



CPT® Code 99381 Details

Code Symbols

MIPS : Merit Based Incentive Payment System

Code Descriptor

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

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.

CMS has valued this code, but the Relative Value Unit (RVU) is not used for Medicare payment. For more information, check the code's status.

Code Status N

N = Non-covered Services. These services are not covered by Medicare.

Medicare Fees

National	Adjusted	26	TC	53
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Facility	\$78.20	\$106.73	\$0.00	\$0.00	\$0.00
Non Facility	\$112.80	\$145.38	\$0.00	\$0.00	\$0.00

RVU - Nonfacility					
	National	Adjusted	26	TC	53
Work RVU:	1.50	2.25	0.00	0.00	0.00
PE RVU:	1.54	1.72	0.00	0.00	0.00
Malpractice RVU:	0.09	0.06	0.00	0.00	0.00
Total RVU:	3.13	4.03	0.00	0.00	0.00

RVU - Facility					
	National	Adjusted	26	TC	53
Work RVU:	1.50	2.25	0.00	0.00	0.00
PE RVU:	0.58	0.65	0.00	0.00	0.00
Malpractice RVU:	0.09	0.06	0.00	0.00	0.00
Total RVU:	2.17	2.96	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 :	9
9 = Not Applicable--Concept of a professional/technical component does not apply	
Endoscopic Base Code :	None

Modifier Guidelines		
	Modifier	Rules(Click on rules for Details)
MULT PROC	51	Concept does not apply



<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>9 = Concept does not apply</p>		
BILAT SURG	50	Concept does not apply
<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>9 = Concept does not apply</p>		
ASST SURG	80	Concept does not apply
<p>80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p>		
<p>9 = Concept does not apply</p>		
CO-SURG	62	Concept does not apply
<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>9 = Concept does not apply</p>		
TEAM SURG	66	Concept does not apply
<p>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.</p>		
<p>9 = Concept does not apply</p>		
MINIMUM ASST SURG	81	Concept does not apply.
<p>81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.</p>		
<p>9 = Concept does not apply.</p>		



ASST SURG (QUALIFIED RESI. NA) 82 Concept does not apply

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)

9 = Concept does not apply.

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	0	3	CMS Policy
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	0	3	CMS Policy

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 99381

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 99381

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
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
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
99091	CPT Manual or CMS manual coding instructions	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
G0444	More extensive procedure	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
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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 other specified 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
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
P09 : Abnormal findings on neonatal screening
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
R47.82 : 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
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
Z00.110 : Health examination for newborn under 8 days old
Z00.111 : Health examination for newborn 8 to 28 days old
Z00.121 : Encounter for routine child health examination with abnormal findings
Z00.129 : Encounter for routine child health examination without abnormal findings
Z01.110 : Encounter for hearing examination following failed hearing screening
Z11.0 : Encounter for screening for intestinal infectious diseases
Z11.1 : Encounter for screening for respiratory tuberculosis
Z11.2 : Encounter for screening for other bacterial diseases
Z11.3 : Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4 : Encounter for screening for human immunodeficiency virus [HIV]
Z11.51 : Encounter for screening for human papillomavirus (HPV)
Z11.59 : Encounter for screening for other viral diseases
Z11.6 : Encounter for screening for other protozoal diseases and helminthiases
Z11.8 : Encounter for screening for other infectious and parasitic diseases
Z11.9 : Encounter for screening for infectious and parasitic diseases, unspecified
Z12.0 : Encounter for screening for malignant neoplasm of stomach
Z12.10 : Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.11 : Encounter for screening for malignant neoplasm of colon
Z12.12 : Encounter for screening for malignant neoplasm of rectum
Z12.13 : Encounter for screening for malignant neoplasm of small intestine
Z12.2 : Encounter for screening for malignant neoplasm of respiratory organs
Z12.31 : Encounter for screening mammogram for malignant neoplasm of breast
Z12.39 : Encounter for other screening for malignant neoplasm of breast
Z12.4 : Encounter for screening for malignant neoplasm of cervix
Z12.5 : Encounter for screening for malignant neoplasm of prostate
Z12.6 : Encounter for screening for malignant neoplasm of bladder
Z12.71 : Encounter for screening for malignant neoplasm of testis
Z12.72 : Encounter for screening for malignant neoplasm of vagina
Z12.73 : Encounter for screening for malignant neoplasm of ovary
Z12.79 : Encounter for screening for malignant neoplasm of other genitourinary organs
Z12.81 : Encounter for screening for malignant neoplasm of oral cavity
Z12.82 : Encounter for screening for malignant neoplasm of nervous system
Z12.83 : Encounter for screening for malignant neoplasm of skin
Z12.89 : Encounter for screening for malignant neoplasm of other sites
Z12.9 : Encounter for screening for malignant neoplasm, site unspecified
Z13.0 : Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z13.1 : Encounter for screening for diabetes mellitus
Z13.21 : Encounter for screening for nutritional disorder
Z13.220 : Encounter for screening for lipid disorders
Z13.228 : Encounter for screening for other metabolic disorders
Z13.29 : Encounter for screening for other suspected endocrine disorder
Z13.42 : Encounter for screening for global developmental delays (milestones)



Z13.5 : Encounter for screening for eye and ear disorders
Z13.6 : Encounter for screening for cardiovascular disorders
Z13.71 : Encounter for nonprocreative screening for genetic disease carrier status
Z13.79 : Encounter for other screening for genetic and chromosomal anomalies
Z13.810 : Encounter for screening for upper gastrointestinal disorder
Z13.811 : Encounter for screening for lower gastrointestinal disorder
Z13.818 : Encounter for screening for other digestive system disorders
Z13.820 : Encounter for screening for osteoporosis
Z13.828 : Encounter for screening for other musculoskeletal disorder
Z13.83 : Encounter for screening for respiratory disorder NEC
Z13.84 : Encounter for screening for dental disorders
Z13.850 : Encounter for screening for traumatic brain injury
Z13.858 : Encounter for screening for other nervous system disorders
Z13.88 : Encounter for screening for disorder due to exposure to contaminants
Z13.89 : Encounter for screening for other disorder
Z13.9 : Encounter for screening, unspecified
Z30.015 : Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30.016 : Encounter for initial prescription of transdermal patch hormonal contraceptive device
Z30.44 : Encounter for surveillance of vaginal ring hormonal contraceptive device
Z30.45 : Encounter for surveillance of transdermal patch hormonal contraceptive device
Z36.0 : Encounter for antenatal screening for chromosomal anomalies
Z36.1 : Encounter for antenatal screening for raised alphafetoprotein level
Z36.2 : Encounter for other antenatal screening follow-up
Z36.3 : Encounter for antenatal screening for malformations
Z36.4 : Encounter for antenatal screening for fetal growth retardation
Z36.5 : Encounter for antenatal screening for isoimmunization
Z36.81 : Encounter for antenatal screening for hydrops fetalis
Z36.82 : Encounter for antenatal screening for nuchal translucency
Z36.83 : Encounter for fetal screening for congenital cardiac abnormalities
Z36.84 : Encounter for antenatal screening for fetal lung maturity
Z36.85 : Encounter for antenatal screening for Streptococcus B
Z36.86 : Encounter for antenatal screening for cervical length
Z36.87 : Encounter for antenatal screening for uncertain dates
Z36.88 : Encounter for antenatal screening for fetal macrosomia
Z36.89 : Encounter for other specified antenatal screening
Z36.8A : Encounter for antenatal screening for other genetic defects
Z36.9 : Encounter for antenatal screening, unspecified

HCPCS Crossref

G0402 : Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0403 : Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0404 : Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
G0405 : Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
G0438 : Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit
G0511 : Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month



G0512 : Rural health clinic or federally qualified health center (RHC or FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month

G0513 : Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)

G0514 : Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

G9902 : Patient screened for tobacco use and identified as a tobacco user

G9903 : Patient screened for tobacco use and identified as a tobacco non-user

G9906 : Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)

G9919 : Screening performed and positive and provision of recommendations

G9920 : Screening performed and negative

G9921 : No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified

G9922 : Safety concerns screen provided and if positive then documented mitigation recommendations

G9923 : Safety concerns screen provided and negative

G9926 : Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources

G9931 : Documentation of CHA₂DS₂-VASc risk score of 0 or 1

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

99 : Multiple Modifiers

AF : Specialty physician

AG : Primary physician

AK : Non participating physician

CR : Catastrophe/disaster related

EP : Service provided as part of medicaid early periodic screening diagnosis and treatment (epsdt) program

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

GY : Item or service statutorily excluded, does not meet the definition of any medicare benefit or, for non-medicare insurers, is not a contract benefit

GZ : Item or service expected to be denied as not reasonable and necessary

HA : Child/adolescent program

HC : Adult program, geriatric

HU : Funded by child welfare agency

KX : Requirements specified in the medical policy have been met

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)

CPT® Lay Terms

The provider performs a well-baby visit for a child under the age of one.

Clinical Responsibility

Code 99381 reports a preventive medicine evaluation and management service provided to a child who is a new patient and is less than one year old. The E/M service includes a comprehensive history and examination appropriate for the child's age and gender along with counseling and guidance to the caregiver for prevention of risk factors. You may separately report laboratory/diagnostic tests performed and immunization services provided during the visit.

Terminology

New patient: 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.

Tips

Preventive medicine services are provided to individuals who are not in need of any immediate medical attention but need to undergo periodic health checkups as a preventive measure. Well-baby visits, well-woman visits, and routine annual physical check-ups come under the purview of preventive medicine re-evaluation and management services. These visits are different from other visits where the patient has a problem for which medical attention is sought. The age, gender, and associated risk factors of the person are important considerations while providing a preventive medicine service. The provider uses these factors to guide taking the patient history, performing the exam, and making a thorough assessment of age and gender-related risk factors. The provider may order and obtain diagnostic/laboratory procedures and administer immunizations during the preventive service.

If the provider performs a distinct E/M for a problem at the same encounter, you may additionally report that E/M.

CPT® Guidelines

Section Specific Guideline

The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults.

The extent and focus of the services will largely depend on the age of the patient.

If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive



medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.

An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported.

The "comprehensive" nature of the Preventive Medicine Services codes 99381-99397 reflects an age and gender appropriate history/exam and is not synonymous with the "comprehensive" examination required in Evaluation and Management codes 99201-99350.

Codes 99381-99397 include counseling/anticipatory guidance/risk factor reduction interventions which are provided at the time of the initial or periodic comprehensive preventive medicine examination. (Refer to 99401, 99402, 99403, 99404, 99411, and 99412 for reporting those counseling/anticipatory guidance/risk factor reduction interventions that are provided at an encounter separate from the preventive medicine examination.)

(For behavior change intervention, see 99406, 99407, 99408, 99409)

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474. For vaccine/toxoid products, see 90476-90749.

Upcoming and Historical Information

01-01-2009

Code Changed

Previous Descriptor

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

01-01-2007

Code Changed

Previous Descriptor

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age under 1 year)

01-01-2002

Code Changed

Previous Descriptor



Initial preventive medicine evaluation and management of an individual including a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, new patient; infant (age under 1 year)

01-01-1992

Code Added