

Outpatient Ambulatory Health Services

99202 - OFFICE VISIT; NEW PATIENT; 20 MINS
99203 - OFFICE VISIT; NEW PATIENT; 30 MINS
99204 - OFFICE VISIT; NEW PATIENT; 45 MINS
99205 - OFFICE VISIT; NEW PATIENT; 60 MINS
99211 - OFFICE VISIT; ESTABLISHED PATIENT; 5 MINS
99212 - OFFICE VISIT; ESTABLISHED PATIENT; 10 MINS
99213 - OFFICE VISIT; ESTABLISHED PATIENT; 15 MINS
99214 - OFFICE VISIT; ESTABLISHED PATIENT; 25 MINS
99215 - OFFICE VISIT; ESTABLISHED PATIENT; 40 MINS
71046 - Radiologic examination, chest; 2 views
76700 - ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE
76770 - ULTRASOUND, RETROPERITONEUM, B-SCAN/REAL TIME; COMPLETE
77067 - Screening mammography, bilateral (2-view study of each breast), including CAD when performed
93000 - ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION
93005 - ELECTROCARDIOGRAM, TRACING
93010 - ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION
92225 - SPECIAL EYE EXAM INITIAL
89999 - UNSPECIFIED LABORATORY SERVICE
99999 - OUTPATIENT AMBULATORY SERVICE; UNSPECIFIED

Medical Case Management

MCM01 - FACE TO FACE MEDICAL CASE MANAGEMENT
MCM02 - FACE TO FACE INDIVIDUAL CARE PLAN
MCM03 - FACE TO FACE SERVICE COORDINATION/REFERRAL
MCM04 - FACE TO FACE TRANSPORTATION COORDINATION/REFERRAL
MCM05 - FACE TO FACE TREATMENT ADHERENCE COUNSELING
MCM06 - FACE TO FACE ORAL HEALTH CARE COORDINATION/REFERRAL
MCM51 - NON FACE TO FACE MEDICAL CASE MANAGEMENT
MCM52 - NON FACE TO FACE INDIVIDUAL CARE PLAN EVALUATE/UPDATE
MCM53 - NON FACE TO FACE SERVICE COORDINATION/REFERRAL
MCM54 - NON FACE TO FACE TRANSPORTATION COORDINATION/REFERRAL
MCM55 - NON FACE TO FACE TREATMENT ADHERENCE COUNSELING
MCM56 - NON FACE TO FACE ORAL HEALTH CARE COORDINATION/REFERRAL
MCM59 - NON FACE TO FACE CASE CONFERENCING
MCM98 - OTHER NON FACE TO FACE MEDICAL CASE MANAGEMENT SERVICE

AIDS Pharmaceutical Assistance (Local)

APA01- LOCAL AIDS DRUG ASSISTANCE; DISPENSE

Food Bank/Home Delivered Meals

FBM02 - FOOD VOUCHER

Mental Health

99202 - OFFICE/OUTPATIENT VISIT; NEW PATIENT ; 20 MINS

99203 –OFFICE/OUTPATIENT VISIT; NEW PATIENT ; 30 MINS
99204 –OFFICE/OUTPATIENT VISIT; NEW PATIENT ; 45 MINS
99205 –OFFICE/OUTPATIENT VISIT; NEW PATIENT ; 60 MINS
99211 –OFFICE/OUTPATIENT VISIT; EST PATIENT ; 5 MINS
99212 –OFFICE/OUTPATIENT VISIT; EST PATIENT ; 10 MINS
99213 – OFFICE/OUTPATIENT VISIT; EST PATIENT ; 15 MINS
99214 –OFFICE/OUTPATIENT VISIT; EST PATIENT ; 25 MINS
99215 –OFFICE/OUTPATIENT VISIT; EST PATIENT ; 40 MINS
90834- PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER
90837 - PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER
90863 - PHARMACOLOGIC MGMT W/PSYTX
90791 - PSYCHIATRIC DIAGNOSTIC EVAL
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES

Oral Health

D0120 – PERIODIC ORAL EVALUATION; ESTABLISHED PATIENT
D0140 – LIMITED ORAL EVALUATION; PROBLEM FOCUSED
D0150 – COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT
D0160 - DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT
D0170 - RE-EVAL-LIM,PROB FOCUS (EST PT)
D0180 - COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT
D1110 – PROPHYLAXIS; ADULT
D4346 – DEBRIDEMENT AFTER EVALUATION (Scaling, full mouth)
D4910 – PERIODONTAL MAINTENANCE
OHC99 - ORAL HEALTH CARE; UNSPECIFIED

Medical Transportation

MTR04 - MEDICAL TRANSPORTATION; MEDICAL VAN; NON-EMERGENCY or
MTR99 - MEDICAL TRANSPORTATION; UNSPECIFIED (Rideshare)

Health Insurance Program

HI001 - HEALTH INSURANCE PREMIUM PAYMENT
HIP02 - HEALTH INSURANCE; DEDUCTIBLE PAYMENT
HIP03 - HEALTH INSURANCE; CO-PAYMENT

Non-Medical Case Management

CM003 - FACE TO FACE NON-MEDICAL ELIGIBILITY; INITIAL
CM004 - FACE TO FACE NON-MEDICAL ELIGIBILITY; REDETERMINATION
CM051 - NON FACE TO FACE NON-MEDICAL CASE MANAGEMENT

Early Intervention Services

EIS99 - EARLY INTERVENTION; UNSPECIFIED

Referral for Health Care & Support

REF01 - AMBULATORY/OUTPATIENT MEDICAL REFERRAL
REF02- ORAL HEALTH CARE REFERRAL

REF03 – MENTAL HEALTH SERVICES REFERRAL
REF05 – SUBSTANCE ABUSE OUTPATIENT REFERRAL
REF07 - AMBULATORY/OUTPATIENT MEDICAL SPECIALTY REFERRAL
REF08 - LABORATORY REFERRAL
REF09 – MEDICAL TRANSPORTATION SERVICES REFERRAL
REF10- EMERGENCY FINANCIAL ASSISTANCE REFERRAL
REF11 – PSYCHOSOCIAL SUPPORT REFERRAL (referral to Peer Support)
REF12 – TREATMENT ADHERENCE REFERRAL (referral to MCM)
REF99 - REFERRAL SERVICE UNSPECIFIED (specify referral type in comments)

Emergency Financial Assistance

EFA01 - EMERGENCY FINANCIAL ASSISTANCE; RENT
EFA02 - EMERGENCY FINANCIAL ASSISTANCE; UTILITIES
EFA03- MEDICATION

Home & Community Based Health Services

HCB99 – HOME & COMMUNITY BASED HEALTH SERVICES UNSPECIFIED