2750	Anti-reflective coating, per lens	1/1/2018	12/31/2999
V2755	U-v lens, per lens	1/1/1950	12/31/2999
V2755	U-v lens, per lens	1/1/2018	12/31/2999
V2756	Eye glass case	1/1/1950	12/31/2999
V2756	Eye glass case	1/1/2022	12/31/2999
V2760	Scratch resistant coating, per lens	1/1/1950	12/31/2999
V2760	Scratch resistant coating, per lens	1/1/2022	12/31/2999
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	1/1/1950	12/31/2999
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	1/1/2022	12/31/2999
V2762	Polarization, any lens material, per lens	1/1/1950	12/31/2999
V2762	Polarization, any lens material, per lens	1/1/2022	12/31/2999
V2770	Occluder lens, per lens	1/1/1950	12/31/2999
V2782	Lens, index 1. 54 to 1. 65 plastic or 1. 60 to 1. 79 glass, excludes polycarbonate, per lens	1/1/1950	12/31/2999
V2783	Lens, index greater than or equal to 1. 66 plastic or greater than or equal to 1. 80 glass, excludes polycarbonate, per lens	1/1/1950	12/31/2999
V2797	Vision supply, accessory and/or service component of another hcpcs vision code	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
V2799	Vision item or service, miscellaneous	1/1/1950	12/31/2999
V2799	Vision item or service, miscellaneous	5/15/2006	12/31/2999
V2799	Vision item or service, miscellaneous	5/15/2006	12/31/2999
V5011	Fitting/orientation/checking of hearing aid	1/1/2021	12/31/2999
V5268	Assistive listening device, telephone amplifier, any type	1/1/2013	12/31/2999
V5269	Assistive listening device, alerting, any type	1/1/1950	12/31/2999
V5269	Assistive listening device, alerting, any type	3/15/2015	12/31/2999
V5270	Assistive listening device, television amplifier, any type	1/1/1950	12/31/2999
V5271	Assistive listening device, television caption decoder	1/1/1950	12/31/2999
V5271	Assistive listening device, television caption decoder	3/15/2015	12/31/2999
V5272	Assistive listening device, tdd	1/1/1950	12/31/2999
V5272	Assistive listening device, tdd	3/15/2015	12/31/2999
V5273	Assistive listening device, for use with cochlear implant	1/1/1950	12/31/2999
V5273	Assistive listening device, for use with cochlear implant	3/15/2015	12/31/2999
V5274	Assistive listening device, not otherwise specified	1/1/1950	12/31/2999
V5274	Assistive listening device, not otherwise specified	3/15/2015	12/31/2999
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	1/1/2013	12/31/2999
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	1/1/2013	12/31/2999
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	1/1/2013	12/31/2999
V5284	Assistive listening device, personal fm/dm, ear level receiver	1/1/2013	12/31/2999
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	1/1/2013	12/31/2999
V5286	Assistive listening device, personal blue tooth fm/dm receiver	1/1/2013	12/31/2999
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	1/1/2013	12/31/2999
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	1/1/2013	12/31/2999
V5290	Assistive listening device, transmitter microphone, any type	1/1/2013	12/31/2999
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	1/1/2013	12/31/2999
V5364	Dysphagia screening	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
<p style="text-align: center;">CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the AMA.</p> <p>Please note that checking eligibility and benefits and/or the fact that a service has been prior authorized or has a recommended clinical review is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.</p> <p>This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of New Mexico (BCBSNM). For other services/members, BCBSNM has contracted with Carelon Medical Benefits Management for utilization management and related services.</p> <p>Services performed without prior authorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSNM members. Obtaining prior authorization is not a substitute for checking eligibility and benefits.</p> <p>Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. □</p>			