

416 PROCEDURE CODES

Updated 8/8/14

Line 6		
Procedure Codes	Description	Notes
99381 21 EP - 99385 21 EP	Full Screening, New Patient (prior to 1/1/09)	
99381 52 EP - 99385 52 EP	Full Screening, New Patient (after to 1/1/09)	
99381 21EPUC - 99385 21EPUC	Full Screening, New Patient (prior to 1/1/09)	
99381 EP - 99385 EP	Full Screening, New Patient (prior to 1/1/09)	
99391 21 EP - 99395 21 EP	Full Screening, Established Patient (prior to 1/1/09)	
99391 52 EP - 99395 52 EP	Full Screening, Established Patient (after to 1/1/09)	
99391 21EPUC - 99395 21EPUC	Full Screening, Established Patient (prior to 1/1/09)	
99391 EP - 99395 EP	Full Screening, Established Patient (prior to 1/1/09)	
59400	OB Care, Antepartum, Delivery & Postop Care	
59510	OB Care, Antepartum, Cesarean Delivery & Postop Care	
59610	OB Care, Antepartum, Delivery & Postop Care after Prior C-Section	
59618	OB Care, Global C-Section (but after attempting normal delivery)	
99222	Initial Hospital Care, per day	
99223	Initial Hospital Care, per day	
99468	Neonatal Critical Care, initial	
99244	Office Consultation	
99245	Office Consultation	
99254	Inpatient Consultation	
99255	Inpatient Consultation	
99201 EP - 99205 EP	Office/Outpatient Visit, New Patient	diagnosis of V20-V20.2 and/or 70.00 and/or V70.3-V70.9
99201 GE - 99205 GE	Office/Outpatient Visit	diagnosis of V20-V20.2 and/or 70.00 and/or V70.3-V70.9
99201 GEEP - 99205 GEEP	Office/Outpatient Visit	diagnosis of V20-V20.2 and/or 70.00 and/or V70.3-V70.9
99211 EP - 99215 EP	Office/Outpatient Visit, Established Patient	diagnosis of V20-V20.2 and/or 70.00 and/or V70.3-V70.9

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Updated 8/8/14

99211 GE - 99215 GE	Office/Outpatient Visit, Established Patient	diagnosis of V20-V20.2 and/or 70.00 and/or V70.3-V70.9
99211 GEEP - 99215 GEEP	Office/Outpatient Visit, Established Patient	diagnosis of V20-V20.2 and/or 70.00 and/or V70.3-V70.9
99429	Unlisted Preventative Medicine Service (Dental)	
99429 52	Unlisted Preventative Medicine Service (Vision)	
99429 52UC	Unlisted Preventative Medicine Service (Vision w/referral)	
99429 59	Unlisted Preventative Medicine Service (Development/Mental)	
99429 UC	Unlisted Preventative Medicine Service (Dental w/referral)	
99429 59UC	Unlisted Preventative Medicine Service (Development/Mental w/referral)	
99429 EPUC	Unlisted Preventative Medicine Service (Hearing w/referral)	
99429 EP	Unlisted Preventative Medicine Service (Hearing)	
99431	Initial Care, Newborn (prior to 1/1/09)	
99432	Newborn Care not in hospital (prior to 1/1/09)	
99435	Newborn Discharge Day Hospital (prior to 1/1/09)	
99460	Initial Newborn, Hospital	
99461	Initial Newborn, Hospital	
99463	Same Day Newborn Discharge	

Procedure Codes

99381 EP UC - 99385 EP UC
99381 21 EP UC- 99385 21 EP UC
99381 52 EP UC- 99385 52 EP UC
99391 EP UC - 99395 EP UC
99391 21 EP UC - 99395 21 EP UC
99391 52 EP UC - 99395 52 EP UC
59400
59510
59610
59618
99221
99222
99223
99468
99201 EP - 99205 EP
99211 EP - 99215 EP
99429 UC
99429 52 UC
99429 59 UC
99429 EP UC
99241 - 99245
99251 - 99255
S0620
S0621
92002
92004
92012
92014
92015
92018
92019

Description

Full Screening, New Patient
Full Screening, New Patient (prior to 1/1/09) with referrals
Full Screening, New Patient (**after** to 1/1/09) with referrals
Full Screening, Established Patient
Full Screening, Established Patient (prior to 1/1/09) with referrals
Full Screening, Established Patient (**after** to 1/1/09) with referrals
OB Care, Antepartum, Delivery & Postop Care
OB Care, Antepartum, Cesarean Delivery & Postop Care
OB Care, Antepartum, Delivery & Postop Care after Prior C-Section
OB Care, Global C-Section (but after attempting normal delivery)
Initial Hospital Care, per day
Initial Hospital Care, per day
Initial Hospital Care, per day
Neonatal Critical Care, initial
Office/Outpatient Visit, New Patient
Office/Outpatient Visit, Established Patient
Unlisted Preventative Medicine Service
Unlisted Preventative Medicine Service (Vision)
Unlisted Preventative Medicine Service (Development/Mental)
Unlisted Preventative Medicine Service (Hearing)
Office Consultations (new/established patients)
Inpatient Consultations (new/established patients)
Routine Vision Exam, New Patient (prior to 6/15/09)
Routine Vision Exam, Established Patient (prior to 6/15/09)
Ophthalmological Service, Medical Exam w/E&M
Ophthalmological Service, Medical Exam w/E&M
Ophthalmological Service, Medical Exam w/E&M
Ophthalmological Service, Medical Exam w/E&M
Determination of Refractive State
Ophthalmological Exam & Evaluation (under general anesthesia)
Ophthalmological Exam & Evaluation (under general anesthesia)

92020	Gonioscopy (separate procedure)
92060	Sensorimotor Exam w/multiple measurements of ocular deviation
92065	Orthoptic and/or Pleoptic Training
92071-92072	Fitting of Contact Lens (includes supply of lens)
92081	Visual Field Exam; unilateral/bilateral
92082	Visual Field Exam; unilateral/bilateral
92083	Visual Field Exam; unilateral/bilateral
92100	Serial Tonometry (separate procedure)
92507	Speech/Hearing Therapy
92508	Speech/Hearing Therapy (group)
92521*	Evaluation of Speech Fluency
92522*	Evaluation of Speech Sound Production
92523*	With Evaluation of Speech Sound Language Comprehension
92524*	Behavioral and qualitative analysis of voice and resonance

* New Code 2014

Line 12B

Procedure Codes	Description
D1000 - D1999	Preventive
01000 - 01999	Other
99201-99215	Office Visit - New/Established Patient
99429	Unlisted Preventive
D0120 - D0180	Oral Exam/Evaluation
D1351	Sealant

Procedure Codes	Description
10021 - 10022	Fine Needle Aspiration (with and without Imaging Guide)
10060 - 10061	Incision and Drainage of Abscess
10120 - 10180	Incision and Removal/Drainage
11100 - 11101	Biopsy
12011 - 12021	Simple Repair or Treatment of Superficial Wounds
12051 - 12057	Intermediate Wound Repair
13150 - 13160	Repair, Extensive or Complex
14060 - 14061	Adjacent Tissue Transfer or Rearrangement
21010 - 21070	Arthrotomy, Coronoidectomy, Tempromandibular Joint
21079 - 21116	Impression & Custom Preparation, Prosthesis also TMJ injection
21120 - 21296	Genioplasty; Augmentation, Osteotomy, Reduction of Masseter Muscle
21299 - 21499	Unlisted: Craniofacial, Maxillofacial and Orthopedic Procedure, Fracture, Wiring
40490 - 40761	Biopsy, Plastic Repair of Cleft Lip
40799 - 40899	Unlisted Procedure, Drainage of Abscess/Cyst/Hematoma
41000 - 41599	Intraoral Incision and Drainage of Abscess/Cyst/Hematoma; Unlisted Procedure
41800 - 41899	Drainage of Abscess/Cyst/Hematoma, Removal of Embedded Foreign Body
42000 - 42299	Drainage of Abscess of Palate, Uvula; Unlisted Procedure Palate, Uvula
42300 - 42699	Drainage of Abscess Parotid; Unlisted Procedure Salivary Glands or Ducts
99050	Services Requested after Office Hours in addition to Basic Services
99058	Office Services Provided on an Emergency Basis
99221 - 99223	Initial Hospital Care
99231 - 99233	Subsequent Hospital Care
99241 - 99263**	Office/Inpatient Consultations
99281 - 99285	Emergency Room Visits
10000 - 69979**	Surgery
D2000 - D9999**	Restorative, Endodontic, Periodontal, Prosthodontic, Implants, General Services, etc
02000 - 09999**	