

Diagnosis Trigger Codes

Trigger codes formally assign the beneficiary's episode to an Accountable Provider (billing Tax ID entity) and initiate Case Rate payment in the 2nd trimester, 3rd trimester, and/or postpartum period.

For the first quarter of Performance Year 1, effective 1/1/2025 - 3/31/2025, trigger events in the 2nd trimester only will initiate Case Rate payments (i.e., providers will not receive Case Rate payments for patients who are in the 3rd trimester or postpartum period for the first three months of the program). Subsequently, effective 4/1/2025, trigger events in the 2nd trimester, 3rd trimester, and postpartum period will initiate Case Rate payments.

Prenatal Trigger Codes

To initiate the Case Rate payment in the 2nd or 3rd trimester, providers must bill a claim that meets the trigger event criteria below:

- Perform 30 or more deliveries annually
- Submit a claim with a prenatal trigger diagnosis code (see below) and one of the following trigger E&M codes:
99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215.
- Submit a claim with a qualifying place of service location: 11, 19, 22
- Bill as a qualifying maternity bundle specialty type: Obstetrics and Gynecology (including the Maternal Fetal Medicine subspecialty), Certified Nurse Midwife, Obstetric Nurse Practitioner, and Women's Health Nurse Practitioner.

Dx Code	Description
Z3A14	14 Weeks Gestation OF Pregnancy
Z3A15	15 Weeks Gestation OF Pregnancy
Z3A16	16 Weeks Gestation OF Pregnancy
Z3A17	17 Weeks Gestation OF Pregnancy

Z3A18	18 Weeks Gestation OF Pregnancy
Z3A19	19 Weeks Gestation OF Pregnancy
Z3A20	20 Weeks Gestation OF Pregnancy
Z3A21	21Weeks Gestation OF Pregnancy
Z3A22	22 Weeks Gestation OF Pregnancy
Z3A23	23 Weeks Gestation OF Pregnancy
Z3A24	24 Weeks Gestation OF Pregnancy
Z3A25	25 Weeks Gestation OF Pregnancy
Z3A26	26 Weeks Gestation OF Pregnancy
Z3A27	27 Weeks Gestation OF Pregnancy
Z3A28	28 Weeks Gestation OF Pregnancy
Z3A29	29 Weeks Gestation OF Pregnancy
Z3A30	30 Weeks Gestation OF Pregnancy
Z3A31	31 Weeks Gestation OF Pregnancy
Z3A32	32 Weeks Gestation OF Pregnancy
Z3A33	33 Weeks Gestation OF Pregnancy
Z3A34	34 Weeks Gestation OF Pregnancy
Z3A35	35 Weeks Gestation OF Pregnancy
Z3A36	36 Weeks Gestation OF Pregnancy
Z3A37	37 Weeks Gestation OF Pregnancy
Z3A38	38 Weeks Gestation OF Pregnancy
Z3A39	39 Weeks Gestation OF Pregnancy
Z3A40	40 Weeks Gestation OF Pregnancy
Z3A41	41 Weeks Gestation OF Pregnancy
Z3A42	42 Weeks Gestation OF Pregnancy
O0902	Supervision Preg W/HX Infertility 2nd Trimester
O0903	Supervision Preg W/HX Infertility 3rd Trimester
O0912	Supervision of Pregnancy HX Ectopic Preg 2nd Tri
O0913	Supervision of Pregnancy HX Ectopic Preg 3rd Tri
O09212	Supervision Preg W/HX Pre-Term Labor Second Tri
O09213	Supervision Preg W/HX Pre-Term Labor Third Tri
O09292	Sup Preg W/Oth Poor Reproductive/OB HX 2nd Tri
O09293	Sup Preg W/Oth Poor Reproductive/OB HX 3rd Tri

O0932	Supervision Preg W/Insuff Antenatal Care 2nd Tri
O0933	Supervision Preg W/Insuff Antenatal Care 3rd Tri
O0942	Supervision Preg W/Grand Multiparity Second Tri
O0943	Supervision Preg W/Grand Multiparity Third Tri
O09512	Supervision Elderly Primigravida Second Tri
O09513	Supervision Elderly Primigravida Third Tri
O09522	Supervision Elderly Multigravida Second Tri
O09523	Supervision Elderly Multigravida Third Tri
O09612	Supervision Young Primigravida Second Trimester
O09613	Supervision Young Primigravida Third Trimester
O09622	Supervision Young Multigravida Second Trimester
O09623	Supervision Young Multigravida Third Trimester
O0972	Sup High Risk Preg D/T Social Problems 2nd Tri
O0973	Sup High Risk Preg D/T Social Problems 3rd Tri
O09812	Sup Preg Result Asstd Reproductive Tech 2nd Tri
O09813	Sup Preg Result Asstd Reproductive Tech 3rd Tri
O09822	Sup Preg W/HX In Utero Proc Dur Prev Pg 2nd Tri
O09823	Sup Preg W/HX In Utero Proc Dur Prev Pg 3rd Tri
O09892	Supervision Oth High Risk Preg Second Trimester
O09893	Supervision Oth High Risk Preg Third Trimester
O0992	Supervision High Risk Preg Uns Second Trimester
O0993	Supervision High Risk Preg Uns Third Trimester
O09A2	Supervision Pregnancy HX Molar Preg 2nd Trim
O09A3	Supervision Pregnancy HX Molar Preg 3rd Trim
Z3402	Encounter Suprvisn Normal First Preg 2 Trimester
Z3403	Encounter Suprvisn Normal First Preg 3 Trimester
Z3482	Enc Supervision Oth Normal Pregnancy 2 Trimester
Z3483	Enc Supervision Oth Normal Pregnancy 3 Trimester
Z3492	Enc Supervision Normal Pregnancy Uns 2 Trimester
Z3493	Enc Supervision Normal Pregnancy Uns 2 Trimester
O10012	ICD-10-CM Pre-existing essential hypertension complicating pregnancy, second trimester
O10013	ICD-10-CM Pre-existing essential hypertension complicating pregnancy, third trimester
O10112	ICD-10-CM Pre-existing hypertensive heart disease complicating pregnancy, second trimester

O10113	ICD-10-CM Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10212	ICD-10-CM Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10213	ICD-10-CM Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10312	ICD-10-CM Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10313	ICD-10-CM Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10412	ICD-10-CM Pre-existing secondary hypertension complicating pregnancy, second trimester
O10413	ICD-10-CM Pre-existing secondary hypertension complicating pregnancy, third trimester
O10912	ICD-10-CM Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10913	ICD-10-CM Unspecified pre-existing hypertension complicating pregnancy, third trimester
O112	ICD-10-CM Pre-existing hypertension with pre-eclampsia, second trimester
O113	ICD-10-CM Pre-existing hypertension with pre-eclampsia, third trimester
O1202	ICD-10-CM Gestational edema, second trimester
O1203	ICD-10-CM Gestational edema, third trimester
O1212	ICD-10-CM Gestational proteinuria, second trimester
O1213	ICD-10-CM Gestational proteinuria, third trimester
O1222	ICD-10-CM Gestational edema with proteinuria, second trimester
O1223	ICD-10-CM Gestational edema with proteinuria, third trimester
O132	ICD-10-CM Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O133	ICD-10-CM Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O1412	ICD-10-CM Severe pre-eclampsia, second trimester
O1413	ICD-10-CM Severe pre-eclampsia, third trimester

Postpartum Trigger Codes

To initiate the Case Rate payment in the postpartum period, providers must bill a claim that meets the trigger event criteria below. Providers only need to trigger postpartum case rate in situations where they did not provide care to the member prior to delivery, or did not submit a trigger claim prior to delivery.

- Perform 30 or more deliveries annually
- Submit a claim with a prenatal trigger diagnosis code (see below) and one of the following trigger E&M codes:
99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 59430.
- Submit a claim with a qualifying place of service location: 11, 19, 22
- Bill as a qualifying maternity bundle specialty type: Obstetrics and Gynecology (including the Maternal Fetal Medicine subspecialty), Certified Nurse Midwife, Obstetric Nurse Practitioner, and Women's Health Nurse Practitioner.

Dx Code	Description
O1003	Pre-existing essential hypertension complicating the puerperium
O1013	Pre-existing hypertensive heart disease complicating the puerperium
O1023	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O1033	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium
O1043	Pre-existing secondary hypertension complicating the puerperium
O1093	Unspecified pre-existing hypertension complicating the puerperium
O152	Eclampsia complicating the puerperium
O2403	Pre-existing diabetes mellitus, type 1, in the puerperium
O2413	Pre-existing diabetes mellitus, type 2, in the puerperium
O2433	Unspecified pre-existing diabetes mellitus in the puerperium
O24430	Gestational diabetes mellitus in the puerperium, diet controlled
O24434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24439	Gestational diabetes mellitus in the puerperium, unspecified control
O2483	Other pre-existing diabetes mellitus in the puerperium
O2493	Unspecified diabetes mellitus in the puerperium
O253	Malnutrition in the puerperium

O2663	Liver and biliary tract disorders in the puerperium
O2673	Subluxation of symphysis (pubis) in the puerperium
O712	Postpartum inversion of uterus
O85	Puerperal sepsis
O8600	Infection of obstetric wound, unspecified
O8601	Infection of obstetric wound, superficial incision site
O8602	Infection of obstetric wound, deep incision site
O8603	Infection of obstetric wound, organ and space site
O8604	Sepsis following an obstetrical procedure
O8609	Infection of obstetrical surgical wound, other surgical site
O8611	Cervicitis following delivery
O8612	Endometritis following delivery
O8613	Vaginitis following delivery
O8619	Other infection of genital tract following delivery
O8620	Urinary tract infection following delivery, unspecified
O8621	Infection of kidney following delivery
O8622	Infection of bladder following delivery
O8629	Other urinary tract infection following delivery
O864	Pyrexia of unknown origin following delivery
O8681	Puerperal septic thrombophlebitis
O8689	Other specified puerperal infections
O870	Superficial thrombophlebitis in the puerperium
O871	Deep phlebothrombosis in the puerperium
O872	Hemorrhoids in the puerperium
O873	Cerebral venous thrombosis in the puerperium
O874	Varicose veins of lower extremity in the puerperium
O878	Other venous complications in the puerperium
O879	Venous complication in the puerperium, unspecified
O8803	Air embolism in the puerperium
O8813	Amniotic fluid embolism in the puerperium
O8823	Thromboembolism in the puerperium
O8833	Pyemic and septic embolism in the puerperium
O8883	Other embolism in the puerperium

O8901	Aspiration pneumonitis due to anesthesia during the puerperium
O8909	Other pulmonary complications of anesthesia during the puerperium
O891	Cardiac complications of anesthesia during the puerperium
O892	Central nervous system complications of anesthesia during the puerperium
O893	Toxic reaction to local anesthesia during the puerperium
O894	Spinal and epidural anesthesia-induced headache during the puerperium
O895	Other complications of spinal and epidural anesthesia during the puerperium
O896	Failed or difficult intubation for anesthesia during the puerperium
O898	Other complications of anesthesia during the puerperium
O899	Complication of anesthesia during the puerperium, unspecified
O900	Disruption of cesarean delivery wound
O901	Disruption of perineal obstetric wound
O903	Peripartum cardiomyopathy
O9041	Hepatorenal syndrome following labor and delivery
O9049	Other postpartum acute kidney failure
O905	Postpartum thyroiditis
O906	Postpartum mood disturbance
O9081	Anemia of the puerperium
O9089	Other complications of the puerperium, not elsewhere classified
O909	Complication of the puerperium, unspecified
O9102	Infection of nipple associated with the puerperium
O9103	Infection of nipple associated with lactation
O9112	Abscess of breast associated with the puerperium
O9113	Abscess of breast associated with lactation
O9122	Nonpurulent mastitis associated with the puerperium
O9123	Nonpurulent mastitis associated with lactation
O9202	Retracted nipple associated with the puerperium
O9203	Retracted nipple associated with lactation
O9212	Cracked nipple associated with the puerperium
O9213	Cracked nipple associated with lactation
O9220	Unspecified disorder of breast associated with pregnancy and the puerperium
O9229	Other disorders of breast associated with pregnancy and the puerperium
O923	Agalactia

O924	Hypogalactia
O925	Suppressed lactation
O926	Galactorrhea
O9270	Unspecified disorders of lactation
O9279	Other disorders of lactation
O9803	Tuberculosis complicating the puerperium
O9813	Syphilis complicating the puerperium
O9823	Gonorrhea complicating the puerperium
O9833	Other infections with a predominantly sexual mode of transmission complicating the puerperium
O9843	Viral hepatitis complicating the puerperium
O9853	Other viral diseases complicating the puerperium
O9863	Protozoal diseases complicating the puerperium
O9873	Human immunodeficiency virus [HIV] disease complicating the puerperium
O9883	Other maternal infectious and parasitic diseases complicating the puerperium
O9893	Unspecified maternal infectious and parasitic disease complicating the puerperium
O9903	Anemia complicating the puerperium
O9913	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium
O99215	Obesity complicating the puerperium
O99285	Endocrine, nutritional and metabolic diseases complicating the puerperium
O99315	Alcohol use complicating the puerperium
O99325	Drug use complicating the puerperium
O99335	Smoking (tobacco) complicating the puerperium
O99345	Other mental disorders complicating the puerperium
O99355	Diseases of the nervous system complicating the puerperium
O9943	Diseases of the circulatory system complicating the puerperium
O9953	Diseases of the respiratory system complicating the puerperium
O9963	Diseases of the digestive system complicating the puerperium
O9973	Diseases of the skin and subcutaneous tissue complicating the puerperium
O99815	Abnormal glucose complicating the puerperium
O99825	Streptococcus B carrier state complicating the puerperium
O99835	Other infection carrier state complicating the puerperium
O99845	Bariatric surgery status complicating the puerperium

O99893	Other specified diseases and conditions complicating puerperium
O9A13	Malignant neoplasm complicating the puerperium
O9A23	Injury, poisoning and certain other consequences of external causes complicating the puerperium
O9A33	Physical abuse complicating the puerperium
O9A43	Sexual abuse complicating the puerperium
O9A53	Psychological abuse complicating the puerperium
Z390	Encounter for care and examination of mother immediately after delivery
Z391	Encounter for care and examination of lactating mother
Z392	Encounter for routine postpartum follow-up

Case Rate Codes

The provider-specific Case Rate payment reimburses a defined set of services rendered by the Accountable Provider during the prenatal, delivery (if performed by the Accountable Provider), and postpartum periods of the episode. Services included in the Case Rate payment are outlined in the list below.

After the Accountable Provider (billing Tax ID entity) initiates the Case Rate payment (by billing a claims that meets the trigger event criteria), Case Rate codes will be zero-paid on the claim and reimbursed through the Case Rate payment at the end of the month. Services that are excluded from the Case Rate (i.e., not included in the list below) will continue to be reimbursed FFS.

Procedure Codes	Description
01960	Anesthesia for vaginal delivery only
01961	Anesthesia for cesarean delivery only
81025	Urinalysis Procedures
59025	Fetal Non-Stress Test
59050	Fetal Monitor with Report
59051	Fetal Monitor with Interpret Only
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Obstetrical Care
59410	Obstetrical Care
59412	Antepartum Manipulation
59425	Antepartum Care Only
59426	Antepartum Care Only
59430	Postpartum care only (separate procedure)
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean Delivery Only W/Postpartum Care
59515	Cesarean Delivery Only W/Postpartum Care

59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal Delivery After Cesarean Delivery
59614	Vaginal Delivery and PostPartum Care VBAC
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean Delivery Attempted VBAC
59622	Cesarean Dlvry and Postpartum Care Attempted VBA
59899	Maternity Procedure Care
76805	OB US >= 14 Wks, Addl Fetus
76810	OB US >= 14 Wks, Addl Fetus
76811	OB US, Detailed, Sngl Fetus
76812	OB US, Detailed, Addl Fetus
76813	OB US Nuchal Meas, 1 Gest
76814	OB US Nuchal Meas, Add-on
76815	OB US, Limited, Fetus(s)
76816	OB US, Follow-U, Per Fetus
76817	Transvaginal US, Obstetric
76818	Fetal Biophys Profile W/NST
76819	Fetal Biophys Profil W/O NST
76820	Umbilical Artery Echo
76821	Middle Cerebral Artery Echo
76825	Echo Exam of Fetal Heart
76826	Echo Exam of Fetal Heart
76827	Echo Exam of Fetal Heart
76828	Echo Exam of Fetal Heart
76830	Transvaginal US, Non-OB
76831	Echo Exam, Uterus
76856	US Exam, Pelvic Complete
76857	US Exam, Pelvic, Limited
80055	Obstetric Panel
80081	Obstetric Panel
81025	Urine Pregnancy Test
82951	Glucose Tolerance Test (GTT)

82952	Gluc Tol Test, EA Addl After 3
84702	Chorionic Gonadotropin Test
84703	Chorionic Gonadotropin Assay
84704	HCG, Free Betachain Test
87535	HIV-1, DNA, AMP Probe
87536	HIV-1, DNA, Quant
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more
99091	The collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using time for code selection, 15 minutes–29 minutes of total time is spent on the date of the encounter.

99203	Office or another outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using time for code selection, 30 minutes–44 minutes of total time is spent on the date of the encounter.
99204	Office or another outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using time for code selection, 45 minutes–59 minutes of total time is spent on the date of the encounter.
99205	Office or another outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using time for code selection, 60 minutes–74 minutes of total time is spent on the date of the encounter.
99211	Office or another outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified healthcare professional
99212	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using time for code selection, 10 minutes–19 minutes of total time is spent on the date of the encounter.
99213	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using time for code selection, 20 minutes–29 minutes of total time is spent on the date of the encounter.
99214	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using time for code selection, 30 minutes–39 minutes of total time is spent on the date of the encounter.
99215	Office or another outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using time for code selection, 40 minutes–54 minutes of total time is spent on the date of the encounter.
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99281	Emergency department visits for the evaluation and management of a patient may not require the presence of a physician or other qualified healthcare professional
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making
99284	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a moderate level of medical decision-making
99285	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a high level of medical decision-making
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a straightforward or low level of medical decision-making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.

99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99374	Supervision of a patient under the care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with a health care professional(s), family member(s), the surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes

99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes

99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)
99460	Initial Hosp Or Birth CTR Care, Per Day E&M Norm
99463	Init Care, Hosp/Birth CTR, E&M, Admit/DSCHG Sameday
99464	Attendance at Delivery, Init Stabilization of Infa
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant and; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.
99494	Init /Subsq Psycho Collbrtv Care Mgmnt, EA Addl 30 M

Case Rate Termination Codes

The Case Rate may cease under any of the following circumstances:

- After completion of the three months postpartum,
- If the episode of care moves away from the Accountable Provider TIN (i.e., attribution change – as determined by the submission of claim that meets the trigger event criteria from another practice),
- If the patient experiences a stillborn birth, miscarriage or abortion

If the patient experiences a stillborn birth, miscarriage or elective abortion during the episode (as indicated based on the codes listed below), the Case Rate payment will cease in the following month after the stillborn birth, miscarriage or elective abortion.

Stillbirth Codes

Code Type	Codes
ICD-10-CM	P95
ICD-10-CM	Z371
ICD-10-CM	Z374
ICD-10-CM	Z377

Miscarriage Codes

Code Type	Codes
ICD-10	O03.0
ICD-10	O03.1
ICD-10	O03.2
ICD-10	O03.30
ICD-10	O03.31
ICD-10	O03.32
ICD-10	O03.33
ICD-10	O03.34
ICD-10	O03.35
ICD-10	O03.36

Case Rate Termination Codes

ICD-10	O03.37
ICD-10	O03.38
ICD-10	O03.39
ICD-10	O03.4
ICD-10	O03.5
ICD-10	O03.6
ICD-10	O03.7
ICD-10	O03.80
ICD-10	O03.81
ICD-10	O03.82
ICD-10	O03.83
ICD-10	O03.84
ICD-10	O03.85
ICD-10	O03.86
ICD-10	O03.87
ICD-10	O03.88
ICD-10	O03.89
ICD-10	O03.9
ICD-10	O02.0
ICD-10	O02.1
ICD-10	O02.89
ICD-10	O02.9
ICD-10	N96
ICD-10 PCS	10D17ZZ
CPT	59812
CPT	59820
CPT	59821
CPT	59830
CPT	01965
CPT	59100
ICD-10 PCS	10D10ZZ

Elective Abortion Codes

Code Type	Codes
ICD-10	O04.5
ICD-10	O04.6
ICD-10	O04.7
ICD-10	O04.80
ICD-10	O04.81
ICD-10	O04.82
ICD-10	O04.83
ICD-10	O04.84
ICD-10	O04.85
ICD-10	O04.86
ICD-10	O04.87
ICD-10	O04.88
ICD-10	O04.89
ICD-10	O07.0
ICD-10	O07.1
ICD-10	O07.2
ICD-10	O07.30
ICD-10	O07.31
ICD-10	O07.32
ICD-10	O07.33
ICD-10	O07.34
ICD-10	O07.35
ICD-10	O07.36
ICD-10	O07.37
ICD-10	O07.38
ICD-10	O07.39
ICD-10	O07.4
ICD-10	Z33.2
ICD-10 PCS	10A00ZZ
ICD-10 PCS	10A03ZZ
ICD-10 PCS	10A04ZZ

Case Rate Termination Codes

ICD-10 PCS	10A07Z6
ICD-10 PCS	10A07ZW
ICD-10 PCS	10A07ZX
ICD-10 PCS	10A07ZZ
ICD-10 PCS	10A08ZZ
CPT	01966
CPT	59840
CPT	59841
CPT	59850
CPT	59851
CPT	59852
CPT	59855
CPT	59856
CPT	59857
CPT	59866
HCPCS	S0199

Reconciliation Codes

As outlined below, services included in the episode, regardless of the provider who performed the service, will be included in the incentive payment calculations during reconciliation. Services included in the incentive payment calculations may be paid through the Case Rate payment or in accordance with the reimbursement methodology applicable to the provider and service.

Procedure Codes	Description
00940	Anesth, Vaginal Procedures
0127U	Obstetrics Biochem Assay
0128U	Obstetrics Biochem Assay
01958	Anesth Antepartum Manipul
01960	Anesth Vaginal Delivery
01961	Anesth, CS Delivery
01967	Anesth/Analg, Vag Delivery
01968	Anes/Analg CS Deliver Add-On
0500T	Infects Agent Dectn DNA, RNA, HPV, 5 Types
59012	Fetal Cord Puncture, Prenatal
59015	Chorion Biopsy
59020	Fetal Contract Stress Test
59025	Fetal Non-Stress Test
59030	Fetal Scalp Blood Sample
59050	Fetal Monitor W/Report
59051	Fetal Monitor/Interpret Only
59070	Transabdom Amnioinfus W/US
59072	Umbilical Cord Occlud W/US
59074	Fetal Fluid Drainage W/US
59160	D&C After Delivery
59200	Insert Cervical Dilator
59300	Episiotomy OR Vaginal Repair
59400	Obstetrical Care
59409	Obstetrical Care

Procedure Codes	Description
59410	Obstetrical Care
59412	Antepartum Manipulation
59414	Deliver Placenta
59425	Antepartum Care Only
59426	Antepartum Care Only
59430	Care After Delivery
59510	Cesarean Delivery
59514	Cesarean Delivery Only
59515	Cesarean Delivery
59610	VBAC Delivery
59612	VBAC Delivery Only
59614	VBAC Care After Delivery
59618	Attempted VBAC Delivery
59620	Attempted VBAC Delivery Only
59622	Attempted VAC After Care
59899	Maternity Care Procedure
62273	Inject Epidural Patch
0W8NXZZ	Division of Female Perineum, External Approach
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening
10S07ZZ	Reposition Products of Conception, Via Natural or Artificial Opening
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening
10A07Z6	Abortion of Products of Conception, Vacuum, Via Natural or Artificial Opening
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic

Procedure Codes	Description
0U7C7ZZ	Dilation of Cervix, Via Natural or Artificial Opening
10J07ZZ	Inspection of Products of Conception, Via Natural or Artificial Opening
3E030VJ	Introduction of Other Hormone into Peripheral Vein, Open Approach
3E033VJ	Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach
3E040VJ	Introduction of Other Hormone into Central Vein, Open Approach
3E043VJ	Introduction of Other Hormone into Central Vein, Percutaneous Approach
3E050VJ	Introduction of Other Hormone into Peripheral Artery, Open Approach
3E053VJ	Introduction of Other Hormone into Peripheral Artery, Percutaneous Approach
3E060VJ	Introduction of Other Hormone into Central Artery, Open Approach
3E063VJ	Introduction of Other Hormone into Central Artery, Percutaneous Approach
3E0DXGC	Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach
3E0P7VZ	Introduction of Hormone into Female Reproductive, Via Natural or Artificial Opening
10E0XZZ	Delivery Of Products Of Conception, External Approach
10S0XZZ	Reposition Products of Conception, External Approach
0Q820ZZ	Division of Right Pelvic Bone, Open Approach
0Q823ZZ	Division of Right Pelvic Bone, Percutaneous Approach
0Q824ZZ	Division of Right Pelvic Bone, Percutaneous Endoscopic Approach
0Q830ZZ	Division of Left Pelvic Bone, Open Approach
0Q833ZZ	Division of Left Pelvic Bone, Percutaneous Approach
0Q834ZZ	Division of Left Pelvic Bone, Percutaneous Endoscopic Approach
10D07Z8	Extraction Of Products Of Conception, Other, Via Opening
10D00Z0	Extraction of Products of Conception, High, Open Approach
10D00Z1	Extraction of Products of Conception, Low, Open Approach
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach
76801	OB US < 14 Wks, Single Fetus
76802	OB US < 14 Wks, Add'l Fetus
76805	OB US >= 14 Wks, Single Fetus
76810	OB US >= 14 Wks, Add'l Fetus
76811	OB US, Detailed, Sngl Fetus
76812	OB US, Detailed, Add'l Fetus
76813	OB US Nuchal Meas 1 Gest
76814	OB US Nuchal Meas, Add-On
76815	OB US, Limited Fetus(s)

Procedure Codes	Description
76816	OB US, Follow-Up, Per Fetus
76817	Transvaginal US, Obstetric
76818	Fetal Biophys Profile W/Inst
76819	Fetal Biophys Profile W/O Inst
76820	Umbilical Artery Echo
76821	Middle Cerebral Artery Echo
76825	Echo Exam of Fetal Heart
76826	Echo Exam of Fetal Heart
76827	Echo Exam of Fetal Heart
76828	Echo Exam of Fetal Heart
76830	Transvaginal US, Non-OB
76831	Echo Exam, Uterus
76856	US Exam Pelvic, Complete
76857	US Exam, Pelvic, Limited'
80055	Obstetric Panel
80081	Obstetric Panel
81025	Urine Pregnancy Test
82951	Glucose Tolerance Test (GTT)
82952	Gluc Tol Test, EA Add'l After 3
84702	Chorionic Gonadotropin Test
84703	Chorionic Gonadotropin Assay
84704	HCG, Free Betachain Test
87535	HIV-1, DNA, Amp Probe
87536	HIV-1, DNA, Quant
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more

Procedure Codes	Description
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more
99091	Collection and interpretation of physiologic data (erg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using time for code selection, 15 minutes–29 minutes of total time is spent on the date of the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using time for code selection, 30 minutes–44 minutes of total time is spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using time for code selection, 45 minutes–59 minutes of total time is spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using time for code selection, 60 minutes–74 minutes of total time is spent on the date of the encounter.

Procedure Codes	Description
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using time for code selection, 10 minutes–19 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision-making. When using time for code selection, 30 minutes–39 minutes of total time is spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision-making. When using time for code selection, 40 minutes–54 minutes of total time is spent on the date of the encounter.
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a low level of medical decision-making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a high level of medical decision-making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99281	Emergency department visits for the evaluation and management of a patient may not require the presence of a physician or other qualified healthcare professional
99282	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and straightforward medical decision-making
99283	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a low level of medical decision-making

Procedure Codes	Description
99284	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a moderate level of medical decision-making
99285	Emergency department visits for the evaluation and management of a patient, which require a medically appropriate history and/or examination and a high level of medical decision-making
99374	Supervision of a patient under the care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with a health care professional(s), family member(s), the surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15 minutes–29 minutes
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Procedure Codes	Description
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 minutes–30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)
99463	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision-making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
99464	Attendance at Delivery, Init Stabilization of Infa
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant and; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Procedure Codes	Description
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.
99494	Init/Subsq Psych Collbrtv Care Mgmny, EA Add'l 30 M
BY49ZZZ	Ultrasonography Of First Trimester, Single Fetus
BY4BZZZ	Ultrasonography Of First Trimester, Multiple Gestation
BY4CZZZ	Ultrasonography Of Second Trimester, Single Fetus
BY4DZZZ	Ultrasonography Of Second Trimester, Multiple Gestation
BY4FZZZ	Ultrasonography Of Third Trimester, Single Fetus
BY4GZZZ	Ultrasonography Of Third Trimester, Multiple Gestation