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FQHC SHADOW BILLING TRANSITION FAQ – rev 11/05/25

This is a dynamic FAQ. Send questions to MedicalPrograms@nvha.nv.gov. We will add the questions and answers here and notify stakeholders when updates are made. Please note this FAQ is posted on the Nevada Medicaid website on the [FQHC](#) and [WRAP Supplemental Payment Program](#) pages.

The intention of this FAQ is to provide the most current information to stakeholders on the transition, billing, and reimbursement of Medical, Behavioral Health, & Dental services under the PT 17 Specialty 181 FQHC delivery model. Fee for Service (FFS) and Managed Care (MCO) billing & reimbursement is addressed.

1. Which services and encounters will be impacted by shadow billing?

The impacted services and encounters will be Medical and Behavioral Health encounters, beginning 1/1/2026. Dental encounters will not be impacted by shadow billing until 1/1/2027. The 1115 Dental Diabetic Waiver services are separate from general dental shadow billing. This was implemented earlier in the year. Any questions regarding the waiver can be directed to 1115Dental@nvha.nv.gov.

2. When will shadow billing begin for Medical and Behavioral Health encounters?

Shadow billing for Medical and Behavioral Health encounters is scheduled for implementation on January 1, 2026.

3. When will shadow billing begin for Dental encounters?

Dental encounter claims submissions for FFS and WRAP payments will remain the same until January 1, 2027, when the PPS rate can be incorporated into the dental capitation rate. Dental encounters will continue to be billed using the 41899 encounter code and will not include shadow billing. Future changes to the Dental billing include use of the ADA form and a transition to the D2999 encounter code; FQHC clearinghouses and billing systems may need updates.

4. What reimbursement changes will occur when FQHCs begin shadow billing for FFS recipients?

FQHCs will continue to bill the encounter codes for Medical and Behavioral Health and receive the PPS rate. Refer to the [billing guideline for PT 17 Special Clinics, Specialty 181 FQHC](#), for the current encounter codes for FFS. *FQHCs will bill the encounter code for the encounter rate and include at least one CPT/HCPC code from the shadow billing code list for the services provided.* The shadow billed code(s) will pay \$0

5. What reimbursement changes will occur when FQHCs begin shadow billing for MCO recipients?

As of January 1, 2026, WRAP payments will be discontinued for Medical and Behavioral Health encounters. FQHCs should continue to submit WRAP requests for dates of service through December 31, 2025. WRAP payments will continue for Dental encounters until January 1, 2027. *FQHCs will bill the encounter code for the encounter rate and include at least one CPT/HCPC code from the shadow billing code list for the services provided.* The shadow billed code(s) will pay \$0. Nevada Medicaid is meeting with the MCOs within the next few weeks and will acquire more details of MCO billing reimbursement for FQHCs. This information will be added to this FAQ sheet and redistributed to stakeholders as soon as possible.

Please note, the MCOs will continue to require the CPT Category II codes (diagnoses) on claims for quality metric tracking and quality incentive payments.

6. What codes can an FQHC bill as shadow billed codes and where do I find the list?

The list is currently attached to this FAQ. Effective January 1st, 2026, the link to the shadow billing code list will be located on the [FQHC webpage](#) on the [Nevada Medicaid website](#).

7. What if I deliver a code during an encounter that is not on the list?

Fee for Service recipients:

When billing the Medical and Behavioral Health encounter codes, at least one applicable shadow billing code must be included on the associated claim lines, or the claim will be denied. Include all other service codes that are rendered in the encounter, whether they are on the shadow billing code list or not. Nevada Medicaid will be tracking these additional codes for data and future expansion of the shadow billing code list.

Managed Care recipients:

After Nevada Medicaid meets with the MCOs, this information will be added to this FAQ and redistributed to stakeholders. This will occur within the next few weeks.

8. What will happen to the WRAP payments for Medical and Behavioral Health encounters when FQHCs transition to shadow billing?

As of 1/1/2026, the MCOs will start paying PPS for dates of service 1/1/2026 forward. Claims for dates of service through 12/31/2025 should continue to be billed as they have been, with the codes submitted for WRAP.

9. Will the FQHC billing information for Quality Measures (including diagnosis) be reported appropriately to the MCOs?

The CPT/HCPCS codes, including CPT Category II (diagnoses) codes, billed for MCO Quality Measures will continue to be billed the same way on the claims.

10. Will there be Prior Authorizations required services delivered to FFS or MCO recipients?

No prior authorizations are required under FQHCs per MSM Chapter 2900. Prior authorizations are not required for FQHCs enrolled with Nevada Medicaid for FFS recipients or FQHCs contracted with the Managed Care Entities for Managed Care recipients.

11. Will there be training available for FQHCs on how to submit FFS shadow billing?

The first FFS training for FQHCs was scheduled for Wednesday, November 5, 2026, 9-10:30 am. There will be one additional training scheduled for November, as well as one in December and one in January. To sign up for future trainings, please utilize the Provider Training page <https://www.medicaid.nv.gov/providers/training/training> for the training calendar and registration. The workshops will be posted there. There is also a Tip Sheet on how to register for the LMS Training Portal on this page as well https://www.medicaid.nv.gov/Downloads/Provider/LMS_Tip_Sheet.pdf.

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	Medical
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	Medical
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	Medical
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	Medical
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	Medical
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	Medical
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	Medical
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	Medical
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	Medical
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	Medical
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	Medical
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS IF PERFORMED);	Medical
11046	DEBRIDEMENT MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS DERMIS AND SUBCUTANEOUS	Medical
11047	DEBRIDEMENT BONE (INCLUDES EPIDERMIS DERMIS SUBCUTANEOUS TISSUE MUSCLE	Medical
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE	Medical
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4	Medical
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	Medical
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	Medical
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	Medical
11102	TANGENTIAL BIOPSY OF SKIN; SINGLE LESION	Medical
11103	TANGENTIAL BIOPSY OF SKIN; EACH SEPARATE/ADDITIONAL LESION	Medical
11104	PUNCH BIOPSY OF SKIN; SINGLE LESION	Medical
11105	PUNCH BIOPSY OF SKIN; EACH SEPARATE/ADDITIONAL LESION	Medical
11106	INCISIONAL BIOSPY OF SKIN; SINGLE LESION	Medical
11107	INCISIONAL BIOSPY OF SKIN; EACH SEPARATE/ADDITIONAL LESION	Medical
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AND	Medical
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL	Medical
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	Medical
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	Medical
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	Medical
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	Medical
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	Medical
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	Medical
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	Medical
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	Medical
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	Medical
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	Medical
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	Medical
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	Medical
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	Medical
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	Medical
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	Medical
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	Medical
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	Medical
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	Medical
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	Medical
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	Medical
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	Medical
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	Medical
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	Medical
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	Medical
11719	TRIMMING OF NONDYSTROPHIC NAIL(S), ANY NUMBER	Medical
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	Medical
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	Medical
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	Medical
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	Medical
11740	EVACUATION OF SUBUNGUAL HEMATOMA	Medical
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	Medical
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	Medical
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	Medical
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	Medical
11901	INJECTION, INTRALESIONAL; MORE THAN 7 LESIONS	Medical
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	Medical
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Medical
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Medical
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Medical
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	Medical
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	Medical
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	Medical
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	Medical
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	Medical
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/ OR EXTREMITIES	Medical
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/ OR EXTREMITIES	Medical
12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/ OR EXTREMITIES	Medical
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA;	Medical
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA;	Medical
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS	Medical
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS	Medical
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS	Medical
15853	Removal of sutures or staples	Medical
15854	Removal of sutures and staples	Medical
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS	Medical
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	Medical
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	Medical
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	Medical
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	Medical
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	Medical
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	Medical
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	Medical
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	Medical
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	Medical
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	Medical
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	Medical
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE	Medical
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	Medical
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	Medical
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	Medical
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S	Medical
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR	Medical
20551	SINGLE TENDON ORIGIN/INSERTION	Medical
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	Medical
20553	SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLES	Medical
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	Medical
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	Medical
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	Medical
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	Medical
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	Medical
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	Medical
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	Medical
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	Medical
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ) THERAPEUTIC REQUIRING AN	Medical
21210	"GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS, INCLUDES OBTAINING GRAFT"	Medical
21215	MANDIBLE, INCLUDES OBTAINING GRAFT	Medical
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR	Medical
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG,	Medical
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	Medical
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	Medical
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	Medical
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	Medical
22510	PERQ CERVICOTHORACIC INJECT	Medical
22511	PERQ LUMBOSACRAL INJECTION	Medical
22512	VERTEBROPLASTY ADDL INJECT	Medical
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	Medical
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	Medical
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	Medical
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	Medical
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR);	Medical
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	Medical
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	Medical
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	Medical
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	Medical
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	Medical
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR	Medical
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG,	Medical
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	Medical
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	Medical
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	Medical
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	Medical
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	Medical
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT	Medical
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM	Medical
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG,	Medical
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	Medical
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	Medical
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	Medical
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	Medical
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	Medical
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	Medical
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	Medical
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER,	Medical
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER,	Medical
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION	Medical
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	Medical
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	Medical
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	Medical
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR	Medical
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG,	Medical
27267	CLOSED TREATMENT OF FEMORAL FRACTURE PROXIMAL END HEAD; WITHOUT MANIPULATION	Medical
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR	Medical
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG,	Medical
27632	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Medical
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG,	Medical
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	Medical
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	Medical
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	Medical
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	Medical
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	Medical
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	Medical
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT	Medical
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	Medical
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	Medical
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR);	Medical
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	Medical
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	Medical
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	Medical
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	Medical
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	Medical
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	Medical
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	Medical
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	Medical
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	Medical
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	Medical
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	Medical
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	Medical
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	Medical
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	Medical
29540	STRAPPING; ANKLE AND/OR FOOT	Medical
29550	STRAPPING; TOES	Medical
29580	STRAPPING; UNNA BOOT	Medical
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING	Medical
29582	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE	Medical
29583	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	Medical
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND	Medical
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	Medical
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	Medical
31295	NASAL/SINUS ENDOSCOPY SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
31296	NASAL/SINUS ENDOSCOPY SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG	Medical
31297	NASAL/SINUS ENDOSCOPY SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG	Medical
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	Medical
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	Medical
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	Medical
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	Medical
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	Medical
31634	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN	Medical
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG, WATER SEAL),	Medical
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	Medical
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT	Medical
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH	Medical
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT	Medical
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH	Medical
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	Medical
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	Medical
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	Medical
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	Medical
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	Medical
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	Medical
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	Medical
42975	Evaluation of sleep-disordered breathing by examination of upper airway using an endoscope	Medical
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	Medical
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	Medical
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	Medical
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR	Medical
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	Medical
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	Medical
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	Medical
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	Medical
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	Medical
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	Medical
51100	ASPIRATION OF BLADDER; BY NEEDLE	Medical
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	Medical
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	Medical
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	Medical
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	Medical
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	Medical
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR	Medical
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING	Medical
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	Medical
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE	Medical
55600	VESICULOTOMY;	Medical
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	Medical
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	Medical
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	Medical
56441	LYSIS OF LABIAL ADHESIONS	Medical
56442	HYMENOTOMY SIMPLE INCISION	Medical
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	Medical
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	Medical
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	Medical
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	Medical
56820	COLPOSCOPY OF THE VULVA;	Medical
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	Medical
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	Medical
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	Medical
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	Medical
57135	EXCISION OF VAGINAL CYST OR TUMOR	Medical
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	Medical
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	Medical
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	Medical
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	Medical
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF	Medical
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	Medical
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	Medical
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	Medical
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	Medical
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	Medical
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	Medical
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT	Medical
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	Medical
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	Medical
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	Medical
57513	CAUTERY OF CERVIX; LASER ABLATION	Medical
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	Medical
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	Medical
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	Medical
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	Medical
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY),	Medical
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST	Medical
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	Medical
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Medical
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Medical
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	Medical
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	Medical
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	Medical
59025	FETAL NON-STRESS TEST	Medical
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	Medical
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	Medical
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	Medical
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Medical
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Medical
59514	Cesarean delivery only	Medical
59612	Vaginal delivery only after previous cesarian delivery	Medical
59620	Cesarean delivery only after attempted vaginal delivery after previous cesarean delivery	Medical
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	Medical
60300	ASPIRATION AND/OR INJECTION THYROID CYST	Medical
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	Medical
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	Medical
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	Medical
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	Medical
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	Medical
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	Medical
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S)	Medical
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS BILATERAL	Medical
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL,	Medical
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	Medical
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER	Medical
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	Medical
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	Medical
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING;	Medical
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE	Medical
66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	Medical
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY ONE OR MORE SESSIONS;	Medical
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	Medical
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	Medical
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	Medical
68816	PROBING OF NASOLACRIMAL DUCT WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	Medical
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	Medical
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	Medical
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	Medical
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	Medical
70554	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	Medical
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST	Medical
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Medical
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Medical
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR	Medical
76776	ULTRASOUND TRANSPLANTED KIDNEY REAL TIME AND DUPLEX DOPPLER WITH IMAGE	Medical
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Medical
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Medical
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Medical
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Medical
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Medical
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	Medical
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	Medical
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	Medical
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	Medical
76830	ULTRASOUND, TRANSVAGINAL	Medical
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	Medical
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	Medical
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	Medical
76870	ULTRASOUND, SCROTUM AND CONTENTS	Medical
76872	ULTRASOUND, TRANSRECTAL;	Medical
76881	ULTRASOUND EXTREMITY NONVASCULAR REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	Medical
76882	ULTRASOUND EXTREMITY NONVASCULAR REAL-TIME WITH IMAGE DOCUMENTATION;	Medical
76883	Comprehensive ultrasound scan of entire length of nerves in extremity	Medical
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION INJECTION	Medical
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR	Medical
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	Medical
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION	Medical
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION	Medical
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	Medical
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Medical
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL; UNILATERAL	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL; BILATERAL	Medical
77065	MAMMOGRAPHY; UNILATERAL	Medical
77066	MAMMOGRAPHY; BILATERAL	Medical
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	Medical
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH	Medical
77072	BONE AGE STUDIES	Medical
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	Medical
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	Medical
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR	Medical
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	Medical
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	Medical
80053	Blood Test, Comprehensive group of blood chemicals	Medical
80195	SIROLIMUS	Medical
80220	Measurement of hydroxychloroquine	Medical
80503	Pathology clinical consultation for clinical problem, 5-20 minutes	Medical
80504	Pathology clinical consultation for moderately complex clinical problem, 21-40 minutes	Medical
80505	Pathology clinical consultation for complex clinical problem, 41-60 minutes	Medical
80506	Pathology clinical consultation, additional 30 minutes	Medical
82565	Blood Creatinine Level	Medical
82570	Creatinine level to test for kidney function or muscle injury	Medical
82653	Measurement of pancreatic elastase (enzyme) in stool	Medical
83521	Measurement of immunoglobulin light chains	Medical
83529	Measurement of interleukin-6	Medical
86036	Screening test for antineutrophil cytoplasmic antibody	Medical
86037	Antineutrophil cytoplasmic antibody titer	Medical
86051	ELISA detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody	Medical
86052	Cell-based immunofluorescence (CBA) detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody	Medical
86053	Flow cytometry detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody	Medical
86231	Detection of endomysial antibody (EMA)	Medical
86258	Detection of gliadin (deamidated) (DGP) antibody	Medical
86328	COVID-19 Antibody Test	Medical
86362	Cell-based immunofluorescence (CBA) detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody	Medical
86363	Flow cytometry detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody	Medical
86364	Measurement of tissue transglutaminase	Medical
86381	Measurement of mitochondrial antibody	Medical
86596	Measurement of voltage-gated calcium channel antibody	Medical
86701	Analysis for antibody to HIV-1 virus	Medical
86703	HIV-1, HIV-2 immunoassay, single result	Medical
86735	COVID-19 Antibody Test	Medical
86780	Syphilis Antibody, Treponemal pallidum confirmatory	Medical
86803	Hepatitis C Antibody Measurement	Medical
87184	Amplified nucleic acid probe typing of disease agent in blood culture specimen	Medical
87389	Detection test by immunoassay technique for HIV-1 antigen and HIV-1 and HIV-2 antibodies	Medical
87426	COVID-19 Antibody Test - immunoassay	Medical
87428	COVID-19 Antibody Test - multiplex immunoassay antigen techniques	Medical
87467	Measurement of Hepatitis B surface antigen (HBsAg)	Medical
87468	Detection of Anaplasma phagocytophilum by amplified nucleic acid probe technique	Medical
87469	Detection of Babesia microti by amplified nucleic acid probe technique	Medical
87478	Detection of Babesia Borrelia miyamotoi by amplified nucleic acid probe technique	Medical
87484	Detection of Ehrlichia chaffeensis by amplified nucleic acid probe technique	Medical
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	Medical
87636	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
87637	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique.	Medical
87806	Detection test by immunoassay with direct visual observation for HIV-1 antigen, with HIV-1 and HIV-2 antibodies	Medical
87811	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).	Medical
88160	"CYTOPATHOLOGY, SCREENING AND INTERPRETATION. WITH MODIFIER 26 (PROFESSIONAL COMPONENT)"	Medical
88304	"LEVEL III, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAM"	Medical
88305	"LEVEL IV, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION"	Medical
88307	"LEVEL V, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAM"	Medical
88311	DECALCIFICATION PROCEDURE	Medical
88312	"SPECIAL STAIN INCLUDING INTER- PRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E.G., ACID FAST, METHENAMINE SILVER)"	Medical
89862	Education & training for patient self-management, 30 mins, 5-8 patients	Medical
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Medical
90681	IHS EPSDT: ONE IMMUNIZATION	Medical
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS	Medical
90759	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, 10 mcg dosage	Medical
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Behavioral Health
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Medical
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	Behavioral Health
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	Behavioral Health
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	Behavioral Health
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	Behavioral Health
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	Behavioral Health
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	Behavioral Health
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	Behavioral Health
90840	INDIVIDUAL PSYCHOTHERAPY HALF HOUR	Behavioral Health
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	Behavioral Health
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	Behavioral Health
90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER	Medical
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER	Medical
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER	Medical
90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11	Medical
90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11	Medical
90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11	Medical
90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19	Medical
90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19	Medical
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19	Medical
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS	Medical
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS	Medical
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS	Medical
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	Medical
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	Medical
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	Medical
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	Medical
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	Medical
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	Medical
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	Medical
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	Medical
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	Medical
92020	GONIOSCOPY (SEPARATE PROCEDURE)	Medical
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNILATERAL OR BILATERAL WITH INTERPRETATION	Medical
92066	Eye training exercise under supervision of health care professional	Medical
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	Medical
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	Medical
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	Medical
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	Medical
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	Medical
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	Medical
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING ANTERIOR SEGMENT WITH	Medical
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING POSTERIOR SEGMENT WITH	Medical
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING POSTERIOR SEGMENT WITH	Medical
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG RETINOPATHY IN A PATIENT	Medical
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG	Medical
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	Medical
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	Medical
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC	Medical
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	Medical
92551	SCREENING TEST, PURE TONE, AIR ONLY	Medical
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Medical
92567	TYMPANOMETRY (IMPEDANCE TESTING)	Medical
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	Medical
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	Medical
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	Medical
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	Medical
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST	Medical
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	Medical
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	Medical
93279	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	Medical
93280	CARDIAC FLUOROSCOPY	Medical
93281	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	Medical
93282	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	Medical
93283	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	Medical
93284	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	Medical
93285	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	Medical
93286	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM	Medical
93287	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM	Medical
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	Medical
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	Medical
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	Medical
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	Medical
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	Medical
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE	Medical
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR	Medical
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR	Medical
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR	Medical
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE	Medical
93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP	Medical
93569	Injection for selective imaging of pulmonary artery during heart catheterization, on one side of body	Medical
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN OR	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
93922	LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	Medical
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	Medical
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	Medical
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	Medical
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	Medical
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	Medical
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD	Medical
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER	Medical
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY, FRC, FORCED	Medical
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND	Medical
94625	Professional services for outpatient pulmonary rehabilitation, per session	Medical
94626	Professional services for outpatient pulmonary rehabilitation with continuous monitoring of blood oxygen, per session	Medical
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	Medical
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	Medical
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY	Medical
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED,	Medical
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	Medical
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	Medical
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING	Medical
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING	Medical
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	Medical
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS,	Medical
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND	Medical
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND	Medical
95076	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS,	Medical
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	Medical
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	Medical
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	Medical
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	Medical
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL)	Medical
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S),	Medical
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	Medical
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER	Medical
96110	DEVELOPMENTAL SCREEN W/SCORE	Medical
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	Medical
96127	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT	Medical
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; FIRST HOUR	Medical
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; EACH ADD'L HOUR	Medical
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; FIRST HOUR	Medical
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; EACH ADD'L HOUR	Medical
96136	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY PHYS OR OTH QUAL PROF, 2 OR MORE TESTS; FIRST 30 MIN	Medical
96137	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY PHYS OR OTH QUAL PROF, 2 OR MORE TESTS; EACH ADD'L 30 MIN	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
96138	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY TECHNICIAN, 2 OR MORE TESTS; FIRST 30 MIN	Medical
96139	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY TECHNICIAN, 2 OR MORE TESTS; EACH ADD'L 30 MIN	Medical
96146	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT W/ AUTO RESULTS	Medical
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	Medical
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; INITIAL 30 MINUTES	Medical
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	Medical
96164	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; INITIAL 30 MINUTES	Medical
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	Medical
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; INITIAL 30 MINUTES	Medical
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	Medical
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE; INITIAL 30 MINUTES	Medical
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	Medical
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Medical
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN	Medical
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	Medical
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	Medical
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	Medical
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	Medical
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);	Medical
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);	Medical
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);	Medical
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	Medical
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	Medical
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	Medical
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	Medical
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	Medical
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL	Medical
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL	Medical
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	Medical
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL	Medical
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	Medical
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	Medical
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	Medical
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	Medical
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR	Medical
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	Medical
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	Medical
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	Medical
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	Medical
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	Medical
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	Medical
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	Medical
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	Medical
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	Medical
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	Medical
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	Medical
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	Medical
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	Medical
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	Medical
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	Medical
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	Medical
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	Medical
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	Medical
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC	Medical
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE	Medical
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE	Medical
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	Medical
97802	MEDICAL NUTRITION THERAPY, ASSESSMENT & INTERVENTION; EACH 15 MINUTES	Medical
97803	MEDICAL NUTRITION THERAPY, RE-ASSESSMENT & INTERVENTION; EACH 15 MINUTES	Medical
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	Medical
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	Medical
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	Medical
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	Medical
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	Medical
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	Medical
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	Medical
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	Medical
98960	Education & training for patient self-management, 30 mins, individual patient (CHW)	Medical
98961	Education & training for patient self-management, 30 mins, 2-4 patients (CHW)	Medical
98980	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month	Medical
98981	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month	Medical
99202	New patient outpatient visit, total time 15-29 minutes	Medical
99203	New patient office or other outpatient visit, 30-44 minutes	Medical
99204	New patient office or other outpatient visit, 45-59 minutes	Medical
99205	New patient office or other outpatient visit, 60-74 minutes	Medical
99211	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional	Medical
99212	Established patient office or other outpatient visit, 10-19 minutes	Medical
99213	Established patient office or other outpatient visit, 20-29 minutes	Medical
99214	Established patient office or other outpatient visit, 30-39 minutes	Medical
99215	Established patient office or other outpatient visit, 40-54 minutes	Medical & Behavioral Health
99215	Established patient office or other outpatient visit, 40-54 minutes	Medical & Behavioral Health
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	Medical
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	Medical
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	Medical
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	Medical
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	Medical
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	Medical
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	Medical
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	Medical
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	Medical
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	Medical
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	Medical
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	Medical
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	Medical
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	Medical
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	Medical
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	Medical
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	Medical
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	Medical
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	Medical
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	Medical
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	Medical
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	Medical
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	Medical
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	Medical
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	Medical
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	Medical
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	Medical
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	Medical
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	Medical
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	Medical
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	Medical
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	Medical
99354	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT	Medical
99355	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT	Medical
99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	Medical
99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	Medical
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	Medical
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	Medical
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	Medical
99393	Periodic comprehensive preventative medicine reeval and management of an established patient AGE 5-11	Medical
99394	Periodic comprehensive preventative medicine reeval and management of an established patient AGE 12-17	Medical
99395	Periodic comprehensive preventative medicine reeval and management of an established patient AGE 18-39	Medical
99396	Periodic comprehensive preventative medicine reeval and management of an established patient AGE 40-64	Medical
99397	Periodic comprehensive preventative medicine reeval and management of an established patient AGE 65+ YR	Medical
99401	Preventative medicine counseling, typically 15 minutes	Medical
99402	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	Medical
99403	Preventative medicine counseling, typically 45 minutes	Medical
99404	Preventative medicine counseling, typically 1 hour	Medical
99406	Smoking and Tobacco use cessation counseling visit intermediate 3-10 min	Medical
99407	Smoking and Tobacco use cessation counseling visit intermediate greater than 10 min	Medical
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes	Medical
99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes	Medical
99417	Prolonged office or other outpatient service by clinical staff, each 15 minutes of total time	Medical
99418	Prolonged inpatient or observation service, each 15 minutes of total time beyond required time of primary service	Medical

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
99424	Principal care management services for a single high-risk disease, first 30 minutes provided personally by qualified health care professional, per calendar month.	Medical
99425	Principal care management services for a single high-risk disease, each additional 30 minutes provided personally by qualified health care professional, per calendar month	Medical
99426	not found	Medical
99427	Principal care management services for a single high-risk disease, each additional 30 minutes of clinical staff time directed by health care professional, per calendar month	Medical
99439	Chronic care management services, each additional 20 minutes of clinical staff time per calendar month	Medical
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of beavioral health care manager activities	Medical
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequesnt month of behavioral health care manger activities.	Medical
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manger activities.	Medical
0712T	Evaluation of artery wall and plaque to assess stability of plaque noninvasive analysis of plaque in artery using software processing of CT data	Medical
0713T	Data review, interpretation and report for noninvasive analysis of plaque in artery using software processing of CT data	Medical
D0120	Periodic oral examination	Dental
D0140	Limited oral examination-problem focused	Dental
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Dental
D0150	Comprehensive oral examination-new or established patient	Dental
D0160	Detailed and extensive oral evaluation-problem focused by report	Dental
D0170	Re-evaluation-limited, problem focused (established patient; not post-operative visit)	Dental
D0190	Screening of a patient	Dental
D0191	Assessment of a patient	Dental
D0210	Intraoral - complete series (including bitewings)	Dental
D0220	Intraoral-periapical-first film	Dental
D0230	Intraoral-periapical-each additional film	Dental
D0240	Intraoral-occlusal film	Dental
D0270	Bitewing-single film	Dental
D0272	Bitewings-two films	Dental
D0273	Bitewings - three films	Dental
D0274	Bitewings - four films	Dental
D0277	Vertical bitewings - 7 to 8 films	Dental
D0322	Dental Tomographic Survey	Dental
D0330	Panoramic film	Dental
D0340	Cephalometric film	Dental
D0350	Oral/Facial Photo Images	Dental
D0364	CONE BEAM CT CAPT/INTERP, < 1 JAW	Dental
D0365	CONE BEAM CT CAPT/INTERP, MAN ARCH	Dental
D0366	CONE BEAM CT CAPT/INTERP, MAX ARCH	Dental
D0367	CONE BEAM CT CAPT/INTERP, BOTH JAWS	Dental
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	Dental
D0372	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	Dental
D0373	Intraoral tomosynthesis - periapical radiographic image	Dental
D0374	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	Dental
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	Dental
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	Dental
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	Dental
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	Dental
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	Dental
D0387	Intraoral tomosynthesis - bitewing radiographic image - image capture only	Dental
D0388	Intraoral tomosynthesis - periapical radiographic image - image capture only	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D0389	Marsupialization of odontogenic cyst	Dental
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	Dental
D0415	COLLECTION OF MICROORGANISMS	Dental
D0416	VIRAL CULTURE	Dental
D0460	PULP VITALITY TEST	Dental
D0470	DIAGNOSTIC CASTS	Dental
D0502	OTHER ORAL PATHOLOGY PROCEDURE	Dental
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN AND CEMENTUM	Dental
D0701	Panoramic radiographic image - image capture only	Dental
D0702	2-d cephalometric radiographic image - image capture only	Dental
D0703	2-d oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Dental
D0706	Intraoral - occlusal radiographic image - image capture only	Dental
D0707	Intraoral - periapical radiographic image - image capture only	Dental
D0708	Intraoral - bitewing radiographic image - image capture only	Dental
D0709	Intraoral - complete series of radiographic images - image capture only	Dental
D1110	Prophylaxis-adult	Dental
D1120	Prophylaxis-child	Dental
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Dental
D1208	Topical application of fluoride	Dental
D1351	Sealant-per tooth	Dental
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	Dental
D1353	Sealant Repair - per tooth	Dental
D1354	Interim Caries arresting medicament application	Dental
D1355	Caries preventive medicament application - per tooth	Dental
D1510	Space maintainer-fixed-unilateral	Dental
D1516	Space Maintainer - fixed - bilateral, maxillary	Dental
D1517	Space Maintainer - fixed - bilateral, mandibular	Dental
D1520	Space maintainer-removable-unilateral	Dental
D1526	Space Maintainer - removable - bilateral, maxillary	Dental
D1527	Space Maintainer - removable - bilateral, mandibular	Dental
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	Dental
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	Dental
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	Dental
D1556	Removal of fixed unilateral space maintainer - per quadrant	Dental
D1557	Removal of fixed bilateral space maintainer - maxillary	Dental
D1558	Removal of fixed bilateral space maintainer - mandibular	Dental
D1575	Distal shoe spacer maintainer	Dental
D2140	Amalgam-one surface, primary or permanent	Dental
D2150	Amalgam-two surfaces, primary or permanent	Dental
D2160	Amalgam-three surfaces, primary or permanent	Dental
D2161	Amalgam-four or more surface-primary or permanent	Dental
D2330	Resin-based composite-one surface, anterior	Dental
D2331	Resin-based composite-two surfaces, anterior	Dental
D2332	Resin-based composite-three surfaces, anterior	Dental
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)	Dental
D2390	Resin-based composite crown, anterior (replacement code for D2336)	Dental
D2391	Resin-based composite - one surface, posterior-permanent (replaces D2380 and D2385)	Dental
D2392	Resin-based composite-two surfaces, posterior-permanent	Dental
D2393	Resin-based composite-three surfaces, posterior-permanent	Dental
D2394	Resin-based composite-four or more surfaces, posterior, permanent	Dental
D2712	CROWN 3/4 RESIN-BASED COMPOS	Dental
D2721	CROWN RESIN W/ BASE METAL	Dental
D2740	CROWN PORCELAIN/CERAMIC SUBS	Dental
D2751	Crown porcelain fused base m	Dental
D2781	CROWN 3/4 CAST BASE METAL	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D2791	CROWN FULL CAST BASE METAL	Dental
D2910	Recement inlay	Dental
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	Dental
D2920	Recement crown	Dental
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	Dental
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Dental
D2929	Prefabricated porcelain/ceramic crown	Dental
D2930	Prefabricated stainless steel crown-primary tooth	Dental
D2931	Prefabricated stainless steel crown-permanent tooth	Dental
D2932	Prefabricated resin crown	Dental
D2933	Prefabricated stainless steel crown with resin window	Dental
D2940	Sedative filling	Dental
D2950	Core build-up incl any pins	Dental
D2951	TOOTH PIN RETENTION	Dental
D2952	POST AND CORE CAST + CROWN	Dental
D2953	EACH ADDTNL CAST POST	Dental
D2954	PREFAB POST/CORE + CROWN	Dental
D2955	POST REMOVAL	Dental
D2957	EACH ADDTNL PREFAB POST	Dental
D2960	LAMINATE LABIAL VENEER	Dental
D2961	LAB LABIAL VENEER RESIN	Dental
D2962	LAB LABIAL VENEER PORCELAIN	Dental
D2975	COPING	Dental
D2980	Crown repair-by report	Dental
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	Dental
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	Dental
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	Dental
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Dental
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	Dental
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	Dental
D3310	Anterior (excluding final restoration)	Dental
D3320	Bicuspid (excluding final restoration)	Dental
D3330	Molar (excluding final restoration)	Dental
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Dental
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	Dental
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	Dental
D3410	Apicoectomy/periradicular surgery-anterior	Dental
D3421	Apicoectomy/periradicular surgery- bicuspid (first root)	Dental
D3425	Apicoectomy/periradicular surgery-molar (first root)	Dental
D3426	Apicoectomy/periradicular surgery-(each additional root)	Dental
D3430	Retrograde filling-per root	Dental
D3450	ROOT AMPUTATION-PER ROOT	Dental
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	Dental
D3471	Surgical repair of root resorption - anterior	Dental
D3472	Surgical repair of root resorption - premolar	Dental
D3473	Surgical repair of root resorption - molar	Dental
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Dental
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Dental
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Dental
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	Dental
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	Dental
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D4210	Gingivectomy or ginivoplasty-four or more contiguous teeth or bounded teeth spaces, per quadrant	Dental
D4211	Gingivectomy or ginivoplasty-one to three teeth per quadrant	Dental
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Dental
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Dental
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Dental
D4240	Gingival flap procedure, including root planning- four or more contiguous teeth or bounded teeth spaces, per quadrant	Dental
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Dental
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	Dental
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Dental
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Dental
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	Dental
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT	Dental
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE	Dental
D4266	GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE	Dental
D4267	GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE BARRIER, PER SITE	Dental
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Dental
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	Dental
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	Dental
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES), FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	Dental
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES), EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	Dental
D4322	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	Dental
D4323	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	Dental
D4341	Periodontal splinting-intracoronar	Dental
D4342	Periodontal scaling and root planning - one to three teeth, per quadrant	Dental
D4346	Scaling - full mouth	Dental
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Dental
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	Dental
D4910	Periodontal Maint Procedures	Dental
D5110	Complete upper denture	Dental
D5120	Complete lower denture	Dental
D5130	Immediate upper	Dental
D5140	Immediate lower	Dental
D5211	Upper partial-acrylic base (including any conventional clasps and rests)	Dental
D5212	Lower partial-acrylic base (including any conventional clasps and rests)	Dental
D5213	Maxillary partial denture-cast metal framework with resin denture bases	Dental
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Dental
D5221	Immed max part denture resin	Dental
D5222	Immed man part denture resin	Dental
D5223	Immed max part denture metal	Dental
D5224	Immed man part denture metal	Dental
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	Dental
D5410	Adjust complete denture - maxillary	Dental
D5411	Adjust complete denture - mandibular	Dental
D5421	Adjust partial denture - maxillary	Dental
D5422	Adjust partial denture - mandibular	Dental
D5511	Repair broken complete denture base, mandibular	Dental
D5512	Repair broken complete denture base, maxillary	Dental
D5520	Replace missing or broken teeth- complete denture (each tooth)	Dental
D5611	Repair resin partial denture base, mandibular	Dental
D5612	Repair resin partial denture base, maxillary	Dental
D5621	Repair cast framework, mandibular	Dental
D5622	Repair cast framework, maxillary	Dental
D5630	Repair or replace broken clasp	Dental
D5640	Replace broken teeth-per tooth	Dental
D5650	Add tooth to existing partial denture	Dental
D5660	Add clasp to existing partial denture	Dental
D5670	REPLC TTH&ACRLC ON MTL FRMWK	Dental
D5671	REPLC TTH&ACRLC MANDIBULAR	Dental
D5730	Reline complete maxillary denture (chairside)	Dental
D5731	Reline complete mandibular denture (chairside)	Dental
D5740	Reline maxillary partial denture (chairside)	Dental
D5741	Reline mandibular partial denture (chairside)	Dental
D5750	Reline complete maxillary denture (laboratory)	Dental
D5751	Reline complete mandibular denture (laboratory)	Dental
D5760	Reline maxillary partial denture (laboratory)	Dental
D5761	Reline mandibular partial denture (laboratory)	Dental
D5820	Interim partial denture (maxillary)	Dental
D5821	Interim partial denture (mandibular)	Dental
D5850	DENTURE TISS CONDITN MAXILL	Dental
D5851	DENTURE TISS CONDITN MANDBL	Dental
D5862	PRECISION ATTACHMENT	Dental
D5899	OTHER DENTAL	Dental
D5931	SURGICAL OBTURATOR	Dental
D5932	REFITTING OF OBTURATOR	Dental
D5933	TEMP OBTURATOR PROSTHESIS	Dental
D5936	TEMP OBTURATOR PROSTHESIS	Dental
D5983	RADIATION APPLICATOR	Dental
D5984	RADIATION SHIELD	Dental
D5985	RADIATION CONE LOCATOR	Dental
D5988	SURGICAL SPLINT	Dental
D5992	ADJUST MAXILLOFCL PROSTH APPLIANCE	Dental
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Dental
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	Dental
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	Dental
D6930	Recement fixed partial denture	Dental
D7111	Coronal remnants - deciduous tooth	Dental
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Dental
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Dental
D7220	Removal of impacted tooth-soft tissue	Dental
D7230	Removal of impacted tooth-partially bony	Dental
D7240	Removal of impacted tooth-completely bony	Dental
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	Dental
D7250	Surgical removal of residual tooth roots (cutting procedure)	Dental
D7251	Coronectomy - Intentional Partial Tooth Removal	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D7260	Orolantral fistula closure	Dental
D7261	PRIMARY CLOSURE SINUS PERF	Dental
D7270	Tooth replacement and/or stabilization of accidentally evulsed or displaced tooth	Dental
D7280	Surgical access of an unerupted tooth	Dental
D7283	PLACE DEVICE IMPACTED TOOTH	Dental
D7285	Biopsy of oral tissue- hard (bone, tooth)	Dental
D7286	Biopsy of oral tissue- soft (all others)	Dental
D7287	EXFOLIATIVE CYTOLOG COLLECT	Dental
D7288	BRUSH BIOPSY	Dental
D7290	REPOSITIONING OF TEETH	Dental
D7291	TRANSSEPTAL FIBEROTOMY	Dental
D7292	SCREW RETAINED PLATE	Dental
D7293	TEMP ANCHORAGE DEV W FLAP	Dental
D7294	TEMP ANCHORAGE DEV W/O FLAP	Dental
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	Dental
D7298	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE], REQUIRING FLAP	Dental
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	Dental
D7300	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	Dental
D7310	Alveoplasty in conjunction with extractions-per quadrant	Dental
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	Dental
D7320	Alveoplasty not in conjunction with extractions-per quadrant	Dental
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	Dental
D7410	Excision Of Benign Lesion Up To 1.25 Cm	Dental
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	Dental
D7412	EXCISION BENIGN LESION COMPL	Dental
D7440	MALIG TUMOR EXC TO 1.25 CM	Dental
D7441	Excision of malignant tumor- lesion diameter greater than 1.25 cm	Dental
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	Dental
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	Dental
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	Dental
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	Dental
D7465	LESION DESTRUCTION	Dental
D7472	REMOVAL OF TORUS PALATINUS	Dental
D7473	REMOVE TORUS MANDIBULARIS	Dental
D7490	MAXILLA OR MANDIBLE RESECTIO	Dental
D7509	Marsupialization odon cyst	Dental
D7510	Incision and drainage of abscess- intraoral soft tissue	Dental
D7511	INCISION/DRAIN ABSCESS INTRA	Dental
D7520	Incision and drainage of abscess- extraoral soft tissue	Dental
D7521	INCISION/DRAIN ABSCESS EXTRA	Dental
D7530	REMOVAL FB SKIN/AREOLAR TISS	Dental
D7540	REMOVAL OF FB REACTION	Dental
D7550	REMOVAL OF SLOUGHED OFF BONE	Dental
D7560	MAXILLARY SINUSOTOMY	Dental
D7610	Maxilla- open reduction (teeth immobilized, if present)	Dental
D7620	Maxilla- closed reduction (teeth immobilized, if present)	Dental
D7630	Mandible- open reduction (teeth immobilized, if present)	Dental
D7640	Mandible- closed reduction (teeth immobilized, if present)	Dental
D7650	OPEN RED SIMP MALAR/ZYGOM FX	Dental
D7660	Malar and/or zygomatic arch-closed reduction	Dental
D7670	Alveolus- closed reduction, may include stabilization of teeth	Dental
D7671	ALVEOLUS OPEN REDUCTION	Dental
D7680	Facial bones- complicated reduction with fixation and multiple surgical approaches	Dental
D7710	Maxilla- open reduction	Dental
D7720	Maxilla-Closed Reduction	Dental
D7730	Mandible- open reduction	Dental
D7740	Mandible- closed reduction	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D7750	Malar and/or zygomatic arch-open reduction	Dental
D7760	CLSD RED COMP MALAR/ZYGMA FX	Dental
D7770	Alveolus- open reduction stabilization of teeth	Dental
D7771	ALVEOLUS CLSD REDUC STBLZ TE	Dental
D7780	REDUCT COMPND FACIAL BONE FX	Dental
D7810	TMJ OPEN REDUCT-DISLOCATION	Dental
D7820	Closed reduction of dislocation	Dental
D7840	REMOVAL OF TMJ CONDYLE	Dental
D7850	TMJ MENISCECTOMY	Dental
D7852	TMJ REPAIR OF JOINT DISC	Dental
D7854	TMJ EXCISN OF JOINT MEMBRANE	Dental
D7858	TMJ RECONSTRUCTION	Dental
D7860	TMJ CUTTING INTO JOINT	Dental
D7865	TMJ RESHAPING COMPONENTS	Dental
D7870	TMJ ASPIRATION JOINT FLUID	Dental
D7872	TMJ DIAGNOSTIC ARTHROSCOPY	Dental
D7873	TMJ ARTHROSCOPY LYSIS ADHESN	Dental
D7874	TMJ ARTHROSCOPY DISC REPOSIT	Dental
D7875	TMJ ARTHROSCOPY SYNOVECTOMY	Dental
D7876	TMJ ARTHROSCOPY DISCECTOMY	Dental
D7877	TMJ ARTHROSCOPY DEBRIDEMENT	Dental
D7880	OCCLUSAL ORTHOTIC APPLIANCE	Dental
D7910	Suture of recent small wounds up to 5 cm	Dental
D7911	Complicated suture- up to 5 cm	Dental
D7912	Complicated suture- greater than 5 cm	Dental
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	Dental
D7940	RESHAPING BONE ORTHOGNATHIC	Dental
D7941	BONE CUTTING RAMUS CLOSED	Dental
D7943	CUTTING RAMUS OPEN W/GRAFT	Dental
D7944	BONE CUTTING SEGMENTED	Dental
D7945	BONE CUTTING BODY MANDIBLE	Dental
D7946	RECONSTRUCTION MAXILLA TOTAL	Dental
D7947	RECONSTRUCT MAXILLA SEGMENT	Dental
D7948	RECONSTRUCT MIDFACE NO GRAFT	Dental
D7949	RECONSTRUCT MIDFACE W/GRAFT	Dental
D7951	SINUS AUG W BONE/BONE SUP	Dental
D7953	BONE REPLACEMENT GRAFT	Dental
D7955	REPAIR MAXILLOFACIAL DEFECTS	Dental
D7961	Buccal / labial frenectomy (frenulectomy)	Dental
D7962	Lingual frenectomy (frenulectomy)	Dental
D7963	FRENULOPLASTY	Dental
D7970	EXCISION HYPERPLASTIC TISSUE	Dental
D7971	EXCISION PERICORONAL GINGIVA	Dental
D7980	Sialolithotomy	Dental
D7981	EXCISION OF SALIVARY GLAND	Dental
D7982	SIALODOCHOPLASTY	Dental
D7983	CLOSURE OF SALIVARY FISTULA	Dental
D7990	EMERGENCY TRACHEOTOMY	Dental
D7991	DENTAL CORONOIDECTOMY	Dental
D7993	Surgical placement of craniofacial implant - extra oral	Dental
D7994	Surgical placement: zygomatic implant	Dental
D7996	IMPLANT MANDIBLE FOR AUGMENT	Dental
D7998	INTRAORAL PLACE OF FIX DEV	Dental
D8696	Repair of orthodontic appliance - maxillary	Dental
D8697	Repair of orthodontic appliance - mandibular	Dental
D8698	Re-cement or re-bond fixed retainer – maxillary	Dental
D8699	Re-cement or re-bond fixed retainer - mandibular	Dental

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
D9110	Treatment of dental pain - minor procedure	Dental
D9120	Fixed partial denture sectioning	Dental
D9210	DENT ANESTHESIA W/O SURGERY	Dental
D9212	TRIGEMINAL BLOCK ANESTHESIA	Dental
D9215	LOCAL ANESTHESIA	Dental
D9222	Deep sedation/general anesthesia - first 15 minutes	Dental
D9223	Deep sedation/general anesthesia - each additional 15 minutes	Dental
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Dental
D9239	IV SEDATION, FIRST 15 MIN	Dental
D9243	IV SEDATION, EACH ADD'L 15 MIN	Dental
D9248	SEDATION (NON-IV)	Dental
D9310	DENTAL CONSULTATION	Dental
D9311	"CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL"	Dental
D9440	OFFICE VISIT AFTER HOURS	Dental
D9610	DENT THERAPEUTIC DRUG INJECT	Dental
D9612	THERA PAR DRUGS 2 OR > ADMIN	Dental
D9630	OTHER DRUGS/MEDICAMENTS	Dental
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	Dental
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	Dental
D9944	occlusal guard - hard appliance, full arch	Dental
D9945	occlusal guard - soft appliance, full arch	Dental
D9946	occlusal guard - hard appliance, partial arch	Dental
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	Dental
D9951	OCCLUSAL ADJUSTMENT-LIMITED	Dental
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	Dental
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	Dental
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	Dental
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	Dental
D9994	"DENTAL CASE MANAGEMENT – PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY"	Dental
G0101	CA SCREEN; PELVIC/BREAST EXAM	Medical
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	Medical
G0438	ANNUAL WELLNESS VISIT - FIRST	Medical
G0439	ANNUAL WELLNESS VISIT - SUBSEQUENT	Medical
G2214	Initial or Subsequent Psychiatric Collaborative Care Management, first 30 minutes in a month	BH
H0049	Alcohol/Drug Screening	Medical
J0248	INJ, REMDESIVIR 1 MG -- MCSHR, NONCOV, XOVO	Medical
M0201	COVID-19 VACCINE HOME ADMIN	Medical
M0248	SOTROVIMAB INFUSION, HOME ADMIN	Medical
Q0091	OBTAINING SCREEN PAP SMEAR	Medical
Q2214	Uinitial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities.	Behavioral Health
21210	"GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS, INCLUDES OBTAINING GRAFT"	Medical
21215	MANDIBLE, INCLUDES OBTAINING GRAFT	Medical
88304	"LEVEL III, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAM"	Medical
88305	"LEVEL IV, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION"	Medical
88307	"LEVEL V, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAM"	Medical
88311	DECALCIFICATION PROCEDURE	Medical
88312	"SPECIAL STAIN INCLUDING INTER- PRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E.G., ACID FAST, METHENAMINE SILVER)"	Medical
88160	"CYTOPATHOLOGY, SCREENING AND INTERPRETATION. WITH MODIFIER 26 (PROFESSIONAL COMPONENT)"	Medical
Q3014	Telehealth originating Site facility fee	Medical & Behavioral Health
S9445	Patient education not otherwise classified non physician provider, individual per session (Doula)	Medical

FQHC SHADOW BILLING LIST BY CPT / HCPCS -- OCTOBER 2025

Valid Procedure Codes for Qualified Encounters	Description	ENCOUNTER
U0002	COVID-19 Lab Test non-CDC	Medical