



CPT® Code 99343 Details

Code Symbols

MIPS : Merit Based Incentive Payment System

Code Descriptor

Home visit for the evaluation and management of a new patient, which requires these 3 key components:

- **A detailed history;**
- **A detailed examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

CPT® Advice

No data Available

Illustration

No data Available.

Fee Schedule

Medicare Physician Fee Schedules (MPFS)

Sources:	2019 National Physician Fee Schedule Relative Value File, GPCI19, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2019, MCR-MUE-PractitionerServices
Publisher:	CMS
Effective:	July 01, 2019
Medicare Carrier/Locality:	ALASKA** 01-02102
Conversion Factor:	36.0391

Note: A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.



Code Status A

A = Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

Medicare Fees					
	National	Adjusted	26	TC	53
Facility	\$132.26	\$180.01	\$0.00	\$0.00	\$0.00
Non Facility	\$132.26	\$180.01	\$0.00	\$0.00	\$0.00

RVU - Nonfacility					
	National	Adjusted	26	TC	53
Work RVU:	2.53	3.80	0.00	0.00	0.00
PE RVU:	0.96	1.07	0.00	0.00	0.00
Malpractice RVU:	0.18	0.13	0.00	0.00	0.00
Total RVU:	3.67	4.99	0.00	0.00	0.00

RVU - Facility					
	National	Adjusted	26	TC	53
Work RVU:	2.53	3.80	0.00	0.00	0.00
PE RVU:	0.96	1.07	0.00	0.00	0.00
Malpractice RVU:	0.18	0.13	0.00	0.00	0.00
Total RVU:	3.67	4.99	0.00	0.00	0.00

Global & Other Info	
	Global Split
Preoperative %:	0
Intraoperative %:	0
Postoperative %:	0
Total RVU:	0
Global Period (days):	XXX
XXX = The global concept does not apply to the code.	
Radiology Diagnostic Tests :	99
99 = Concept does not apply	
PC/TC Indicator :	0



0 = Physician Service Codes--Identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUS include values for physician work, practice expense and malpractice expense. There are some codes with no work RVUs.

Endoscopic Base Code : None

Modifier Guidelines

	Modifier	Rules(Click on rules for Details)
MULT PROC	51	No multiple procedure payment adjustment
<p>51 = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes</p> <p>0 = No payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure, base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount for the procedure.</p>		
BILAT SURG	50	No 150% bilateral payment boost
<p>50 = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.</p> <p>0 = 150% payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier -50 or with modifiers RT and LT, base the payment for the two sides on the lower of: (a) the total actual charge for both sides or (b) 100% of the fee schedule amount for a single code.</p>		
ASST SURG	80	Assistant payment allowed when supported
<p>80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p> <p>0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.</p>		
CO-SURG	62	Co-surgeons not permitted
<p>62 = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p> <p>0 = Co-surgeons not permitted for this procedure.</p>		



TEAM SURG **66** **Team surgeons not permitted**

66 = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

0 = Team surgeons not permitted for this procedure.

MINIMUM ASST SURG **81** **Assistant payment allowed when supported.**

81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

ASST SURG (QUALIFIED RESI. NA) **82** **Assistant payment allowed when supported.**

82 = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

PHYSICIAN SUPERVISION ***PS** **Concept does not apply.**

PS = This field is for use in post payment review.

9 = Concept does not apply

Medically Unlikely Edits

Source: 2019 Medically Unlikely Edits (MUE)

Publisher: CMS

Date: July 01, 2019

Services	MUE	MAI	MUE Rationale
Practitioner Services	1	2	Code Descriptor / CPT Instruction
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	1	2	Code Descriptor / CPT Instruction

MAI 1: Line Edit

MUE MAI "1" indicates a claim line edit. When it's appropriate to report units that exceed the MUE, use one or more additional claim lines with an appropriate modifier appended to the code. Payers who apply the MUE will process each claim line separately for payment.

MAI 2: Date of Service Edit: Policy



MUE MAI "2" indicates an absolute date of service (DOS) edit based on policy. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. CMS has not identified any instances in which exceeding an MAI 2 MUE is correct.

MAI 3: Date of Service Edit: Clinical

MUE MAI "3" indicates a date of service (DOS) edit based on clinical benchmarks. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. MACs may pay excess units upon appeal or may bypass the MUE based on documentation of medical necessity.

LCD Details

LCD Details for 99343

The chosen state has no LCD for this code/title. Please search All States to see if another state has an LCD for this code/title.

Article Details for 99343

The chosen state has no Article for this code/title. Please search All States to see if another state has an Article for this code/title.

NCD

No data available.

MEDICARE CCI

0 - Can NOT be billed under any circumstances
 1 - A CCI-associated modifier on the Col. 2 code will override the edit.

Col B Code	Reason Edit	Modifier Indicator
0362T	Misuse of column two code with column one code	1
0373T	Misuse of column two code with column one code	1
0469T	Misuse of column two code with column one code	0
36591	CPT Manual or CMS manual coding instructions	0
36592	CPT Manual or CMS manual coding instructions	0
43752	Misuse of column two code with column one code	1
80500	Standards of medical / surgical practice	0
80502	Standards of medical / surgical practice	0
90863	CPT Manual or CMS manual coding instructions	0



92002	More extensive procedure	0
92004	More extensive procedure	0
92012	More extensive procedure	0
92014	More extensive procedure	0
92227	CPT Manual or CMS manual coding instructions	1
92228	CPT Manual or CMS manual coding instructions	1
92531	CPT Manual or CMS manual coding instructions	0
92532	CPT Manual or CMS manual coding instructions	0
93040	Standards of medical / surgical practice	1
93041	Standards of medical / surgical practice	1
93042	Standards of medical / surgical practice	1
93561	Misuse of column two code with column one code	1
93562	Misuse of column two code with column one code	1
93792	CPT Manual or CMS manual coding instructions	1
93793	CPT Manual or CMS manual coding instructions	0
94002	CPT Manual or CMS manual coding instructions	0
94003	CPT Manual or CMS manual coding instructions	0
94004	CPT Manual or CMS manual coding instructions	0
94660	CPT Manual or CMS manual coding instructions	0
94662	CPT Manual or CMS manual coding instructions	0
95831	Standards of medical / surgical practice	0
95832	Standards of medical / surgical practice	0
95833	Standards of medical / surgical practice	0
95834	Standards of medical / surgical practice	0
95851	Standards of medical / surgical practice	0
95852	Standards of medical / surgical practice	0
96020	CPT Manual or CMS manual coding instructions	1
96105	Standards of medical / surgical practice	1



96116	CPT Manual or CMS manual coding instructions	1
96125	Standards of medical / surgical practice	1
96130	Standards of medical / surgical practice	1
96132	Standards of medical / surgical practice	1
96136	Standards of medical / surgical practice	1
96138	Standards of medical / surgical practice	1
96146	Standards of medical / surgical practice	1
96150	CPT Manual or CMS manual coding instructions	0
96151	CPT Manual or CMS manual coding instructions	0
96152	CPT Manual or CMS manual coding instructions	0
96153	CPT Manual or CMS manual coding instructions	0
96154	CPT Manual or CMS manual coding instructions	0
96360	Standards of medical / surgical practice	1
96365	Standards of medical / surgical practice	1
96369	Misuse of column two code with column one code	1
96372	Standards of medical / surgical practice	1
96373	Standards of medical / surgical practice	1
96374	Standards of medical / surgical practice	1
96377	Standards of medical / surgical practice	1
96401	Standards of medical / surgical practice	1
96402	Standards of medical / surgical practice	1
96405	Standards of medical / surgical practice	1
96406	Standards of medical / surgical practice	1
96409	Standards of medical / surgical practice	1
96413	Standards of medical / surgical practice	1
96416	Standards of medical / surgical practice	1
96420	Standards of medical / surgical practice	1
96422	Standards of medical / surgical practice	1



96425	Standards of medical / surgical practice	1
96440	Standards of medical / surgical practice	1
96446	Standards of medical / surgical practice	1
96450	Standards of medical / surgical practice	1
96523	CPT Manual or CMS manual coding instructions	0
97151	Misuse of column two code with column one code	1
97153	Misuse of column two code with column one code	1
97154	Misuse of column two code with column one code	1
97155	Misuse of column two code with column one code	1
97156	Misuse of column two code with column one code	1
97157	Misuse of column two code with column one code	1
97158	Misuse of column two code with column one code	1
97802	Misuse of column two code with column one code	0
97803	Misuse of column two code with column one code	0
97804	Misuse of column two code with column one code	0
99091	CPT Manual or CMS manual coding instructions	0
99172	CPT Manual or CMS manual coding instructions	0
99173	CPT Manual or CMS manual coding instructions	1
99174	Misuse of column two code with column one code	1
99177	Misuse of column two code with column one code	1
99341	HCPCS/CPT procedure code definition	0
99342	HCPCS/CPT procedure code definition	0
99408	Standards of medical / surgical practice	0
99409	Standards of medical / surgical practice	0
99446	CPT Manual or CMS manual coding instructions	0
99447	CPT Manual or CMS manual coding instructions	0
99448	CPT Manual or CMS manual coding instructions	0
99449	CPT Manual or CMS manual coding instructions	0



99451	CPT Manual or CMS manual coding instructions	0
99452	CPT Manual or CMS manual coding instructions	0
99463	Mutually exclusive procedures	0
99605	Misuse of column two code with column one code	1
99606	Misuse of column two code with column one code	1
G0102	Standards of medical / surgical practice	0
G0117	Standards of medical / surgical practice	0
G0118	Standards of medical / surgical practice	0
G0179	HCPCS/CPT procedure code definition	1
G0180	HCPCS/CPT procedure code definition	1
G0245	Standards of medical / surgical practice	0
G0246	Standards of medical / surgical practice	0
G0248	Misuse of column two code with column one code	1
G0250	Misuse of column two code with column one code	1
G0270	Misuse of column two code with column one code	0
G0271	Misuse of column two code with column one code	0
G0396	Standards of medical / surgical practice	1
G0397	Standards of medical / surgical practice	1
G0442	Standards of medical / surgical practice	1
G0443	Standards of medical / surgical practice	1
G0444	More extensive procedure	1
G0445	More extensive procedure	1
G0446	More extensive procedure	1
G0447	More extensive procedure	1
G0459	Standards of medical / surgical practice	0
G0473	More extensive procedure	1
G0498	Standards of medical / surgical practice	1
G2011	Standards of medical / surgical practice	1



ICD-10 Crossref

E01.0 : Iodine-deficiency related diffuse (endemic) goiter
E01.1 : Iodine-deficiency related multinodular (endemic) goiter
E01.2 : Iodine-deficiency related (endemic) goiter, unspecified
E01.8 : Other iodine-deficiency related thyroid disorders and allied conditions
E10.10 : Type 1 diabetes mellitus with ketoacidosis without coma
E10.11 : Type 1 diabetes mellitus with ketoacidosis with coma
E10.21 : Type 1 diabetes mellitus with diabetic nephropathy
E10.22 : Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29 : Type 1 diabetes mellitus with other diabetic kidney complication
E10.311 : Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319 : Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.36 : Type 1 diabetes mellitus with diabetic cataract
E10.39 : Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40 : Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41 : Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42 : Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43 : Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44 : Type 1 diabetes mellitus with diabetic amyotrophy
E10.49 : Type 1 diabetes mellitus with other diabetic neurological complication
E10.51 : Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52 : Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59 : Type 1 diabetes mellitus with other circulatory complications
E10.610 : Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618 : Type 1 diabetes mellitus with other diabetic arthropathy
E10.620 : Type 1 diabetes mellitus with diabetic dermatitis
E10.621 : Type 1 diabetes mellitus with foot ulcer
E10.622 : Type 1 diabetes mellitus with other skin ulcer
E10.628 : Type 1 diabetes mellitus with other skin complications
E10.630 : Type 1 diabetes mellitus with periodontal disease
E10.638 : Type 1 diabetes mellitus with other oral complications
E10.641 : Type 1 diabetes mellitus with hypoglycemia with coma
E10.649 : Type 1 diabetes mellitus with hypoglycemia without coma
E10.65 : Type 1 diabetes mellitus with hyperglycemia
E10.69 : Type 1 diabetes mellitus with other specified complication
E10.8 : Type 1 diabetes mellitus with unspecified complications
E10.9 : Type 1 diabetes mellitus without complications
E11.00 : Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01 : Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10 : Type 2 diabetes mellitus with ketoacidosis without coma
E11.11 : Type 2 diabetes mellitus with ketoacidosis with coma
E11.21 : Type 2 diabetes mellitus with diabetic nephropathy
E11.22 : Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29 : Type 2 diabetes mellitus with other diabetic kidney complication
E11.311 : Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319 : Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.36 : Type 2 diabetes mellitus with diabetic cataract
E11.39 : Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40 : Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41 : Type 2 diabetes mellitus with diabetic mononeuropathy



E11.42 : Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43 : Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44 : Type 2 diabetes mellitus with diabetic amyotrophy
E11.49 : Type 2 diabetes mellitus with other diabetic neurological complication
E11.51 : Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52 : Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59 : Type 2 diabetes mellitus with other circulatory complications
E11.610 : Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618 : Type 2 diabetes mellitus with other diabetic arthropathy
E11.620 : Type 2 diabetes mellitus with diabetic dermatitis
E11.621 : Type 2 diabetes mellitus with foot ulcer
E11.622 : Type 2 diabetes mellitus with other skin ulcer
E11.628 : Type 2 diabetes mellitus with other skin complications
E11.630 : Type 2 diabetes mellitus with periodontal disease
E11.638 : Type 2 diabetes mellitus with other oral complications
E11.641 : Type 2 diabetes mellitus with hypoglycemia with coma
E11.649 : Type 2 diabetes mellitus with hypoglycemia without coma
E11.65 : Type 2 diabetes mellitus with hyperglycemia
E11.69 : Type 2 diabetes mellitus with unspecified complication
E11.8 : Type 2 diabetes mellitus with unspecified complications
E11.9 : Type 2 diabetes mellitus without complications
E78.2 : Mixed hyperlipidemia
E78.3 : Hyperchylomicronemia
E78.5 : Hyperlipidemia, unspecified
F06.31 : Mood disorder due to known physiological condition with depressive features
F06.32 : Mood disorder due to known physiological condition with major depressive-like episode
F25.1 : Schizoaffective disorder, depressive type
F32.0 : Major depressive disorder, single episode, mild
F32.1 : Major depressive disorder, single episode, moderate
F32.2 : Major depressive disorder, single episode, severe without psychotic features
F32.3 : Major depressive disorder, single episode, severe with psychotic features
F32.4 : Major depressive disorder, single episode, in partial remission
F32.5 : Major depressive disorder, single episode, in full remission
F32.9 : Major depressive disorder, single episode, unspecified
F33.0 : Major depressive disorder, recurrent, mild
F33.1 : Major depressive disorder, recurrent, moderate
F33.2 : Major depressive disorder, recurrent severe without psychotic features
F33.3 : Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40 : Major depressive disorder, recurrent, in remission, unspecified
F33.41 : Major depressive disorder, recurrent, in partial remission
F33.42 : Major depressive disorder, recurrent, in full remission
F33.8 : Other recurrent depressive disorders
F33.9 : Major depressive disorder, recurrent, unspecified
F42.8 : Other obsessive-compulsive disorder
F42.9 : Obsessive-compulsive disorder, unspecified
I10 : Essential (primary) hypertension
I11.0 : Hypertensive heart disease with heart failure
I11.9 : Hypertensive heart disease without heart failure
I12.0 : Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9 : Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0 : Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney



disease, or unspecified chronic kidney disease

I13.10 : Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

I13.11 : Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease

I13.2 : Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease

I15.0 : Renovascular hypertension

I15.1 : Hypertension secondary to other renal disorders

I15.2 : Hypertension secondary to endocrine disorders

I15.8 : Other secondary hypertension

I15.9 : Secondary hypertension, unspecified

I20.0 : Unstable angina

I20.1 : Angina pectoris with documented spasm

I20.8 : Other forms of angina pectoris

I20.9 : Angina pectoris, unspecified

I24.8 : Other forms of acute ischemic heart disease

I24.9 : Acute ischemic heart disease, unspecified

I25.10 : Atherosclerotic heart disease of native coronary artery without angina pectoris

I25.110 : Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

I25.111 : Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm

I25.118 : Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris

I25.119 : Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

I25.2 : Old myocardial infarction

I44.30 : Unspecified atrioventricular block

I44.39 : Other atrioventricular block

I44.4 : Left anterior fascicular block

I44.5 : Left posterior fascicular block

I44.60 : Unspecified fascicular block

I44.69 : Other fascicular block

I44.7 : Left bundle-branch block, unspecified

I45.0 : Right fascicular block

I45.10 : Unspecified right bundle-branch block

I45.19 : Other right bundle-branch block

I83.811 : Varicose veins of right lower extremity with pain

I83.812 : Varicose veins of left lower extremity with pain

I83.813 : Varicose veins of bilateral lower extremities with pain

I83.819 : Varicose veins of unspecified lower extremity with pain

I83.891 : Varicose veins of right lower extremity with other complications

I83.892 : Varicose veins of left lower extremity with other complications

I83.893 : Varicose veins of bilateral lower extremities with other complications

I83.899 : Varicose veins of unspecified lower extremity with other complications

I83.90 : Asymptomatic varicose veins of unspecified lower extremity

I83.91 : Asymptomatic varicose veins of right lower extremity

I83.92 : Asymptomatic varicose veins of left lower extremity

I83.93 : Asymptomatic varicose veins of bilateral lower extremities

I86.8 : Varicose veins of other specified sites

L40.52 : Psoriatic arthritis mutilans

L40.53 : Psoriatic spondylitis

L40.54 : Psoriatic juvenile arthropathy

L40.59 : Other psoriatic arthropathy

L40.8 : Other psoriasis



L40.9 : Psoriasis, unspecified
L41.0 : Pityriasis lichenoides et varioliformis acuta
L41.1 : Pityriasis lichenoides chronica
L41.3 : Small plaque parapsoriasis
L41.4 : Large plaque parapsoriasis
L41.5 : Retiform parapsoriasis
L41.8 : Other parapsoriasis
L41.9 : Parapsoriasis, unspecified
L42 : Pityriasis rosea
L43.0 : Hypertrophic lichen planus
L43.1 : Bullous lichen planus
L43.2 : Lichenoid drug reaction
L43.3 : Subacute (active) lichen planus
L43.8 : Other lichen planus
L43.9 : Lichen planus, unspecified
L44.0 : Pityriasis rubra pilaris
L44.1 : Lichen nitidus
L44.2 : Lichen striatus
L44.3 : Lichen ruber moniliformis
L44.4 : Infantile papular acrodermatitis [Gianotti-Crosti]
L44.8 : Other specified papulosquamous disorders
L44.9 : Papulosquamous disorder, unspecified
L45 : Papulosquamous disorders in diseases classified elsewhere
M05.60 : Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.611 : Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.612 : Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.619 : Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.621 : Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.622 : Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.629 : Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.631 : Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.632 : Rheumatoid arthritis of left wrist with involvement of other organs and systems
M05.639 : Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.641 : Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.642 : Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.649 : Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.651 : Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652 : Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659 : Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.661 : Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662 : Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.669 : Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.671 : Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672 : Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679 : Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69 : Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M05.70 : Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.711 : Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712 : Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.719 : Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.721 : Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement



M05.722 : Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729 : Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731 : Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732 : Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739 : Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741 : Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742 : Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749 : Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751 : Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752 : Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759 : Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761 : Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762 : Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769 : Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771 : Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772 : Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779 : Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79 : Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.80 : Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811 : Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812 : Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819 : Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821 : Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822 : Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829 : Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831 : Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832 : Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839 : Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.841 : Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842 : Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849 : Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.851 : Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852 : Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859 : Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.861 : Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862 : Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869 : Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.871 : Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872 : Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879 : Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89 : Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9 : Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00 : Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.011 : Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012 : Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019 : Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.021 : Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022 : Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029 : Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.031 : Rheumatoid arthritis without rheumatoid factor, right wrist



M06.032 : Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039 : Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.041 : Rheumatoid arthritis without rheumatoid factor, right hand
M06.042 : Rheumatoid arthritis without rheumatoid factor, left hand
M06.049 : Rheumatoid arthritis without rheumatoid factor, unspecified hand
M06.051 : Rheumatoid arthritis without rheumatoid factor, right hip
M06.052 : Rheumatoid arthritis without rheumatoid factor, left hip
M06.059 : Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.061 : Rheumatoid arthritis without rheumatoid factor, right knee
M06.062 : Rheumatoid arthritis without rheumatoid factor, left knee
M06.069 : Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.071 : Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072 : Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079 : Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
M06.08 : Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09 : Rheumatoid arthritis without rheumatoid factor, multiple sites
N18.1 : Chronic kidney disease, stage 1
N18.2 : Chronic kidney disease, stage 2 (mild)
N18.3 : Chronic kidney disease, stage 3 (moderate)
N18.4 : Chronic kidney disease, stage 4 (severe)
N18.5 : Chronic kidney disease, stage 5
N18.6 : End stage renal disease
N18.9 : Chronic kidney disease, unspecified
O09.00 : Supervision of pregnancy with history of infertility, unspecified trimester
O09.01 : Supervision of pregnancy with history of infertility, first trimester
O09.02 : Supervision of pregnancy with history of infertility, second trimester
O09.03 : Supervision of pregnancy with history of infertility, third trimester
O09.10 : Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11 : Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12 : Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.13 : Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.211 : Supervision of pregnancy with history of pre-term labor, first trimester
O09.212 : Supervision of pregnancy with history of pre-term labor, second trimester
O09.213 : Supervision of pregnancy with history of pre-term labor, third trimester
O09.219 : Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291 : Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292 : Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293 : Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299 : Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O09.30 : Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31 : Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32 : Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33 : Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40 : Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41 : Supervision of pregnancy with grand multiparity, first trimester
O09.42 : Supervision of pregnancy with grand multiparity, second trimester
O09.43 : Supervision of pregnancy with grand multiparity, third trimester
O09.70 : Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71 : Supervision of high risk pregnancy due to social problems, first trimester
O09.72 : Supervision of high risk pregnancy due to social problems, second trimester
O09.73 : Supervision of high risk pregnancy due to social problems, third trimester
O09.811 : Supervision of pregnancy resulting from assisted reproductive technology, first trimester



O09.812 : Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813 : Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819 : Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821 : Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822 : Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823 : Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829 : Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.90 : Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91 : Supervision of high risk pregnancy, unspecified, first trimester
O09.92 : Supervision of high risk pregnancy, unspecified, second trimester
O09.93 : Supervision of high risk pregnancy, unspecified, third trimester
O10.011 : Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012 : Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013 : Pre-existing essential hypertension complicating pregnancy, third trimester
O10.019 : Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O10.111 : Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112 : Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113 : Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.119 : Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O10.211 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10.212 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.219 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester
O10.311 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10.312 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.319 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O10.411 : Pre-existing secondary hypertension complicating pregnancy, first trimester
O10.412 : Pre-existing secondary hypertension complicating pregnancy, second trimester
O10.413 : Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.419 : Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O10.911 : Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10.912 : Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913 : Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.919 : Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O13.1 : Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2 : Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3 : Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.9 : Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
R00.0 : Tachycardia, unspecified
R00.1 : Bradycardia, unspecified
R00.2 : Palpitations
R00.8 : Other abnormalities of heart beat
R00.9 : Unspecified abnormalities of heart beat
R01.0 : Benign and innocent cardiac murmurs
R01.1 : Cardiac murmur, unspecified
R01.2 : Other cardiac sounds
R03.0 : Elevated blood-pressure reading, without diagnosis of hypertension
R03.1 : Nonspecific low blood-pressure reading
R04.0 : Epistaxis



R04.1 : Hemorrhage from throat
R04.2 : Hemoptysis
R04.81 : Acute idiopathic pulmonary hemorrhage in infants
R04.89 : Hemorrhage from other sites in respiratory passages
R04.9 : Hemorrhage from respiratory passages, unspecified
R05 : Cough
R06.00 : Dyspnea, unspecified
R06.01 : Orthopnea
R06.02 : Shortness of breath
R06.09 : Other forms of dyspnea
R06.1 : Stridor
R06.2 : Wheezing
R06.3 : Periodic breathing
R06.4 : Hyperventilation
R06.5 : Mouth breathing
R06.6 : Hiccough
R06.7 : Sneezing
R06.81 : Apnea, not elsewhere classified
R06.82 : Tachypnea, not elsewhere classified
R06.83 : Snoring
R06.89 : Other abnormalities of breathing
R06.9 : Unspecified abnormalities of breathing
R07.0 : Pain in throat
R07.1 : Chest pain on breathing
R07.2 : Precordial pain
R07.81 : Pleurodynia
R07.82 : Intercostal pain
R07.89 : Other chest pain
R07.9 : Chest pain, unspecified
R09.01 : Asphyxia
R09.02 : Hypoxemia
R09.1 : Pleurisy
R09.2 : Respiratory arrest
R09.3 : Abnormal sputum
R09.81 : Nasal congestion
R09.82 : Postnasal drip
R09.89 : Other specified symptoms and signs involving the circulatory and respiratory systems
R10.0 : Acute abdomen
R10.10 : Upper abdominal pain, unspecified
R10.11 : Right upper quadrant pain
R10.12 : Left upper quadrant pain
R10.13 : Epigastric pain
R10.2 : Pelvic and perineal pain
R10.30 : Lower abdominal pain, unspecified
R10.31 : Right lower quadrant pain
R10.32 : Left lower quadrant pain
R10.33 : Periumbilical pain
R10.811 : Right upper quadrant abdominal tenderness
R10.812 : Left upper quadrant abdominal tenderness
R10.813 : Right lower quadrant abdominal tenderness
R10.814 : Left lower quadrant abdominal tenderness
R10.815 : Periumbilic abdominal tenderness



R10.816 : Epigastric abdominal tenderness
R10.817 : Generalized abdominal tenderness
R10.819 : Abdominal tenderness, unspecified site
R10.821 : Right upper quadrant rebound abdominal tenderness
R10.822 : Left upper quadrant rebound abdominal tenderness
R10.823 : Right lower quadrant rebound abdominal tenderness
R10.824 : Left lower quadrant rebound abdominal tenderness
R10.825 : Periumbilic rebound abdominal tenderness
R10.826 : Epigastric rebound abdominal tenderness
R10.827 : Generalized rebound abdominal tenderness
R10.829 : Rebound abdominal tenderness, unspecified site
R10.83 : Colic
R10.84 : Generalized abdominal pain
R10.9 : Unspecified abdominal pain
R11.0 : Nausea
R11.10 : Vomiting, unspecified
R11.11 : Vomiting without nausea
R11.12 : Projectile vomiting
R11.13 : Vomiting of fecal matter
R11.14 : Bilious vomiting
R11.2 : Nausea with vomiting, unspecified
R12 : Heartburn
R13.0 : Aphagia
R13.10 : Dysphagia, unspecified
R13.11 : Dysphagia, oral phase
R13.12 : Dysphagia, oropharyngeal phase
R13.13 : Dysphagia, pharyngeal phase
R13.14 : Dysphagia, pharyngoesophageal phase
R13.19 : Other dysphagia
R14.0 : Abdominal distension (gaseous)
R14.1 : Gas pain
R14.2 : Eructation
R14.3 : Flatulence
R15.0 : Incomplete defecation
R15.1 : Fecal smearing
R15.2 : Fecal urgency
R15.9 : Full incontinence of feces
R16.0 : Hepatomegaly, not elsewhere classified
R16.1 : Splenomegaly, not elsewhere classified
R16.2 : Hepatomegaly with splenomegaly, not elsewhere classified
R17 : Unspecified jaundice
R18.0 : Malignant ascites
R18.8 : Other ascites
R19.00 : Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.01 : Right upper quadrant abdominal swelling, mass and lump
R19.02 : Left upper quadrant abdominal swelling, mass and lump
R19.03 : Right lower quadrant abdominal swelling, mass and lump
R19.04 : Left lower quadrant abdominal swelling, mass and lump
R19.05 : Periumbilic swelling, mass or lump
R19.06 : Epigastric swelling, mass or lump
R19.07 : Generalized intra-abdominal and pelvic swelling, mass and lump
R19.09 : Other intra-abdominal and pelvic swelling, mass and lump



R19.11 : Absent bowel sounds
R19.12 : Hyperactive bowel sounds
R19.15 : Other abnormal bowel sounds
R19.2 : Visible peristalsis
R19.30 : Abdominal rigidity, unspecified site
R19.31 : Right upper quadrant abdominal rigidity
R19.32 : Left upper quadrant abdominal rigidity
R19.33 : Right lower quadrant abdominal rigidity
R19.34 : Left lower quadrant abdominal rigidity
R19.35 : Periumbilic abdominal rigidity
R19.36 : Epigastric abdominal rigidity
R19.37 : Generalized abdominal rigidity
R19.4 : Change in bowel habit
R19.5 : Other fecal abnormalities
R19.6 : Halitosis
R19.7 : Diarrhea, unspecified
R19.8 : Other specified symptoms and signs involving the digestive system and abdomen
R20.0 : Anesthesia of skin
R20.1 : Hypoesthesia of skin
R20.2 : Paresthesia of skin
R20.3 : Hyperesthesia
R20.8 : Other disturbances of skin sensation
R20.9 : Unspecified disturbances of skin sensation
R21 : Rash and other nonspecific skin eruption
R22.0 : Localized swelling, mass and lump, head
R22.1 : Localized swelling, mass and lump, neck
R22.2 : Localized swelling, mass and lump, trunk
R22.30 : Localized swelling, mass and lump, unspecified upper limb
R22.31 : Localized swelling, mass and lump, right upper limb
R22.32 : Localized swelling, mass and lump, left upper limb
R22.33 : Localized swelling, mass and lump, upper limb, bilateral
R22.40 : Localized swelling, mass and lump, unspecified lower limb
R22.41 : Localized swelling, mass and lump, right lower limb
R22.42 : Localized swelling, mass and lump, left lower limb
R22.43 : Localized swelling, mass and lump, lower limb, bilateral
R22.9 : Localized swelling, mass and lump, unspecified
R23.0 : Cyanosis
R23.1 : Pallor
R23.2 : Flushing
R23.3 : Spontaneous ecchymoses
R23.4 : Changes in skin texture
R23.8 : Other skin changes
R23.9 : Unspecified skin changes
R25.0 : Abnormal head movements
R25.1 : Tremor, unspecified
R25.2 : Cramp and spasm
R25.3 : Fasciculation
R25.8 : Other abnormal involuntary movements
R25.9 : Unspecified abnormal involuntary movements
R26.0 : Ataxic gait
R26.1 : Paralytic gait
R26.2 : Difficulty in walking, not elsewhere classified



R26.81 : Unsteadiness on feet
R26.89 : Other abnormalities of gait and mobility
R26.9 : Unspecified abnormalities of gait and mobility
R27.0 : Ataxia, unspecified
R27.8 : Other lack of coordination
R27.9 : Unspecified lack of coordination
R29.0 : Tetany
R29.1 : Meningismus
R29.2 : Abnormal reflex
R29.3 : Abnormal posture
R29.4 : Clicking hip
R29.5 : Transient paralysis
R29.6 : Repeated falls
R29.810 : Facial weakness
R29.818 : Other symptoms and signs involving the nervous system
R29.890 : Loss of height
R29.891 : Ocular torticollis
R29.898 : Other symptoms and signs involving the musculoskeletal system
R29.90 : Unspecified symptoms and signs involving the nervous system
R29.91 : Unspecified symptoms and signs involving the musculoskeletal system
R30.0 : Dysuria
R30.1 : Vesical tenesmus
R30.9 : Painful micturition, unspecified
R31.0 : Gross hematuria
R31.1 : Benign essential microscopic hematuria
R31.9 : Hematuria, unspecified
R32 : Unspecified urinary incontinence
R33.0 : Drug induced retention of urine
R33.8 : Other retention of urine
R33.9 : Retention of urine, unspecified
R34 : Anuria and oliguria
R35.0 : Frequency of micturition
R35.1 : Nocturia
R35.8 : Other polyuria
R36.0 : Urethral discharge without blood
R36.1 : Hematospermia
R36.9 : Urethral discharge, unspecified
R37 : Sexual dysfunction, unspecified
R39.0 : Extravasation of urine
R39.11 : Hesitancy of micturition
R39.12 : Poor urinary stream
R39.13 : Splitting of urinary stream
R39.14 : Feeling of incomplete bladder emptying
R39.15 : Urgency of urination
R39.16 : Straining to void
R39.2 : Extrarenal uremia
R39.81 : Functional urinary incontinence
R39.89 : Other symptoms and signs involving the genitourinary system
R39.9 : Unspecified symptoms and signs involving the genitourinary system
R40.0 : Somnolence
R40.1 : Stupor
R41.3 : Other amnesia



R41.4 : Neurologic neglect syndrome
R41.81 : Age-related cognitive decline
R41.82 : Altered mental status, unspecified
R41.83 : Borderline intellectual functioning
R41.840 : Attention and concentration deficit
R41.841 : Cognitive communication deficit
R41.842 : Visuospatial deficit
R41.843 : Psychomotor deficit
R41.844 : Frontal lobe and executive function deficit
R41.89 : Other symptoms and signs involving cognitive functions and awareness
R41.9 : Unspecified symptoms and signs involving cognitive functions and awareness
R42 : Dizziness and giddiness
R43.0 : Anosmia
R43.1 : Parosmia
R43.2 : Parageusia
R43.8 : Other disturbances of smell and taste
R43.9 : Unspecified disturbances of smell and taste
R44.0 : Auditory hallucinations
R44.1 : Visual hallucinations
R44.2 : Other hallucinations
R44.3 : Hallucinations, unspecified
R44.8 : Other symptoms and signs involving general sensations and perceptions
R44.9 : Unspecified symptoms and signs involving general sensations and perceptions
R45.0 : Nervousness
R45.1 : Restlessness and agitation
R45.2 : Unhappiness
R45.3 : Demoralization and apathy
R45.4 : Irritability and anger
R45.5 : Hostility
R45.6 : Violent behavior
R45.7 : State of emotional shock and stress, unspecified
R45.81 : Low self-esteem
R45.82 : Worries
R45.83 : Excessive crying of child, adolescent or adult
R45.84 : Anhedonia
R45.850 : Homicidal ideations
R45.851 : Suicidal ideations
R45.86 : Emotional lability
R45.87 : Impulsiveness
R45.89 : Other symptoms and signs involving emotional state
R46.0 : Very low level of personal hygiene
R46.1 : Bizarre personal appearance
R46.2 : Strange and inexplicable behavior
R46.3 : Overactivity
R46.4 : Slowness and poor responsiveness
R46.5 : Suspiciousness and marked evasiveness
R46.6 : Undue concern and preoccupation with stressful events
R46.7 : Verbosity and circumstantial detail obscuring reason for contact
R46.81 : Obsessive-compulsive behavior
R46.89 : Other symptoms and signs involving appearance and behavior
R47.01 : Aphasia
R47.02 : Dysphasia



R47.1 : Dysarthria and anarthria
R47.81 : Slurred speech
R47.82 : Fluency disorder in conditions classified elsewhere
R47.89 : Other speech disturbances
R47.9 : Unspecified speech disturbances
R48.0 : Dyslexia and alexia
R48.1 : Agnosia
R48.2 : Apraxia
R48.3 : Visual agnosia
R48.8 : Other symbolic dysfunctions
R48.9 : Unspecified symbolic dysfunctions
R49.0 : Dysphonia
R49.1 : Aphonia
R49.21 : Hypernasality
R49.22 : Hyponasality
R49.8 : Other voice and resonance disorders
R49.9 : Unspecified voice and resonance disorder
R50.2 : Drug induced fever
R50.81 : Fever presenting with conditions classified elsewhere
R50.82 : Postprocedural fever
R50.83 : Postvaccination fever
R50.84 : Febrile nonhemolytic transfusion reaction
R50.9 : Fever, unspecified
R51 : Headache
R52 : Pain, unspecified
R53.0 : Neoplastic (malignant) related fatigue
R53.1 : Weakness
R53.2 : Functional quadriplegia
R53.81 : Other malaise
R53.82 : Chronic fatigue, unspecified
R53.83 : Other fatigue
T36.0X6A : Underdosing of penicillins, initial encounter
T36.1X6A : Underdosing of cephalosporins and other beta-lactam antibiotics, initial encounter
T36.2X6A : Underdosing of chloramphenicol group, initial encounter
T36.3X6A : Underdosing of macrolides, initial encounter
T36.4X6A : Underdosing of tetracyclines, initial encounter
T36.6X6A : Underdosing of rifampicins, initial encounter
T36.7X6A : Underdosing of antifungal antibiotics, systemically used, initial encounter
T36.96XA : Underdosing of unspecified systemic antibiotic, initial encounter
T37.4X6A : Underdosing of anthelmintics, initial encounter
T37.5X6A : Underdosing of antiviral drugs, initial encounter
T37.8X6A : Underdosing of other specified systemic anti-infectives and antiparasitics, initial encounter
T37.96XA : Underdosing of unspecified systemic anti-infectives and antiparasitics, initial encounter
T38.0X6A : Underdosing of glucocorticoids and synthetic analogues, initial encounter
T38.3X6A : Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter
T38.4X6A : Underdosing of oral contraceptives, initial encounter
T38.6X6A : Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter
T38.7X6A : Underdosing of androgens and anabolic congeners, initial encounter
T38.806A : Underdosing of unspecified hormones and synthetic substitutes, initial encounter
T38.816A : Underdosing of anterior pituitary [adenohypophyseal] hormones, initial encounter
T38.896A : Underdosing of other hormones and synthetic substitutes, initial encounter



T38.906A : Underdosing of unspecified hormone antagonists, initial encounter
T38.996A : Underdosing of other hormone antagonists, initial encounter
T39.016A : Underdosing of aspirin, initial encounter
T39.096A : Underdosing of salicylates, initial encounter
T39.2X6A : Underdosing of pyrazolone derivatives, initial encounter
T39.316A : Underdosing of propionic acid derivatives, initial encounter
T39.396A : Underdosing of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter
T39.4X6A : Underdosing of antirheumatics, not elsewhere classified, initial encounter
T39.8X6A : Underdosing of other nonopioid analgesics and antipyretics, not elsewhere classified, initial encounter
T40.0X6A : Underdosing of opium, initial encounter
T40.2X6A : Underdosing of other opioids, initial encounter
T40.3X6A : Underdosing of methadone, initial encounter
T40.4X6A : Underdosing of other synthetic narcotics, initial encounter
T40.5X6A : Underdosing of cocaine, initial encounter
T40.606A : Underdosing of unspecified narcotics, initial encounter
T40.696A : Underdosing of other narcotics, initial encounter
T40.7X6A : Underdosing of cannabis (derivatives), initial encounter
T40.906A : Underdosing of unspecified psychodysleptics, initial encounter
T40.996A : Underdosing of other psychodysleptics, initial encounter
T41.0X6A : Underdosing of inhaled anesthetics, initial encounter
T41.1X6A : Underdosing of intravenous anesthetics, initial encounter
T41.206A : Underdosing of unspecified general anesthetics, initial encounter
T41.296A : Underdosing of other general anesthetics, initial encounter
T42.0X6A : Underdosing of hydantoin derivatives, initial encounter
T42.3X6A : Underdosing of barbiturates, initial encounter
T43.216A : Underdosing of selective serotonin and norepinephrine reuptake inhibitors, initial encounter
T43.226A : Underdosing of selective serotonin reuptake inhibitors, initial encounter
T43.3X6A : Underdosing of phenothiazine antipsychotics and neuroleptics, initial encounter
T43.506A : Underdosing of unspecified antipsychotics and neuroleptics, initial encounter
T43.596A : Underdosing of other antipsychotics and neuroleptics, initial encounter
T43.606A : Underdosing of unspecified psychostimulants, initial encounter
V00.01XA : Pedestrian on foot injured in collision with roller-skater, initial encounter
V00.02XA : Pedestrian on foot injured in collision with skateboarder, initial encounter
V00.09XA : Pedestrian on foot injured in collision with other pedestrian conveyance, initial encounter
V00.112A : In-line roller-skater colliding with stationary object, initial encounter
V00.118A : Other in-line roller-skate accident, initial encounter
V00.122A : Non-in-line roller-skater colliding with stationary object, initial encounter
V00.128A : Other non-in-line roller-skating accident, initial encounter
V00.132A : Skateboarder colliding with stationary object, initial encounter
V00.138A : Other skateboard accident, initial encounter
V00.142A : Scooter (nonmotorized) colliding with stationary object, initial encounter
V00.148A : Other scooter (nonmotorized) accident, initial encounter
V00.152A : Heelies colliding with stationary object, initial encounter
V00.158A : Other heelies accident, initial encounter
V00.182A : Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, initial encounter
V00.188A : Other accident on other rolling-type pedestrian conveyance, initial encounter
V00.212A : Ice-skater colliding with stationary object, initial encounter
V00.218A : Other ice-skates accident, initial encounter
V00.222A : Sledder colliding with stationary object, initial encounter
V00.228A : Other sled accident, initial encounter
V00.282A : Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, initial encounter



V00.288A : Other accident on other gliding-type pedestrian conveyance, initial encounter
V00.312A : Snowboarder colliding with stationary object, initial encounter
V00.318A : Other snowboard accident, initial encounter
V00.322A : Snow-skier colliding with stationary object, initial encounter
V00.328A : Other snow-ski accident, initial encounter
V00.382A : Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, initial encounter

HCPCS Crossref

G0078 : Moderate (45 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)

G0299 : Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes

G0300 : Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes

G9481 : Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9482 : Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9483 : Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9484 : Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9485 : Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of



the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. G9978 : Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9979 : Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9980 : Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9981 : Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9982 : Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9983 : Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9984 : Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care,



which requires at least 2 of the following 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9985 : Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9986 : Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9987 : Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code.

G2001 : Brief (20 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)

G2002 : Limited (30 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)

G2003 : Moderate (45 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)

G2004 : Comprehensive (60 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)

G2005 : Extensive (75 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)

G2014 : Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)

G2015 : Comprehensive (60 mins) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)



Modifier Crossref

25 : Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
33 : Preventive Services
57 : Decision for Surgery
80 : Assistant Surgeon
81 : Minimum Assistant Surgeon
82 : Assistant Surgeon (when qualified resident surgeon not available)
99 : Multiple Modifiers
AF : Specialty physician
AG : Primary physician
AK : Non participating physician
AQ : Physician providing a service in an unlisted health professional shortage area (hpsa)
AS : Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
CR : Catastrophe/disaster related
ET : Emergency services
GA : Waiver of liability statement issued as required by payer policy, individual case
GC : This service has been performed in part by a resident under the direction of a teaching physician
GJ : "opt out" physician or practitioner emergency or urgent service
GR : This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with va policy
GV : Attending physician not employed or paid under arrangement by the patient's hospice provider
GW : Service not related to the hospice patient's terminal condition
HC : Adult program, geriatric
KX : Requirements specified in the medical policy have been met
PD : Diagnostic or related non diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days
Q5 : Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q6 : Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
QJ : Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 cfr 411.4 (b)
TH : Obstetrical treatment/services, prenatal or postpartum

CPT® Lay Terms

When selecting an E/M service level for a new patient home visit, there are three key components that must be met in order to report the code appropriately. These components are in addition to the medical necessity for performing the procedure(s).

Clinical Responsibility

For CPT code 99343, the provider spends an average of 45 minutes face-to-face with a new home patient. A new patient is defined as a patient who has never seen the physician or qualified healthcare practitioner of the same specialty in the same group practice billing under the same group number, or has not seen the physician or qualified healthcare practitioner of the same specialty, in the same group practice for the past 36 months.



There must be three of three key components met to support the service level.

Tips

Three key components that need to be satisfied are

1. A detailed history
2. A detailed examination
3. Medical decision making of a moderate complexity

Note: Usually, the presenting problem(s) are of a moderate to high severity.

Providers use 99343 to report services given to patients at their private residence, which typically refers to a private home, apartment, town home, or other non-congregate/shared facility living arrangement. Congregate/shared facility living arrangements are places such as assisted living facilities, adult living facilities, and group homes and you report these with 99324 through 99337.

The appropriate E/M service level is based on the medical necessity of performing the key components and also reviewing documentation of the key E/M criteria of the history, exam, and medical decision making, MDM, elements.

The provider also documents the reason why the patient is being seen at their private residence and not at the office and also the time spent with the patient and activities he performs. When he calculates time as an element to assign the code the provider does not include travel time in the code selection.

Use time as the controlling factor to report an office and or other outpatient visit if more than 50% of the total visit time is comprised of counseling and coordination of care.

Report a separate and significant E/M service, including outpatient E/M visits, on the same day as another service or procedure. In most of these cases, it is appropriate to append a modifier to the E/M service code.

Additional Info

E/M Terms Easy Reference Guide:

CC: Chief Complaint: According to the CPT manual, this is a concise statement, usually in the patient's words, explaining the main reason for the appointment. Look for a symptom, problem, condition, or diagnosis.

Dx: Diagnosis

Hx: History

HPI: History of Present Illness: These eight areas contribute to determining HPI:

Location is the place on the patient's body where the symptoms exist (the lower back, for instance). **Context** is what the patient was doing when the problem occurred (such as patient had lower back pain after standing on his feet all day). **Quality** represents the chief complaint or signs or symptoms. So if a patient reports with a sharp pain in her shoulder, sharp is the quality. **Timing** is the time of day the patient experienced the signs and symptoms. If the notes say, pain after standing for long periods, last two weeks, then after standing for long periods is the timing. **Severity** shows just how serious the patient's condition is. Physicians often show severity in their notes with a scale of 1, representing the least painful, to 10, representing the most painful. **Duration** is how long the patient's signs and symptoms have been present (for instance, patient has had sharp/severe shoulder pain, lasting three weeks).



Modifying factors are what the patient did herself to alleviate pain -- or exacerbate the symptoms (for example, patient's low back pain was worsened by continuing to stand for long periods or pain improved when patient sat for 15-20 minutes). **Associated signs and symptoms** are any other problems the patient has in addition to the chief complaint (such as blurred vision, an associated symptom of migraines).

For most upper-level E/M codes, the physician must cover and document in the HPI documentation a minimum of four of these points.

MDM: Medical Decision Making: After gathering information, the physician or qualified healthcare practitioner must decide what to do. That thinking process, which takes into account risk factors, is MDM.

PFSH: Past Family and Social History

Past history can be medical history, surgical history, and other personal history.

Family history includes medical events in the patient's family line, such as hereditary diseases that put the patient at risk.

Social history reviews the individual's past and current activities. Smoking history, alcohol history, sexual history, a whole lot of things get thrown in there, experts say.

ROS: Review of Systems: An ROS is an inventory of body systems or symptoms about which the provider asks the patient, to help the physician establish a diagnosis.

CPT breaks the body into these systems:

Constitutional symptoms eyes ears, nose, mouth, and throat, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal, integumentary, skin and or breasts, neurologic, psychiatric, endocrine, hematologic/lymphatic, allergic/immunologic.

CPT® Guidelines

Section Specific Guideline

The following codes are used to report evaluation and management services provided in a home. Home may be defined as a private residence, temporary lodging, or short term accommodation (eg, hotel, campground, hostel, or cruise ship). For definitions of key components and commonly used terms, please see Evaluation and Management Services Guidelines. (For care plan oversight services provided to a patient in the home under the care of a home health agency, see 99374, 99375, and for hospice agency, see 99377, 99378. For care plan oversight provided to a patient under hospice or home health agency care, see 99339, 99340)

Upcoming and Historical Information

01-01-2013

Code Changed

Previous Descriptor



Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

01-01-2008

Code Changed

Previous Descriptor

Home visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

01-01-2007

Code Changed

Previous Descriptor

Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

01-01-1992

Code Added