



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Access to Care Update 2022 – Methodology

Overview

This report contains claims with the service dates of 1/1/2018 through 12/31/2020. This report contains claims for five defined service categories, primary care, specialty care, home health, behavioral health, and obstetrics. Each service category is defined through revenue codes or a combination of CPT procedure codes and CPT procedure modifiers received from HCPF. Please see Appendix A for detailed explanations of each revenue code or procedure code for each service category.

Geographic Groupings

Geographic breakdowns in the report include the entire state of Colorado, Colorado counties, Regional Accountable Entity number, Regional Accountable Entity County Types (Urban, Rural, Frontier), and Division of Insurance defined regions. Geography is determined by the service provider location as well as member location for some metrics.

Payer (Insurance) Types

The data available in this report represents Commercial payers in the CO APCD only. This report includes claims for over 40 commercial payers in Colorado, including all of the fully insured and individually insured market, and approximately 25% of the self-insured market. The CO APCD currently contains roughly 43% of the commercial covered lives in the market, according to a Kaiser Family Foundation study.

Medicaid, Medicare Fee-For-Service, and Medicare Advantage lines of business are also included in this analysis.

Metric Methodology Definitions

Member Eligibility: The number of distinct persons with medical eligibility for at least one month within the given year.

Active Providers: The number of providers who performed at least one service within the selected calendar year. This is illustrated using binary numbers, with a “1” meaning that provider was considered active for the year selected. Provider names, NPIs, lines of business, and service categories are also included. **Please note:** The county-level median will appear much lower than the statewide total would suggest. This is due to the number of lower-population counties in Colorado with smaller numbers of active providers.

Distinct Utilizers: The number of distinct eligible persons who utilize services at least once within the given year. The geography for this metric is member location.

Member to Provider Ratio: Represented as a decimal ratio. This measure is the distinct number of service category utilizers over the distinct number of active providers for a given line of business, region, and date range. The geography for this metric is member location. **Please note:** When interpreting this

data, this aggregation does not limit the provider's location to the same county as the member. For example, a provider who is in Boulder county and sees a patient in Weld county is counted under Weld county's ratio; if that provider also sees a patient in Boulder county, they are also counted under Boulder county's ratio. Because providers are counted more than once across counties, county-level ratios cannot be summed. Instead, the geography filter should be used to look at the ratio for geographies of different sizes.

Penetration Rate: Represented as a percentage. This is the number of distinct service category utilizers versus the total distinct eligible members for a given line of business, region, and date range.

Price per Service: This metric shows the average allowed amount for each service category. Costs are taken from the claim line level for each CPT and/or revenue defined in Appendix A for each service category.

Provider Participation: The provider participation rate is calculated as the number of active providers for a given line of business, divided by the number of active providers regardless of line of business.

Also included with each metric listed above is a page that displays a crosstab of the data used in the creation of the maps and where necessary, the numerator and denominator in the fields used to create calculations, such as penetration rate.

Tableau Filter Definitions

All Specialties: This filter contains the following specialties based on "Year Two" from the MPPRC team.

- Cognitive Capabilities Assessment
- Radiology
- Primary Care
- Women's Health
- Family Planning
- Respiratory
- Vaccines & Immunizations
- Health Education
- Other Physician Services
- Cardiology
- Ear, Nose, and Throat
- Gastroenterology
- Ophthalmology
- Vascular

Specialty-Short: This filter contains all the specialties listed in the "All Specialties" but **excludes** the following specialties:

- Cardiology
- Ear, Nose, and Throat
- Gastroenterology
- Ophthalmology

- Vascular

Data Suppression

Following the privacy protection standards used by the Centers for Medicare & Medicaid Services (CMS), data is suppressed for values based on fewer than 30 cases (count of claims) or 11 members per any cell in the report. Throughout the report, a blank table cell or a data point not displayed in a chart indicates that data has been suppressed due to low volume for a specific code, specialty and/or geographic region. An asterisk “*” in the report represents data that was suppressed.

Data Limitations

This report is the result of a multi-faceted data intake, analytic, and quality control process that strives to provide the most reliable, accurate information possible. Potential areas of concern are investigated and addressed accordingly, on a regular basis, and while every effort is made to address all known areas of concern for this report, some may remain. Data for small population breakdowns or for rare events should be interpreted with caution, since they are prone to significant fluctuations. Colorado counties with low service counts are subject to suppression. These counties include: Baca, Costilla, Custer, Dolores, Gilpin, Hinsdale, Jackson, Mineral, Ouray, San Juan, Saguache, and Washington.

Terms & Conditions of Use

This report and any such data made available on or obtained through CIVHC must adhere to the terms of use as signed by recipients in the Data Use Agreement.

Appendix A

Home Health

Revenue Code	Revenue Description	Service Provider	Service Provider
0420	PHYSICAL THERAPY GENERAL CLASSIFICATION PHYSICAL THERP	Home Health Agency	Independent Licensed Therapists - Physical
0421	PHYSICAL THERAPY VISIT CHARGE PHYS THERP/VISIT		
0424	PHYSICAL THERAPY EVALUATION OR RE-EVALUATION PHYS THERP/EVAL		
0430	OCCUPATIONAL THERAPY GENERAL CLASSIFICATION OCCUPATION THER		Independent Licensed Therapists - Occupational
0431	OCCUPATIONAL THERAPY VISIT CHARGE OCCUP THERP/VISIT		
0434	OCCUPATIONAL THERAPY EVALUATION OR RE-EVALUATION OCCUP THERP/EVAL		
0440	SPEECH-LANGUAGE PATHOLOGY GENERAL CLASSIFICATION SPEECH PATHOL		Speech Language Pathologist
0441	SPEECH-LANGUAGE PATHOLOGY VISIT CHARGE SPEECH PATH/VISIT		
0550	SKILLED NURSING GENERAL CLASSIFICATION SKILLED NURSING		Home Health Nurses
0551	SKILLED NURSING VISIT CHARGE SKILLED NURS/VISIT		
0570	HOME HEALTH - HOME HEALTH AIDE GENERAL CLASSIFICATION AID/HOME HEALTH		Home Health Aides
0571	HOME HEALTH - HOME HEALTH AIDE VISIT CHARGE AIDE/HOME HLTH/VISIT		
0572	HOME HEALTH - HOME HEALTH AIDE HOURLY CHARGE AIDE/HOME HLTH/HOUR		
0579	HOME HEALTH - HOME HEALTH AIDE OTHER HOME HEALTH AIDE AIDE/HOME HLTH/OTHER		
0583	HOME HEALTH - OTHER VISITS ASSESSMENT VISIT/HOME HLTH/ASSESS		
0590	HOME HEALTH - UNITS OF SERVICE GENERAL CLASSIFICATION UNIT/HOME HEALTH		Home Health Nurses

0599	HOME HEALTH (HH) - UNITS OF SERVICE RESERVED		
0780	TELEMEDICINE GENERAL CLASSIFICATION TELEMEDICINE		Other

Primary Care

Procedure Code	Procedure Description	Procedure Long Description
36415	ROUTINE VENIPUNCTURE	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE
36416	CAPILLARY BLOOD DRAW	PUNCTURE OF SKIN FOR COLLECTION OF BLOOD SAMPLE
69210	REMOVE IMPACTED EAR WAX UNI	REMOVAL OF IMPACT EAR WAX, ONE EAR
69220	CLEAN OUT MASTOID CAVITY	REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY
69222	CLEAN OUT MASTOID CAVITY	REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY
77052	COMP SCREEN MAMMOGRAM ADD-ON	COMPUTER ANALYSIS OF SCREENING MAMMOGRAM TO ASSIST DETECTION OF CANCER
77055	MAMMOGRAM ONE BREAST	MAMMOGRAPHY OF ONE BREAST
77057	MAMMOGRAM SCREENING	SCREENING MAMMOGRAPHY OF BOTH BREASTS
77080	DXA BONE DENSITY AXIAL	BONE DENSITY MEASUREMENT USING DEDICATED X-RAY MACHINE
80061	LIPID PANEL	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)
81007	URINE SCREEN FOR BACTERIA	URINALYSIS FOR BACTERIA
82270	OCCULT BLOOD FECES	STOOL ANALYSIS FOR BLOOD TO SCREEN FOR COLON TUMORS
82274	ASSAY TEST FOR BLOOD FECAL	STOOL ANALYSIS FOR BLOOD
82465	ASSAY BLD/SERUM CHOLESTEROL	CHOLESTEROL LEVEL
82728	ASSAY OF FERRITIN	FERRITIN (BLOOD PROTEIN) LEVEL
82947	ASSAY GLUCOSE BLOOD QUANT	BLOOD GLUCOSE (SUGAR) LEVEL
82948	REAGENT STRIP/BLOOD GLUCOSE	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP
82950	GLUCOSE TEST	BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE
82951	GLUCOSE TOLERANCE TEST (GTT)	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST
82952	GTT-ADDED SAMPLES	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST

83020	HEMOGLOBIN ELECTROPHORESIS	HEMOGLOBIN ANALYSIS AND MEASUREMENT
83036	GLYCOSYLATED HEMOGLOBIN TEST	HEMOGLOBIN A1C LEVEL
84030	ASSAY OF BLOOD PKU	PHENYLALANINE, PKU (AMINO ACID) LEVEL
84153	ASSAY OF PSA TOTAL	PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT
84478	ASSAY OF TRIGLYCERIDES	TRIGLYCERIDES LEVEL
85013	SPUN MICROHEMATOCRIT	RED BLOOD CELL HEMOGLOBIN CONCENTRATION
85014	HEMATOCRIT	RED BLOOD CELL CONCENTRATION MEASUREMENT
85018	HEMOGLOBIN	HEMOGLOBIN MEASUREMENT
85660	RBC SICKLE CELL TEST	RED BLOOD CELL SICKLING MEASUREMENT
86580	TB INTRADERMAL TEST	SKIN TEST FOR TUBERCULOSIS
86592	SYPHILIS TEST NON-TREP QUAL	SYPHILIS DETECTION TEST
86593	SYPHILIS TEST NON-TREP QUANT	SYPHILIS TEST
86631	CHLAMYDIA ANTIBODY	ANALYSIS FOR ANTIBODY TO CHLAMYDIA (BACTERIA)
86632	CHLAMYDIA IGM ANTIBODY	ANALYSIS FOR ANTIBODY (IGM) TO CHLAMYDIA (BACTERIA)
86689	HTLV/HIV CONFIRMJ ANTIBODY	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV
86701	HIV-1ANTIBODY	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS
86702	HIV-2 ANTIBODY	ANALYSIS FOR ANTIBODY TO HIV-2 VIRUS
86703	HIV-1/HIV-2 1 RESULT ANTBDY	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS
86803	HEPATITIS C AB TEST	HEPATITIS C ANTIBODY MEASUREMENT
86804	HEP C AB TEST CONFIRM	CONFIRMATION TEST FOR HEPATITIS C ANTIBODY
86901	BLOOD TYPING SEROLOGIC RH(D)	BLOOD TYPING FOR RH (D) ANTIGEN
87081	CULTURE SCREEN ONLY	SCREENING TEST FOR PATHOGENIC ORGANISMS
87086	URINE CULTURE/COLONY COUNT	BACTERIAL COLONY COUNT, URINE
87088	URINE BACTERIA CULTURE	BACTERIAL URINE CULTURE
87110	CHLAMYDIA CULTURE	CULTURE FOR CHLAMYDIA
87164	DARK FIELD EXAMINATION	DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM
87166	DARK FIELD EXAMINATION	DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM
87205	SMEAR GRAM STAIN	SPECIAL STAIN FOR MICROORGANISM
87270	CHLAMYDIA TRACHOMATIS AG IF	DETECTION TEST FOR CHLAMYDIA
87285	TREPONEMA PALLIDUM AG IF	DETECTION TEST FOR TREPONEMA PALLIDUM (SYPHILIS ORGANISM)

87320	CHYLMD TRACH AG IA	DETECTION TEST FOR CHLAMYDIA
87340	HEPATITIS B SURFACE AG IA	DETECTION TEST FOR HEPATITIS B SURFACE ANTIGEN
87341	HEPATITIS B SURFACE AG IA	DETECTION TEST FOR HEPATITIS B SURFACE ANTIGEN
87350	HEPATITIS BE AG IA	DETECTION TEST FOR HEPATITIS BE SURFACE ANTIGEN
87380	HEPATITIS DELTA AG IA	DETECTION TEST FOR HEPATITIS D
87390	HIV-1 AG IA	DETECTION TEST FOR HIV-1
87391	HIV-2 AG IA	DETECTION TEST FOR HIV-2
87490	CHYLMD TRACH DNA DIR PROBE	DETECTION TEST FOR CHLAMYDIA
87491	CHYLMD TRACH DNA AMP PROBE	DETECTION TEST FOR CHLAMYDIA
87520	HEPATITIS C RNA DIR PROBE	DETECTION TEST FOR HEPATITIS C VIRUS
87521	HEPATITIS C PROBE&RVRS TRNSC	DETECTION TEST FOR HEPATITIS C VIRUS
87522	HEPATITIS C REVRS TRNSCRPJ	DETECTION TEST FOR HEPATITIS C VIRUS
87590	N.GONORRHOEAE DNA DIR PROB	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87591	N.GONORRHOEAE DNA AMP PROB	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87592	N.GONORRHOEAE DNA QUANT	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87801	DETECT AGNT MULT DNA AMPLI	DETECTION TEST FOR MULTIPLE ORGANISMS
87810	CHYLMD TRACH ASSAY W/OPTIC	DETECTION TEST FOR CHLAMYDIA
87850	N. GONORRHOEAE ASSAY W/OPTIC	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE)
90378	RSV MAB IM 50MG	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY FOR INJECTION INTO TISSUE OR MUSCLE
90384	RH IG FULL-DOSE IM	RHO(D) IMMUNE GLOBULIN (FULL DOSE) FOR INJECTION INTO MUSCLE
90385	RH IG MINIDOSE IM	RHO(D) IMMUNE GLOBULIN (MINI DOSE) FOR INJECTION INTO MUSCLE
90386	RH IG IV	RHO (D) IMMUNE GLOBULIN FOR INFUSION INTO VEIN
90460	IM ADMIN 1ST/ONLY COMPONENT	ADMINISTRATION OF FIRST VACCINE OR TOXOID COMPONENT THROUGH 18 YEARS OF AGE WITH COUNSELING
90461	IM ADMIN EACH ADDL COMPONENT	ADMINISTRATION OF VACCINE OR TOXOID COMPONENT THROUGH 18 YEARS OF AGE WITH COUNSELING

90471	IMMUNIZATION ADMIN	ADMINISTRATION OF 1 VACCINE
90472	IMMUNIZATION ADMIN EACH ADD	ADMINISTRATION OF VACCINE
90473	IMMUNE ADMIN ORAL/NASAL	ADMINISTRATION OF 1 NASAL OR ORAL VACCINE
90474	IMMUNE ADMIN ORAL/NASAL ADDL	ADMINISTRATION OF NASAL OR ORAL VACCINE
90632	HEPA VACCINE ADULT IM	VACCINE FOR HEPATITIS A INJECTION INTO MUSCLE, ADULT DOSAGE
90633	HEPA VACC PED/ADOL 2 DOSE IM	VACCINE FOR HEPATITIS A (2 DOSE SCHEDULE) INJECTION INTO MUSCLE, PEDIATRIC OR ADOLESCENT DOSAGE
90636	HEP A/HEP B VACC ADULT IM	VACCINE FOR HEPATITIS A AND HEPATITIS B INJECTION INTO MUSCLE, ADULT DOSAGE
90645	HIB VACCINE HBOC IM	VACCINE FOR HEMOPHILUS INFLUENZA B (4 DOSE SCHEDULE) INJECTION INTO MUSCLE
90647	HIB PRP-OMP VACC 3 DOSE IM	VACCINE FOR HEMOPHILUS INFLUENZA B (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90648	HIB PRP-T VACCINE 4 DOSE IM	VACCINE FOR HEMOPHILUS INFLUENZA B (4 DOSE SCHEDULE) INJECTION INTO MUSCLE
90649	4VHPV VACCINE 3 DOSE IM	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90650	2VHPV VACCINE 3 DOSE IM	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90651	9VHPV VACCINE 2/3 DOSE IM	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90651	9VHPV VACCINE 3 DOSE IM	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90654	FLU VACC IIV3 NO PRESERV ID	VACCINE FOR INFLUENZA INJECTION INTO SKIN
90655	IIV3 VACC NO PRSV 0.25 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE
90656	IIV3 VACC NO PRSV 0.5 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE
90657	IIV3 VACCINE SPLT 0.25 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE
90658	IIV3 VACCINE SPLT 0.5 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE
90660	LAIV3 VACCINE INTRANASAL	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION
90661	CCIIV3 VAC NO PRSV 0.5 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE
90669	PNEUMOCOCCAL VACC 7 VAL IM	PNEUMOCOCCAL VACCINE FOR INJECTION INTO MUSCLE
90670	PCV13 VACCINE IM	PNEUMOCOCCAL VACCINE FOR INJECTION INTO MUSCLE

90672	LAIV4 VACCINE INTRANASAL	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION
90680	RV5 VACC 3 DOSE LIVE ORAL	VACCINE FOR ROTAVIRUS (3 DOSE SCHEDULE) FOR ORAL ADMINISTRATION
90681	RV1 VACC 2 DOSE LIVE ORAL	VACCINE FOR ROTAVIRUS (2 DOSE SCHEDULE) FOR ORAL ADMINISTRATION
90686	IIV4 VACC NO PRSV 0.5 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE
90688	IIV4 VACCINE SPLT 0.5 ML IM	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE
90696	DTAP-IPV VACCINE 4-6 YRS IM	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), AND POLIO FOR INJECTION INTO MUSCLE, PATIENT 4 THROUGH 6 YEARS OF AGE
90698	DTAP-IPV/HIB VACCINE IM	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), HAEMOPHILUS INFLUENZA TYPE B, AND POLIO FOR INJECTION INTO MUSCLE
90700	DTAP VACCINE < 7 YRS IM	VACCINE FOR DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS (WHOOPING COUGH) INJECTION INTO MUSCLE, CHILD YOUNGER THAN 7 YEARS
90702	DT VACCINE UNDER 7 YRS IM	VACCINE FOR DIPHTHERIA AND TETANUS TOXOIDS INJECTION INTO MUSCLE, PATIENT YOUNGER THAN 7 YEARS OF AGE
90703	TETANUS VACCINE IM	TETANUS TOXOID INJECTION INTO MUSCLE
90704	MUMPS VACCINE SC	MUMPS VACCINE INJECTION BENEATH SKIN
90705	MEASLES VACCINE SC	VACCINE FOR MEASLES INJECTION BENEATH SKIN
90706	RUBELLA VACCINE SC	VACCINE FOR RUBELLA (GERMAN MEASLES) INJECTION, BENEATH THE SKIN
90707	MMR VACCINE SC	VACCINE FOR MEASLES, MUMPS, AND RUBELLA (GERMAN MEASLES) INJECTION BENEATH SKIN
90708	MEASLES-RUBELLA VACCINE SC	MEASLES AND RUBELLA (GERMAN MEASLES) VACCINE INJECTION BENEATH SKIN
90710	MMRV VACCINE SC	VACCINE FOR MEASLES, MUMPS, RUBELLA (GERMAN MEASLES), AND VARICELLA (CHICKEN POX) INJECTION BENEATH SKIN
90713	POLIOVIRUS IPV SC/IM	VACCINE FOR POLIO INJECTION BENEATH THE SKIN OR INTO MUSCLE
90714	TD VACC NO PRESV 7 YRS+ IM	VACCINE FOR TETANUS AND DIPHTHERIA TOXOIDS INJECTION INTO MUSCLE, PATIENT 7 YEARS OR OLDER
90715	TDAP VACCINE 7 YRS/> IM	VACCINE FOR TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS (WHOOPING COUGH) FOR INJECTION INTO MUSCLE, PATIENT 7 YEARS OR OLDER

90716	VAR VACCINE LIVE SUBQ	VACCINE FOR VARICELLA (CHICKEN POX) INJECTION BENEATH SKIN
90718	TD VACCINE > 7 IM	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE
90721	DTAP/HIB VACCINE IM	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), AND HEMOPHILUS INFLUENZA B INJECTION INTO MUSCLE
90723	DTAP-HEP B-IPV VACCINE IM	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), HEPATITIS B, AND POLIO FOR INJECTION INTO MUSCLE
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	VACCINE FOR PNEUMOCOCCAL POLYSACCHARIDE FOR INJECTION BENEATH THE SKIN OR INTO MUSCLE, PATIENT 2 YEARS OR OLDER
90733	MPSV4 VACCINE SUBQ	VACCINE FOR MENINGOCOCCUS FOR INJECTION BENEATH SKIN
90734	MCV4 MENACWY VACCINE IM	VACCINE FOR MENINGOCOCCUS FOR ADMINISTRATION INTO MUSCLE
90736	HZV VACCINE LIVE SUBQ	VACCINE FOR SHINGLES INJECTION BENEATH SKIN
90740	HEPB VACC 3 DOSE IMMUNSUP IM	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT
90743	HEPB VACC 2 DOSE ADOLESC IM	VACCINE FOR HEPATITIS B (2 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, ADOLESCENT PATIENT
90744	HEPB VACC 3 DOSE PED/ADOL IM	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, PEDIATRIC AND ADOLESCENT PATIENTS
90746	HEPB VACCINE 3 DOSE ADULT IM	VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90747	HEPB VACC 4 DOSE IMMUNSUP IM	VACCINE FOR HEPATITIS B (4 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT
90847	FAMILY PSYTX W/PT 50 MIN	FAMILY PSYCHOTHERAPY INCLUDING PATIENT, 50 MINUTES
90853	GROUP PSYCHOTHERAPY	GROUP PSYCHOTHERAPY
90887	CONSULTATION WITH FAMILY	EXPLANATION OF PSYCHIATRIC, MEDICAL EXAMINATIONS, PROCEDURES, AND DATA TO OTHER THAN PATIENT
92551	PURE TONE HEARING TEST AIR	AIR TONE CONDUCTION HEARING ASSESSMENT SCREENING
92552	PURE TONE AUDIOMETRY AIR	PURE TONE AIR CONDUCTION THRESHOLD HEARING ASSESSMENT
92553	AUDIOMETRY AIR & BONE	PURE TONE AIR AND BONE CONDUCTION HEARING ASSESSMENT

92558	EVOKED AUDITORY TEST QUAL	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT AND AUTOMATED ANALYSIS OF SOUND
92585	AUDITOR EVOKE POTENT COMPRE	PLACEMENT OF SCALP ELECTRODES FOR ASSESSMENT AND RECORDING OF RESPONSES FROM SEVERAL AREAS OF THE NERVE-BRAIN HEARING SYSTEM
92586	AUDITOR EVOKE POTENT LIMIT	PLACEMENT OF SCALP ELECTRODES FOR ASSESSMENT AND RECORDING OF RESPONSES FROM SEVERAL AREAS OF THE NERVE-BRAIN HEARING SYSTEM, INFANT
92587	EVOKED AUDITORY TEST LIMITED	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT
92588	EVOKED AUDITORY TST COMPLETE	PLACEMENT OF EAR PROBE FOR COMPUTERIZED COCHLEAR ASSESSMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT
96110	DEVELOPMENTAL SCREEN W/SCORE	DEVELOPMENTAL SCREENING
96127	BRIEF EMOTIONAL/BEHAV ASSMT	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT
96150	ASSESS HLTH/BEHAVE INIT	HEALTH AND BEHAVIOR ASSESSMENT EACH 15 MINUTES
96151	ASSESS HLTH/BEHAVE SUBSEQ	HEALTH AND BEHAVIOR RE-ASSESSMENT EACH 15 MINUTES
96152	INTERVENE HLTH/BEHAVE INDIV	HEALTH AND BEHAVIOR INTERVENTION, INDIVIDUAL EACH 15 MINUTES
96153	INTERVENE HLTH/BEHAVE GROUP	HEALTH AND BEHAVIOR INTERVENTION, GROUP EACH 15 MINUTES
96154	INTERV HLTH/BEHAV FAM W/PT	HEALTH AND BEHAVIOR INTERVENTION, FAMILY AND PATIENT EACH 15 MINUTES
96155	INTERV HLTH/BEHAV FAM NO PT	HEALTH AND BEHAVIOR INTERVENTION, FAMILY EACH 15 MINUTES
96372	THER/PROPH/DIAG INJ SC/IM	INJECTION BENEATH THE SKIN OR INTO MUSCLE FOR THERAPY, DIAGNOSIS, OR PREVENTION
97802	MEDICAL NUTRITION INDIV IN	MEDICAL NUTRITION THERAPY, ASSESSMENT AND INTERVENTION, EACH 15 MINUTES
97803	MED NUTRITION INDIV SUBSEQ	MEDICAL NUTRITION THERAPY RE-ASSESSMENT AND INTERVENTION, EACH 15 MINUTES
97804	MEDICAL NUTRITION GROUP	MEDICAL NUTRITION THERAPY PERFORMED IN A GROUP SETTING, EACH 30 MINUTES
98966	HC PRO PHONE CALL 5-10 MIN	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION
98967	HC PRO PHONE CALL 11-20 MIN	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

98968	HC PRO PHONE CALL 21-30 MIN	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE, 21-30 MINUTES OF MEDICAL DISCUSSION
98969	ONLINE SERVICE BY HC PRO	INTERNET OR SIMILAR ELECTRONIC ONLINE PATIENT ASSESSMENT AND MANAGEMENT SERVICE BY QUALIFIED NON-PHYSICIAN HEALTH CARE PROFESSIONAL
99050	MEDICAL SERVICES AFTER HRS	SERVICES PROVIDED IN THE OFFICE WHEN THE OFFICE IS NORMALLY CLOSED
99173	VISUAL ACUITY SCREEN	EYE CHART TESTING OF VISUAL ACUITY OF BOTH EYES
99174	OCULAR INSTRUMNT SCREEN BIL	INSTRUMENT BASED EYE SCREENING OF BOTH EYES
99201	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99202	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES
99203	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES
99204	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 45 MINUTES
99205	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 60 MINUTES
99211	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 5 MINUTES
99212	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99213	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES
99215	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 40 MINUTES
99304	NURSING FACILITY CARE INIT	INITIAL NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY
99305	NURSING FACILITY CARE INIT	INITIAL NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY
99306	NURSING FACILITY CARE INIT	INITIAL NURSING FACILITY VISIT, TYPICALLY 45 MINUTES PER DAY
99307	NURSING FAC CARE SUBSEQ	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 10 MINUTES PER DAY
99308	NURSING FAC CARE SUBSEQ	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 15 MINUTES PER DAY
99309	NURSING FAC CARE SUBSEQ	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY
99310	NURSING FAC CARE SUBSEQ	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY

99315	NURSING FAC DISCHARGE DAY	NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS
99316	NURSING FAC DISCHARGE DAY	NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES
99318	ANNUAL NURSING FAC ASSESSMNT	NURSING FACILITY ANNUAL ASSESSMENT, TYPICALLY 30 MINUTES
99324	DOMICIL/R-HOME VISIT NEW PAT	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 20 MINUTES
99325	DOMICIL/R-HOME VISIT NEW PAT	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 30 MINUTES
99326	DOMICIL/R-HOME VISIT NEW PAT	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 45 MINUTES
99327	DOMICIL/R-HOME VISIT NEW PAT	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES
99328	DOMICIL/R-HOME VISIT NEW PAT	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 75 MINUTES
99334	DOMICIL/R-HOME VISIT EST PAT	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 15 MINUTES
99335	DOMICIL/R-HOME VISIT EST PAT	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 25 MINUTES
99336	DOMICIL/R-HOME VISIT EST PAT	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 40 MINUTES
99337	DOMICIL/R-HOME VISIT EST PAT	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES
99341	HOME VISIT NEW PATIENT	NEW PATIENT HOME VISIT, TYPICALLY 20 MINUTES
99342	HOME VISIT NEW PATIENT	NEW PATIENT HOME VISIT, TYPICALLY 30 MINUTES
99343	HOME VISIT NEW PATIENT	NEW PATIENT HOME VISIT, TYPICALLY 45 MINUTES
99344	HOME VISIT NEW PATIENT	NEW PATIENT HOME VISIT, TYPICALLY 60 MINUTES
99345	HOME VISIT NEW PATIENT	NEW PATIENT HOME VISIT, TYPICALLY 75 MINUTES
99347	HOME VISIT EST PATIENT	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 15 MINUTES
99348	HOME VISIT EST PATIENT	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 25 MINUTES
99349	HOME VISIT EST PATIENT	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 40 MINUTES
99350	HOME VISIT EST PATIENT	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 60 MINUTES
99355	PROLONG E&M/PSYCTX SERV O/P	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE EACH 30 MINUTES BEYOND FIRST HOUR
99363	ANTICOAGULANT MGMT INITIAL	ANTI-CLOTTING MANAGEMENT FOR PATIENT TAKING BLOOD THINNER, FIRST 90 DAY THERAPY

99364	ANTICOAGULANT MGMT SUBSEQ	ANTI-CLOTTING MANAGEMENT FOR PATIENT TAKING BLOOD THINNER
99367	TEAM CONF W/O PAT BY PHYS	MEDICAL TEAM CONFERENCE WITH PHYSICIAN, 30 MINUTES OR MORE
99368	TEAM CONF W/O PAT BY HC PRO	MEDICAL TEAM CONFERENCE WITH NONPHYSICIAN HEALTH CARE PROFESSIONALS, 30 MINUTES OR MORE
99374	HOME HEALTH CARE SUPERVISION	PHYSICIAN SUPERVISION OF PATIENT HOME HEALTH AGENCY SERVICES, 15-29 MINUTES PER MONTH
99375	HOME HEALTH CARE SUPERVISION	PHYSICIAN SUPERVISION OF PATIENT HOME HEALTH AGENCY SERVICES, 30 MINUTES OR MORE PER MONTH
99377	HOSPICE CARE SUPERVISION	PHYSICIAN SUPERVISION OF PATIENT HOSPICE SERVICES, 15-29 MINUTES PER MONTH
99378	HOSPICE CARE SUPERVISION	PHYSICIAN SUPERVISION OF PATIENT HOSPICE SERVICES, 30 MINUTES OR MORE PER MONTH
99379	NURSING FAC CARE SUPERVISION	SUPERVISION OF NURSING FACILITY PATIENT SERVICES, 15-29 MINUTES PER MONTH
99380	NURSING FAC CARE SUPERVISION	SUPERVISION OF NURSING FACILITY PATIENT SERVICES, 30 MINUTES OR MORE PER MONTH
99381	INIT PM E/M NEW PAT INFANT	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION INFANT YOUNGER THAN 1 YEAR
99382	INIT PM E/M NEW PAT 1- 4 YRS	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS
99383	PREV VISIT NEW AGE 5- 11	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS
99384	PREV VISIT NEW AGE 12- 17	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS
99385	PREV VISIT NEW AGE 18- 39	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 18-39 YEARS
99386	PREV VISIT NEW AGE 40- 64	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 40-64 YEARS
99387	INIT PM E/M NEW PAT 65+ YRS	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 YEARS AND OLDER
99391	PER PM REEVAL EST PAT INFANT	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION INFANT YOUNGER THAN 1 YEAR
99392	PREV VISIT EST AGE 1-4	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1 THROUGH 4 YEARS
99393	PREV VISIT EST AGE 5-11	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5 THROUGH 11 YEARS
99394	PREV VISIT EST AGE 12-17	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12 THROUGH 17 YEARS
99395	PREV VISIT EST AGE 18-39	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39 YEARS

99396	PREV VISIT EST AGE 40-64	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 40-64 YEARS
99397	PER PM REEVAL EST PAT 65+ YR	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 65 YEARS AND OLDER
99401	PREVENTIVE COUNSELING INDIV	PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 15 MINUTES
99402	PREVENTIVE COUNSELING INDIV	PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 30 MINUTES
99403	PREVENTIVE COUNSELING INDIV	PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 45 MINUTES
99404	PREVENTIVE COUNSELING INDIV	PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 60 MINUTES
99406	BEHAV CHNG SMOKING 3-10 MIN	SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING, GREATER THAN 3 MINUTES UP TO 10 MINUTES
99407	BEHAV CHNG SMOKING > 10 MIN	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, GREATER THAN 10 MINUTES
99408	AUDIT/DAST 15-30 MIN	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES
99409	AUDIT/DAST OVER 30 MIN	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, GREATER THAN 30 MINUTES
99411	PREVENTIVE COUNSELING GROUP	GROUP PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 30 MINUTES
99412	PREVENTIVE COUNSELING GROUP	GROUP PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 60 MINUTES
99420	HEALTH RISK ASSESSMENT TEST	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT
99429	UNLISTED PREVENTIVE SERVICE	PREVENTIVE MEDICINE SERVICE
99441	PHONE E/M PHYS/QHP 5-10 MIN	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION
99442	PHONE E/M PHYS/QHP 11-20 MIN	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION
99443	PHONE E/M PHYS/QHP 21-30 MIN	PHYSICIAN TELEPHONE PATIENT SERVICE, 21-30 MINUTES OF MEDICAL DISCUSSION
99444	ONLINE E/M BY PHYS/QHP	PHYSICIAN OR HEALTH CARE PROFESSIONAL EVALUATION AND MANAGEMENT OF PATIENT CARE BY INTERNET (EMAIL) RELATED TO VISIT WITHIN PREVIOUS 7 DAYS
99446	INTERPROF PHONE/ONLINE 5-10	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 5-10 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99446	NTRPROF PH1/NTRNET/EHR 5-10	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH VERBAL AND WRITTEN REPORT, 5-

		10 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99447	INTERPROF PHONE/ONLINE 11-20	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 11-20 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99447	NTRPROF PH1/NTRNET/EHR 11-20	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH VERBAL AND WRITTEN REPORT, 11-20 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99448	INTERPROF PHONE/ONLINE 21-30	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 21-30 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99448	NTRPROF PH1/NTRNET/EHR 21-30	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH VERBAL AND WRITTEN REPORT, 21-30 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99449	INTERPROF PHONE/ONLINE 31/>	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 31 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99449	NTRPROF PH1/NTRNET/EHR 31/>	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN, 31 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99487	CMPLX CHRON CARE W/O PT VSIT	COMPLEX CHRONIC CARE MANAGEMENT SERVICES 60 MINUTES CLINICAL STAFF TIME
99489	CMPLX CHRON CARE ADDL 30 MIN	COMPLEX CHRONIC CARE MANAGEMENT SERVICES EACH ADDITIONAL 30 MINUTES CLINICAL STAFF TIME
99490	CHRON CARE MGMT SRVC 20 MIN	CHRONIC CARE MANAGEMENT SERVICES AT LEAST 20 MINUTES PER CALENDAR MONTH
99495	TRANS CARE MGMT 14 DAY DISCH	TRANSITIONAL CARE MANAGEMENT SERVICES, MODERATELY COMPLEXITY, REQUIRING FACE-TO- FACE VISITS WITHIN 14 DAYS OF DISCHARGE
99496	TRANS CARE MGMT 7 DAY DISCH	TRANSITIONAL CARE MANAGEMENT SERVICES, HIGHLY COMPLEXITY, REQUIRING FACE-TO-FACE VISITS WITHIN 7 DAYS OF DISCHARGE
99497	ADVNC D CARE PLAN 30 MIN	ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
D0120	PERIODIC ORAL EVALUATION	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT

D0140	LIMIT ORAL EVAL PROBLM FOCUS	LIMITED ORAL EVALUATION - PROBLEM FOCUSED
D0145	ORAL EVALUATION, PT < 3YRS	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER
D0150	COMPREHENSVE ORAL EVALUATION	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT
D0190	SCREENING OF A PATIENT	SCREENING OF A PATIENT
D1110	DENTAL PROPHYLAXIS ADULT	PROPHYLAXIS-ADULT
D1120	DENTAL PROPHYLAXIS CHILD	PROPHYLAXIS-CHILD
D1206	TOPICAL FLUORIDE VARNISH	TOPICAL APPLICATION OF FLUORIDE VARNISH
D1208	TOPICAL APP FLUORID EX VRNSH	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH
G0101	CA SCREEN;PELVIC/BREAST EXAM	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION
G0102	PROSTATE CA SCREENING; DRE	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION
G0124	SCREEN C/V THIN LAYER BY MD	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN
G0143	SCR C/V CYTO,THINLAYER,RESCR	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION
G0144	SCR C/V CYTO,THINLAYER,RESCR	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION
G0145	SCR C/V CYTO,THINLAYER,RESCR	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION
G0147	SCR C/V CYTO, AUTOMATED SYS	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION

G0148	SCR C/V CYTO, AUTOSYS, RESCR	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING
G0181	HOME HEALTH CARE SUPERVISION	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE
G0182	HOSPICE CARE SUPERVISION	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE
G0202	SCR MAMMO BI INCL CAD	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED
G0432	EIA HIV-1/HIV-2 SCREEN	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING
G0442	ANNUAL ALCOHOL SCREEN 15 MIN	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES
G0443	BRIEF ALCOHOL MISUSE COUNSEL	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES
G0444	DEPRESSION SCREEN ANNUAL	ANNUAL DEPRESSION SCREENING, 15 MINUTES

G0445	HIGH INTEN BEH COUNS STD 30M	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; FACE-TO-FACE, INDIVIDUAL, INCLUDES: EDUCATION, SKILLS TRAINING AND GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR; PERFORMED SEMI-ANNUALLY, 30 MINUTES
G0446	INTENS BEHAVE THER CARDIO DX	ANNUAL, FACE-TO-FACE INTENSIVE BEHAVIORAL THERAPY FOR CARDIOVASCULAR DISEASE, INDIVIDUAL, 15 MINUTES
G0447	BEHAVIOR COUNSEL OBESITY 15M	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES
G9006	MCCD, HOME MONITORING	COORDINATED CARE FEE, HOME MONITORING
G9012	OTHER SPECIFIED CASE MGMT	OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED
H0001	ALCOHOL AND/OR DRUG ASSESS	ALCOHOL AND/OR DRUG ASSESSMENT
H0002	ALCOHOL AND/OR DRUG SCREENIN	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM
H0004	ALCOHOL AND/OR DRUG SERVICES	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
H0023	ALCOHOL AND/OR DRUG OUTREACH	BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROACH TO REACH A TARGETED POPULATION)
H0025	ALCOHOL AND/OR DRUG PREVENTI	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH TARGET POPULATION TO AFFECT KNOWLEDGE, ATTITUDE AND/OR BEHAVIOR)
H0031	MH HEALTH ASSESS BY NON-MD	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN
H0034	MED TRNG & SUPPORT PER 15MIN	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES
H0039	ASSER COM TX FACE- FACE/15MIN	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES
H0049	ALCOHOL/DRUG SCREENING	ALCOHOL AND/OR DRUG SCREENING
H1010	NONMED FAMILY PLANNING ED	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION
H1011	FAMILY ASSESSMENT	FAMILY ASSESSMENT BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL FOR STATE DEFINED PURPOSES
P3000	SCREEN PAP BY TECH W MD SUPV	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION
P3001	SCREENING PAP SMEAR BY PHYS	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN

Q0091	OBTAINING SCREEN PAP SMEAR	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY
Q0111	WET MOUNTS/ W PREPARATIONS	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS
S0195	PNEUMO VACCINE 5-9 YRS	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FROM FIVE YEARS TO NINE YEARS OF AGE WHO HAVE NOT PREVIOUSLY RECEIVED THE VACCINE
S0257	END OF LIFE COUNSELING	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)
S3620	NEWBORN METABOLIC SCREENING	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)
T1017	TARGETED CASE MANAGEMENT	TARGETED CASE MANAGEMENT, EACH 15 MINUTES
T1023	PROGRAM INTAKE ASSESSMENT	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER

Specialty Care

Specialty	Procedure Code Range(s)	Name of Range
Cardiology	92920-93799	Cardiovascular procedures
Gastroenterology	91010-91299	
Ophthalmology	92002-92548	
Otolaryngology (ENT)	92502-92700	
Vascular	93880-93998	
Cognitive Capabilities Assessment	96101-96127 AND G8431,G8510, 96136, 96137, 96132, 96133	
Radiology	70100-79999 AND 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976,93978, 93979, 93980, 93981, 93985, 93990, G0130, G0297, S8032, 93986	
Primary Care	99201-99499	
Women's Health	99401, 99402, 99403, 99404, 99406, 99407, 99411, 99412, 99384, 99385, 99386,	

	99394, 99395, 99387, 99409, 99396, 99397, 77067, 77063, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, Q0091, 88142, 99408, 88143, 88147, 88148, 88150, 88152, 88164, 88165, 88166, 88167, 88174, 88175, 77055, 77056, 77057, 77051, 77052, 3014F, G0101, G0202, G0204, G0206, 88141, 88153, 88154, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, 76977, 77078, 77080, 77081, 77086, G0130, S0610, S0612, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58545, 58546, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58578	
Family Planning	58670, 58671, 64435, 74742, 76830, 76831, 76856, 76857, 99201, 99202, 99212, 99213, 99214, 99203, 99204, 99205, 99211, 55870, 57452, 99215, A4264, A4266, S4993, 55450, 11976, 11980, 11981, 11982, 11983, 52250, 55250, 58300, 58301, 58340, 58565, 58565, 58600, 58605, 58611, 58615, 58661, 55870, 57170, 57452	
Respiratory	94002-94799	
Vaccines and Immunization	90281-90750 0001A, 0002A, 0003A, 0011A, 0012A, 0031A, 91300, 91301, 91303, 90756	
Health Education	90989, 90993, 92065, 96040, 99409, 99411, H1003, 99412, G0177, G0433, G0445, S9445, T1007, 97535	
Allergy	95004-95199	
Neurology	95812-96020	
Infusion and Similar Products	96372-96571	
Sleep Studies	97802-95811	
Misc.	95250-95251	
Additional J Codes	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326,	

	J7327, J7328, J7329, J7331, J7332	
Skin Procedures	96900-96999	
Genetic Counseling	96040, S0265	

Behavioral Health

Procedure Code	Procedure Description	Procedure Long Description	Procedure Modifier	Procedure Modifier Description
90791	PSYCH DIAGNOSTIC EVALUATION	PSYCHIATRIC DIAGNOSTIC EVALUATION		
90792	PSYCH DIAG EVAL W/MED SRVCS	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES		
90832	PSYTX W PT 30 MINUTES	PSYCHOTHERAPY, 30 MINUTES		
90833	PSYTX W PT W E/M 30 MIN	PSYCHOTHERAPY, 30 MINUTES		
90834	PSYTX W PT 45 MINUTES	PSYCHOTHERAPY, 45 MINUTES		
90836	PSYTX W PT W E/M 45 MIN	PSYCHOTHERAPY, 45 MINUTES		
90837	PSYTX W PT 60 MINUTES	PSYCHOTHERAPY, 60 MINUTES		
90838	PSYTX W PT W E/M 60 MIN	PSYCHOTHERAPY, 60 MINUTES		
90839	PSYTX CRISIS INITIAL 60 MIN	PSYCHOTHERAPY FOR CRISIS, FIRST 60 MINUTES		
90840	PSYTX CRISIS EA ADDL 30 MIN	PSYCHOTHERAPY FOR CRISIS		
90846	FAMILY PSYTX W/O PT 50 MIN	FAMILY PSYCHOTHERAPY, 50 MINUTES		
90847	FAMILY PSYTX W/PT 50 MIN	FAMILY PSYCHOTHERAPY INCLUDING PATIENT, 50 MINUTES		
90849	MULTIPLE FAMILY GROUP PSYTX	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY		
90853	GROUP PSYCHOTHERAPY	GROUP PSYCHOTHERAPY		
90863	PHARMACOLOGIC MGMT W/PSYTX	MANAGEMENT OF PRESCRIPTIONS AND REVIEW OF MEDICATION		

96101	PSYCHO TESTING BY PSYCH/PHYS	PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT BY PSYCHOLOGIST OR PHYSICIAN PER HOUR		
96102	PSYCHO TESTING BY TECHNICIAN	PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT BY TECHNICIAN PER HOUR		
96103	PSYCHO TESTING ADMIN BY COMP	PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT BY COMPUTER		
96105	ASSESSMENT OF APHASIA	ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH WITH INTERPRETATION AND REPORT PER HOUR		
96110	DEVELOPMENTAL SCREEN W/SCORE	DEVELOPMENTAL SCREENING		
96111	DEVELOPMENTAL TEST EXTEND	DEVELOPMENTAL TESTING		
96116	NEUROBEHAVIORAL STATUS EXAM	NEUROBEHAVIORAL STATUS EXAMINATION, INTERPRETATION, AND REPORT BY PSYCHOLOGIST OR PHYSICIAN PER HOUR		
96116	NUBHVL XM PHYS/QHP 1ST HR	NEUROBEHAVIORAL STATUS EXAMINATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, FIRST 60 MINUTES		
96118	NEUROPSYCH TST BY PSYCH/PHYS	NEUROPSYCHOLOGICAL TESTING, INTERPRETATION, AND REPORT BY PSYCHOLOGIST OR PHYSICIAN PER HOUR		
96119	NEUROPSYCH TESTING BY TEC	NEUROPSYCHOLOGICAL TESTING BY TECHNICIAN WITH INTERPRETATION AND REPORT BY A QUALIFIED HEALTHCARE PROFESSIONAL PER HOUR		
96125	COGNITIVE TEST BY HC PRO	STANDARDIZED THOUGHT PROCESSING TESTING, INTERPRETATION, AND REPORT PER HOUR		

96127	BRIEF EMOTIONAL/BEHAV ASSMT	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT		
96150	ASSESS HLTH/BEHAVE INIT	HEALTH AND BEHAVIOR ASSESSMENT EACH 15 MINUTES		
96151	ASSESS HLTH/BEHAVE SUBSEQ	HEALTH AND BEHAVIOR RE-ASSESSMENT EACH 15 MINUTES		
96152	INTERVENE HLTH/BEHAVE INDIV	HEALTH AND BEHAVIOR INTERVENTION, INDIVIDUAL EACH 15 MINUTES		
96153	INTERVENE HLTH/BEHAVE GROUP	HEALTH AND BEHAVIOR INTERVENTION, GROUP EACH 15 MINUTES		
96154	INTERV HLTH/BEHAV FAM W/PT	HEALTH AND BEHAVIOR INTERVENTION, FAMILY AND PATIENT EACH 15 MINUTES		
96155	INTERV HLTH/BEHAV FAM NO PT	HEALTH AND BEHAVIOR INTERVENTION, FAMILY EACH 15 MINUTES		
H0001	ALCOHOL AND/OR DRUG ASSESS	ALCOHOL AND/OR DRUG ASSESSMENT	HF	SUBSTANCE ABUSE PROGRAM
H0004	ALCOHOL AND/OR DRUG SERVICES	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	HF	SUBSTANCE ABUSE PROGRAM
H0005	ALCOHOL AND/OR DRUG SERVICES	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	HF	SUBSTANCE ABUSE PROGRAM
H0006	ALCOHOL AND/OR DRUG SERVICES	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	HF	SUBSTANCE ABUSE PROGRAM
H0020	ALCOHOL AND/OR DRUG SERVICES	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF THE DRUG BY A LICENSED PROGRAM)	HF	SUBSTANCE ABUSE PROGRAM
S3005	EVAL SELF-ASSESS DEPRESSION	PERFORMANCE MEASUREMENT, EVALUATION OF PATIENT SELF ASSESSMENT, DEPRESSION	HF	SUBSTANCE ABUSE PROGRAM

S9445	PT EDUCATION NOC INDIVID	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	HF	SUBSTANCE ABUSE PROGRAM
T1007	TREATMENT PLAN DEVELOPMENT	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	HF	SUBSTANCE ABUSE PROGRAM
T1019	PERSONAL CARE SER PER 15 MIN	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)	HF	SUBSTANCE ABUSE PROGRAM
T1023	PROGRAM INTAKE ASSESSMENT	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER	HF	SUBSTANCE ABUSE PROGRAM

Obstetrics

Procedure Code	Procedure Description	Procedure Long Description
59000	AMNIOCENTESIS DIAGNOSTIC	ABDOMINAL ASPIRATION OF FLUID SURROUNDING FETUS FOR DIAGNOSIS
59001	AMNIOCENTESIS THERAPEUTIC	ABDOMINAL ASPIRATION TO REDUCE AMOUNT OF FLUID SURROUNDING FETUS USING ULTRASOUND GUIDANCE
59012	FETAL CORD PUNCTURE PRENATAL	ASPIRATION OF BLOOD FROM FETAL UMBILICAL CORD
59015	CHORION BIOPSY	REMOVAL OF TISSUE FROM PLACENTA FOR DIAGNOSIS

59020	FETAL CONTRACT STRESS TEST	FETAL CONTRACTION STRESS TEST
59025	FETAL NON-STRESS TEST	FETAL NON-STRESS TEST
59030	FETAL SCALP BLOOD SAMPLE	ASPIRATION OF BLOOD FROM SCALP OF FETUS
59031	FETAL SCALP BLOOD SAMPLING--	FETAL SCALP BLOOD SAMPLING--
59050	FETAL MONITOR W/REPORT	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN
59051	FETAL MONITOR/INTERPRET ONLY	INTERPRETATION OF FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN
59070	TRANSABDOM AMNIOINFUS W/US	ABDOMINAL INFUSION OF NORMAL SALINE INTO FETAL AMNIOTIC SAC USING ULTRASOUND GUIDANCE
59072	UMBILICAL CORD OCCLUD W/US	FETAL UMBILICAL CORD OCCLUSION USING ULTRASOUND GUIDANCE
59074	FETAL FLUID DRAINAGE W/US	ASPIRATION OF FETAL FLUID USING ULTRASOUND GUIDANCE
59076	FETAL SHUNT PLACEMENT W/US	INSERTION OF DRAINAGE CATHETER INTO FETAL CHEST USING ULTRASOUND GUIDANCE
59100	REMOVE UTERUS LESION	INCISION IN UTERUS VIA ABDOMEN
59120	TREAT ECTOPIC PREGNANCY	REMOVAL OF OVARIAN OR TUBAL PREGNANCY
59121	TREAT ECTOPIC PREGNANCY	REMOVAL OF OVARIAN OR TUBAL PREGNANCY
59130	TREAT ECTOPIC PREGNANCY	REMOVAL OF PREGNANCY CONTENTS IMPLANTED IN ABDOMINAL CAVITY
59135	TREAT ECTOPIC PREGNANCY	REMOVAL IMPREGNATED OVUM OUTSIDE THE UTERUS AND ENTIRE UTERUS
59136	TREAT ECTOPIC PREGNANCY	REMOVAL OF TUBAL PREGNANCY AND REPAIR OF UTERINE WALL
59140	TREAT ECTOPIC PREGNANCY	CERVICAL REMOVAL IMPREGNATED OVUM OUTSIDE THE UTERUS
59150	TREAT ECTOPIC PREGNANCY	REMOVAL OF OVARIAN OR TUBAL PREGNANCY USING AN ENDOSCOPE
59151	TREAT ECTOPIC PREGNANCY	REMOVAL OF OVARIAN OR TUBAL PREGNANCY INCLUDING REMOVAL OF THE OVARY AND/OR TUBE USING AN ENDOSCOPE

59160	D & C AFTER DELIVERY	SCRAPING OF LINING OF UTERUS POST-DELIVERY
59200	INSERT CERVICAL DILATOR	INSERTION DILATOR DEVICE INTO CERVIX
59300	EPISIOTOMY OR VAGINAL REPAIR	EPISIOTOMY OR VAGINAL REPAIR
59305	EPISIOTOMY OR VAGINAL-REPAIR ONLY, BY OT	EPISIOTOMY OR VAGINAL-REPAIR ONLY, BY OT
59320	REVISION OF CERVIX	VAGINAL SUTURE OF CERVIX DURING PREGNANCY
59325	REVISION OF CERVIX	ABDOMINAL SUTURE OF CERVIX DURING PREGNANCY
59350	REPAIR OF UTERUS	ABDOMINAL REPAIR OF TEAR OF UTERUS
59400	OBSTETRICAL CARE	OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DELIVERY
59409	OBSTETRICAL CARE	VAGINAL DELIVERY
59410	OBSTETRICAL CARE	VAGINAL DELIVERY WITH POST-DELIVERY CARE
59412	ANTEPARTUM MANIPULATION	TURNING OF FETUS FROM BREECH TO PRESENTING POSITION
59414	DELIVER PLACENTA	VAGINAL DELIVERY OF PLACENTA
59425	ANTEPARTUM CARE ONLY	PREDELIVERY CARE 4-6 VISITS
59426	ANTEPARTUM CARE ONLY	PREDELIVERY CARE 7 OR MORE VISITS
59430	CARE AFTER DELIVERY	POST-DELIVERY CARE
59510	CESAREAN DELIVERY	CESAREAN DELIVERY WITH PRE- AND POST-DELIVERY CARE
59514	CESAREAN DELIVERY ONLY	CESAREAN DELIVERY
59515	CESAREAN DELIVERY	CESAREAN DELIVERY WITH POST-DELIVERY CARE
59525	REMOVE UTERUS AFTER CESAREAN	CESAREAN DELIVERY WITH REMOVAL OF UTERUS
59536	H-REFLEX, AMPLITUDE AND LATENCY STUDY; R	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SOLEUS MUS
59610	VBAC DELIVERY	VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY
59612	VBAC DELIVERY ONLY	VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY

59614	VBAC CARE AFTER DELIVERY	VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY WITH POST-DELIVERY CARE
59618	ATTEMPTED VBAC DELIVERY	ROUTINE OBSTETRIC CARE FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY
59620	ATTEMPTED VBAC DELIVERY ONLY	CESAREAN DELIVERY AFTER VAGINAL DELIVERY ATTEMPT DUE TO PRIOR CESAREAN DELIVERY
59622	ATTEMPTED VBAC AFTER CARE	CESAREAN DELIVERY AFTER VAGINAL DELIVERY ATTEMPT DUE TO PRIOR CESAREAN DELIVERY WITH POST-DELIVERY CARE
59812	TREATMENT OF MISCARRIAGE	TREATMENT OF INCOMPLETE ABORTION
59820	CARE OF MISCARRIAGE	TREATMENT OF FIRST TRIMESTER MISSED ABORTION
59821	TREATMENT OF MISCARRIAGE	TREATMENT OF SECOND TRIMESTER MISSED ABORTION
59830	TREAT UTERUS INFECTION	TREATMENT OF SEPTIC ABORTION
59870	EVACUATE MOLE OF UTERUS	ASPIRATION OF ABNORMAL PREGNANCY CONTENTS WITH SCRAPING OF UTERINE WALL
59871	REMOVE CERCLAGE SUTURE	REMOVAL OF SUTURE OF CERVIX UNDER ANESTHESIA
59897	FETAL INVAS PX W/US	FETAL INVASIVE PROCEDURE
59898	LAPARO PROC OB CARE/DELIVER	MATERNITY CARE AND DELIVERY PROCEDURE USING AN ENDOSCOPE
59899	MATERNITY CARE PROCEDURE	MATERNITY CARE AND DELIVERY PROCEDURE
76801	OB US < 14 WKS SINGLE FETUS	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (LESS THAN 14 WEEKS 0 DAYS) SINGLE OR FIRST FETUS
76802	OB US < 14 WKS ADDL FETUS	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (LESS THAN 14 WEEKS 0 DAYS)
76805	OB US >= 14 WKS SNGL FETUS	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS 0 DAYS) SINGLE OR FIRST FETUS
76810	OB US >= 14 WKS ADDL FETUS	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS 0 DAYS)

76811	OB US DETAILED SNGL FETUS	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS SINGLE OR FIRST FETUS
76812	OB US DETAILED ADDL FETUS	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS
76813	OB US NUCHAL MEAS 1 GEST	ULTRASOUND OF PREGNANT UTERUS (FIRST TRIMESTER) SINGLE OR FIRST FETUS
76814	OB US NUCHAL MEAS ADD-ON	ULTRASOUND OF PREGNANT UTERUS (FIRST TRIMESTER), ABDOMINAL OR VAGINAL APPROACH
76815	OB US LIMITED FETUS(S)	ULTRASOUND OF PREGNANT UTERUS, 1 OR MORE FETUS(ES)
76816	OB US FOLLOW-UP PER FETUS	ULTRASOUND RE-EVALUATION OF PREGNANT UTERUS, PER FETUS
76817	TRANSVAGINAL US OBSTETRIC	VAGINAL ULTRASOUND OF PREGNANT UTERUS
76818	FETAL BIOPHYS PROFILE W/NST	ULTRASOUND AND MONITORING OF HEART OF FETUS
76819	FETAL BIOPHYS PROFIL W/O NST	ULTRASOUND OF FETUS
76820	UMBILICAL ARTERY ECHO	ULTRASOUND OF FETAL UMBILICAL ARTERY FLOW RATE
76821	MIDDLE CEREBRAL ARTERY ECHO	ULTRASOUND OF FETAL BRAIN ARTERY
80055	OBSTETRIC PANEL	OBSTETRIC BLOOD TEST PANEL
81003	URINALYSIS AUTO W/O SCOPE	AUTOMATED URINALYSIS TEST
81005	URINALYSIS	ANALYSIS OF URINE
81007	URINE SCREEN FOR BACTERIA	URINALYSIS FOR BACTERIA
81099	URINALYSIS TEST PROCEDURE	ANALYSIS OF URINE
82728	ASSAY OF FERRITIN	FERRITIN (BLOOD PROTEIN) LEVEL
82947	ASSAY GLUCOSE BLOOD QUANT	BLOOD GLUCOSE (SUGAR) LEVEL
82951	GLUCOSE TOLERANCE TEST (GTT)	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST
85013	SPUN MICROHEMATOCRIT	RED BLOOD CELL HEMOGLOBIN CONCENTRATION
85014	HEMATOCRIT	RED BLOOD CELL CONCENTRATION MEASUREMENT
85015	BLOOD COUNT	BLOOD COUNT

85016	BLOOD COUNT	BLOOD COUNT
85018	HEMOGLOBIN	HEMOGLOBIN MEASUREMENT
85027	COMPLETE CBC AUTOMATED	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST
86592	SYPHILIS TEST NON-TREP QUAL	SYPHILIS DETECTION TEST
86593	SYPHILIS TEST NON-TREP QUANT	SYPHILIS TEST
86631	CHLAMYDIA ANTIBODY	ANALYSIS FOR ANTIBODY TO CHLAMYDIA (BACTERIA)
86632	CHLAMYDIA IGM ANTIBODY	ANALYSIS FOR ANTIBODY (IGM) TO CHLAMYDIA (BACTERIA)
86689	HTLV/HIV CONFIRMJ ANTIBODY	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV
86701	HIV-1ANTIBODY	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS
86702	HIV-2 ANTIBODY	ANALYSIS FOR ANTIBODY TO HIV-2 VIRUS
86703	HIV-1/HIV-2 1 RESULT ANTBDY	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS
86762	RUBELLA ANTIBODY	ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS)
86901	BLOOD TYPING SEROLOGIC RH(D)	BLOOD TYPING FOR RH (D) ANTIGEN
87081	CULTURE SCREEN ONLY	SCREENING TEST FOR PATHOGENIC ORGANISMS
87086	URINE CULTURE/COLONY COUNT	BACTERIAL COLONY COUNT, URINE
87088	URINE BACTERIA CULTURE	BACTERIAL URINE CULTURE
87110	CHLAMYDIA CULTURE	CULTURE FOR CHLAMYDIA
87205	SMEAR GRAM STAIN	SPECIAL STAIN FOR MICROORGANISM
87270	CHLAMYDIA TRACHOMATIS AG IF	DETECTION TEST FOR CHLAMYDIA
87320	CHYLMD TRACH AG IA	DETECTION TEST FOR CHLAMYDIA
87340	HEPATITIS B SURFACE AG IA	DETECTION TEST FOR HEPATITIS B SURFACE ANTIGEN
87341	HEPATITIS B SURFACE AG IA	DETECTION TEST FOR HEPATITIS B SURFACE ANTIGEN

87350	HEPATITIS BE AG IA	DETECTION TEST FOR HEPATITIS BE SURFACE ANTIGEN
87380	HEPATITIS DELTA AG IA	DETECTION TEST FOR HEPATITIS D
87390	HIV-1 AG IA	DETECTION TEST FOR HIV-1
87391	HIV-2 AG IA	DETECTION TEST FOR HIV-2
87490	CHYLMD TRACH DNA DIR PROBE	DETECTION TEST FOR CHLAMYDIA
87491	CHYLMD TRACH DNA AMP PROBE	DETECTION TEST FOR CHLAMYDIA
87590	N.GONORRHOEAE DNA DIR PROB	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87591	N.GONORRHOEAE DNA AMP PROB	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87592	N.GONORRHOEAE DNA QUANT	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87653	STREP B DNA AMP PROBE	DETECTION TEST FOR STREP (STREPTOCOCCUS, GROUP B)
87810	CHYLMD TRACH ASSAY W/OPTIC	DETECTION TEST FOR CHLAMYDIA
87850	N. GONORRHOEAE ASSAY W/OPTIC	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE)
88142	CYTOPATH C/V THIN LAYER	PAP TEST (PAP SMEAR)
92551	PURE TONE HEARING TEST AIR	AIR TONE CONDUCTION HEARING ASSESSMENT SCREENING
92585	AUDITOR EVOKE POTENT COMPRE	PLACEMENT OF SCALP ELECTRODES FOR ASSESSMENT AND RECORDING OF RESPONSES FROM SEVERAL AREAS OF THE NERVE-BRAIN HEARING SYSTEM
92586	AUDITOR EVOKE POTENT LIMIT	PLACEMENT OF SCALP ELECTRODES FOR ASSESSMENT AND RECORDING OF RESPONSES FROM SEVERAL AREAS OF THE NERVE-BRAIN HEARING SYSTEM, INFANT
92587	EVOKED AUDITORY TEST LIMITED	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT

92588	EVOKED AUDITORY TST COMPLETE	PLACEMENT OF EAR PROBE FOR COMPUTERIZED COCHLEAR ASSESSMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT
99201	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99202	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES
99203	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES
99204	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 45 MINUTES
99205	OFFICE/OUTPATIENT VISIT NEW	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 60 MINUTES
99211	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 5 MINUTES
99212	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99213	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES
99215	OFFICE/OUTPATIENT VISIT EST	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 40 MINUTES
99406	BEHAV CHNG SMOKING 3-10 MIN	SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING, GREATER THAN 3 MINUTES UP TO 10 MINUTES
99407	BEHAV CHNG SMOKING > 10 MIN	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, GREATER THAN 10 MINUTES
99420	HEALTH RISK ASSESSMENT TEST	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT

H1005	PRENATALCARE ENHANCED SRV PK	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001-H1004)
S3620	NEWBORN METABOLIC SCREENING	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)