

Rural Health Clinic Qualifying Visit List (RHC QVL)

(4-27-16)

The RHC QVL is intended as guidance for RHCs beginning to report HCPCS codes. It consists of frequently reported HCPCS codes that qualify as a face-to-face visit between the patient and an RHC practitioner and it is not an all-inclusive list of stand-alone billable visits for RHCs. More information on what is considered a RHC visit is included in the “RHC Visits” section of this guidance.

In this update to the QVL several medically-necessary billable visits have been added and three services are no longer considered billable visits. See the table below and accompanying footnotes for more information. The billable visits shown in black below are both effective and payable as stand-alone services beginning with dates of service on or after April 1, 2016. The billable visits shown in red below are effective for dates of service on or after April 1, 2016, for claims and adjustments received on or after October 1, 2016. RHCs should hold claims solely for these billable visits (shown in red) until October 1, when RHCs can bill these claims for payment. For dates of service on or after October 1, 2016, a medically-necessary service not on the current QVL can be billed as a stand-alone billable visit if the service meets Medicare coverage requirements, is within the scope of the RHC benefit, and is not furnished incident to a physician’s service.

NOTE: The use of a HCPCS code from the below QVL does not guarantee payment of the claim. All of the conditions for coverage and payment must be met for payment to be made. RHCs must retain adequate documentation of a patient’s condition and the services furnished as part of the patient’s medical record, which, along with the claim, may be subject to review by CMS, its contractors, or other oversight authorities.

HCPCS Reporting Requirements

For dates of service on or after April 1, 2016, RHCs are required to report the appropriate HCPCS (Healthcare Common Procedure Coding System) code for each service line along with revenue code on their Medicare claims. Services furnished through March 31, 2016, are not required to be reported with HCPCS code and should be billed under the previous guidelines.

From April 1, 2016 through September 30, 2016, all charges for a visit must be reported on the service line with the qualifying visit HCPCS code, minus any charges for preventive services using revenue code 052x for medical services and/or revenue code 0900 for mental health services. RHCs are allowed to report additional 052x or 0900 revenue code lines. Beginning on October 1, 2016, the Medicare administrative contractors (MACs) will accept modifier CG (policy criteria applied) on RHC claims and adjustments. RHCs shall report modifier CG on one revenue code 052x and/or 0900 service line, which includes all charges subject to coinsurance and deductible for the visit. Modifier CG should only be used to indicate which revenue code 052x and/or 0900 service line should receive the all-inclusive rate (AIR) and be subject to coinsurance and deductible. Each additional service furnished during the visit should be reported with charges greater to or equal to \$0.01. The additional service lines are for informational purposes only. MACs will package/bundle the additional service lines, which do not receive the AIR.

RHC Visits

An RHC visit is defined as a medically necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and an RHC practitioner during which time one or more RHC services are furnished. A Transitional Care Management service can also be an RHC visit.

Qualified preventive health services include the IPPE, the AWV, and other Medicare covered preventive services recommended by the USPSTF with a grade of A or B. For a complete list of preventive services and their coinsurance and deductible requirements, see the “RHC Preventive Services Chart” on the [CMS RHC center webpage](#).

To qualify for Medicare payment, all the coverage requirements for a RHC visit must be met. A RHC visit must be furnished in accordance with the applicable regulations at 42 CFR Part 405 Subpart X, including 42 CFR 405.2463 that describes what constitutes a visit. For additional information on RHC policies and requirements, see the “Medicare Benefit Policy Manual,” [Chapter 13](#).

Services and Supplies Furnished “Incident to” Physician’s Services

Services and supplies that are an integral, though incidental, part of a physician’s professional service are referred to as “incident to.” Incident to services and supplies include drugs and biologicals that are not usually self-administered, and Medicare-covered preventive injectable drugs (e.g., influenza, pneumococcal); venipuncture; bandages, gauze, oxygen, and other supplies; or assistance by auxiliary personnel such as a nurse, medical assistant, or anyone acting under the supervision of the physician. All services and supplies furnished incident to a physician’s visit must result from the patient’s encounter with the physician and be furnished in a medically appropriate timeframe. When services and supplies are furnished incidental to a RHC visit and billed on a RHC claim, payment for the services are packaged/bundled into the AIR. An encounter that includes only an incident to service(s) is not a stand-alone billable visit for RHCs.

<i>Medical Services</i>	
HCPSC Code	Short Descriptor
<i>10021¹</i>	<i>Fna w/o image</i>
<i>10040¹</i>	<i>Acne surgery</i>
<i>10060¹</i>	<i>Drainage of skin abscess</i>
<i>10061¹</i>	<i>Drainage of skin abscess</i>
<i>10080¹</i>	<i>Drainage of pilonidal cyst</i>
<i>10081¹</i>	<i>Drainage of pilonidal cyst</i>
<i>10120¹</i>	<i>Remove foreign body</i>

<i>Medical Services</i>	
HCP Code	Short Descriptor
<i>10121¹</i>	<i>Remove foreign body</i>
<i>10140¹</i>	<i>Drainage of hematoma/fluid</i>
<i>10160¹</i>	<i>Puncture drainage of lesion</i>
<i>11000¹</i>	<i>Debride infected skin</i>
<i>11010¹</i>	<i>Debride skin at fx site</i>
<i>11011¹</i>	<i>Debride skin musc at fx site</i>
<i>11042¹</i>	<i>Deb subq tissue 20 sq cm/<</i>
<i>11055¹</i>	<i>Trim skin lesion</i>
<i>11056¹</i>	<i>Trim skin lesions 2 to 4</i>
<i>11057¹</i>	<i>Trim skin lesions over 4</i>
<i>11100¹</i>	<i>Biopsy skin lesion</i>
<i>11200¹</i>	<i>Removal of skin tags <w/15</i>
<i>11300¹</i>	<i>Shave skin lesion 0.5 cm/<</i>
<i>11301¹</i>	<i>Shave skin lesion 0.6-1.0 cm</i>
<i>11302¹</i>	<i>Shave skin lesion 1.1-2.0 cm</i>
<i>11303¹</i>	<i>Shave skin lesion >2.0 cm</i>
<i>11305¹</i>	<i>Shave skin lesion 0.5 cm/<</i>
<i>11306¹</i>	<i>Shave skin lesion 0.6-1.0 cm</i>
<i>11307¹</i>	<i>Shave skin lesion 1.1-2.0 cm</i>
<i>11308¹</i>	<i>Shave skin lesion >2.0 cm</i>
<i>11310¹</i>	<i>Shave skin lesion 0.5 cm/<</i>
<i>11311¹</i>	<i>Shave skin lesion 0.6-1.0 cm</i>
<i>11312¹</i>	<i>Shave skin lesion 1.1-2.0 cm</i>
<i>11313¹</i>	<i>Shave skin lesion >2.0 cm</i>
<i>11400¹</i>	<i>Exc tr-ext b9+marg 0.5 cm<</i>
<i>11401¹</i>	<i>Exc tr-ext b9+marg 0.6-1 cm</i>
<i>11402¹</i>	<i>Exc tr-ext b9+marg 1.1-2 cm</i>
<i>11403¹</i>	<i>Exc tr-ext b9+marg 2.1-3cm/<</i>
<i>11404¹</i>	<i>Exc tr-ext b9+marg 3.1-4 cm</i>
<i>11406¹</i>	<i>Exc tr-ext b9+marg >4.0 cm</i>
<i>11420¹</i>	<i>Exc h-f-nk-sp b9+marg 0.5/<</i>
<i>11421¹</i>	<i>Exc h-f-nk-sp b9+marg 0.6-1</i>
<i>11422¹</i>	<i>Exc h-f-nk-sp b9+marg 1.1-2</i>
<i>11423¹</i>	<i>Exc h-f-nk-sp b9+marg 2.1-3</i>
<i>11424¹</i>	<i>Exc h-f-nk-sp b9+marg 3.1-4</i>
<i>11426¹</i>	<i>Exc h-f-nk-sp b9+marg >4 cm</i>
<i>11440¹</i>	<i>Exc face-mm b9+marg 0.5 cm/<</i>
<i>11441¹</i>	<i>Exc face-mm b9+marg 0.6-1 cm</i>

Medical Services

HCPCS Code	Short Descriptor
11442 ¹	<i>Exc face-mm b9+marg 1.1-2 cm</i>
11443 ¹	<i>Exc face-mm b9+marg 2.1-3 cm</i>
11444 ¹	<i>Exc face-mm b9+marg 3.1-4 cm</i>
11446 ¹	<i>Exc face-mm b9+marg >4 cm</i>
11450 ¹	<i>Removal sweat gland lesion</i>
11600 ¹	<i>Exc tr-ext mal+marg 0.5 cm/<</i>
11601 ¹	<i>Exc tr-ext mal+marg 0.6-1 cm</i>
11602 ¹	<i>Exc tr-ext mal+marg 1.1-2 cm</i>
11603 ¹	<i>Exc tr-ext mal+marg 2.1-3 cm</i>
11604 ¹	<i>Exc tr-ext mal+marg 3.1-4 cm</i>
11606 ¹	<i>Exc tr-ext mal+marg >4 cm</i>
11620 ¹	<i>Exc h-f-nk-sp mal+marg 0.5/<</i>
11621 ¹	<i>Exc s/n/h/f/g mal+mrg 0.6-1</i>
11622 ¹	<i>Exc s/n/h/f/g mal+mrg 1.1-2</i>
11623 ¹	<i>Exc s/n/h/f/g mal+mrg 2.1-3</i>
11624 ¹	<i>Exc s/n/h/f/g mal+mrg 3.1-4</i>
11626 ¹	<i>Exc s/n/h/f/g mal+mrg >4 cm</i>
11640 ¹	<i>Exc f/e/e/n/l mal+mrg 0.5cm<</i>
11641 ¹	<i>Exc f/e/e/n/l mal+mrg 0.6-1</i>
11642 ¹	<i>Exc f/e/e/n/l mal+mrg 1.1-2</i>
11643 ¹	<i>Exc f/e/e/n/l mal+mrg 2.1-3</i>
11644 ¹	<i>Exc f/e/e/n/l mal+mrg 3.1-4</i>
11646 ¹	<i>Exc f/e/e/n/l mal+mrg >4 cm</i>
11719 ¹	<i>Trim nail(s) any number</i>
11720 ¹	<i>Debride nail 1-5</i>
11721 ¹	<i>Debride nail 6 or more</i>
11730 ¹	<i>Removal of nail plate</i>
11740 ¹	<i>Drain blood from under nail</i>
11750 ¹	<i>Removal of nail bed</i>
11752 ¹	<i>Remove nail bed/tip</i>
11755 ¹	<i>Biopsy nail unit</i>
11760 ¹	<i>Repair of nail bed</i>
11762 ¹	<i>Reconstruction of nail bed</i>
11765 ¹	<i>Excision of nail fold toe</i>
11770 ¹	<i>Remove pilonidal cyst simple</i>
11771 ¹	<i>Remove pilonidal cyst exten</i>
11772 ¹	<i>Remove pilonidal cyst compl</i>
11900 ¹	<i>Inject skin lesions </w 7</i>

Medical Services

HCP Code	Short Descriptor
11901 ¹	<i>Inject skin lesions >7</i>
12001 ¹	<i>Rpr s/n/ax/gen/trnk 2.5cm/<</i>
12002 ¹	<i>Rpr s/n/ax/gen/trnk2.6-7.5cm</i>
12004 ¹	<i>Rpr s/n/ax/gen/trk7.6-12.5cm</i>
12005 ¹	<i>Rpr s/n/a/gen/trk12.6-20.0cm</i>
12006 ¹	<i>Rpr s/n/a/gen/trk20.1-30.0cm</i>
12007 ¹	<i>Rpr s/n/ax/gen/trnk >30.0 cm</i>
12011 ¹	<i>Rpr f/e/e/n/l/m 2.5 cm/<</i>
12013 ¹	<i>Rpr f/e/e/n/l/m 2.6-5.0 cm</i>
12014 ¹	<i>Rpr f/e/e/n/l/m 5.1-7.5 cm</i>
12015 ¹	<i>Rpr f/e/e/n/l/m 7.6-12.5 cm</i>
12016 ¹	<i>Rpr fe/e/en/l/m 12.6-20.0 cm</i>
12017 ¹	<i>Rpr fe/e/en/l/m 20.1-30.0 cm</i>
12018 ¹	<i>Rpr f/e/e/n/l/m >30.0 cm</i>
12020 ¹	<i>Closure of split wound</i>
12021 ¹	<i>Closure of split wound</i>
12031 ¹	<i>Intmd rpr s/a/t/ext 2.5 cm/<</i>
12032 ¹	<i>Intmd rpr s/a/t/ext 2.6-7.5</i>
12034 ¹	<i>Intmd rpr s/tr/ext 7.6-12.5</i>
12035 ¹	<i>Intmd rpr s/a/t/ext 12.6-20</i>
12036 ¹	<i>Intmd rpr s/a/t/ext 20.1-30</i>
12037 ¹	<i>Intmd rpr s/tr/ext >30.0 cm</i>
12041 ¹	<i>Intmd rpr n-hf/genit 2.5cm/<</i>
12042 ¹	<i>Intmd rpr n-hf/genit2.6-7.5</i>
12044 ¹	<i>Intmd rpr n-hf/genit7.6-12.5</i>
12045 ¹	<i>Intmd rpr n-hf/genit12.6-20</i>
12046 ¹	<i>Intmd rpr n-hf/genit20.1-30</i>
12047 ¹	<i>Intmd rpr n-hf/genit >30.0cm</i>
12051 ¹	<i>Intmd rpr face/mm 2.5 cm/<</i>
12052 ¹	<i>Intmd rpr face/mm 2.6-5.0 cm</i>
12053 ¹	<i>Intmd rpr face/mm 5.1-7.5 cm</i>
12054 ¹	<i>Intmd rpr face/mm 7.6-12.5cm</i>
12055 ¹	<i>Intmd rpr face/mm 12.6-20 cm</i>
12056 ¹	<i>Intmd rpr face/mm 20.1-30.0</i>
12057 ¹	<i>Intmd rpr face/mm >30.0 cm</i>
15271 ¹	<i>Skin sub graft trnk/arm/leg</i>
16000 ¹	<i>Initial treatment of burn(s)</i>
16020 ¹	<i>Dress/debrid p-thick burn s</i>

Medical Services

HCPCS Code	Short Descriptor
<i>16025¹</i>	<i>Dress/debrid p-thick burn m</i>
<i>16030¹</i>	<i>Dress/debrid p-thick burn l</i>
<i>16035¹</i>	<i>Incision of burn scab initi</i>
<i>17000¹</i>	<i>Destruct premalg lesion</i>
<i>17003¹</i>	<i>Destruct premalg les 2-14</i>
<i>17004¹</i>	<i>Destroy premal lesions 15/></i>
<i>17106¹</i>	<i>Destruction of skin lesions</i>
<i>17107¹</i>	<i>Destruction of skin lesions</i>
<i>17108¹</i>	<i>Destruction of skin lesions</i>
<i>17110¹</i>	<i>Destruct b9 lesion 1-14</i>
<i>17111¹</i>	<i>Destruct lesion 15 or more</i>
<i>17250¹</i>	<i>Chemical cautery tissue</i>
<i>17260¹</i>	<i>Destruction of skin lesions</i>
<i>17261¹</i>	<i>Destruction of skin lesions</i>
<i>17262¹</i>	<i>Destruction of skin lesions</i>
<i>17263¹</i>	<i>Destruction of skin lesions</i>
<i>17264¹</i>	<i>Destruction of skin lesions</i>
<i>17266¹</i>	<i>Destruction of skin lesions</i>
<i>17270¹</i>	<i>Destruction of skin lesions</i>
<i>17271¹</i>	<i>Destruction of skin lesions</i>
<i>17272¹</i>	<i>Destruction of skin lesions</i>
<i>17273¹</i>	<i>Destruction of skin lesions</i>
<i>17274¹</i>	<i>Destruction of skin lesions</i>
<i>17276¹</i>	<i>Destruction of skin lesions</i>
<i>17280¹</i>	<i>Destruction of skin lesions</i>
<i>17281¹</i>	<i>Destruction of skin lesions</i>
<i>17282¹</i>	<i>Destruction of skin lesions</i>
<i>17283¹</i>	<i>Destruction of skin lesions</i>
<i>17284¹</i>	<i>Destruction of skin lesions</i>
<i>17286¹</i>	<i>Destruction of skin lesions</i>
<i>19000¹</i>	<i>Drainage of breast lesion</i>
<i>20500²</i>	<i>Injection of sinus tract</i>
<i>20501²</i>	<i>Inject sinus tract for x-ray</i>
<i>20520¹</i>	<i>Removal of foreign body</i>
<i>20525¹</i>	<i>Removal of foreign body</i>
<i>20526¹</i>	<i>Ther injection carp tunnel</i>
<i>20527¹</i>	<i>Inj dupuytren cord w/enzyme</i>
<i>20550¹</i>	<i>Inj tendon sheath/ligament</i>

Medical Services

HCPCS Code	Short Descriptor
20551 ¹	<i>Inj tendon origin/insertion</i>
20552 ¹	<i>Inj trigger point 1/2 muscl</i>
20553 ¹	<i>Inject trigger points 3/></i>
20600 ¹	<i>Drain/inj joint/bursa w/o us</i>
20604 ¹	<i>Drain/inj joint/bursa w/us</i>
20605 ¹	<i>Drain/inj joint/bursa w/o us</i>
20606 ¹	<i>Drain/inj joint/bursa w/us</i>
20610 ¹	<i>Drain/inj joint/bursa w/o us</i>
20611 ¹	<i>Drain/inj joint/bursa w/us</i>
20612 ¹	<i>Aspirate/inj ganglion cyst</i>
20615 ¹	<i>Treatment of bone cyst</i>
23500 ¹	<i>Treat clavicle fracture</i>
23650 ¹	<i>Treat shoulder dislocation</i>
23931 ¹	<i>Drainage of arm bursa</i>
24640 ¹	<i>Treat elbow dislocation</i>
24650 ¹	<i>Treat radius fracture</i>
24670 ¹	<i>Treat ulnar fracture</i>
25500 ¹	<i>Treat fracture of radius</i>
25600 ¹	<i>Treat fracture radius/ulna</i>
25622 ¹	<i>Treat wrist bone fracture</i>
26010 ¹	<i>Drainage of finger abscess</i>
26011 ¹	<i>Drainage of finger abscess</i>
26115 ¹	<i>Exc hand les sc < 1.5 cm</i>
26600 ¹	<i>Treat metacarpal fracture</i>
26605 ¹	<i>Treat metacarpal fracture</i>
26750 ¹	<i>Treat finger fracture each</i>
27093 ¹	<i>Injection for hip x-ray</i>
27520 ¹	<i>Treat kneecap fracture</i>
27530 ¹	<i>Treat knee fracture</i>
27750 ¹	<i>Treatment of tibia fracture</i>
27760 ¹	<i>Cltx medial ankle fx</i>
27780 ¹	<i>Treatment of fibula fracture</i>
27786 ¹	<i>Treatment of ankle fracture</i>
27808 ¹	<i>Treatment of ankle fracture</i>
27824 ¹	<i>Treat lower leg fracture</i>
28080 ¹	<i>Removal of foot lesion</i>
28190 ¹	<i>Removal of foot foreign body</i>
28450 ¹	<i>Treat midfoot fracture each</i>

<i>Medical Services</i>	
HCPCS Code	Short Descriptor
<i>28470¹</i>	<i>Treat metatarsal fracture</i>
<i>28490¹</i>	<i>Treat big toe fracture</i>
<i>28515¹</i>	<i>Treatment of toe fracture</i>
<i>29065¹</i>	<i>Application of long arm cast</i>
<i>29075¹</i>	<i>Application of forearm cast</i>
<i>29085¹</i>	<i>Apply hand/wrist cast</i>
<i>29086¹</i>	<i>Apply finger cast</i>
<i>29105¹</i>	<i>Apply long arm splint</i>
<i>29125¹</i>	<i>Apply forearm splint</i>
<i>29126¹</i>	<i>Apply forearm splint</i>
<i>29130¹</i>	<i>Application of finger splint</i>
<i>29131¹</i>	<i>Application of finger splint</i>
<i>29240¹</i>	<i>Strapping of shoulder</i>
<i>29260¹</i>	<i>Strapping of elbow or wrist</i>
<i>29280¹</i>	<i>Strapping of hand or finger</i>
<i>29305¹</i>	<i>Application of hip cast</i>
<i>29345¹</i>	<i>Application of long leg cast</i>
<i>29355¹</i>	<i>Application of long leg cast</i>
<i>29405¹</i>	<i>Apply short leg cast</i>
<i>29425¹</i>	<i>Apply short leg cast</i>
<i>29435¹</i>	<i>Apply short leg cast</i>
<i>29440¹</i>	<i>Addition of walker to cast</i>
<i>29445¹</i>	<i>Apply rigid leg cast</i>
<i>29450¹</i>	<i>Application of leg cast</i>
<i>29505¹</i>	<i>Application long leg splint</i>
<i>29515¹</i>	<i>Application lower leg splint</i>
<i>29530¹</i>	<i>Strapping of knee</i>
<i>29540¹</i>	<i>Strapping of ankle and/or ft</i>
<i>29550¹</i>	<i>Strapping of toes</i>
<i>29580¹</i>	<i>Application of paste boot</i>
<i>29581¹</i>	<i>Apply multlay comprs lwr leg</i>
<i>29582¹</i>	<i>Apply multlay comprs upr leg</i>
<i>29583¹</i>	<i>Apply multlay comprs upr arm</i>
<i>29584¹</i>	<i>Appl multlay comprs arm/hand</i>
<i>29700¹</i>	<i>Removal/revision of cast</i>
<i>29705¹</i>	<i>Removal/revision of cast</i>
<i>30300¹</i>	<i>Remove nasal foreign body</i>
<i>30901¹</i>	<i>Control of nosebleed</i>

<i>Medical Services</i>	
HCPCS Code	Short Descriptor
<i>30903¹</i>	<i>Control of nosebleed</i>
<i>30905¹</i>	<i>Control of nosebleed</i>
<i>30906¹</i>	<i>Repeat control of nosebleed</i>
<i>45300¹</i>	<i>Proctosigmoidoscopy dx</i>
<i>46050¹</i>	<i>Incision of anal abscess</i>
<i>46083¹</i>	<i>Incise external hemorrhoid</i>
<i>46320¹</i>	<i>Removal of hemorrhoid clot</i>
<i>46600¹</i>	<i>Diagnostic anoscopy spx</i>
<i>51700¹</i>	<i>Irrigation of bladder</i>
<i>51701¹</i>	<i>Insert bladder catheter</i>
<i>51702¹</i>	<i>Insert temp bladder cath</i>
<i>51705¹</i>	<i>Change of bladder tube</i>
<i>51720¹</i>	<i>Treatment of bladder lesion</i>
<i>51725¹</i>	<i>Simple cystometrogram</i>
<i>51728¹</i>	<i>Cystometrogram w/vp</i>
<i>51736¹</i>	<i>Urine flow measurement</i>
<i>51741¹</i>	<i>Electro-urowflowmetry first</i>
<i>51784¹</i>	<i>Anal/urinary muscle study</i>
<i>51798¹</i>	<i>Us urine capacity measure</i>
<i>52000¹</i>	<i>Cystoscopy</i>
<i>52281¹</i>	<i>Cystoscopy and treatment</i>
<i>53601¹</i>	<i>Dilate urethra stricture</i>
<i>53661¹</i>	<i>Dilation of urethra</i>
<i>54050¹</i>	<i>Destruction penis lesion(s)</i>
<i>54056¹</i>	<i>Cryosurgery penis lesion(s)</i>
<i>54060¹</i>	<i>Excision of penis lesion(s)</i>
<i>54065¹</i>	<i>Destruction penis lesion(s)</i>
<i>54150¹</i>	<i>Circumcision w/regionl block</i>
<i>55700¹</i>	<i>Biopsy of prostate</i>
<i>56405¹</i>	<i>I & d of vulva/perineum</i>
<i>56420¹</i>	<i>Drainage of gland abscess</i>
<i>56440¹</i>	<i>Surgery for vulva lesion</i>
<i>56441¹</i>	<i>Lysis of labial lesion(s)</i>
<i>56442¹</i>	<i>Hymenotomy</i>
<i>56501¹</i>	<i>Destroy vulva lesions sim</i>
<i>56515¹</i>	<i>Destroy vulva lesion/s compl</i>
<i>56605¹</i>	<i>Biopsy of vulva/perineum</i>
<i>56606¹</i>	<i>Biopsy of vulva/perineum</i>

<i>Medical Services</i>	
HCPCS Code	Short Descriptor
<i>56820¹</i>	<i>Exam of vulva w/scope</i>
<i>56821¹</i>	<i>Exam/biopsy of vulva w/scope</i>
<i>57061¹</i>	<i>Destroy vag lesions simple</i>
<i>57065¹</i>	<i>Destroy vag lesions complex</i>
<i>57160¹</i>	<i>Insert pessary/other device</i>
<i>57420¹</i>	<i>Exam of vagina w/scope</i>
<i>57452¹</i>	<i>Exam of cervix w/scope</i>
<i>57454¹</i>	<i>Bx/curett of cervix w/scope</i>
<i>57455¹</i>	<i>Biopsy of cervix w/scope</i>
<i>57460¹</i>	<i>Bx of cervix w/scope leep</i>
<i>57461¹</i>	<i>Conz of cervix w/scope leep</i>
<i>57500¹</i>	<i>Biopsy of cervix</i>
<i>57505¹</i>	<i>Endocervical curettage</i>
<i>57510¹</i>	<i>Cauterization of cervix</i>
<i>57511¹</i>	<i>Cryocautery of cervix</i>
<i>58100¹</i>	<i>Biopsy of uterus lining</i>
<i>59200¹</i>	<i>Insert cervical dilator</i>
<i>59425¹</i>	<i>Antepartum care only</i>
<i>59426¹</i>	<i>Antepartum care only</i>
<i>59430¹</i>	<i>Care after delivery</i>
<i>64405¹</i>	<i>N block inj occipital</i>
<i>64450¹</i>	<i>N block other peripheral</i>
<i>64455¹</i>	<i>N block inj plantar digit</i>
<i>65205¹</i>	<i>Remove foreign body from eye</i>
<i>65210¹</i>	<i>Remove foreign body from eye</i>
<i>65220¹</i>	<i>Remove foreign body from eye</i>
<i>65222¹</i>	<i>Remove foreign body from eye</i>
<i>69000¹</i>	<i>Drain external ear lesion</i>
<i>69005¹</i>	<i>Drain external ear lesion</i>
<i>69200¹</i>	<i>Clear outer ear canal</i>
<i>69209¹</i>	<i>Remove impacted ear wax uni</i>
<i>69210¹</i>	<i>Remove impacted ear wax uni</i>
<i>76801¹</i>	<i>Ob us < 14 wks single fetus</i>
<i>76802¹</i>	<i>Ob us < 14 wks addl fetus</i>
<i>76805¹</i>	<i>Ob us >= 14 wks sngl fetus</i>
<i>76810¹</i>	<i>Ob us >= 14 wks addl fetus</i>
<i>76815¹</i>	<i>Ob us limited fetus(s)</i>
<i>76816¹</i>	<i>Ob us follow-up per fetus</i>

<i>Medical Services</i>	
HCPCS Code	Short Descriptor
<i>76817¹</i>	<i>Transvaginal us obstetric</i>
<i>76819¹</i>	<i>Fetal biophys profil w/o nst</i>
<i>76830¹</i>	<i>Transvaginal us non-ob</i>
<i>76856¹</i>	<i>Us exam pelvic complete</i>
<i>76857¹</i>	<i>Us exam pelvic limited</i>
92002	Eye exam new patient
92004	Eye exam new patient
92012	Eye exam establish patient
92014	Eye exam&tx estab pt 1/>vst
<i>92511¹</i>	<i>Nasopharyngoscopy</i>
<i>95992¹</i>	<i>Canalith repositioning proc</i>
<i>97597¹</i>	<i>Rmvl devital tis 20 cm/<</i>
<i>97602²</i>	<i>Wound(s) care non-selective</i>
<i>98925¹</i>	<i>Osteopath manj 1-2 regions</i>
<i>98926¹</i>	<i>Osteopath manj 3-4 regions</i>
<i>98927¹</i>	<i>Osteopath manj 5-6 regions</i>
<i>98928¹</i>	<i>Osteopath manj 7-8 regions</i>
<i>98929¹</i>	<i>Osteopath manj 9-10 regions</i>
<i>98940¹</i>	<i>Chiropract manj 1-2 regions</i>
<i>98941¹</i>	<i>Chiropract manj 3-4 regions</i>
<i>98942¹</i>	<i>Chiropractic manj 5 regions</i>
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99315	Nursing fac discharge day

<i>Medical Services</i>	
HCPCS Code	Short Descriptor
99316	Nursing fac discharge day
99318	Annual nursing fac assessmnt
99324	Domicil/r-home visit new pat
99325	Domicil/r-home visit new pat
99326	Domicil/r-home visit new pat
99327	Domicil/r-home visit new pat
99328	Domicil/r-home visit new pat
99334	Domicil/r-home visit est pat
99335	Domicil/r-home visit est pat
99336	Domicil/r-home visit est pat
99337	Domicil/r-home visit est pat
99341	Home visit new patient
99342	Home visit new patient
99343	Home visit new patient
99344	Home visit new patient
99345	Home visit new patient
99347	Home visit est patient
99348	Home visit est patient
99349	Home visit est patient
99350	Home visit est patient
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min
<i>G0127¹</i>	<i>Trim nail(s)</i>
<i>G0168¹</i>	<i>Wound closure by adhesive</i>
<i>G0245¹</i>	<i>Initial foot exam pt lops</i>
<i>G0246¹</i>	<i>Followup eval of foot pt lop</i>
<i>G0247¹</i>	<i>Routine footcare pt w lops</i>

¹ This billable visit is effective on April 1, 2016, but will receive payment beginning on October 1, 2016.

² This service is no longer considered a stand-alone billable visit effective October 1, 2016.

Chronic Care Management

Effective January 1, 2016 CPT code 99490 (chronic care management) is paid based on the Medicare Physician Fee Schedule (MPFS) national average non-facility payment rate when CPT code 99490 is billed alone or with other payable services on a RHC claim.

<i>Approved Preventive Health Services</i>	
HCPCS Code	Short Descriptor
G0101	Ca screen; pelvic/breast exam
G0102*	Prostate ca screening; dre
G0117*	Glaucoma scrn hgh risk direc
G0118*	Glaucoma scrn hgh risk direc
G0296	Visit to determ LDCT elig
G0402	Initial preventive exam
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel >10
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30 min
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15 min
Q0091	Obtaining screen pap smear

**Coinsurance and deductible are not waived*

<i>Mental Health Services</i>	
HCPCS Code	Short Descriptor
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90834	Psytx pt&/family 45 minutes
90837	Psytx pt&/family 60 minutes
90839	Psytx crisis initial 60 min
90845	Psychoanalysis

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