

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

Revision Log		
Date	Codes Added	Codes Removed
01-01-2018		Moved to No Prior Auth list: A9500; A9501; A9502; A9503; A9504; A9505; A9507; A9508; A9509; A9510; A9512; A9515; A9516; A9517; A9520; A9521; A9524; A9526; A9527; A9528; A9529; A9530; A9531; A9532; A9536; A9537; A9538; A9539; A9540; A9541; A9542; A9543; A9544; A9545; A9546; A9547; A9548; A9550; A9551; A9552; A9553; A9554; A9555; A9556; A9557; A9558; A9559; A9560; A9561; A9562; A9563; A9564; A9566; A9567; A9568; A9569; A9570; A9571; A9572; A9575; A9576; A9577; A9578; A9579; A9580; A9581; A9582; A9583; A9584; A9585; A9586; A9587; A9600; A9604; A9606; A9700
01-01-2018		99000; 99001
01-01-2018	0042T; 0054T; 0055T; 0071T; 0072T; 0075T; 0076T; 0085T; 0095T; 0098T; 0100T; 0101T; 0102T; 0106T; 0107T; 0108T; 0109T; 0110T; 0111T; 0126T; 0159T; 0163T; 0164T; 0165T; 0174T; 0175T; 0184T; 0188T; 0189T; 0190T; 0191T; 0195T; 0196T; 0198T; 0200T; 0201T; 0202T; 0205T; 0206T; 0207T; 0208T; 0209T; 0210T; 0211T; 0212T; 0213T; 0214T; 0215T; 0216T; 0217T; 0218T; 0219T; 0220T; 0221T; 0222T; 0228T; 0229T; 0230T; 0231T; 0232T; 0234T; 0235T; 0236T; 0237T; 0238T; 0249T; 0253T; 0254T; 0266T; 0267T; 0268T; 0269T; 0270T; 0271T; 0272T; 0273T; 0278T; 0290T; 0295T; 0296T; 0297T; 0298T; 0308T; 0312T; 0313T; 0314T; 0315T; 0316T; 0317T; 0329T; 0330T; 0331T; 0332T; 0333T; 0335T; 0337T; 0338T; 0339T; 0341T; 0342T; 0345T; 0346T; 0347T; 0348T; 0349T; 0350T; 0351T; 0353T; 0355T; 0356T; 0371T; 0373T; 0374T; 0375T; 0376T; 0377T; 0378T; 0379T; 0380T; 0381T; 0382T; 0383T; 0384T; 0385T; 0386T; 0387T; 0388T; 0389T; 0390T; 0391T; 0396T; 0397T; 0398T; 0399T; 0400T; 0401T; 0402T; 0403T; 0404T; 0405T; 0406T; 0407T; 0469T; 0470T; 0471T; 0472T; 0473T; 0474T; 0475T; 0476T; 0477T; 0478T; 0479T; 0480T; 0481T; 0482T; 0483T; 0484T; 0485T; 0486T; 0487T; 0488T; 0489T; 0490T; 0491T; 0492T; 0493T; 0494T; 0495T; 0496T; 0497T; 0498T; 0499T; 0500T; 0501T; 0502F; 0502T; 0503T; 0504T; 64912; 64913; 77061; 77062; 77063; 96573; 96574; 99483; 99484; 99492; 99493; 99494; G0279; G0511; G0512; G0513; G0514; G9890; G9891; G9892; G9893; G9894; G9895; G9896; G9897; G9898; G9899; G9900; G9901; G9902; G9903; G9904; G9905; G9906; G9907; G9908; G9909; G9910; G9911; G9912; G9913; G9914; G9915; G9916; G9917; G9918; G9919; G9920; G9921; G9922; G9923; G9924; G9925; G9926; G9927; G9928; G9929; G9930; G9931; G9932; G9933; G9934; G9935; G9936; G9937; G9938; G9939; G9940; G9941; G9942; G9943; G9944; G9945; G9946; G9947; G9948; G9949; G9954; G9955; G9956; G9957; G9958; G9959; G9960; G9961; G9962; G9963; G9964; G9965; G9966; G9967; G9968; G9969; G9970; G9974; G9975; G9976; G9977; L3761; Q4176; Q4177; Q4178; Q4179; Q4180; Q4181; Q4182;	0438T; A9599; G0502; G0503; G0504; G0505; G0507; G8696; G8697; G8698; G8879; G8947; G8971; G8972; G9381; G9496;
12-01-2017		E0110; E0111; E0114
05-01-2017	2017 CPT codes have been added	A9472;
03-01-2017		A9276; A9277; A9278; 99183; G0277

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0001F	HRT FAILURE ASSESSED
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT
0014F	COMP PREOP ASSESS CATARACT SURG W/IOL PLACEMNT
0015F	MELANOMA FOLLOW UP COMPLETED
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME
0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI
0058T	CRYOPRESERVATION REPRODUCTIVE TISSUE OVARIAN
0071T	US ABLATJ UTERINE LEIOMYOMATA < 200 CC TISSUE
0072T	US ABLATJ UTERINE LEIOMYOMAT >=EQUAL 200 CC TISS
0075T	TCAT PLMT XTRC VRT CRTD STENT RS&I PRQ 1ST VSL
0076T	TCAT PLMT XTRC VRT CRTD STENT RS&IPRQ EA VSL
0085T	BREATH TEST HEART TRANSPLANT REJECTION
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC
0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC
0100T	PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY
0102T	EXTRCRPL SHOCK WAVE W/ANES LAT HUMERL EPICONDYLE
0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI
0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI
0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI
0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS
0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY
0159T	COMPUTER AIDED DETECTION BREAST MRI
0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC
0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC
0174T	CAD CHEST RADIOGRAPH CONCURRENT W/INTERPRETATION
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC
0188T	VIDEOCONFERENCED CRITICAL CARE FIRST 30- 74 MIN
0189T	VIDEOCONFERENCED CRITICAL CARE EA ADDL 30 MIN

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0190T	INTRAOCULAR RADIATION SRC APPLICATOR PLACEMENT
0191T	ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT
0195T	ARTHRODESIS PRESACRAL INTERBODY
0196T	ARTHRODESIS PRESACRAL INTERBODY EA INTERSPACE
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R
0200T	PERQ SAC AGMNTJ UNI W/WO BALO/MCHNL DEV 1/> NDL
0201T	PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/> NDLS
0202T	POST VERT ARTHRPLSTY W/WO BONE CEMENT 1 LUMB LVL
0205T	IV CATH CORONARY VESSEL/GRAFT SPECTROSCPY EA VSL
0206T	RMT ALGRTHMC ALYS ECG W/CPTR PRBLTY ASSMT
0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION
0212T	COMPRE AUDIOM THRESHOLD EVAL & SPEECH RECOG
0213T	NJX DX/THER PARAVER FCT JT W/US CER/THOR 1 LVL
0214T	NJX DX/THER PARAVER FCT JT W/US CER/THOR 2ND LVL
0215T	NJX PARAVERTBRL FACET JT W/US CER/THOR 3RD&> LVL
0216T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC 1 LVL
0217T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC LVL 2
0218T	NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3RD&> LVL
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV
0220T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT THOR
0221T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT
0228T	NJX ANES/STEROID TFRML EDRL W/US CER/THOR 1 LVL
0229T	NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL
0230T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL
0231T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA
0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA
0236T	TRLUML PERIPH ATHRC W/RS&I ABDOM AORTA
0237T	TRLUML PERIPH ATHRC W/RS&I BRCHIOCPHL EA VSL
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA

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0249T	LIGATION HEMORRHOID BUNDLE W/US
0253T	INSJ ANT SGM FLUID DRG DEV W/O RSVR INT APPR
0254T	EVASC ILIAC ART BIFURC W/ENDOPROSTH UNI
0266T	IM/REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST
0267T	IM/REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY
0268T	IM/REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY
0269T	REV/REMLV CARTD SINS BARREFLX ACT DEV TOT SYSTEM
0270T	REV/REMLV CARTD SINS BARREFLX ACT DEV LEAD ONLY
0271T	REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W/I&R
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS
0290T	CORNEA INCISNS RECIPIENT CORNEA W/LASR KERTPLSTY
0295T	EXT ECG > 48HR TO 21 DAY RCRD SCAN ANLYS REP R&I
0296T	EXT ECG > 48HR TO 21 DAY RCRD W/CONECT INTL RCRD
0297T	EXT ECG > 48HR TO 21 DAY SCAN ANALYSIS W/REPORT
0298T	EXT ECG > 48HR TO 21 DAY REVIEW AND INTERPRETATN
0308T	INSJ OCULAR TELESCOPE PROSTH
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY&PLS GEN VAGUS NRV
0313T	LAPS REVJ/REPLCMT NSTIM ELTRD ARRAY VAGUS NRV
0314T	LAPS RMVL NSTIM ELTRD ARRAY & PLS GEN VAGUS NRV
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W/REPRGRMG
0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER
0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES
0331T	IMAGING OF HEART MUSCLE
0332T	IMAGING OF HEART MUSCLE WITH SPECT
0333T	AUTOMATED SCREENING OF VISUAL ACUITY
0335T	INSERTION OF FOOT JOINT IMPLANT
0337T	NONINVASIVE UPPER LIMBS BLOOD VESSEL STUDY
0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
0341T	MEASUREMENT OF PUPIL DIAMETER AND RESPONSES TO LIGHT WITH INTERPRETATION AND REPORT
0342T	MECHANICAL SEPARATION AND REINFUSION OF PLATELET CELLS FROM BLOOD

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0345T	REPLACEMENT OF AORTIC VALVE ACCESSED THROUGH THE SKIN
0346T	ULTRASOUND WITH ELASTOGRAPHY
0347T	INSERTION OF DEVICES IN BONE FOR VISUALIZATION AND MEASUREMENT USING ANALYSIS (RSA)
0348T	X-RAY OF SPINE WITH RADIOSTEREOMETRIC ANALYSIS (RSA)
0349T	X-RAY OF ARMS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)
0350T	X-RAY OF LEGS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)
0351T	INTRAOPERATIVE TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE
0352T	INTERPRETATION AND REPORT OF TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE
0353T	INTRAOPERATIVE TOMOGRAPHY OF BREAST
0354T	INTERPRETATION AND REPORT OF INTRAOPERATIVE TOMOGRAPHY OF BREAST
0355T	X-RAY OF LARGE BOWEL WITH INTERPRETATION AND REPORT
0356T	INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCTS
0357T	FROZEN PRESERVATION OF MATURE EGGS
0358T	WHOLE BODY COMPOSITION TISSUE AND FLUID MEASUREMENTS WITH INTERPRETATION AND REPORT
0371T	MULTIPLE-FAMILY GROUP BEHAVIOR TREATMENT GUIDANCE ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0373T	BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION FIRST 60 MINUTES
0374T	BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADDITIONAL 30 MINUTES
0375T	INSERTION OF ARTIFICIAL UPPER SPINE DISCS ANTERIOR APPROACH
0376T	INSERTION OF EYE DRAINAGE DEVICE
0377T	INJECTION OF ANUS FOR FECAL INCONTINENCE USING AN ENDOSCOPE
0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS
0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS
0380T	COMPUTER-AIDED ANIMATION AND ANALYSIS OF RETINAL IMAGES
0381T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW, REPORTING AND INTERPRETATION
0382T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW AND INTERPRETATION
0383T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW REPORTING AND INTERPRETATION
0384T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW AND INTERPRETATION
0385T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW, REPORTING AND INTERPRETATION
0386T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW AND INTERPRETATION

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0387T	IMPLANTATION OR REPLACEMENT OF PERMANENT VENTRICULAR PACEMAKER
0388T	REMOVAL OF PERMANENT VENTRICULAR PACEMAKER
0389T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF HEART PACEMAKER WITH PHYSICIAN ANALYSIS, REVIEW, AND REPORT
0390T	EVALUATION, ANALYSIS, REVIEW, REPORT, AND PROGRAMMING OF LEADLESS PACEMAKER SYSTEM
0391T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF LEADLESS HEART PACEMAKER SYSTEM
0396T	INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR JOINT IMPLANT STABILITY DURING KNEE REPLACEMENT SURGERY
0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE
0398T	DESTRUCTION OF TISSUE OF BRAIN USING MRI GUIDANCE
0399T	NUCLEAR MEDICINE STUDY OF HEART MUSCLE
0400T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA, ONE TO FIVE LESIONS
0401T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA, SIX OR MORE LESIONS
0402T	COLLAGEN CROSS LINKING TREATMENT OF DISEASE OF CORNEA
0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES, PER DAY
0404T	DESTRUCTION OF GROWTHS IN UTERUS WITH ULTRASOUND GUIDANCE USING AN ENDOSCOPE
0405T	SUPERVISION OF PATIENT WITH EXTRACORPOREAL LIVER ASSIST SYSTEM
0406T	EXAMINATION OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE WITH PLACEMENT OF IMPLANT
0407T	EXAMINATION OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE WITH PLACEMENT OF IMPLANT, BIOPSY AND REMOVAL OF POLYPS
0437T	REINFORCEMENT OF FASCIA OF ABDOMINAL WALL WITH SYNTHETIC IMPLANT
0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING REST OR STRESS FOR ASSESSMENT OF HEART MUSCLE
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE
0443T	REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROSCOPY
0444T	INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS
0445T	REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS
0446T	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING
0447T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION
0448T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND INSERTION OF NEW IMPLANTABLE SENSOR, INCLUDING SYSTEM ACTIVATION

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0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0451T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; COMPLETE SYSTEM (COUNTERPULSATION DEVICE, VASCULAR GRAFT, IMPLANTABLE VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND SUBCUTANEOUS ELECTRODES)
0452T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL
0453T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; MECHANO-ELECTRICAL SKIN INTERFACE
0454T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; SUBCUTANEOUS ELECTRODE
0455T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM (AORTIC COUNTERPULSATION DEVICE, VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES)
0456T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL
0457T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE
0458T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE
0459T	RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES
0460T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE
0461T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; AORTIC COUNTERPULSATION DEVICE
0462T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE MECHANOELECTRICAL SKIN INTERFACE AND/OR EXTERNAL DRIVER TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY
0463T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY
0464T	VISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)
0466T	INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0467T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
0468T	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0469T	RETINAL POLARIZATION SCAN, OCULAR SCREENING WITH ON-SITE AUTOMATED RESULTS, BILATERAL
0470T	OPTICAL COHERENCE TOMOGRAPHY (OCT) FOR MICROSTRUCTURAL AND MORPHOLOGICAL IMAGING OF SKIN, IMAGE ACQUISITION, INTERPRETATION, AND REPORT; FIRST LESION
0471T	OPTICAL COHERENCE TOMOGRAPHY (OCT) FOR MICROSTRUCTURAL AND MORPHOLOGICAL IMAGING OF SKIN, IMAGE ACQUISITION, INTERPRETATION, AND REPORT; EACH ADDITIONAL LESION
0472T	DEVICE EVALUATION, INTERROGATION, AND INITIAL PROGRAMMING OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST FUNCTIONALITY, SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING VISUAL TRAINING, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL
0473T	DEVICE EVALUATION AND INTERROGATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, INCLUDING REPROGRAMMING AND VISUAL TRAINING, WHEN PERFORMED, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL
0474T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE
0475T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; PATIENT RECORDING AND STORAGE, DATA SCANNING WITH SIGNAL EXTRACTION, TECHNICAL ANALYSIS AND RESULT, AS WELL AS SUPERVISION, REVIEW, AND INTERPRETATION OF REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0476T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; PATIENT RECORDING, DATA SCANNING, WITH RAW ELECTRONIC SIGNAL TRANSFER OF DATA AND STORAGE
0477T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; PATIENT RECORDING, DATA SCANNING, WITH RAW ELECTRONIC SIGNAL TRANSFER OF DATA AND STORAGE
0478T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; REVIEW, INTERPRETATION, REPORT BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; FIRST 100 CM2 OR PART THEREOF, OR 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN
0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; EACH ADDITIONAL 100 CM2, OR EACH ADDITIONAL 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0481T	INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION, WHEN PERFORMED
0482T	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW, POSITRON EMISSION TOMOGRAPHY (PET), REST AND STRESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0483T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE, WHEN PERFORMED
0484T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; TRANSTHORACIC EXPOSURE (EG, THORACOTOMY, TRANSAPICAL)
0485T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; UNILATERAL
0486T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; BILATERAL
0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT
0488T	PREVENTIVE BEHAVIOR CHANGE, ONLINE/ELECTRONIC STRUCTURED INTENSIVE PROGRAM FOR PREVENTION OF DIABETES USING A STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO AN INDIVIDUAL, PER 30 DAYS

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
0489T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; ADIPOSE TISSUE HARVESTING, ISOLATION AND PREPARATION OF HARVESTED CELLS INCLUDING INCUBATION WITH CELL DISSOCIATION ENZYMES, REMOVAL OF NON-VIABLE CELLS AND DEBRIS, DETERMINATION OF CONCENTRATION AND DILUTION OF REGENERATIVE CELLS
0490T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; MULTIPLE INJECTIONS IN ONE OR BOTH HANDS
0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; FIRST 20 SQ CM OR LESS
0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0493T	NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY WOUNDS (EG, FOR OXYHEMOGLOBIN MEASUREMENT)
0494T	SURGICAL PREPARATION AND CANNULATION OF MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) TO EX VIVO ORGAN PERFUSION SYSTEM, INCLUDING DECANNULATION, SEPARATION FROM THE PERFUSION SYSTEM, AND COLD PRESERVATION OF THE ALLOGRAFT PRIOR TO IMPLANTATION, WHEN PERFORMED
0495T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY ARTERY FLOW, PULMONARY ARTERY PRESSURE, LEFT ATRIAL PRESSURE, PULMONARY VASCULAR RESISTANCE, MEAN/PEAK AND PLATEAU AIRWAY PRESSURE, DYNAMIC COMPLIANCE AND PERFUSATE GAS ANALYSIS), INCLUDING BRONCHOSCOPY AND X RAY WHEN PERFORMED; FIRST TWO HOURS IN STERILE FIELD
0496T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY ARTERY FLOW, PULMONARY ARTERY PRESSURE, LEFT ATRIAL PRESSURE, PULMONARY VASCULAR RESISTANCE, MEAN/PEAK AND PLATEAU AIRWAY PRESSURE, DYNAMIC COMPLIANCE AND PERFUSATE GAS ANALYSIS), INCLUDING BRONCHOSCOPY AND X RAY WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0497T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24 HOUR ATTENDED MONITORING; IN-OFFICE CONNECTION
0498T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24 HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER 30 DAYS WITH AT LEAST ONE PATIENT-GENERATED TRIGGERED EVENT
0499T	CYSTOURETHROSCOPY, WITH MECHANICAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY FOR URETHRAL STRICTURE OR STENOSIS, INCLUDING FLUOROSCOPY, WHEN PERFORMED
0500F	INITIAL PRENATAL CARE VISIT
0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), HUMAN PAPILLOMAVIRUS (HPV) FOR FIVE OR MORE SEPARATELY REPORTED HIGH-RISK HPV TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (IE, GENOTYPING)
0501F	PRENATAL FLOW SHEET
0501T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; DATA PREPARATION AND TRANSMISSION, ANALYSIS OF FLUID DYNAMICS AND SIMULATED MAXIMAL CORONARY HYPEREMIA, GENERATION OF ESTIMATED FFR MODEL, WITH ANATOMICAL DATA REVIEW IN COMPARISON WITH ESTIMATED FFR MODEL TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT
0502F	SUBSEQUENT PRENATAL CARE VISIT

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; DATA PREPARATION AND TRANSMISSION
0503F	POSTPARTUM CARE VISIT
0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; ANALYSIS OF FLUID DYNAMICS AND SIMULATED MAXIMAL CORONARY HYPEREMIA, AND GENERATION OF ESTIMATED FFR MODEL
0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; ANATOMICAL DATA REVIEW IN COMPARISON WITH ESTIMATED FFR MODEL TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED
0507F	PERITONEAL DIALYSIS PLAN DOCUMENTED
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED
0514F	PLAN/CARE INCRSD HGB LVL DOCD PT ON ESA THXPY
0516F	ANEMIA PLAN OF CARE DOCUMENTED
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED
0518F	FALLS PLAN OF CARE DOCUMENTED
0519F	PLANNED CHEMO REGIMEN DOCD PRIOR START NEW TX
0520F	RAD DOSE LIMTS EST PRIOR3D RAD FOR MIN 2 TIS/ORG
0521F	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED
0525F	INITIAL VISIT FOR EPISODE
0526F	SUBSEQUENT VISIT FOR EPISODE
0528F	RCMND FLLW-UP 2ND CLNSCPY 10/> YRS DOCD RPRT
0529F	INTRVL 3/> YRS PTS LAST COLONOSCOPY DOCD
0535F	DYSPNEA MANAGEMENT PLAN DOCUMENTED
0540F	GLUCORTICOID MANAGEMENT PLAN DOCUMENTED
0545F	PLAN FOR FOLLOW-UP CARE FOR MDD DOCD
0550F	CYTOPATH REPORT ON NONGYN SPECIMEN 2 WKNG DAYS
0551F	CYTOPATH REPORT NONGYN SPCMN DOCD NON-ROUTINE
0555F	SYMPTOM MANAGEMENT PLAN OF CARE DOCUMENTED
0556F	PLAN OF CARE TO ACHIEVE LIPID CONTROL DOCUMENTED
0557F	PLAN OF CARE TO MANAGE ANGINAL SYMPTOMS DOCD
0575F	HIV RNA CONTROL PLAN OF CARE DOCD
0580F	MULTIDISCIPLINARY CARE PLAN DEVELOPED/UPDATED
0581F	PT TRANSFERRED FROM ANESTHETIZING TO CC UNIT

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0582F	PT NOT TRANSFERRED FROM ANESTHETIZING TO CC UNIT
0583F	TRANSFER OF CARE CHECKLIST USED
0584F	TRANSFER OF CARE CHECKLIST NOT USED
1000F	TOBACCO USE ASSESSED
1002F	ANGINAL SYMPTOMS & LEVEL ACTIVITY ASSESSED
1003F	LEVEL ACTIVITY ASSESSED
1004F	CLINICAL SYMPTOMS VOL OVERLOAD ASSESSED
1005F	ASTHMA SYMPTOMS EVALUATED
1006F	OSTEOARTHRITIS SYMPTOMS&FUNCJAL STATUS ASSES
1007F	ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSES
1008F	GI&RENAL PRESCRIBED/OTC NSAID RISK FACTORS ASS
1010F	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY
1011F	ANGINA PRESENT
1012F	ANGINA ABSENT
1015F	COPD SYMPTOMS ASSESSED/TOOL COMPLETED
1018F	DYSPNEA ASSESSED NOT PRESENT
1019F	DYSPNEA ASSESSED PRESENT
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED
1026F	CO-MORBID CONDITIONS ASSESSED
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED
1031F	SMOKING & 2ND HAND SMOKE IN THE HOME ASSESSED
1032F	CURRENT SMOKER/EXPOSED TO SECONDHAND SMOKE
1033F	TOBACCO NON-SMOKER & NO 2NDHAND SMOKE EXPOSURE
1034F	CURRENT TOBACCO SMOKER
1035F	CURRENT SMOKELESS TOBACCO USER
1036F	CURRENT TOBACCO NON-USER CAD CAP COPD PV DM
1038F	PERSISTENT ASTHMA MILD MODERATE OR SEVERE ASTHMA
1039F	INTERMITTENT ASTHMA
1040F	DSM-IV CRITERIA MDD DOCD AT THE INITIAL EVAL
1050F	HISTORY NEW OR CHANGING MOLES
1052F	TYPE ANATOMIC LOCATION AND ACTIVITY ALL ASSESSED
1055F	VISUAL FUNCTIONAL STATUS ASSESSED
1060F	DOC PERM/PERSISTENT/PAROXYSMAL ATRIAL FIB
1061F	DOC ABSENCE PERM+PERSISTENT+PAROXYSM ATRIAL FIB
1065F	ISCHEMIC STROKE SYMP ONSET <3 HRS PRIOR ARRIVAL
1066F	ISCHEMIC STROKE SYMP ONSET >/=3 HRS PRIOR ARRIVA

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
1070F	ALARM SYMPTOMS ASSESSED NONE PRESENT
1071F	ALARM SYMPTOMS ASSESSED 1/> PRESENT
1090F	PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED
1091F	URINE INCONTINENCE CHARACTERIZED
1100F	PT FALLS ASSESS DOCD 2/> FALLS/FALL W/INJURY/YR
1101F	PT FALLS ASSESS DOCD W/O FALL/INJURY PAST YEAR
1110F	PT DISCHARGE INPT FACILITY WITHIN LAST 60 DAYS
1111F	DISCHRG MEDS RECONCILED W/CURRENT MED LIST
1116F	AURICULAR/PERIAURICULAR PAIN ASSESSED
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS THERAPY
1119F	INITIAL EVALUATION FOR CONDITION
1121F	SUBSEQUENT EVALUATION CONDITION
1123F	ADV CARE PLN TLKD & ALT DCSN MAKER DOCD
1124F	ADV CARE PLN/ NO ALT DCSN MKR DOCD OR REFUSAL
1125F	PAIN SEVERITY QUANTIFIED PAIN PRESENT
1126F	PAIN SEVERITY QUANTIFIED NO PAIN PRESENT
1127F	NEW EPISODE FOR CONDITION
1128F	SUBS EPISODE FOR CONDITION
1130F	BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE
1134F	EPISODE BACK PAIN LASTING SIX WEEKS/<
1135F	EPISODE BACK PAIN LASTING >SIX WEEKS
1136F	EPISODE BACK PAIN LASTING 12 WEEKS/<
1137F	EPISODE BACK PAIN LASTING >12 WKS
1150F	DOC PT W/SUBSTANTIAL RISK DEATH WITHIN 1 YEAR
1151F	DOC PT W/O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR
1152F	DOC ADVANCED DISEASE DX CARE GOALS COMFORT
1153F	DOC ADVANCED DISEASE DX CARE GOALS W/O COMFORT
1157F	ADVNC CARE PLAN OR EQV LGL DOC IN MED RCRD
1158F	ADVNC CARE PLANNING TLK DOCD IN MED RCRD
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD
1160F	RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD
1170F	FUNCTIONAL STATUS ASSESSED
1175F	FUNCTIONAL STATUS DEMENTIA ASSESS RESULTS RVWD
1180F	THROMBOEMBOLIC RISK ASSESSED
1181F	NEUROPSYCHIATRIC SYMPTS ASSESSED RESULTS REVIEWD
1182F	NEUROPSYCHIATRIC SYMPTOMS ONE OR MORE PRESENT

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
1183F	NEUROPSYCHIATRIC SYMPTOMS ABSENT
1200F	SEIZURE TYPE FREQUENCY DOCUMENTED
1205F	ETIOLOGY OF EPILEPSY SYNDROME RVWD & DOCD
1220F	PATIENT SCREENED DEPRESSION
1400F	PARKINSON DISEASE DIAGNOSIS REVIEWED
1450F	SYMPTOMS IMPROVED/CONSIST W/TXMNT GOAL ASSESSMNT
1451F	SYMPTOMS SHOW CLIN IMPRTNT DROP SINCE ASSESSMENT
1460F	QUALIFYING CARD EVENT/DIAGNOSIS PRIOR 12 MONTHS
1461F	NO QUAL CARD EVENT/DIAG IN PREVIOUS 12 MONTHS
1490F	DEMENTIA SEVERITY CLASSIFIED MILD
1491F	DEMENTIA SEVERITY CLASSIFIED MODERATE
1493F	DEMENTIA SEVERITY CLASSIFIED SEVERE
1494F	COGNITION ASSESSED AND REVIEWED
1500F	SYMP+SIGN DISTAL SYMM POLYNEUROPATHY REVWD+DOCD
1501F	NOT INITIAL EVALUATION FOR CONDITION
1502F	PT QUERIED RE PAIN W/FUNC USING RELIABLE INSTRM
1503F	PT QUERIED RE SYMP RESPIRATORY INSUFFICIENCY
1504F	PATIENT HAS RESPIRATORY INSUFFICIENCY
1505F	PATIENT DOES NOT HAVE RESPIRATORY INSUFFICIENCY
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES
2000F	BLOOD PRESSURE MEASURED
2001F	WEIGHT RECORDED
2002F	CLINICAL SIGNS VOLUME OVERLOAD ASSESSED
2004F	INITIAL EXAMINATION INVOLVED JOINTS
2010F	VITAL SIGNS RECORDED
2014F	MENTAL STATUS ASSESSED
2015F	ASTHMA IMPAIRMENT ASSESSED
2016F	ASTHMA RISK ASSESSED
2018F	HYDRATION STATUS ASSESSED
2019F	DILATED MACULAR EXAM PERFORMED
2020F	DILATED FUNDUS EVALUATION PERFORMED
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED
2022F	DILAT RETINAL EYE EXAM W/INTERP OPHTHAL/OPTOM
2024F	7 STANDARD FIELD STEREOSCOPIC PHOTOS W/INTERPJ
2026F	EYE IMAGING VALIDATED MATCH PHOTOS DIAGNOSIS
2027F	OPTIC NERVE HEAD EVALUATION PERFORMED

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
2028F	FOOT EXAMINATION PERFORMED
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED
2030F	HYDRATION STATUS DOCD NORMALLY HYDRATED
2031F	HYDRATION STATUS DOCUMENTED DEHYDRATED
2035F	TYMPANIC MEMBRANE MOBILITY ASSESS
2040F	PHYS EXAM ON DATE OF INIT VST FOR LBP DONE
2044F	DOC MNTL HLTH ASSES PRIOR INTVN BACK PAIN 6WKS
2050F	WOUND CHARACTERISTICS DOCD PRIOR DEBRIDEMENT
2060F	PT INTRVWD BY EVAL CLINICIAN </DATE DIAG MDD
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
3006F	CHEST X-RAY RESULTS DOCUMENTED & REVIEWED
3008F	BODY MASS INDEX DOCUMENTED
3011F	LIPID PANEL RESULTS DOCUMENTED & REVIEWED
3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV
3015F	CERVICAL CANCER SCREENING RESULTS DOCD & RVWD
3016F	PT SCRND UNHLTHY OH USE BY SYSTMTC SCRNG METHD
3017F	COLORECTAL CANCER SCREENING RESULTS DOC&REV
3018F	PRE-PRX RISK ASSESS DEPTH&QUAL BOWEL PREP&
3019F	LVEF ASSESSMENT PLANNED POST DISCHARGE
3020F	LEFT VENTRICULAR FUNCTION ASSESSMENT DOCUMENTED
3021F	LEFT VENTRICULAR EJECTION FRACTION <40%
3022F	LEFT VENTRICULAR EJECTION FRACTION >/EQUAL 40%
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED
3025F	SPIROMETRY TEST RESULTS FEV/FVC <70% W/COPD
3027F	SPIROMETRY TEST RESULTS FEV/FVC >/=70% W/O COPD
3028F	OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWE
3035F	OXYGEN SATUR </EQUAL 88%/PAO2 </EQUAL 55 MM
3037F	OXYGEN SATURATION >88%/PAO2 >55 MM HG
3038F	PULMONARY FUNC TEST WITHIN 12 MON PRIOR SURG

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
3040F	FUNCTIONAL EXPIRATORY VOLUME < 40%
3042F	FUNCTJL EXPIR VOLUME >=40% PREDICTED VALUE
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL > 7.0%
3045F	MOST RECENT HEMOGLOBIN A1C LEVEL GT 7.0-9.0 %
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL >9.0%
3048F	MOST RECENT LDL-C <100 MG/DL
3049F	MOST RECENT LDL-C 100-129 MG/DL
3050F	MOST RECENT LDL-C >=130 MG/DL
3055F	LVEF LESS THAN OR EQUAL TO 35%
3056F	LVEF GREATER THAN 35%
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOC&REV
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOC&REV
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOC&REV
3066F	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY
3072F	LOW RISK FOR RETINOPATHY
3073F	DOCUMENTED LENGTH CORNEAL POWER & LENS POWER
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE >130 MM HG
3075F	MOST RECENT SYSTOLIC BLOOD PRESS 130-139MM HG
3077F	MOST RECENT SYSTOLIC BLOOD PRES>=140 MM H
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG
3080F	MOST RECENT DIASTOL BLOOD PRES >=90 MM HG
3082F	KT/V >1.2 (CLEARANCE OF UREA (KT)/VOLUME (V))
3083F	KT/V EQUAL/>1.2 & <1.7
3084F	KT/V /EQUAL 1.7
3085F	SUICIDE RISK ASSESSED
3088F	MAJOR DEPRESSIVE DISORDER MILD
3089F	MAJOR DEPRESSIVE DISORDER MODERATE
3090F	MDD SEVERE WITHOUT PSYCHOTIC FEATURES
3091F	MAJOR DESPRESV DISORDER SEVERE W/PSYCHOT FEATURE
3092F	MAJOR DEPRESSIVE DISORDER REMISSION
3093F	DOC NEW DIAG DX INIT/RECURRENT EPISODE OF MDD
3095F	CENTRAL DUAL ENERGY ABSORPTIOMETRY DOCD
3096F	CENTRAL DUAL ENERGY ABSORPTIOMETRY ORDERED
3100F	CAROTID IMAGNG REPORT DIR/INDIR MEAS VESSEL DIAM
3110F	CT/MRI HMRHG/MASS LESION/ACUTE INFRC DOC

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
3111F	CT OR MRI BRAIN DONE W/IN 24 HRS HOSP ARRIVAL
3112F	CT/MRI BRAIN DONE 24 HRS AFTER HOSP ARRIVAL
3115F	QUANT RESULTS EVAL CURR LEVEL ACTIVITY CLIN SYMP
3117F	HF DISEASE SPECIFIC ASSESSMENT TOOL COMPLETED
3118F	NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCD
3119F	NO EVAL LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS
3120F	12-LEAD ECG PERFORMED
3125F	ESOPH BX RPRT W/DYSPL INFO (PRSNT/ABSNT/UNKWN)
3126F	ESOPH BX RPRT W/DYSPL INFO
3130F	UPPER GI ENDOSCOPY PERFORMED
3132F	DOC REFERAL FOR UPPER GI ENDOSCOPY
3140F	UPPER GI ENDO REPORT SHOWS POSS BARRETT'S ESOPH
3141F	UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S
3142F	BARIUM SWALLOW TEST ORDERED
3150F	FORCEPS ESOPHAGEAL BIOPSY PERFORMED
3155F	CYTOGEN TEST DONE MARROW DIAG OR PRIOR TXMNT
3160F	DOC IRON STORES PRIOR START EPO THERAPY
3170F	FLOW CYTOMETRY W/DIAG/PRIOR INITIATING TREATMENT
3200F	BARIUM SWALLOW TEST NOT ORDERED
3210F	GROUP A STREP TEST PERFORMED
3215F	DOCUMENTED IMMUNITY HEPATITIS A
3216F	DOCUMENTED IMMUNITY HEPATITIS B
3218F	HEP C RNA TEST 6 MOS BEFORE ANTIVIRAL TX
3220F	HEP C QUANT RNA TEST 12 WKS AFTER ANTIVIRAL TX
3230F	HEARING TEST 6 MOS PRIOR TO EAR TUBE INSERTION
3250F	NONPRIM ANATOMIC LOCATION OF SPECIMEN SITE
3260F	TUMOR/NODES/HISTO GRADE DOCUMENTED
3265F	RNA TESTING FOR HEP C VIREMIA ORDERED/DOCD
3266F	HEPATITIS C GENOTYPE PRIOR ANTIVIRAL TREATMENT
3267F	PATH RPRT INCLUDES PT & PN CAT GLEASON
3268F	PSA & TUMOR STAGE&GLEASON SCORE PRIOR INIT
3269F	BONE SCAN PRIOR INITIAT TX/DX PROSTATE CANCER
3270F	BONE SCAN NOT PRIOR INITIAT TX/DX PROSTATE CA
3271F	LOW RISK OF RECURRENCE PROSTATE CANCER
3272F	INTERMED RISK OF RECURRENCE PROSTATE CANCER
3273F	HIGH RISK OF RECURRENCE PROSTATE CANCER

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3274F	PROST CANCER RSK RECUR NOT DETER/LOW/INTERMED/HI
3278F	SERUM LEVELS CALCUM PHOSPH PARATHYR & LIPID PR
3279F	HEMOGLOBIN LEVEL>/EQUAL 13 G/DL
3280F	HEMOGLOBIN LEVEL 11 G/DL-12.9 G/DL
3281F	HEMOGLOBIN LEVEL <11 G/DL
3284F	INTRAOCULAR PRESS REDUCED >/EQUAL 15%
3285F	IOP REDUCED <15% PRE-INTERVENTION LEVEL
3288F	FALLS RISK ASSESSMENT DOCUMENTED
3290F	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED
3291F	PATIENT IS D (RH) POSITIVE OR SENSITIZED
3292F	HIV TSTNG ASK/DOCD/RVWD AT 1ST/2ND PRENATAL VST
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED
3294F	GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION
3300F	AJCC STAGE DOCUMENTED & REVIEWED
3301F	CANCER STAGE DOCD METASTATIC & REVIEWED
3315F	ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER
3316F	ESTROGEN/PROGEST RECEPTOR NEGATIVE BREAST CANCER
3317F	PATH REPRT MALIGNANCY DOCD & RVWD INITIATE CHE
3318F	PATH REPRT MALIGNANCY DOCD & RVWD INITIA RAD
3319F	1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED
3320F	0 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED
3321F	AJCC CANCER STAGE 0 OR IA MELANOMA
3322F	MELANOMA THAN AJCC STAGE 0
3323F	CLIN TUMOR NODE METASTASES STAGE DOCD PRIOR SURG
3324F	MRI CT SCAN ORDERED REVIEWED/REQUESTED
3325F	PREOP ASSES 12 MOS PRIOR CATARACT SURG W/IO LENS
3328F	PERFORMANCE STATUS DOCD RVWD 2 WKS PRIOR SURG
3330F	IMAGING STUDY ORDERED
3331F	IMAGING STUDY NOT ORDERED
3340F	MAMMO ASSESSMENT CAT INCOMP ADDTNL IMAGE DOCD
3341F	MAMMO ASSESSMENT CAT NEGATIVE DOCD
3342F	MAMMO ASSESSMENT CAT BENIGN DOCD
3343F	MAMMO ASSESSMENT CAT PROB BENIGN DOCD
3344F	MAMMO ASSESSMENT CAT SUSPICIOUS DOCD
3345F	MAMMO ASSESSMENT CAT HIGH CHANCE MALIG DOCD
3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
3351F	NEG DEP SYMP CAT USING STAND DEP ASSESS TOOL
3352F	NO SIGNIF DEP SYMP CAT BY STAND DEP ASSESS TOOL
3353F	MILD TO MOD DEP SYMP BY STAND DEP ASSESS TOOL
3354F	CLIN SIGN DEP SYMP BY STAND DEP ASSESS TOOL
3370F	AJCC BREAST CANCER STAGE 0 DOCUMENTED
3372F	AJCC BREAST CANCER STAGE I T1MIC T1A/T1B
3374F	AJCC BREAST CANCER STAGE I T1C
3376F	AJCC BREAST CANCER STAGE II
3378F	AJCC BREAST CANCER STAGE III
3380F	AJCC BREAST CANCER STAGE IV
3382F	AJCC COLON CANCER STAGE 0
3384F	AJCC COLON CANCER STAGE I
3386F	AJCC COLON CANCER STAGE II
3388F	AJCC COLON CANCER STAGE III DOCD
3390F	AJCC COLON CANCER STAGE IV DOCD
3394F	QUANT HER2 IHC EVAL OF BRST CANCER ASCO/CAP
3395F	QUANT NON-HER2 IHC EVAL OF BRST CANCER PERFORMED
3450F	DYSYPNEA SCRND NO-MILD DYSYPNEA
3451F	DYSYPNEA SCRND MOD-SEVERE DYSYPNEA
3452F	DYSYPNEA NOT SCREENED
3455F	TB SCRNG DONE INTRPD <6 MOS START RA THXPY
3470F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY LOW
3471F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY MOD
3472F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY HIGH
3475F	DISEASE PROGNOSIS RA ASSESSED POOR PROG DOCD
3476F	DISEASE PROGNOSIS RA ASSESSED GOOD PROG DOCD
3490F	HISTORY OF AIDS-DEFINING CONDITION
3491F	HIV INDETERMINATE INFANTS BORN OF HIV MOTHERS
3492F	HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3
3493F	NO HIST NADIR CD4+ CELL CNT <350 OR AIDS-INDICA
3494F	CD4+ CELL COUNT <200 CELLS/MM
3495F	CD4+ CELL COUNT 200 - 499 CELLS/MM (HIV)
3496F	CD4+ CELL COUNT /EQUAL 500 CELLS/MM
3497F	CD4+ CELL PERCENTAGE <15% HIV
3498F	CD4+ CELL PERCENTAGE /EQUAL 5% HIV
3500F	CD4+CELL CNT/CD4+CELL % DOCD AS DONE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3502F	HIV RNA VIRAL LOAD <LIMITS OF QUANTIF
3503F	HIV RNA VIRAL LOAD NOT <LIMITS OF QUANTIF
3510F	DOJ TB SCREEN PERFORMED & RESULTS INTERPRET
3511F	CHLAMYDIA/GONORRHEA TSTS DOJ AS DONE
3512F	SYPHILIS SCREENING DOCUMENTED AS DONE
3513F	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED
3514F	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED
3515F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C
3517F	HBV STATUS ASSESSED W/ RESULTS IN 1 YR
3520F	CLOSTRIDIUM DIFFICILE TESTING PERFORMED
3550F	LOW RISK FOR THROMBOEMBOLISM
3551F	INTERMEDIATE RISK FOR THROMBOEMBOLISM
3552F	HIGH RISK FOR THROMBOEMBOLISM
3555F	PT HAD INR MEASUREMENT PERFORMED
3570F	REPORT BONE SCINTIGRAPHY W/X-RAY SAME REGION
3572F	PT POTENTIAL RISK FRACTURE WEIGHT-BEARING SITE
3573F	PT NOT POTENT RISK FRACTURE WEIGHT-BEARING SITE
3650F	ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ
3700F	PSYCHIATRIC DISORDERS/DISTURBANCES ASSESSED
3720F	COGNITIVE IMPAIRMENT/DYSFUNCTION ASSESSED
3725F	SCREENING FOR DEPRESSION PERFORMED
3750F	PT NOT RCVNG CORTICOSTERIDS>/=10MG/DAY 60/> DAYS
3751F	ELECTRODIAG STUDIES DSP DOJ RVWD W/IN 6 MONTHS
3752F	ELECTRODIAG STUDIES DSP NOT DOJ RVWD W/IN 6 MON
3753F	PT HAS CLINICAL SYMP+SIGNS NEUROPATHY W/ CAUSE
3754F	SCREENING TSTS DIABETES MELLITUS RVWD RQSTD ORD
3755F	COGNITIVE+BEHAVIORAL IMPAIRMENT SCRNG PERFORMED
3756F	PT HAS PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP
3757F	NO PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP
3758F	PULM FUNC TESTING/PEAK COUGH EXPIRATORY FLOW
3759F	PT SCRND DYSPHAGIA+WT LOSS+IMPAIRED NUTRITION
3760F	DYSPHAG+WT LOSS+IMPAIRED NUTRITION
3761F	NO DYSPHAG+WT LOSS+IMPAIRED NUTRITION
3762F	PATIENT IS DYSARTHIC
3763F	PATIENT IS NOT DYSARTHIC
3775F	ADENOMA DETECTED SCREENING

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3776F	ADENOMA NOT DETECT SCREENING
4000F	TOBACCO USE CESSATION IVNTJ COUNSELING
4001F	TOBACCO USE CESSATION IVNTJ PHARMACOLOGIC THER
4003F	PT EDUCATION WRITTEN/ORAL HRT FAILURE PTS PFRMD
4004F	PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK
4005F	PHARMACOLOGIC OSTEOPOROSIS THERAPY PRESCRIBED
4008F	BETA BLOCKER THERAPY RXD/CURRENTLY BEING TAKEN
4010F	ACE INHIBITOR/ARB THERAPY RXD/CURRENTLY TAKEN
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED
4012F	WARFARIN THERAPY PRESCRIBED
4013F	STATIN THERAPY RXD/CURRENTLY TAKEN
4014F	DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR
4015F	PRSISTENT ASTHMA LONG TERM CTRL MED PRESCRIBED
4016F	ANTI-INFLAMMATORY/ANALGESIC AGT PRESCRIBED
4017F	GI PROPHYLAXIS NSAID USE PRESCRIBED
4018F	THERAPEUTIC EXERCISE INVOLVED JTS INST/PREScribe
4019F	DOCUMENT COUNSELING EXERCISE CALCIUM & VITAMIN
4025F	INHALED BRONCHODILATOR PRESCRIBED
4030F	LONG-TERM OXYGEN THERAPY PRESCRIBED
4033F	PULMONARY REHABILITATION RECOMMENDED
4035F	INFLUENZA IMMUNIZATION RECOMMENDED
4037F	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED
4040F	PNEUMOCOCCAL VACCINE ADMIN RCVD PRIOR
4041F	DOC ORDER CEFAZOLIN/CEFUROXIME ANTIMICRB PROPHYL
4042F	DOC PROPHY ANTIBIO NOT GIVEN W/IN 4 HR PRIOR SUR
4043F	DOC ORDER DISCONT ANTIBIO W/IN 48 HOURS OF SURG
4044F	DOC ORDER VTE PROPHYL W/IN 24 HRS PRIOR SURG
4045F	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED
4046F	DOCD ANTIBIO W/IN 4 HRS PRIOR/INTRAOP SURG INCIS
4047F	DOC ORDER ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INC
4048F	DOC ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INCIS
4049F	DOC ORDER GIVEN TO STOP ANTIBIO W/IN 24 HRS SURG
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED
4051F	REFERRED FOR AN ARTERIO-VEINOUS (AV) FISTULA
4052F	HEMODIAL VIA FUNCTIONG AV FISTULA
4053F	HEMODIALYSIS VIA FUNCTIONING AVGRAFT

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
4054F	HEMODIALYSIS VIA CATHETER
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS
4056F	APPROPRIATE ORAL REHYD SOLUTION RECOMMENDED
4058F	PAG PROVIDED TO CAREGIVER
4060F	PSYCHOTHERAPY SERVICES PROVIDED
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED
4063F	ANTIDEPRESSANT RXTHXY CONSIDER & NOT PRESCRIBE
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED
4067F	PT REFERRAL ELECTROCONVULSIVE THXPY (ECT) DOC
4069F	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RCVD
4070F	DEEP VEIN THROMB PROPHYL RECVD BY HOSP DAY 2
4073F	ORAL ANTIPLATELET THERAPY PRESCRIBED AT DISCHARGE
4075F	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE
4077F	DOC T-PA ADMINISTRATION WAS CONSIDERED
4079F	DOC REHAB SERVICES WERE CONSIDERED
4084F	ASPIRIN RECVD W/IN 24 HRS PRIOR ED ARRIVAL/STAY
4086F	ASPIRIN OR CLOPIDOGREL PRESCRIBED
4090F	PATIENT RECEIVING ERYTHROPOIETIN THERAPY
4095F	PATIENT NOT RECEIVING ERYTHORPOIETIN THERAPY
4100F	BISPHOS THXPY VENOUS ORDERED OR RECEIVED
4110F	LIMA GRAFT USED IN 1ST ISOLATED CABG PXD
4115F	BETA BLOCKER GIVEN W/IN 24 HRS PRIOR SURG INC
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED
4130F	ACUTE OTITIS EXTERNA TOPICAL PREPS PRESCRIBED
4131F	SYSTEMIC ANTIMICROBIAL TX PRESCRIBED
4132F	SYSTEMIC ANTIMICROBIAL TX NOT PRESCRIBED
4133F	ANTIHISTAMINE/DECONGESTANT PRESCRIBED
4134F	ANTIHISTAMINE/DECONGESTANT NOT PRESCRIBED
4135F	SYSTEMIC CORTICOSTEROIDS PRESCRIBED
4136F	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED
4140F	INHALED CORTICOSTEROIDS PRESCRIBED
4142F	CORTICOSTEROID SPARING THERAPY PRESCRIBED
4144F	ALTERNATIVE LONG-TERM CONTROL MEDICATION RXD

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4145F	2+ ANTI-HYPERTENSIVE AGENTS RXD OR TAKEN
4148F	HEPATITIS A VACCINE ADMIN OR PREVIOUSLY RECVD
4149F	HEPATITIS B VACCINE ADMIN OR PREVIOUSLY RECVD
4150F	CURRENT HEPATITIS C ANTIVIRAL TREATMENT
4151F	NO CURRENT HEPATITIS C ANTIVIRAL TREATMENT
4153F	COMB PEGINTERF/RIBAVIRIN TX PRESCRIBED
4155F	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED
4157F	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED
4158F	PATIENT COUNSELED ABOUT RISKS ALCOHOL USE
4159F	CONTRACEPTION COUNSEL BEFORE ANTIVIRAL TX
4163F	PT COUNSELING TREATMENT OPTIONS PROSTATE CANCER
4164F	ADJUVANT HORMONAL THXPY RX/ADMIN
4165F	3D-CRT OR INTENSITY MODUL RAD THXPY RECVD
4167F	HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED
4168F	PT RCVG CARE ICU & RCVNG MECH VENT 24 HRS/<
4169F	PT NOT RCVG CARE IN ICU/NOT RCVG MECHL VENT
4171F	PATIENT RECEIVING (ESA) THERAPY
4172F	PATIENT NOT RECEIVING (ESA) THERAPY
4174F	TLK VIS FXN & QUAL LIFE/TRXMNT FOR PT/CRGVR
4175F	CORRECT VISUAL ACUIT 20/40/> W/IN 90 DAYS SURG
4176F	COUNSEL UV LITE PROTEC PREV/PROG CATARACT DEVEL
4177F	COUNSEL BENEF/RISK AREDS PREV AGE RELATED AMD
4178F	ANTI-D IMMUNE GLOBULIN RCVD 26-30 WKS GESTATION
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) RXD
4180F	ADJVNT CHEMO RFRRD RXD/RCVD STAGE III COLON CA
4181F	CONFORMAL RADIATION THERAPY RECEIVED
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED
4185F	NONSTOP 12MON THXPY W/PPI OR H2 H2RA RCVD
4186F	NO CONTIN 12MON THXPY W/PPI OR H2 H2RA RCVD
4187F	DIS MODIFY ANTI-RHEU DRUG THXPY RX/GVN
4188F	APPROP ACE/ARB THXP MONIT TEST ORDRD/DONE
4189F	APPROP DIGOXIN THXP MONIT TST ORDRD/DONE
4190F	APPROP DIURETIC THXP MONIT TST ORDRD/DONE
4191F	APPROP ANTICONVUL THXP MONIT TST ORDRD/DONE
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID
4193F	PATIENT RCVNG <10 MG DAILY PREDNISONE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4194F	PATIENT RCVNG 10 MG DAILY PREDNISONE
4195F	PT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXRPY FOR RA
4196F	PT NOT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY RA
4200F	EXTRNL BM RADIOTHXPY TO PROST W/WO NODAL IRRAD
4201F	EXTRNL BM RADIOTHXPY W/WO NODAL IRRAD AS ADJV
4210F	ACE/ARB MEDICATION THERAPY 6 MONTHS/>
4220F	DIGOXIN MEDICATION THERAPY 6 MONTHS/>
4221F	DIURETIC MEDICATION THERAPY 6 MOS/>
4230F	ANTICONVUL MED THERAPY 6 MOS/>
4240F	INSTR THER XRCS-DR FLLWUP PT EPSD BACK PN >12 WK
4242F	TLK RE SPRVSD XRCS PROG TO PTS BACK PN >12WKS
4245F	PT TLK 1ST VST TO KEEP/RESUME NORMAL ACTIVITIES
4248F	COUNSEL INIT BACK PAIN AGNST BED REST 4 DAYS/>
4250F	ACTV WRMNG INTRAOP FOR NORMOTHERMIA
4255F	DURATION GEN NEUR ANESTH 60 MINS/> DOC RECORD
4256F	DURATION GEN NEUR ANESTH <60 MIN DOCD RECORD
4260F	WOUND SURFACE CULTURE TECHNIQUE USED
4261F	TECH OTHER THAN SURFACE CULTURE WOUND EXUD USED
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED RECMD
4266F	USE WET TO DRY DRESSINGS NEITHER RXD NOR RECMD
4267F	COMPRESSION THERAPY PRESCRIBED
4268F	PT ED RE NEED LONG TERM COMPRESS THXPY RCVD
4269F	APPROP METHOD OFFLOADING PRESCRIBED
4270F	PT RCVNG POTENT ANTI R-VIRAL THXPY 6 MON OR MORE
4271F	PT RCVNG POT ANTI R-VIRAL THXPY <6 MON/NOT RCVN
4274F	FLU IMMUNO ADMIND/PREVIOUSLY RCVD
4276F	POTENT ANTIRETROVIRAL THERAPY PRESCRIBED
4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS RXD
4280F	PNEUMOCYS JIROVECI PNEUMO PRPHYLXS PRSCRBD 3 MON
4290F	PATIENT SCREENED FOR INJECTION DRUG USE
4293F	PT SCRND HGH-RSK SEXUAL BEHAVIOR
4300F	PT RCVNG WARFARIN THXPY NONVALV AFIB OR AFLUT
4301F	PT NOT RCVNG WARFARIN THXPY NONVALV AFIB/AFLUT
4305F	PT EDUC FOOT CARE & DAILY INSPCTN FEET RCVD
4306F	PT COUNSEL PSYCHOSOC&PHARM TX OPIOID ADDICTION
4320F	PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4322F	CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES
4324F	PT QUERIED PARKINSONS MED-RELATED COMPLICATION
4325F	MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P
4326F	PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS
4328F	PT/CAREGIVER QUERIED SLEEP DISTURBANCES
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND, INCLUDING CRUROPLASTY WHEN PERFORMED
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE
4330F	EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT
4340F	COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM
43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT
43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY
43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY
43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP
43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM
43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<
43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY
43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT
4350F	COUNSELING PROVIDED SYMP MNGMNT PALLIATION
4400F	REHAB THERAPY OPTIONS DISCUSSED W/PATIENT
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT
4470F	IMPLANT CARDIOVERT-DEFIB (ICD) COUNSELING PROV
4480F	PT RCVNG ACE/ARB BETA BLOCKER TX 3 MONS/LONGER
4481F	PT RCVNG ACE/ARB AND BETA BLOCKER > 3 MONTHS
4500F	REFERRED TO OUTPT CARD REHABILITATION PROGRAM
4510F	PREVIOUS CARDIAC REHAB FOR QUAL CARD EVENT DONE
4525F	NEUROPSYCHIATRIC INTERVENTION ORDERED

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4526F	NEUROPSYCHIATRIC INTERVENTION RECEIVED
4540F	DISEASE MODIFYING PHARMACOTHERAPY DISCUSSED
4541F	TX PSEUDOBULBAR AFFECT SIALORRHEA/ALS SYMP
4550F	OPTIONS NONINVASIVE RESP SUPPORT DISCUSSED W/PT
4551F	NUTRITIONAL SUPPORT OFFERED
4552F	PT OFFERED REFERRAL SPEECH LANGUAGE PATHOLOGIST
4553F	PT OFFERED ASSISTANCE PLANNING END LIFE ISSUES
4554F	PT RECEIVED INHALATIONAL ANESTHETIC AGENT
4555F	PT DID NOT RECEIVE INHALATIONAL ANESTHETIC AGENT
4556F	PT SHOWS 3+RISK FACTORS POST-OP NAUSEA+VOMMITING
4557F	PT DOES NOTSHOW3+RISK FACTORS POST-OPNAUSEA/VOMM
4558F	PT RCEVD 2 PROPHYLACTIC RX AGENTS PRE+INTRA-OP
4559F	1BODY TEMP MEAS>=35.5CW/IN30-15 MINS AFTER ANESTH
4560F	ANESTH DID NOT INVOLVE GENERAL/NEURAXIAL ANESTH
4561F	PATIENT HAS A CORONARY ARTERY STENT
4562F	PATIENT DOES NOT HAVE A CORONARY ARTERY STENT
4563F	PT RECVD ASPIRIN W/IN 24 HRS PRIOR ANESTH START
5005F	COUNSEL NEW/CHANGING MOLES SELF-EXAMINATION
5010F	DILATED MACULAR/FUNDUS XM COMMUNJ TX PHYS/QHP
5015F	DOCD CONTACT THAT FX EXISTED & PT TSTED/TXD OP
5020F	TX SUMM RPRT COMMUN PHYS&PT 1 MO COMPLETE
5050F	TX COMMUN PROVIDERS CONTINUING CARE 1 MO DX
5060F	FINDNGS DIAG MAM TO MNGNG PRACT 3 DAYS INTERP
5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON
5100F	FX RISK REF PHYS/QHP COMMJ 24 HRS IMAGING STUDY
5200F	CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS
5250F	ASTHMA DISCHARGE PLAN PRESENT
55870	ELECTROEJACULATION
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE
58323	SPERM WASHING ARTIFICIAL INSEMINATION
58750	TUBOTUBAL ANASTATOMOSIS
58752	TUBOUTERINE IMPLANTATION
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD
58974	EMBRYO TRANSFER INTRAUTERINE
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL
59866	MULTIFETAL PREGNANCY REDUCTION
6005F	RATIONALE FOR LEVEL OF CARE DOCUMENTED
6010F	DYSPHAGIA SCREENING PRIOR ORAL INTAKE
6015F	PATIENT OK FOR PER ORAL INTAKE (FOOD/MEDICATION)
6020F	NOTHING BY MOUTH ORDERED
6030F	ALL ELEM OF MAX STERILE BARRIER TECHNQ FLLWD
6040F	USE APPROP RAD DOSE RDXN DEV/MAN TECHS DOCD
6045F	RAD EXPOS/TIME IN LAST RPRT FLUORO PRXD DOCD
6070F	PATIENT QUERIED COUNSELED RE AED SIDE EFFECTS
6080F	PATIENT QUERIED ABOUT FALLS
6090F	PATIENT SAFETY COUNSEL DISEASE STAGE APPROPRIATE
6100F	VERIFY CORRECT PT SITE PXD DOCUMENTED
6101F	SAFETY COUNSELING DEMENTIA PROVIDED
6102F	SAFETY COUNSELING DEMENTIA ORDERED
6110F	COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING
6150F	PT NOT RCVNG 1ST COURSE OF ANTI-TNF THERAPY
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
65760	KERATOMILEUSIS
65765	KERATOPHAKIA
65767	EPIKERATOPLASTY
65770	KERATOPROSTHESIS
65771	RADIAL KERATOTOMY
69090	EAR PIERCING
7010F	PT INFORMATION ENTERED INTO RECALL SYSTEM
7020F	MAMMO ASSESSMENT CAT IN DATABASE FOR RATE
7025F	INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE
77061	DIGITAL TOMOGRAPHY OF ONE BREAST
77062	DIGITAL TOMOGRAPHY OF BOTH BREASTS
77063	SCREENING DIGITAL TOMOGRAPHY OF BOTH BREASTS
81327	SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) METHYLATION ANALYSIS
81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI- DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD
81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE
83002	GONADOTROPIN LUTEINIZING HORMONE
89250	CUL OOCYTE/EMBRYO <4 DAYS
89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OOCYTE/EMBRYO
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH
89254	OOCYTE ID FROM FOLLICULAR FLU
89255	PREPJ EMBRYO TR
89257	SPRM ID FROM ASPIR OTH/THN SEMINAL
89258	CRYOPRSRV EMBRYO
89259	CRYOPRSRV SPRM
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD
89268	INSEMINATION OOCYTES
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS
89280	ASSTD FERTILIZATION MICROTQ <=EQUAL 10 OOCYTES
89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES
89290	BX OOCYTE MICROTQ >=EQUAL 5 EMBRYO
89291	BX OOCYTE MICROTQ >5 EMBRYO
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER
89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA
89325	SPERM ANTIBODIES
89329	SPERM EVALUATION HAMSTER PENETRATION TEST
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR
89337	FROZEN PRESERVATION OF MATURE EGGS
89342	STORAGE PER YEAR EMBRYO
89343	STORAGE PER YEAR SPERM/SEMEN
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN
89346	STORAGE PER YEAR OOCYTE
89352	THAWING CRYOPRESERVED EMBRYO
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCHV4), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUB- UNIT, ADJUVANTED, FOR INTRAMUSCULAR INJECTION
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES
90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY
90901	BIOFEEDBACK TRAINING ANY MODALITY
90911	BIOFDBK TRNG PERINL MUSC ANORECT/URO SPHX W/EMG
92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ
92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ
93740	TEMPRATURE GRADIENT STUDY
95851	ROM MEAS&REPT EA XTR EX HAND/EA TRNK SCTJ SPI
95852	ROM MEAS&REPT HAND W/VO COMPARISON NORMAL SID
96155	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/O PT
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL) WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, DEPRESSION INVENTORY) FOR THE BENEFIT OF THE PATIENT, WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT
96377	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR TIMED SUBCUTANEOUS INJECTION
96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTOSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER DAY
96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTOSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER DAY
96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM
97005	ATHLETIC TRAINING EVALUATION
97006	ATHLETIC TRAINING RE-EVALUATION
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
97169	ATHLETIC TRAINING EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY AND PHYSICAL ACTIVITY PROFILE WITH NO COMORBIDITIES THAT AFFECT PHYSICAL ACTIVITY; AN EXAMINATION OF AFFECTED BODY AREA AND OTHER SYMPTOMATIC OR RELATED SYSTEMS ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES, PHYSICAL ACTIVITY, AND/OR PARTICIPATION DEFICIENCIES; AND CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 15 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97170	ATHLETIC TRAINING EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A MEDICAL HISTORY AND PHYSICAL ACTIVITY PROFILE WITH 1-2 COMORBIDITIES THAT AFFECT PHYSICAL ACTIVITY; AN EXAMINATION OF AFFECTED BODY AREA AND OTHER SYMPTOMATIC OR RELATED SYSTEMS ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES, PHYSICAL ACTIVITY, AND/OR PARTICIPATION DEFICIENCIES; AND CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97171	ATHLETIC TRAINING EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A MEDICAL HISTORY AND PHYSICAL ACTIVITY PROFILE, WITH 3 OR MORE COMORBIDITIES THAT AFFECT PHYSICAL ACTIVITY; A COMPREHENSIVE EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES, PHYSICAL ACTIVITY, AND/OR PARTICIPATION DEFICIENCIES; CLINICAL PRESENTATION WITH UNSTABLE AND UNPREDICTABLE CHARACTERISTICS; AND CLINICAL DECISION MAKING OF HIGH COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97172	RE-EVALUATION OF ATHLETIC TRAINING ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS: AN ASSESSMENT OF PATIENT'S CURRENT FUNCTIONAL STATUS WHEN THERE IS A DOCUMENTED CHANGE; AND A REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME WITH AN UPDATE IN MANAGEMENT OPTIONS, GOALS, AND INTERVENTIONS. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES
97537	COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN
97542	WHEELCHAIR MGMT EA 15 MIN
97545	WORK HARDENING/CONDITIONING 1ST 2 HR
97546	WORK HARDENING/CONDITIONING EACH HOUR
97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MI
97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN
97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN
97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ
98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT
98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS
98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS
98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN
98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN
98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT
99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS
99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI
99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT
99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST
99075	MEDICAL TESTIMONY
99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING
99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG
99082	UNUSUAL TRAVEL
99090	ANALYSIS CLINICAL DATA STORED IN COMPUTERS
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX /SESSION
99188	APPLICATION OF TOPICAL FLUORIDE
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>
99420	ADMN & INTERPJ HEALTH RISK ASSESSMENT INSTRUMENT
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION
99455	WORK RELATED/MED DBLT XM TREATING PHYS
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE OFFICE OR OTHER OUTPATIENT, HOME OR DOMICILIARY OR REST HOME, WITH ALL OF THE FOLLOWING REQUIRED ELEMENTS: COGNITION-FOCUSED EVALUATION INCLUDING A PERTINENT HISTORY AND EXAMINATION; MEDICAL DECISION MAKING OF MODERATE OR HIGH COMPLEXITY; FUNCTIONAL ASSESSMENT (EG, BASIC AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING), INCLUDING DECISION-MAKING CAPACITY; USE OF STANDARDIZED INSTRUMENTS FOR STAGING OF DEMENTIA (EG, FUNCTIONAL ASSESSMENT STAGING TEST [FAST], CLINICAL DEMENTIA RATING [CDR]); MEDICATION RECONCILIATION AND REVIEW FOR HIGH-RISK MEDICATIONS; EVALUATION FOR NEUROPSYCHIATRIC AND BEHAVIORAL SYMPTOMS, INCLUDING DEPRESSION, INCLUDING USE OF STANDARDIZED SCREENING INSTRUMENT(S); EVALUATION OF SAFETY (EG, HOME), INCLUDING MOTOR VEHICLE OPERATION; IDENTIFICATION OF CAREGIVER(S), CAREGIVER KNOWLEDGE, CAREGIVER NEEDS, SOCIAL SUPPORTS, AND THE WILLINGNESS OF CAREGIVER TO TAKE ON CAREGIVING TASKS; DEVELOPMENT, UPDATING OR REVISION, OR REVIEW OF AN ADVANCE CARE PLAN; CREATION OF A WRITTEN CARE PLAN, INCLUDING INITIAL PLANS TO ADDRESS ANY NEUROPSYCHIATRIC SYMPTOMS, NEURO-COGNITIVE SYMPTOMS, FUNCTIONAL LIMITATIONS, AND REFERRAL TO COMMUNITY RESOURCES AS NEEDED (EG, REHABILITATION SERVICES, ADULT DAY PROGRAMS, SUPPORT GROUPS) SHARED WITH THE PATIENT AND/OR CAREGIVER WITH INITIAL EDUCATION AND SUPPORT. TYPICALLY, 50 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.
99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW-UP MONITORING, INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES; BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL/PSYCHIATRIC HEALTH PROBLEMS, INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES; FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY, PHARMACOTHERAPY, COUNSELING AND/OR PSYCHIATRIC CONSULTATION; AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM.
99490	CHRONIC CARE MANAGEMENT SERVICES AT LEAST 20 MINUTES PER CALENDAR MONTH
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	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A 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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
99495	TRANSITIONAL CARE MANAGE SERVICE 14 DAY DISCHRG
99496	TRANSITIONAL CARE MANAGE SERVICE 7 DAY DISCHARGE
99497	ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
99498	ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING
A0021	AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT
A0080	NONEMERG TRNSPRT-MILE-VEH VOLUN W/NO VESTED INT
A0090	NONEMERG TRNSPRT-MILE-VEH PROV IND W/VESTED INT
A0100	NONEMERGENCY TRANSPORTATION; TAXI
A0110	NONEMERG TRNSPRT&BUS INTRA-/INTERSTATE CARRIER
A0120	NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS
A0130	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN
A0140	NONEMERG TRNSPRT & AIR TRAVEL INTRA-/INTERSTATE
A0160	NONEMERG TRNSPRT: PER MILE-CASE/SOCIAL WORKER
A0170	TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTH
A0180	NONEMERG TRANSPORTATION: ANCILLARY: LODGNG-RECIP
A0190	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP
A0200	NONEMERG TRANSPORTATION: ANCILLRY: LODGNG-ESCORT
A0210	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT
A0225	AMB SRVC NEONAT TRNSPRT BASE RATE EMERG 1 WAY
A0380	BLS MILEAGE
A0390	ALS MILEAGE
A0888	NONCOVERED AMBULANCE MILEAGE PER MILE
A0998	AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT
A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG
A4245	ALCOHOL WIPES PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES PER BOX
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS
A4252	BLOOD KETONE TEST OR REAGENT STRIP EACH
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC
A4265	PARAFFIN PER POUND
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EACH
A4268	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EACH
A4281	TUBING FOR BREAST PUMP REPLACEMENT
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT
A4283	CAP FOR BREAST PUMP BOTTLE REPLACEMENT
A4284	BREAST SHIELD&SPLASH PROTECTR W/BREAST PUMP REPL
A4285	POLYCARBONATE BOTTLE USE W/BREAST PUMP REPL
A4286	LOCKING RING FOR BREAST PUMP REPLACEMENT
A4450	TAPE NON-WATERPROOF PER 18 SQUARE INCHES
A4452	TAPE WATERPROOF PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT PER OUNCE
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH
A4458	ENEMA BAG WITH TUBING REUSABLE
A4461	SURGICAL DRESSING HOLDER NON-REUSABLE EACH
A4463	SURGICAL DRESSING HOLDER REUSABLE EACH
A4465	NONELASTIC BINDER FOR EXTREMITY
A4466	GARMENT BELT SLEEVE OR OTH COVERING ELASTIC EACH
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE
A4470	GRAVLEE JET WASHER
A4480	VABRA ASPIRATOR
A4483	MOISTR EXCHGR DISPBL USE W/INVASV MECH VENT
A4490	SURGICAL STOCKING ABOVE KNEE LENGTH EACH
A4495	SURGICAL STOCKING THIGH LENGTH EACH
A4500	SURGICAL STOCKING BELOW KNEE LENGTH EACH
A4510	SURGICAL STOCKING FULL-LENGTH EACH
A4520	INCONTINENCE GARMENT ANY TYPE EACH
A4533	NON-DISPOSABLE UNDER-PADS, ALL SIZES
A4550	SURGICAL TRAYS
A4554	DISPOSABLE UNDERPADS ALL SIZES
A4555	ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY
A4556	ELECTRODES PER PAIR
A4557	LEAD WIRES PER PAIR
A4558	CONDUCTIVE GEL/PASTE FOR USE W/ELECTRICAL DEVICE
A4559	COUPLING GEL/PASTE USE W/US DEVICE PER OZ
A4561	PESSAR RUBBER ANY TYPE
A4562	PESSARY NON RUBBER ANY TYPE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE
A4595	ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH
A4600	SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA
A4601	LITHIUM ION BATTERY NONPROSTHETIC USE REPLACEMENT
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH
A4604	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC
A4630	REPLCMT BATTERY MED NECES TRNSQ ELEC STIM OWND PT
A4633	REPLCMT BULB/LAMP ULTRAVIOLET LIGHT TX SYSTEM EA
A4634	REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL
A4635	UNDERARM PAD CRUTCH REPLACEMENT EACH
A4636	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH
A4637	REPLACEMENT TIP CANE CRUTCH WALKER EACH
A4638	REPLACEMENT BATTERY PT-OWNED EAR PULSE GEN EA
A4639	REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH
A4640	REPLCMT PAD W/MED NECES ALTRNAT PRSS PAD OWND PT
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI
A4648	TISSUE MARKER IMPLANTABLE ANY TYPE EACH
A4649	SURGICAL SUPPLY; MISCELLANEOUS
A4650	IMPLANTABLE RADIATION DOSIMETER EACH
A4651	CALIBRATED MICROCAPILLARY TUBE EACH
A4652	MICROCAPILLARY TUBE SEALANT
A4653	PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA
A4660	SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE
A4663	BLOOD PRESSURE CUFF ONLY
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4870	PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT
A4890	CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT
A4927	GLOVES NON-STERILE PER 100
A4928	SURGICAL MASK PER 20
A4929	TOURNIQUET FOR DIALYSIS EACH
A4930	GLOVES STERILE PER PAIR
A4931	ORAL THERMOMETER REUSABLE ANY TYPE EACH
A4932	RECTAL THERMOMETER REUSABLE ANY TYPE EACH
A6000	NON-CNTC WND WARMING WND COVR W/DEVC&CARD
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/< W/O ADHES EA

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A6217	GAUZE NON-IMPREG NONSTERL >16 </=48 SQ W/O ADHES
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ W/O ADHES EA
A6219	GAUZE NON-IMPREG STERL 16 SQ/LESS W/ADHES BORDR
A6220	GAUZE NON-IMPREG >16 </= 48 SQ W/ADHES BORDR EA
A6221	GAUZE NON-IMPREG STERL > 48 SQ W/ADHES BORDR EA
A6222	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL 16 SQ/<
A6223	GAUZE IMPREG NOT H2O SALINE/HYDRGEL >16 </=48 SQ
A6224	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL > 48 SQ
A6228	GAUZE IMPREG H2O/NL SALINE STERL >16 SQ NO ADHES
A6229	GAUZE IMPREG H2O/NL SALINE STERL>16 BUT</=48 SQ
A6230	GAUZE IMPREG H2O/NL SALINE STERL> 48 SQ NO ADHES
A6231	GAUZE IMPREG HYDROGEL DIR WND CNTC STERL 16 SQ/<
A6232	GAUZE IMPREG HYDROGEL DIR WND CNTC >16 </= 48 SQ
A6233	GAUZE IMPREG HYDROGEL DIR WND CNTC STERL>48 SQ
A6234	HYDROCOLLOID DRESS STERL 16 SQ/< NO ADHES BORDR
A6235	HYDROCOLLOID DRESS >16 BUT </=48 SQ W/O ADHES EA
A6236	HYDROCOLLOID DRESS STERL >48 SQ NO ADHES BORDR
A6237	HYDROCOLLOID DRESS STERL 16 SQ/< ADHES BORDR
A6238	HYDROCOLLOID DRESS > 16 BUT </= 48 SQ W/ADHES EA
A6239	HYDROCOLLOID DRESS STERL >48 SQ W/ADHES BORDR
A6240	HYDROCOLLOID DRESSING WND FIL PASTE STERL PER OZ
A6241	HYDROCOLLOID DRESS WND FIL DRY FORM STERL PER G
A6242	HYDROGEL DRESS STERL PAD 16 SQ/< NO ADHES BORDR
A6243	HYDROGEL DRESS >16 SQ BUT </= 48 SQ W/O ADHES EA
A6244	HYDROGEL DRESS STERL PAD > 48 SQ NO ADHES BORDR
A6245	HYDROGEL DRESS STERL PAD 16 SQ/< ADHES BORDR
A6246	HYDROGEL DRESS > 16 SQ BUT </= 48 SQ W/ADHES EA
A6247	HYDROGEL DRESS STERL PAD > 48 SQ ADHES BORDR
A6248	HYDROGEL DRESSING WOUND FILLER GEL PER FL OZ
A6250	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ
A6251	SPCLTY ABSORB DRESS STERL 16 SQ/<NO ADHES BORDR
A6252	SPCLTY ABSORB DRESS >16 </=48 SQ W/O ADHES BORDR
A6253	SPCLTY ABSORB DRESS STERL >48 SQ NO ADHES BORDR
A6254	SPCLTY ABSORB DRESS STERL 16 SQ/< ADHES BORDR EA
A6255	SPCLTY ABSORB DRESS STERL >16 </= 48 SQ W/ADHES
A6256	SPCLTY ABSORB DRESS STERL > 48 SQ ADHES BORDR

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
A6257	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS
A6258	TRNSPRT FILM STERL >16 SQ BUT<=/ 48 SQ EA DRESS
A6259	TRANSPARENT FILM STERL > 48 SQ IN EA DRESSING
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE
A6261	WOUND FILLER GEL/PASTE PER FL OZ NOS
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC
A6266	GAUZE IMPREG NOT H2O SALINE/ZINC PASTE LINR YD
A6402	GAUZE NON-IMPREG STERL 16 SQ/< W/O ADHES BORDR
A6403	GAUZE NON-IMPREG STERL > 16 <=/ 48 SQ W/O ADHES
A6404	GAUZE NON-IMPREG STERL > 48 SQ W/O ADHES BORDR
A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN WPTH-LINR YARD
A6410	EYE PAD STERILE EACH
A6411	EYE PAD NON-STERILE EACH
A6412	EYE PATCH OCCLUSIVE EACH
A6413	ADHESIVE BANDAGE FIRST-AID TYPE ANY SIZE EACH
A6441	PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WPTH
A6442	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST
A6443	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST
A6444	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST
A6445	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL
A6446	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL
A6447	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL
A6448	LT COMPRS BANDGE ELAST WPTH < 3 IN PER YARD
A6449	LT COMPRS BANDGE ELAST WPTH >/= 3 & <5 IN PER YD
A6450	LT COMPRS BANDGE ELAST WPTH >/= 5 IN PER YARD
A6451	MOD COMPRS BANDGE LOAD RESIST WPTH >/= 3 & <5 IN
A6452	HI COMPRS BANDGE LOAD RESIST WPTH >/= 3 & <5 IN
A6453	SELF-ADHERENT BANDGE WPTH <=/ 3 IN PER YARD
A6454	SELF-ADHERENT BANDGE WPTH >/= 3 & < 5 IN PER YD
A6455	SELF-ADHERENT BANDGE WPTH >/= 5 IN PER YARD
A6456	ZINC PASTE IMPREGNTD BANDGE WPTH >/= 3 & <5 IN
A6457	TUBULAR DRSG W/WO ELASTIC ANY WPTH PER LINEAR YD
A6530	GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA
A6531	GRADIENT COMPRESSION STK BELW KNEE 30-40 MMHG EA
A6532	GRADIENT COMPRESSION STK BELW KNEE 40-50 MMHG EA
A6533	GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A6534	GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA
A6535	GRADIENT COMPRESSION STK THIGH LEN 40-50 MMHG EA
A6536	GRADIENT COMPRS STK FULL LEN/CHAP 18-30 MMHG EA
A6537	GRADIENT COMPRS STK FULL LEN/CHAP 30-40 MMHG EA
A6538	GRADIENT COMPRS STK FULL LEN/CHAP 40-50 MMHG EA
A6539	GRADIENT COMPRESSION STK WAIST LEN 18-30 MMHG EA
A6540	GRADIENT COMPRESSION STK WAIST LEN 30-40 MMHG EA
A6541	GRADIENT COMPRESSION STK WAIST LEN 40-50 MMHG EA
A6544	GRADIENT COMPRESSION STOCKING GARTER BELT
A6545	GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE NOS
A7001	CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH
A9150	NONPRESCRIPTION DRUG
A9152	SINGLE VIT/MINERAL/TRACE ELEMENT ORAL-DOSE NOS
A9153	MX VIT W/WO MINERLS&TRACE ELEMS ORL PER DOSE NOS
A9155	ARTIFICIAL SALIVA 30 ML
A9180	PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER
A9270	NONCOVERED ITEM OR SERVICE
A9272	MECH WOUND SUCTION DISPBL DRESSINGS ACCSORIES EA
A9273	HOT WATER BOTTLE ICE CAP OR COLLAR ANY TYPE
A9275	HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS
A9279	MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA
A9282	WIG ANY TYPE EACH
A9283	FOOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH
A9284	SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES
A9285	INVERSION/EVERSION CORRECTION DEVICE
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON- DISPOSABLE, ANY TYPE, EACH
A9300	EXERCISE EQUIPMENT
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS
A9901	DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS
B4100	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE
B4102	ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML = 1 U

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
B4103	ENTRAL FORMULA PED REPL FLS&LYTES 500 ML = 1 U
B4104	ADDITIVE FOR ENTERAL FORMULA
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS
B4150	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS
B4154	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB
B4155	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS
B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB
B4158	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS
C1813	PROSTHESIS PENILE INFLATABLE
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM
C1879	TISSUE MARKER
C1889	IMPLANTABLE/INSERTABLE DEVICE FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLASSIFIED
C2628	CATHETER OCCLUSION
C9724	ENDO FULL-THICK PLICATION STOMACH EPS; INCL ENDO
C9732	INSRT OCLUR TELESCOPE PROSTH REMV CRYSTALNE LENS
C9743	INJECTION/IMPLANTATION OF BULKING OR SPACER MATERIAL (ANY TYPE) WITH OR WITHOUT IMAGE GUIDANCE (NOT TO BE USED IF A MORE SPECIFIC CODE APPLIES)
C9800	DERM INJ FACL LDS PRVS RADIESSE/SCULPTRA FILLER
C9898	RADIOLABELED PROD PROV DURING A HOSPITAL IP STAY
C9899	IMPL PROS DEVC PAYBLE IP WHO DO NOT HAVE IP COV
E0117	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA
E0118	CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA
E0144	WALKER ENCLOSED 4 SIDED FRAME WHEELD W/POST SEAT
E0147	WALKER HEAVY DUTY MX BRAKE SYS VARIABLE WHL RSIST
E0153	PLATFORM ATTACHMENT FOREARM CRUTCH EACH
E0154	PLATFORM ATTACHMENT WALKER EACH
E0155	WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK
E0156	SEAT ATTACHMENT WALKER
E0157	CRUTCH ATTACHMENT WALKER EACH
E0158	LEG EXTENSIONS FOR WALKER PER SET OF FOUR
E0159	BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH
E0160	SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0161	SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS
E0162	SITZ BATH CHAIR
E0163	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS
E0165	COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS
E0167	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL
E0170	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE
E0171	COMMODE CHAIR INTGR SEAT LIFT MECH NONELEC ANY
E0172	SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE
E0175	FOOT REST FOR USE WITH COMMODE CHAIR EACH
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP
E0182	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY
E0184	DRY PRESSURE MATTRESS
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH
E0186	AIR PRESSURE MATTRESS
E0187	WATER PRESSURE MATTRESS
E0188	SYNTHETIC SHEEPSKIN PAD
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE
E0190	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT
E0191	HEEL OR ELBOW PROTECTOR EACH
E0193	POWERED AIR FLOTATION BED
E0194	AIR FLUIDIZED BED
E0196	GEL PRESSURE MATTRESS
E0197	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH
E0198	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH
E0199	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH
E0200	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER
E0203	THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL
E0205	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT
E0210	ELECTRIC HEAT PAD STANDARD
E0215	ELECTRIC HEAT PAD MOIST
E0217	WATER CIRCULATING HEAT PAD WITH PUMP
E0218	WATER CIRCULATING COLD PAD WITH PUMP
E0221	INFRARED HEATING PAD SYSTEM
E0225	HYDROCOLLATOR UNIT INCLUDES PADS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0231	NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR
E0232	WOUND WARMING WOUND COVER
E0235	PARAFFIN BATH UNIT PORTABLE
E0236	PUMP FOR WATER CIRCULATING PAD
E0239	HYDROCOLLATOR UNIT PORTABLE
E0240	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE
E0241	BATHTUB WALL RAIL EACH
E0242	BATHTUB RAIL FLOOR BASE
E0243	TOILET RAIL EACH
E0244	RAISED TOILET SEAT
E0245	TUB STOOL OR BENCH
E0246	TRANSFER TUB RAIL ATTACHMENT
E0247	TRANSFER BENCH TUB/TOILET W/WO COMMODOE OPENING
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODOE OP
E0249	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY
E0265	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS
E0280	BED CRADLE ANY TYPE
E0296	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS
E0297	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS
E0305	BEDSIDE RAILS HALF-LENGTH
E0310	BEDSIDE RAILS FULL-LENGTH
E0315	BED ACCESS: BOARD TABLE/SUPPORT DEVICE ANY TYPE
E0316	SFTY ENCLDS FRME/CANOPY USE W/HOSP BED ANY TYPE
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL
E0326	URINAL; FEMALE JUG-TYPE ANY MATERIAL
E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS
E0350	CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM
E0352	DISPBL PACK USE W/THE ELEC BOWEL IRRIG/EVAC SYS
E0370	AIR PRESSURE ELEVATOR FOR HEEL
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN&WDTH
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH&WIDTH
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0604	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP
E0605	VAPORIZER ROOM TYPE
E0606	POSTURAL DRAINAGE BOARD
E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY
E0620	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA
E0621	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON
E0625	PATIENT LIFT BATHROOM OR TOILET NOC
E0627	SEAT LIFT MECH INC IN COMB LIFT-CHAIR MECH
E0628	SEP SEAT LIFT MECH USE W/PT OWND FURN - ELEC
E0629	SEP SEAT LIFT MECH USE W/PT OWND FURN - NONELEC
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD
E0635	PATIENT LIFT ELECTRIC WITH SEAT OR SLING
E0636	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE
E0638	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ
E0639	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS
E0641	STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRD GRDNT PRSS
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS
E0655	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM
E0656	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK
E0657	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST
E0660	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG
E0665	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM
E0666	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG
E0667	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG
E0668	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM
E0669	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG
E0672	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS
E0700	SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE
E0705	TRANSER DEVICE ANY TYPE EACH
E0710	RESTRAINT ANY TYPE
E0720	TENS DEVICE TWO LEAD LOCALIZED STIMULATION
E0730	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION
E0731	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE
E0761	NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC
E0860	TRACTION EQUIPMENT OVERDOOR CERVICAL
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE
E0940	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR
E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE
E0942	CERVICAL HEAD HARNESS/HALTER
E0944	PELVIC BELT/HARNESS/BOOT
E0945	EXTREMITY BELT/HARNESS
E0950	WHEELCHAIR ACCESSORY TRAY EACH
E0980	SAFETY VEST WHEELCHAIR
E0985	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM
E1031	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT
E1035	MULTI-PSTN PT TRNSF SYS W/SEAT PT WT <= 300 LBS
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS
E1037	TRANSPORT CHAIR PEDIATRIC SIZE
E1038	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS
E1039	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB
E1087	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST
E1088	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS
E1089	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST
E1090	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST
E1230	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER
E1240	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST
E1250	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS
E1260	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS
E1270	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E1300	WHIRLPOOL PORTABLE
E1310	WHIRLPOOL NONPORTABLE
E1500	CENTRIFUGE FOR DIALYSIS
E1510	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS
E1530	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT
E1540	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH
E1560	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS
E1575	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS
E1590	HEMODIALYSIS MACHINE
E1600	DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT
E1610	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL
E1615	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS
E1620	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT
E1625	WATER SOFTENING SYSTEM FOR HEMODIALYSIS
E1632	WEARABLE ARTIFICIAL KIDNEY EACH
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM
E1636	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10
E1637	HEMOSTATS EACH
E1639	SCALE EACH
E1700	JAW MOTION REHABILITATION SYSTEM
E1701	REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX
E1702	REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200
E2101	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE
E2207	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH
E2208	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH
E2209	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH
E2300	POWER WHEELCHAIR ACCESS POWER SEAT ELEV SYSTEM
E2301	POWER WHEELCHAIR ACCESSORY POWER STANDING SYSTEM
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL
E2322	PWR WC ACSS HND CNTRL MX MECH SWITCH NO PRPRTNL
E2323	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB
E2324	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE
E2325	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL
E2328	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL
E2329	PWR WC ACSS HEAD CNTRL CNTC SWITCH MECH NOPRRTNL
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL
E2331	PWR WC ACSS ATTENDANT CONTROL PROPORTIONAL
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC
E2358	PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA
E2359	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA
E2360	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTERY EA
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA
E2362	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA
E2363	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTERY EA
E2364	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTERY EA
E2365	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTERY EA
E2366	PWR WC ACSS BATTERY CHRGR 1 MODE W/ONLY 1 BATTERY
E2367	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA
E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY
E2370	PWR WC COMP INT DR WHL MTR&GR BOX COMB REPL ONLY
E2371	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA
E2372	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY
E2381	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH
E2382	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH
E2383	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA
E2384	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH
E2385	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH
E2386	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA
E2387	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH
E2388	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH
E2389	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH
E2390	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH
E2391	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH
E2392	PWR WC SOLID CASTER TIRE INTEGRATED WHEEL REPL EA
E2394	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH
E2395	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH
E2396	PWR WC CASTER FORK REPLACEMENT ONLY EACH
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE
E2610	WHEELCHAIR SEAT CUSHION POWERED
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE
E2619	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WPTH <22 IN
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WPTH 22 IN/>
E2622	SKIN PROTECT WC SEAT CUSH WIDTH <22 IN ANY DEPTH
E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN/> ANY DEPTH
E2624	SKIN PROTECT & POSITIONING WC CUSH WIDTH < 22 IN
E2625	SKIN PROTECT & POSITIONING WC CUSH WIDTH 22 IN/>
E8000	GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS
E8001	GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS
E8002	GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS
G0027	SEMEN ANALY; PRES/MOT EXCLD HUHNER
G0176	ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS
G0179	PHYS RE-CERT MCR-COVR HOM HLTH SRVC RE-CERT PRD
G0180	PHYS CERT MCR-COVR HOM HLTH SRVC PER CERT PRD
G0181	PHYS SUPV PT RECV MCR-COVR SRVC HOM HLTH AGCY

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G0276	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION (PILD) OR PLACEBO-CONTROL, PERFORMED IN AN APPROVED COVERAGE WITH EVIDENCE DEVELOPMENT (CED) CLINICAL TRIAL
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO G0204 OR G0206)
G0290	TRNSCATH PLCMT RX ELUTING INTRACOR STNT; 1 VES
G0291	TRNSCATH PLCMT RX ELUTING INTRACOR STNT; EA ADD
G0295	ELECMAGNET TX 1/>AREA WND CARE NOT G0329/OTH USE
G0329	ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE
G0372	PHYS SRVC RQR TO EST & DOC NEED PWR MOBIL DEVC
G0402	INIT PREV PE LTD NEW BENEF DUR 1ST 12 MOS MCR
G0406	F/U IP CNSLT LTD PHYS 15 MIN W/PT VIA TELEHEALTH
G0407	F/U IP CNSLT INTRMED PHYS 25 MIN PT VIA TELEHLTH
G0408	F/U IP CNSLT CMLPX PHYS 35 MIN/>PT VIA TELEHLTH
G0420	FACE TO FACE EDU SRVC OF CKD; IND PER SESS 1 HR
G0421	FACE TO FACE EDU SRVC OF CKD; GRP PER SESS 1 HR
G0425	TELEHEALTH CONSULT ED/IP 30 MIN W/PT TELEHLTH
G0426	TELEHEALTH CONSULT ED/IP 50 MIN W/PT TELEHLTH
G0427	TELEHEALTH CONSULT ED/IP 70 MIN/> PT TELEHELTH
G0431	RX SCR MX; RX CLASS HI CMLPX TST METH PER PT ENC
G0434	DRUG SCR NOT CHROMATOGRAPHIC; ANY NUMBER PT ENC
G0454	PHYS DOC FACE--FACE VST DME DETRM PERF NP PA/CNS
G0455	PREP IT FEC MICROBIOTA ANY METH ASMT DONOR SPEC
G0456	NPWT MCH-PWR DVC NOT DME-SES;TL WND S</=50 SQ CM
G0457	NPWT MECH-PWR DVC NOT DME-SES;TOT WND>50 SQ CM
G0459	INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY
G0460	AUTOLOGOUS PLATELET RICH PLASMA FOR CHRONIC WOUNDS/ULCERS, INCLUDING PHLEBOTOMY, CENTRIFUGATION, AND ALL OTHER PREPARATORY PROCEDURES, ADMINISTRATION AND DRESSINGS, PER TREATMENT
G0461	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; FIRST SINGLE OR MULTIPLEX ANTIBODY STAIN
G0462	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE OR MULTIPLEX ANTIBODY STAIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FROM AN INDIVIDUAL IN A SKILLED NURSING FACILITY (SNF) OR BY A LABORATORY ON BEHALF OF A HOME HEALTH AGENCY (HHA)
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY WITHOUT ESRD

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G0501	RESOURCE-INTENSIVE SERVICES FOR PATIENTS FOR WHOM THE USE OF SPECIALIZED MOBILITY-ASSISTIVE TECHNOLOGY (SUCH AS ADJUSTABLE HEIGHT CHAIRS OR TABLES, PATIENT LIFT, AND ADJUSTABLE PADDED LEG SUPPORTS) IS MEDICALLY NECESSARY AND USED DURING THE PROVISION OF AN OFFICE/OUTPATIENT, EVALUATION AND MANAGEMENT VISIT (LIST SEPARATELY IN ADDITION TO PRIMARY SERVICE)
G0506	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS REQUIRING CHRONIC CARE MANAGEMENT SERVICES (LIST SEPARATELY IN ADDITION TO PRIMARY MONTHLY CARE MANAGEMENT SERVICE)
G0508	TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL, PHYSICIANS TYPICALLY SPEND 60 MINUTES COMMUNICATING WITH THE PATIENT AND PROVIDERS VIA TELEHEALTH
G0509	TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND 50 MINUTES COMMUNICATING WITH THE PATIENT AND PROVIDERS VIA TELEHEALTH
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/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)
G0908	MOST RECENT HEMOGLOBIN LEVEL > 12.0 G/DL
G0909	HEMOGLOBIN LEVEL MSR NOT DOC REASON NOT GIVEN
G0910	MOST RECENT HEMOGLOBIN LEVEL <= 12.0 G/DL
G0911	ASSESSED LEVEL OF ACTIVITY AND SYMPTOMS
G0912	LEVEL OF ACTIVITY AND SYMPTOMS NOT ASSESSED
G0913	IMPROV VISUAL FUNCT ACHV W/I 90 DAY FLW CAT SURG
G0914	PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT
G0915	IMPROV VISUAL FUNCT NOT ACHV 90 DAY FLW CAT SURG
G0916	SATISFACTION W/CARE ACHV W/I 90 DAY FLW CAT SURG
G0917	PATIENT SATISFACTION SURVEY NOT COMPLETE PATIENT
G0918	SATISFACTION W/CARE NOT ACHV 90 DAY FLW CAT SURG
G0919	FLU IMMUN ORDER/RECOM; VAC NOT AVAILBL TIME VST
G0920	TYPE ANATOMIC LOCATION & ACTIVITY ALL DOCUMENTED
G0921	DOCUMENTATION PT REASON NOT BEING ABLE TO ASSESS
G0922	NO DOC DZ TYPE ANATOMIC LOC & ACT RSN NOT GIVEN
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB 450MG
G6030	AMITRIPTYLINE

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G6031	BENZODIAZEPINES
G6032	DESIPRAMINE
G6034	DOXEPIN
G6035	GOLD
G6036	ASSAY OF IMIPRAMINE
G6037	NORTRIPTYLINE
G6038	SALICYLATE
G6039	ACETAMINOPHEN
G6040	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH
G6041	ALKALOIDS, URINE, QUANTITATIVE
G6042	AMPHETAMINE OR METHAMPHETAMINE
G6043	BARBITURATES, NOT ELSEWHERE SPECIFIED
G6044	COCAINE OR METABOLITE
G6045	DIHYDROCODEINONE
G6046	DIHYDROMORPHINONE
G6047	DIHYDROTESTOSTERONE
G6048	DIMETHADIONE
G6049	EPIANDROSTERONE
G6050	ETHCHLORVYNOL
G6051	FLURAZEPAM
G6052	MEPROBAMATE
G6053	METHADONE
G6054	METHSUXIMIDE
G6055	NICOTINE
G6056	OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE
G6057	PHENOTHIAZINE
G6058	DRUG CONFIRMATION, EACH PROCEDURE
G8126	PT DOC TREATED ANTIDEPRESSANT MED 12 WK ACUTE TX
G8127	PT NOT DOC TREATED ANTIDEPRESSANT 12 WK ACUTE TX
G8128	CLIN DOC PT NOT ELIG ANTIDEPRESSANT 12 WK AC TX
G8395	LVEF >=40% OR DOC NORMAL/MILD DEPRESSED LVS FUNC
G8396	LEFT VENTRICULAR EJECT FRACTION NOT PERFORM/DOC
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED
G8398	DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED
G8399	PT CNTRL DXA RESULT DOC/ORDER/RX TX OSTEOPOROSIS
G8400	PT CNTRL DXA RESULT NOT DOC/ORD/RX OSTEOPOROSIS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8401	CLIN DOC PT NOT ELIG SCREEN/TX OSTEOPOROS WOMEN
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED&DOC
G8405	LOWER EXTREM NEUROLOGICAL EXAM NOT PERFORMED
G8406	CLIN DOC PT NOT ELIG LOWER EXT NEURO EXAM MEAS
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED
G8416	CLIN DOC PT NOT ELIG FOOTWEAR EVALUATION MEASURE
G8417	CALCULATD BMI ABOVE UPPER PARAM & F/U PLAN DOC
G8418	CALC BMI BELOW LOWER PARAM & F/U PLAN DOC
G8419	CALC BMI OUTSIDE NL PARAM NO F/U PLAN DOC
G8420	CALCULATED BMI W/I NORMAL PARAMETERS&DOCUMENTED
G8421	BMI NOT CALCULATED
G8422	PATIENT NOT ELIGIBLE FOR BMI CALCULATION
G8427	ELIG PROF ATTESTS DOC PT CUR MED BEST KNOWL&ABIL
G8428	CURRENT MED&ROUTE NOT DOC ELIG PROF RSN NOT SPEC
G8430	ELIGIBLE PROF ATTESTS PT NOT ELIG MEDICATION DOC
G8431	POSITIVE SCREEN CLINICAL DEPRESSION DOC F/U PLAN
G8432	CLINICAL DEPRESSION SCR NOT DOC REASON NOT GIVEN
G8433	SCREEN CLIN DEPR NOT DOC PT NOT ELIG/APPROPRIATE
G8442	DOC THAT PATIENT IS NOT ELIGIBLE PAIN ASSESSMENT
G8447	PT ENCOUNTER WAS DOC USING EHR CERTIFIED BY ATCB
G8448	PT ENCOUNTER DOC USING PQRI QUAL EHR/OTH SYSTEM
G8450	BETA-BLOCKER THERAPY PRESCRIBED
G8451	CLIN DOC PT LVEF <40%/DOC MOD/SEV DPRSD LVS FUNC
G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED
G8458	CLIN DOC PT NOT ELIG GENOTYPE TEST NO ANTIVIRAL
G8459	CLIN DOC PT RECV ANTIVIRAL TX FOR HEP C
G8460	CLIN DOC NOT ELIG QUAN RNA TEST WK 12;NO ANTIVRL
G8461	PATIENT RECEIVINGNTIVIRAL TREATMENT HEPATITIS C
G8462	CLIN DOC PT NOT ELIG CNSL CONTRCP PRI ANTIVIRAL;
G8463	PATIENT RECEIVING ANTIVIRAL TX HEPATITIS C DOC
G8464	CLIN DOC PROS CA NOT ELIG ADJVANT HORMONAL TX
G8465	HIGH RISK RECURRENCE PROSTATE CANCER
G8468	ACE I/ARB PRSC PT LVEF<40%/DOC MOD/SEV DPRSD LVS
G8469	CLIN DOC PT LVEF <40%/DPRESL LVS NO ELIG ACE I
G8470	PT W/VEF >=40%/DOC NOR/MILD DEPRESSED LVS FUNCT

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8471	LVEF WAS NOT PERFORMED OR DOCUMENTED
G8472	ACE I/ARB TX NOT PRSC PT LVEF <40%/DOC DPRSD LVS
G8473	ACE INHIBITOR/ARB THERAPY PRESCRIBED
G8474	ACE INHIBITOR/ARB TX NOT PRSC RSNS DOC BY CLIN
G8475	ACE INHIBITOR/ARB TX NOT PRESCRIBED RSN NOT GVN
G8476	MOST RECENT BP SYST<130MM/HG & DIAS<80MM/HG
G8477	MOST RECENT BP SYST >=130 &/ DIAS >=80
G8478	BLOOD PRESSURE MSR NOT PERF/DOC REASON NOT GIVEN
G8482	INFLUENZA IMMUNIZATION ADMIN/PREVIOUSLY RECEIVED
G8483	INFLUENZA IMMUN NOT ORDERED/ADMIN RSN DOC CLIN
G8484	FLU IMMUNIZATION NOT ORDERED/ADM RSN NOT GIVEN
G8485	I INTEND TO REPORT DIABETES MELLITUS MSR GROUP
G8486	I INTEND TO REPORT THE PREVENTIVE CARE MSR GRP
G8487	I INTEND TO REPORT THE CHRONIC KIDNEY DZ MSR GRP
G8489	I INTEND TO REPORT THE CAD MEASURES GROUP
G8490	I INTEND TO REPORT RHEUMATOID ARTHRITIS MSR GRP
G8491	I INTEND TO REPORT THE HIV/AIDS MEASURES GROUP
G8492	I INTEND TO RPT THE PERIOPERATIVE CARE MSR GROUP
G8493	I INTEND TO REPORT THE BACK PAIN MEASURES GROUP
G8494	ALL QUAL ACTION APPL MSR DM MSR GRP PERFORMED
G8495	ALL Q ACT APPL MSR CHRN KID DZ MSR GRP PERF PT
G8496	ALL QUAL ACTION APPL MSR PREV CARE MSR GRP PRFRM
G8497	ALL QUAL ACTION APPL MSR CABG MSR GRP PERFORMED
G8498	ALL QUAL ACTION APPL MSR CAD MSR GRP PERFORMED
G8499	ALL QUAL ACTION APPL MSR RA MSR GRP PERFORMED
G8500	ALL QUAL ACTION APPL MSR HIV/AIDS MSR GRP PRFRM
G8501	ALL QUAL ACTN APPL MSR PERIOP CARE MSR GRP PRFRM
G8502	ALL QUAL ACTION APPL MSR BACK PAIN MSR GRP PRFRM
G8506	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY
G8509	DOC POS PAIN ASSESS;NO DOC F/U PLAN RSN NOT GIVN
G8510	NEGATIVE SCREEN CLIN DEPRESSION F/U NOT REQUIRED
G8511	POS SCR CLIN DEPR DOC F/U NOT DOC RSN NOT GIVEN
G8524	PATCH CLOSURE FOR PT UNDERGOING CONVENTNAL CEA
G8525	CLINICIAN DOC PT DID NOT RECEIVE CONVENTIONL CEA
G8526	PATCH CLOS NOT USED PT UNDRGOING CNVNTNL CES RNS
G8530	AUTOGENOUS AV FISTULA RECEIVED

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G8531	CLIN DOC PT NOT ELIG AUTOGENOUS AV FISTULA
G8532	CLIN DOC PT VAS ACS NO AUTOGN AV FIST RSN NOT GV
G8535	NO DOC OF AN ELDER MALTIX SCREEN PT NOT ELIG
G8536	NO DOC ELDER MALTREATMNT SCREEN REASON NOT GIVEN
G8539	DOC FUNC OUTCOME ASSESS CARE PLN SAME DAY ASSESS
G8540	DOC PT NOT ELIG FUNC OUTCOME ASSESS STD TOOL
G8541	FCN OUTCOME ASMT STD TOOL NOT DOC RSN NOT GIVEN
G8542	DOC FCN ASMT STD TOOL;NO FCN DEFC ID PLN NOT RQR
G8543	DOC FCN ASMT STD TOOL;PLAN NOT DOC RSN NOT GIVEN
G8544	I INTEND TO REPORT THE CABG MEASURES GROUP
G8545	I INTEND TO REPORT HEPATITIS C MEASURES GROUP
G8546	I INTEND TO REPORT CA PNEUMONIA MEASURES GROUP
G8547	I INTEND TO REPORT THE ISCHEMIC VASCULAR DISEASE
G8548	I INTEND TO REPORT HEART FAILURE MEASURES GROUP
G8549	ALL QUAL ACTIONS HEP C MSR PERFORMED FOR PATIENT
G8550	ALL QUAL ACTIONS CAP MSR PERFORMED FOR PATIENT
G8551	ALL QUAL ACTIONS HEART FAIL MSR PERFORMED FOR PT
G8552	ALL QUAL ACTIONS ISCHEMIC VASC DZ MSR PERFORMED
G8553	PRESCRIPTIONS GEN TRANSMITTED QUALIFIED ERX SYS
G8556	REFERRED TO A PHYSICIAN FOR AN OTOLOGIC EVAL
G8557	PT NOT ELIGIBLE REFERRAL OTOLOGIC EVALUATION MSR
G8558	NOT REF PHYSICIAN OTOLOGIC EVAL REASON NOT GIVEN
G8559	PATIENT REFERRED TO PHYSICIAN FOR OTOLOGIC EVAL
G8560	PT HISTORY ACTIVE DRAINAGE FROM EAR PREV 90 DAYS
G8561	PT NOT ELIG REF OTOLOGIC EVAL HX ACTV DRAIN MSR
G8562	PT NO HISTORY ACTIVE DRAINAGE EAR PREV 90 DAYS
G8563	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN
G8564	PT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC
G8565	VERIFICATION & DOC SUDDEN/RAPIDLY PROG HEAR LOSS
G8566	PT NOT ELIG REF OTO EVAL SUDDEN HEARING LOSS MSR
G8567	PT NO VERIFICATION & DOC SUDDEN HEARING LOSS
G8568	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN
G8569	PROLONGED INTUBATION >24 HRS REQUIRED
G8570	PROLONGED INTUBATION >24 HRS NOT REQUIRED
G8571	DEV DEEP STERNAL WOUND INF WITHIN 30 DAYS POSTOP
G8572	NO DEEP STERNAL WOUND INFECTION

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G8573	STROKE FOLLOWING ISOLATED CABG SURGERY
G8574	NO STROKE FOLLOWING ISOLATED CABG SURGERY
G8575	DEVELOPED POSTOP RENAL FAILURE/REQ DIALYSIS
G8576	NO POSTOP RENAL FAILURE/DIALYSIS NOT REQUIRED
G8577	REOP MEDIAST BLEED GFT OCCL VALV DYSFUNC/OTH RSN
G8578	REOP NOT REQ MEDIAST BLEED GFT OCCL/OTH REASN
G8579	ANTIPLATELET MEDICATION AT DISCHARGE
G8580	ANTIPLATELET MEDICATION CONTRAINDICATED
G8581	NO ANTIPLATELET MEDICATION AT DISCHARGE
G8582	BETA-BLOCKER AT DISCHARGE
G8583	BETA-BLOCKER CONTRAINDICATED
G8584	NO BETA-BLOCKER AT DISCHARGE
G8585	ANTILIPID TREATMENT AT DISCHARGE
G8586	ANTILIPID TREATMENT CONTRAINDICATED
G8587	NO ANTILIPID TREATMENT AT DISCHARGE
G8588	MOST RECENT SYSTOLIC BLOOD PRESSURE <140 MM HG
G8589	MOST RECENT SYSTOLIC BLOOD PRESSURE >=140 MM HG
G8590	MOST RECENT DIASTOLIC BLOOD PRESSURE <90 MM HG
G8591	MOST RECENT DIASTOLIC BLOOD PRESSURE >=90 MM HG
G8592	NO DOC BLOOD PRESSURE MEASURE REASON NOT GIVEN
G8593	LIPID PROFILE RESULTS DOCUMENTED AND REVIEWED
G8594	LIPID PROFILE NOT PERFORMED REASON NOT GIVEN
G8595	MOST RECENT LDL-C <100 MG/DL
G8596	LDL-C WAS NOT PERFORMED
G8597	MOST RECENT LDL-C >=100 MG/DL
G8598	ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY USED
G8599	ASPIRIN/OTH ANTITHROMBOTIC NOT USED RSN NOT GIVN
G8600	IV T-PA INITIATED W/IN 3 HRS TIME LAST KNWN WELL
G8601	IV T-PA NOT INIT IN 3 HRS LAST WELL RSN DOC CLIN
G8602	IV TPA NOT INIT W/I 3 HRS TIME KNOWN RSN NOT GVN
G8603	SCORE SPOKEN LANG COMP FCM D/C HIGHER THAN ADMIS
G8604	SC SPKN LG CMP FCM D/C NOT HI THN ADM RSN NOT GV
G8605	PT TREATED NOT SCORD SPOKN LANG COMP FCM ADM/D/C
G8606	SCORE ATTENTION FCM D/C HIGHER THAN ADMISSION
G8607	SCORE ATTN FCM D/C NOT HI THAN ADM RSN NOT GIVEN
G8608	PT TREATED ATTENTION NOT SCORED ATTN FCM ADM/D/C

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8609	SCORE MEMORY FCM DISCHARGE HIGHER THAN ADMISSION
G8610	SCORE MEM FCM D/C NOT HI THAN ADM RSN NOT GIVEN
G8611	PT TREATED MEMORY NOT SCORED MEMORY FCM ADM/D/C
G8612	SCORE MOTOR SPEECH FCM D/C HIGHER THAN ADMISSION
G8613	SCORE MOTOR SPCH FCM D/C NOT HI ADMS RSN NOT GVN
G8614	PT TREATED NOT SCORED MOTOR SPEECH FCM ADM/D/C
G8615	SCORE READING FCM D/C HIGHER THAN AT ADMISSION
G8616	SCORE READ FCM D/C NOT HI THAN ADM RSN NOT GIVEN
G8617	PT TREATED READING NOT SCORED READNG FCM ADM/D/C
G8618	SCORE SPOKEN LANG EXPRSSN FCM D/C HI THAN ADMIS
G8619	SC SPKN LG EXPR FCM D/C NOT HI ADM RSN NOT GVN
G8620	PT TREATED NOT SCORE SPOKN LANG EXPRS FCM ADM/DC
G8621	SCORE WRITING FCM D/C WAS HIGHER THAN AT ADMIS
G8622	SCORE WRIT FCM D/C NOT HI THN ADM RSN NOT GIVEN
G8623	PT TREATED WRITING NOT SCORED WRITING FCM ADM/DC
G8624	SCORE SWALLOWING FCM AT D/C HIGHER THAN ADMIS
G8625	SCORE SWALLOW FCM D/C NOT HI ADMIS RSN NOT GIVEN
G8626	PT TREATED NOT SCORED SWALLOWING FCM ADM/D/C
G8627	SURG PROC W/IN 30 DA FLW CATARACT SURG MAJ COMP
G8628	SURG PROC NOT W/IN 30 DAY FLW CAT SURG MAJ COMP
G8629	DOC ORDER PROPH PARENT ABX GIVE W/IN 1 HR SURG
G8630	DOC PROPH PARENT ABX INIT W/IN 1 HR SURG AS ORD
G8631	CLIN DOC PT NOT ELIG PROPH P ABX W/IN 1 HR SURG
G8632	PROPH PARENT ABX NOT ORD/GVN IN 1 HR SURG NOT GV
G8633	PHARMACOLOGIC THERAP FOR OSTEOPOROSIS PRESCRIBED
G8634	CLIN DOC PT NOT ELIG PHARM TX FOR OSTEOPOROSIS
G8635	PHARM TX OSTEOPOROSIS NOT PRSC REASON NOT GIVEN
G8642	ELIG PRACTICE RURAL W/O INTERNET REQ HARDSHIP
G8643	ELIG PRACTICE W/O PHARMACY E-PRESC REQ HARDSHIP
G8644	ELIGIBLE PROF DOES NOT HAVE PRESCRIB PRIVILEGES
G8645	I INTEND TO REPORT THE ASTHMA MEASURES GROUP
G8646	ALL QUALITY ACTION ASTHMA MEASURE PERFORMED PT
G8647	RISK-ADJ FUNCT STATUS KNEE SCORE EQUAL 0 OR >0
G8648	RISK-ADJ FUNCT STATUS KNEE SCORE LESS THAN 0
G8649	RISK-ADJ FUNCT STATUS KNEE PT NOT ELIG/APPROP
G8650	RISK-ADJ FUNCT STATUS KNEE NOT MEAS RSN NOT GVN

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8651	RISK-ADJ FUNCT STATUS HIP SCORE EQUAL 0 OR >0
G8652	RISK-ADJ FUNCT STATUS HIP SCORE LESS THAN 0
G8653	RISK-ADJ FUNCT STATUS HIP PT NOT ELIG/APPROP
G8654	RISK-ADJ FUNCT STATUS HIP NOT MEAS RSN NOT GIVEN
G8655	RISK-ADJ FUNCT STAT LOW LEG FT ANK SCORE =0 / >0
G8656	RISK-ADJ FUNCT STATUS LOW LEG FT ANK SCORE <0
G8657	RISK-ADJ FUNCT STATUS LOW LEG FT ANK PT NOT ELIG
G8658	RISK-ADJ FCN STS LOW LEG FT NOT MSR RSN NOT GIVN
G8659	RISK-ADJ FUNCT STATUS LUMBAR SPINE SCORE =0 / >0
G8660	RISK-ADJ FUNCT STATUS LUMBAR SPINE SCORE <0
G8661	RISK-ADJ FUNCT STATUS LUMBAR SPINE PT NOT ELIG
G8662	RISK-ADJ FCN STS LUMB SPINE NOT MSR RSN NOT GVN
G8663	RISK-ADJ FUNCT STATUS SHOULDER SCORE EQUAL 0 / >0
G8664	RISK-ADJ FUNCT STATUS SHOULDER SCORE LESS THAN 0
G8665	RISK-ADJ FUNCT STATUS SHOULDER PT NOT ELIGIBLE
G8666	RISK-ADJ FCN STS SHOULDER NOT MSR RSN NOT GIVEN
G8667	RISK-ADJ FUNCT STATUS ELB WRST HND SCORE =0 / >0
G8668	RISK-ADJ FUNCT STATUS ELBOW WRIST HAND SCORE <0
G8669	RISK-ADJ FUNCT STATUS ELB WRIST HAND PT NOT ELIG
G8670	RISK-ADJ FCN STS ELB WRST HND NOT MSR RSN NOT GV
G8671	RISK-ADJ FUNCT STATUS NECK OTH ORTHO =0 / >0
G8672	RISK-ADJ FUNCT STATUS NECK OTH ORTHO SCORE <0
G8673	RISK-ADJ FUNCT STATUS NECK OTH ORTHO PT NOT ELIG
G8674	RISK-ADJ FUNCT STATUS OTH ORTHO NOT MEAS NO RSN
G8675	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG
G8676	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG
G8677	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG
G8678	MOST RECENT SYSTOLIC BP 130 TO 139 MM HG
G8679	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG
G8680	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG
G8682	LVF TESTING PERF DURING THE MEASUREMENT PERIOD
G8683	LVF TESTING NOT PERFORMED PATIENT NOT ELIGIBLE
G8685	LVF TESTING NOT PERFORMED REASON NOT GIVEN
G8694	LEFT VENTRIUCULAR EJECTION FRACTION < 40%
G8695	LVEF >= 40% OR MILDLY DEPRSD LV SYST FUNCT/NORML
G8699	REHAB SRVC OCCUP PHYSICAL/SPCH ORDERED AT/B4 D/C

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8700	REHAB SRVC OCCUP PHYS/SPCH NOT INDIC AT/B4 D/C
G8701	REHAB SERVICES WERE NOT ORDERED REASON NOS
G8702	DOC PROPH ABX GIVEN W/I 4HR B4 SURG INCI/INTRAOP
G8703	DOCUMENT PA NOT GIVEN W/I 4 HR SURG INCI/INTRAOP
G8704	12-LEAD ELECTROCARDIOGRAM PERFORMED
G8705	DOC MEDICAL RSN NOT PERFORMING 12-LEAD ECG
G8706	DOCUMENT PT REASONS NOT PERFORMING 12-LEAD ECG
G8707	12-LEAD ELECTROCARDIOGRAM NOT PERF RSN NOT GIVEN
G8708	PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC
G8709	PT PRESCRIBED/DISPENSED ABX DOC MEDICAL REASONS
G8710	PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC
G8711	PRESCRIBED OR DISPENSED ANTIBIOTIC
G8712	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED
G8713	SPKT/ V GREATER THAN OR EQUAL TO 1.2
G8714	HEMODIALYSIS TX PERF EXACTLY 3X PR WEEK >90 DAYS
G8715	HD TX PRFRM < 3 TIMES-WEEK/> 3 TIMES PER WEEK
G8716	DOC RSN PT NOT HAV >=1.2 1-POOL CLEAR UREA KT/V
G8717	SPKT/V LESS THAN 1.2 REASON NOT GIVEN
G8718	TOTAL KT/V GREATER THAN OR EQUAL TO 1.7 PER WEEK
G8720	TOTAL KT/V LESS THAN 1.7 PER WEEK RSN NOT GIVEN
G8721	PT CATEGORY PN CATEGORY & HISTOL GR DOC PATH RPT
G8722	MED RSN DOC NOT INCL PT CAT PN CAT&HG PATH REP
G8723	SPEC SITE OTH THAN ANATOMIC LOCATION PRIM TUMOR
G8724	PT CAT PN CAT&HISTOL GR NOT DOC PATH RPT NOT GVN
G8725	FASTING LIPID PROFILE PERFORMED
G8726	CLINICIAN DOC REASON NOT PERF FASTING LIPID PROF
G8727	PT RECV HD PERITONEAL DIALYSIS/KIDNEY TRANSPLANT
G8728	FASTING LIPID PROFILE NOT PERF REASON NOT GIVEN
G8730	PAIN ASSESS DOC POS UTILZ STANDARD TOOL F/U PLAN
G8731	PAIN ASSESS DOC AS NEG NO F/U PLAN IS REQUIRED
G8732	NO DOCUMENTATION PAIN ASSESSMENT REASON NOT GIVN
G8733	DOC POS ELDER MALT X SCR & DOC PLAN TIME POS SCR
G8734	ELDER MALTREATMENT SCREENING DOC NEG NO F/U REQ
G8735	ELDER MALT X SCR DOC POS F/U NOT DOC RSN NOT GIVN
G8736	MOST CURRENT LDL-C <100 MG/DL
G8737	MOST CURRENT LDL-C >=100 MG/DL

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8738	LVEF < 40% OR DOC SEV/MOD DPERESS LV SYSTOL FUNC
G8739	LVEF >= 40%/DOC NL/MILDLY DPRSD LT VENT SYS FUNC
G8740	LVEF NOT PERFORMED/ASSESSED REASON NOT GIVEN
G8741	PT NOT TREATED SPOKEN LANG COMPREHENSION D/O
G8742	PATIENT NOT TREATED FOR ATTENTION DISORDER
G8743	PATIENT NOT TREATED FOR MEMORY DISORDER
G8744	PATIENT NOT TREATED FOR MOTOR SPEECH DISORDER
G8745	PATIENT NOT TREATED FOR READING DISORDER
G8746	PT NOT TREATED SPOKEN LANG EXPRESSION DISORDER
G8747	PATIENT NOT TREATED FOR WRITING DISORDER
G8748	PATIENT NOT TREATED FOR SWALLOWING DISORDER
G8749	ABSENCE SIGNS MELANOMA/ABSENCE SYMPTOMS MELANOMA
G8750	PRESENCE SIGNS MELANOMA/SYMPTOMS MELANOMA
G8751	SMOK STS&EXPS SHS HOME NOT ASSESSED RSN NOT GIVN
G8752	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140MM HG
G8753	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140MM HG
G8754	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90MM HG
G8755	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90MM HG
G8756	NO DOC BLOOD PRESSURE MSR REASON NOT GIVEN
G8757	ALL QUALITY ACT APPLIC MSR COPD MSR GRP PERF PT
G8758	ALL QUALITY ACT APPLIC MSR IBD MSR GRP PERF PT
G8759	ALL QUAL ACT APPL MSR SLEEP APNEA MSR GRP PRF PT
G8760	ALL QUAL ACTIONS EPILEPSY MSR GRP PRFORM THIS PT
G8761	ALL QUAL ACTIONS APPLIC DEMENTIA MEAS PERFORM PT
G8762	ALL QUAL ACTIONS PARKINSONS DZ MSR GRP PRFRM PT
G8763	ALL QUALITY ACT APPLIC MSR HTN MSR GRP PERF PT
G8764	ALL QUALITY ACTIONS CV PREV MSR GRP PERFORM PT
G8765	ALL QUAL ACTIONS APPLIC CATARACT MEAS PERFORM PT
G8767	LIPID PANEL RESULTS DOCUMENTED AND REVIEWED
G8768	DOCUMENT MED REASON NOT PERFORM LIPID PROFILE
G8769	LIPID PROFILE NOT PERFORMED REASON NOT GIVEN
G8770	URINE PROTEIN TEST RESULT DOCUMENTED & REVIEWED
G8771	DOCUMENTATION OF DIAGNOSIS OF CHRONIC KIDNEY DZ
G8772	DOCUMENT MED REASON NOT PERFORM URIN PROTEIN TST
G8773	URINE PROTEIN TEST NOT PERFORMD REASON NOT GIVEN
G8774	SERUM CREATININE TEST RESULT DOCUMENT & REVIEWED

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8775	DOCUMENT MED REASON NOT PERFORM SERUM CREAT TEST
G8776	SERUM CREATININE TEST NOT PERF REASON NOT GVIEN
G8777	DIABETES SCREENING TEST PERFORMED
G8778	DOC MEDICAL RSN NOT PERFORM DIABETES SCR TEST
G8779	DIABETES SCREENING TEST NOT PERF RSN NOT GIVEN
G8780	COUNSELING DIET & PHYSICAL ACTIVITY PERFORMED
G8781	DOC MED RSN PT NOT RECV CNSL DIET & PHYS ACT
G8782	COUNSELING DIET & PHYS ACT NOT PERF RSN NOT GVN
G8783	NORMAL BLOOD PRESS READING DOC F/U NOT REQUIRED
G8784	BLOOD PRESSURE NOT DOC PT NOT ELIG/NOT APROP
G8785	BLOOD PRESSURE READING NOT DOC REASON NOT GIVEN
G8786	SEVERITY ANGINA ASSESS ACCORD LEVEL OF ACTIVITY
G8787	ANGINA ASSESSED AS PRESENT
G8788	ANGINA ASSESSED AS ABSENT
G8789	SEVERITY ANGINA NOT ASSESS ACCORDING LEVL ACTVTY
G8790	MOST RECENT OFFICE VISIT SYSTOLIC BP <130 MM HG
G8791	MOST RECENT OFFICE VISIT SYSTOL BP 130-139 MM HG
G8792	MOST RECENT OFFICE VISIT SYSTOLIC BP >=140 MM HG
G8793	MOST RECENT OFFICE VISIT DIASTOLIC BP <80 MM HG
G8794	MOST RECENT OFFICE VISIT DIASTOL BP 80-89 MM HG
G8795	MOST RECENT OFFICE VISIT DIASTOLIC BP <90 MM HG
G8796	BLOOD PRESSURE MEASUREMENT NOT DOC RSN NOT GIVEN
G8797	SPECIMEN SITE OTH THAN ANATOM LOCATION ESOPHAGUS
G8798	SPECIMEN SITE OTH THAN ANATOMC LOCATION PROSTATE
G8799	ANTICOAGULATION ORDERED
G8800	ANTICOAGULATION NOT ORDERED RSN DOC CLINICIAN
G8801	ANTICOAGULATION WAS NOT ORDERED REASON NOT GIVEN
G8802	PREGNANCY TEST URINE OR SERUM ORDERED
G8803	PREGNANCY TEST NOT ORDERED RSN DOC CLINICIAN
G8805	PREGNANCY TEST WAS NOT ORDERED REASON NOT SPEC
G8806	PERFORMANCE TRANSABDOMINAL/TRANSVAGINAL U/S
G8807	TRANSABD/TRANSVAG U/S NOT PERF RSN DOC CLINICIAN
G8808	PERFRM TRANSABD/TRANSVAG U/S NOT ORD RSN NOT GVN
G8809	RH IMMUNE GLOBULIN RHOGAM ORDERED
G8810	RH-IMMUNOGLOBULIN NOT ORDERED REASONS DOC CLIN
G8811	DOCUMENT RH IMMUNE GLOBULIN NOT ORDERED RSN NS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8812	PATIENT IS NOT ELIGIBLE FOR F/U CTA DUPLEX/MRA
G8813	FOLLOW-UP CTA DUPLEX/MRA ABDOMEN & PELVIS PRFRMD
G8814	FOLLOW-UP CTA DUPLEX/MRA ABD & PELV NOT PERFORMD
G8815	STATIN THERAPY NOT PRESCRIBED DOCUMENTED REASONS
G8816	STATIN MEDICATION PRESCRIBED AT DISCHARGE
G8817	STATIN THERAPY NOT PRESCRIBED D/C RSN NOT GIVEN
G8818	PATIENT D/C TO HOME NO LATER THAN POSTOP DAY #7
G8819	ANEURYSM MINOR DIAMETER <= 5.5 CM
G8820	ANEURYSM MINOR DIAMETER 5.6-6.0 CM
G8821	ABDOMINAL AORTIC ANEURYSM IS NOT INFRARENAL
G8822	MALE PATIENTS W/ANEURYSMS MINOR DIAMETER >6 CM
G8823	FEMALE PATIENTS W/ANEURYSM MINOR DIAMETER >6 CM
G8824	FEMALE PT W/ANEURYSM MINOR DIAMETER 5.6-6.0 CM
G8825	PATIENT NOT DISCHARGED TO HOME BY POSTOP DAY #7
G8826	PT D/C HOME NO LATER THAN POSTOP DAY #2 FLW EVAR
G8827	ANEURYSM MINOR DIAMETER <= 5.5 CM FOR WOMEN
G8828	ANEURYSM MINOR DIAMETER <= 5.5 CM FOR MEN
G8829	ANEURYSM MINOR DIAMETER 5.6-6.0 CM FOR MEN
G8830	ANEURYSM MINOR DIAMETER >6 CM FOR MEN
G8831	ANEURYSM MINOR DIAMETER >6 CM FOR WOMEN
G8832	ANEURYSM MINOR DIAMETER 5.6-6.0 CM FOR WOMEN
G8833	PATIENT NOT D/C HOME POSTOP DAY #2 FOLLOW EVAR
G8834	PT D/C HOME NO LATER POSTOP DAY #2 FOLLOW CEA
G8835	ASX PT W/NO HX TIA/STROKE CAROTID/VB TERR
G8836	SYMPTOMATC PT IPSI STROKE/TIA 120 DAYS PRIOR CEA
G8837	OTH SYM PT IPSI TIA/STROKE >120 DAYS PRIOR CEA
G8838	PATIENT NOT D/C TO HOME BY POSTOP DAY #2 FLW CEA
G8839	SLEEP APNEA SYMP ASSESS PRES/ABS SNOR DAY SSS
G8840	DOCUMENTATION RSN NOT PERFORMING ASSESS SLEEP SX
G8841	SLEEP APNEA SX NOT ASSESSED REASON NOT GIVEN
G8842	AHI/RDI MEASURED AT TIME OF INITIAL DIAGNOSIS
G8843	DOC REASON NOT MEASURING AHI/RDI TIME INIT DX
G8844	APNEA HYPOPNA IND/RDI NOT MSR TM DX RSN NOT GVN
G8845	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED
G8846	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA
G8847	POSITIVE AIRWAY PRESSURE THERAPY NOT PRESCRIBED

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8848	MILD OBSTRUCTIVE SLEEP APNEA AHI OR RDI < 5
G8849	DOCUMENTATION RSN NOT PRSC POS AIRWAY PRESS TX
G8850	POSITIVE AIRWAY PRESS TX NOT PRSC RSN NOT GIVEN
G8851	OBJECTIVE MEASURE ADHERENCE PAP TX DOCUMENTED
G8852	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED
G8853	POSITIVE AIRWAY PRESSURE THERAPY NOT PRESCRIBED
G8854	DOCUMENTATION REASON NOT OBJ MSR ADHERENCE CPAP
G8855	OBJ MSR ADHERENCE TO PAP TX NOT PRF RSN NOT GVN
G8856	REFERRAL TO PHYSICIAN OTOLOGIC EVAL PERFORMED
G8857	PATIENT NOT ELIG REFERRAL FOR OTOLOGIC EVAL MSR
G8858	REF TO PHYS OTOLOGIC EVAL NOT PRFRM RSN NOT GVN
G8859	PT REC CORTICOSTEROID >/=10 MG/DAY 60/> CONS DAY
G8860	PTS HAVE RECV STEROIDS >/=10 MG/DAY 60/>CONS DAY
G8861	CENTRAL DXA ORDERED/DOC OSTEOPOROSIS PRESCRIBED
G8862	PT NOT REC CORTICOSTEROID >/= 10 MG/DAY 60/> DAY
G8863	PATIENTS NOT ASSESSED RISK BONE LOSS RSN NOT GVN
G8864	PNEUMOCOCCAL VACCINE ADMIN OR PREVIOUSLY RECEIVD
G8865	DOC MED RSN NOT ADM/PREV RECV PNEUMOCOCCAL VAC
G8866	DOC PT RSN NOT ADM/PREV RECV PNEUMOCOCCAL VAC
G8867	PNEUMOCOCCAL VAC NOT ADM/PREV RECV RSN NOT GVN
G8868	PATIENTS RECEIVING FIRST COURSE ANTI-TNF THERAPY
G8869	PT DOCUMENT IMMUN HEP B REC 1ST COURSE ANTI-TNF
G8870	HEP B VAC INJ ADM/RECVD&RECV 1SR CRS ANTI-TNF TX
G8871	PATIENT NOT RECEIVING 1ST COURSE ANTI-TNF TX
G8872	EXCISED TISS EVAL IMAG INTRAOP CNF INCL TGT LES
G8873	PT W/NEEDLE LOC SPEC VERIFIED INTRAOP INSP/PATH
G8874	EXCIS TISS NOT EVAL IMAG IO CONFIRM INCL TARG LES
G8875	CLINICIAN DX BREAST CA PREOP MIN INVAS BX METHOD
G8876	DOC REASN NO MIN BX DX BR CA PREOP EXC BX OTH MD
G8877	CLIN NOT DX BR CA PREOP MIN INVAS BX RSN NOT GVN
G8878	SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED
G8880	DOCUMENTATION REASON SLN BIOPSY NOT PERFORMED
G8881	STAGE BREAST CANCER GREATER THAN T1N0M0/T2N0M0
G8882	SENTINEL LYMPH NODE BIOPSY PROC NOT PERFORMED
G8883	BIOPSY RESULTS REVIEW COMMUNICATED TRACKED & DOC
G8884	CLIN DOC REASON PT BIOPSY RESULTS NOT REVIEWED

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8885	BIOPSY RESULTS NOT REVIEW COMMUNICATE TRACK/DOC
G8886	MOST RECENT BLOOD PRESSURE UNDER CONTROL
G8887	DOC MEDICAL RSN MOST RECENT BP NOT UND CONTROL
G8888	MOST RECENT BP NOT UND CONTROL RESULTS DOC & REV
G8889	NO DOCUMENTATION BLOOD PRESS MSR REASON NOT GIVN
G8890	MOST RECENT LDL-C UNDER CONTROL RESULT DOC & REV
G8891	DOC MED RSN MOST RECENT LDL-C NOT UNDER CONTROL
G8892	DOCUMENTATION MEDICAL RSN NOT PERFORM LDL-C TEST
G8893	MOST RECENT LDL-C NOT UNDR CONTRL RESLT DOC &REV
G8894	LDL-C NOT PERFORMED REASON NOT GIVEN
G8895	ORAL ASPIRIN/OTH ANTITHROMBOTIC TX PRESCRIBED
G8896	DOC MED RSN NOT PRSC ORAL ASPIRIN/OTH THERAPY
G8897	ORAL ASPIRIN/OTH ANTITHROM NOT PRSC RSN NOT GVN
G8898	I INTEND TO REPORT CHRONIC OBSTR PULM DX MSR GRP
G8899	I INTEND TO REPORT INFLAMMATORY BOWEL DZ MSR GRP
G8900	I INTEND TO REPORT SLEEP APNEA MEASURES GROUP
G8901	I INTEND TO REPORT THE EPILEPSY MEASURES GROUP
G8902	I INTEND TO REPORT THE DEMENTIA MEASURES GROUP
G8903	I INTEND TO REPORT PARKINSONS DZ MEASURES GROUP
G8904	I INTEND TO REPORT HYPERTENSION MEASURES GROUP
G8905	I INTEND TO REPORT CARDIOVASCULAR PREV MSR GROUP
G8906	I INTEND TO REPORT THE CATARACT MEASURES GROUP
G8907	PT DOC NO:BURN;FALL FAC;WRG EVENT;/HOS TRANSFER
G8908	PATIENT DOC HAVE RECEIVED BURN PRIOR DISCHARGE
G8909	PT DOC NOT HAVE RECEIVED BURN PRIOR DISCHARGE
G8910	PATIENT DOC HAVE EXPERIENCED FALL WITHIN ASC
G8911	PT DOC NOT HAVE EXPER FALL IN AMB SURG CENTER
G8912	PT DOC HAVE EXP WRG SITE SIDE PT PRO/IMPL EVENT
G8913	PT DOC NO WRONG SITE SIDE PT PROC/IMPLANT EVENT
G8914	PT DOC HAVE EXPERNCD HOSP TRNSF/ADM UPON D/C ASC
G8915	PT DOC NOT EXPERNCD HOSP TRNSF/ADM UPON D/C ASC
G8916	PT PREOP ORD IV ABX PROPH ABX INITIATED TIME
G8917	PT PREOP ORD IV ABX SSI PROPH NOT INITIATED TIME
G8918	PT WITHOUT PREOP ORDER IV ABX SSI PROPHYLAXIS
G8919	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140 MM HG
G8920	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G8921	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90 MM HG
G8922	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG
G8923	LVEF< 40%/DOC MOD/SEV DPRSD LT VENT SYSTOLIC FCN
G8924	SPIROMTRY TST RESULTS DEM FEV1/FVC<60% W/COPD SX
G8925	SPIROMETRY RSL DEM FEV1/FVC>=60%/PT NO COPD SX
G8926	SPIROMETRY TEST NOT PRFRM/DOC REASON NOT GIVEN
G8927	ADJ CHEMO REF PRSC/PREV RECV AJCC STAGE III CC
G8928	ADJUVANT CHEMO NOT PRSC/PREV RECEIVED RSN GIVEN
G8929	ADJUVANT CHEMO NOT PRSC/PREV RECV RSN NOT GIVEN
G8930	ASSESS DEPRESSION SEVERITY NOT DOC RSN NOT GIVEN
G8931	ASSESSMENT OF DEPRESS SEV NOT DOC RSN NOT GIVEN
G8932	SUICIDE RISK ASSESSED AT THE INITIAL EVALUATION
G8933	SUICIDE RSK NOT ASSESSED INIT EVAL RSN NOT GIVEN
G8934	LVEF<40%/DOC MOD/SEV DPRSD LT VENT SYSTOLIC FCN
G8935	CLIN PRSC ACE INHIB/ANGIOTENSIN REC BLOCK ARB TX
G8936	CLIN DOC PT NOT ELIG CANDIDATE ACE INHIB/ARB TX
G8937	CLIN DID NOT PRSC ACE INHIB/ARB TX RSN NOT GIVEN
G8938	BMI IS CALCULATED BUT PT NOT ELIGIBLE F/U PLAN
G8939	PAIN ASMT DOC F/U PLAN NOT DOC PT NOT ELIG/APROP
G8940	SCR CLIN DEP DOC FU PLAN NOT DOC PT NOT ELG/APRP
G8941	ELDER MALTREATMENT SCR DOC PT NOT ELIGIBLE F/U
G8942	DOC FUNC OUTCOME ASMT&CARE PLAN W/I PREV 30 DAYS
G8943	LDL-C RESULT NOT PRESENT/NOT W/I 12 MONTHS PRIOR
G8944	AJCC MELANOMA CANCER STAGE 0-IIC MELANOMA
G8945	ANEURYSM MINOR DIAMETER <= 6 CM FOR MEN
G8946	MINIMALLY INVASV BX METH ATMPPT BUT NOT DX BR CA
G8948	NO NEUROPSYCHIATRIC SYMPTOMS
G8949	DOC PT RSN PT NOT RECEIV CNSL DIET PHYS ACTIVITY
G8950	PREHTN/HTN BP READ DOCUMENTED INDICATED F/U DOC
G8951	PREHTN/HTN BP DOC FU NOT DOC PT NOT ELIG/NOT APR
G8952	PREHTN/HTN BP DOC INDCD F/U NOT DOC RSN NOT GIVN
G8953	ALL QUAL ACT APPLIC MSR ONC MSR GRP PERF FOR PT
G8954	CMPL&APRP PT DATA REP TO A QUAL CLIN DB REGISTRY
G8955	MOST RECENT ASSESSMENT ADEQUACY VOLUME MANAGEMNT
G8956	PT RECV MAINT HEMODIALYSIS IN O/P DIALYSIS FAC
G8957	PT NOT RECEIVING MAINT HD AN OP DIALYSIS FACL

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8958	ASMT ADEQUACY VOLUME MGMT NOT DOC RSN NOT GIVEN
G8959	CLIN TREATING MDD COM CLIN TREATING COMORBID CON
G8960	CLIN TX MDD DID NOT COM CLIN TC CC RSN NOT GIVEN
G8967	WARFARIN/ANOTHER ORAL ANTICOAG FDA APPROVED PRSC
G8968	DOC MED RSN NOT PRSC WAR/OTH OA FDA APV NOT PRSC
G8969	DOC PT RSN NOT PRSC WARFARIN/OTH ORL AC FDA APVD
G8970	NO RISK FACTOR/1 MOD RISK FACTOR THROMBOEMBOLISM
G8973	MOST RECENT HEMOGLOBIN LEVEL < 10 G/DL
G8974	HGB LEVEL MEASUREMENT NOT DOC REASON NOT GIVEN
G8975	DOCUMENTION MEDICAL RSN PT HGB LEVEL < 10 G/DL
G8976	MOST RECENT HEMOGLOBIN HGB LEVEL >= 10 G/DL
G8977	I INTEND TO REPORT THE ONCOLOGY MEASURES GROUP
G8978	MOB:WALK MOV ARND FCN LIM TX OUTSET REP INTRVL
G8979	MOB: WALK MOV ARND FCN LIM GOAL REP INTRVL&D/C
G8980	MOB:WALK&MOV ARND FUNC LIM D/C AT D/C TX/END REP
G8981	CHNG MAINT BDY PSTN FCN LIM TX OUTSET REP INTRVL
G8982	CHANG MAINT BDY PSTN FCN LIM PROJECTED GOAL STS
G8983	CHANGING&MAINT BODY POS FUNC LIM D/C TX/END REP
G8984	CARRY MOV HANDLNG OBJ FCN LIM CUR TX REP INTRVL
G8985	CAR MOV HDLG OBJ FCN LIM CUR OUTSET&REP INTRVL
G8986	CARRY MOVING HAND OBJ FCN LIM D/C STS D/C TX/REP
G8987	SLF CARE FCN LIM CUR TX EPIS OUTSET REP INTERVLS
G8988	SELF CARE FCN LIM GOAL TX OUTSET & D/C/END REP
G8989	SLF CARE FUNC LIM D/C STS D/C FROM TX/TO END REP
G8990	OTH PHYS/OCCUP PRIM FCN LIM TX OUTSET REP INTRVL
G8991	OTH PHYS/OCC PRIM FCN LIM GOAL TX REP INTRVL D/C
G8992	OTH PHYS/OCCUP PRIM FCN LIM D/C TX/END REP
G8993	OTH PHYS/OCCUP SUB FCN LIM CUR TX REP INTRVL
G8994	OTH PHYS/OCCUP SUB FCN LIM GOAL TX EPIS OUTSET
G8995	OTH PHYS/OCCUP SUB FCN LIMIT D/C STS D/C TX/REP
G8996	SWLLOW FCN LIM TM INIT TX/EPIS OUTSET REP INTRVL
G8997	SWLLOW FCN LIM PROJ GOAL INIT TX/OUTSET&D/C TX
G8998	SWALLOWING FCN LIMITATION D/C STS D/C TX/REP LIM
G8999	MO SPH FCN LIM CUR TM INIT TX/OUTSET&REP INTRVL
G9001	COORDINATED CARE FEE INITIAL RATE
G9002	COORDINATED CARE FEE MAINTENANCE RATE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9003	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL
G9004	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL
G9005	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE
G9006	COORDINATED CARE FEE HOME MONITORING
G9007	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE
G9008	COORD CARE FEE PHYS COORD CARE OVERSIGHT SRVC
G9009	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVEL 3
G9010	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVEL 4
G9011	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC
G9013	ESRD DEMO BASIC BUNDLE LEVEL I
G9014	ESRD DEMO EXPND BUNDLE INCL VENOUS ACSS&REL SRVC
G9016	SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS
G9017	AMANTADINE HCI ORAL PER 100 MG
G9018	ZANAMIVIR INHAL POWDER THRU INHAL PER 10 MG
G9019	OSELTAMIVIR PHOSPHATE ORAL PER 75 MG
G9020	RIMANTADINE HCI ORAL PER 100 MG
G9033	AMANTADINE HCI ORAL BRAN PER 100 MG
G9034	ZANAMIVIR INHAL PWDR ADMIN INHAL BRAND PER 10 MG
G9035	OSELTAMIVIR PHOSPHATE ORAL BRAND PER 75 MG
G9036	RIMANTADINE HCI ORAL BRAND PER 100 MG
G9050	ONC; PRIM FOCUS VST; WRKUP EVAL/STAG@TM DX/RECUR
G9051	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS
G9052	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE
G9053	ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE
G9054	ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX
G9055	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST
G9056	ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES
G9057	ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL
G9058	ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE
G9059	ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX
G9060	ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL
G9061	ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE
G9062	ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON
G9063	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION
G9064	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9065	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN
G9066	ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL
G9068	ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN
G9069	ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET
G9070	ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN
G9071	ONC; F BRST; ACA; ST I/II;ER&/PR POS;NO PROGRESSN
G9072	ONC; F BRST; ACA; ST I/II; ER&PR NEG;NO PROGRESSN
G9073	ONC; F BRST; ACA; ST III; ER&/PR POS;NO PROGRESSN
G9074	ONC; F BRST; ACA; ST III; ER&PR NEG; NO PROGRESSN
G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR
G9077	ONC; PROS CA;T1-T2C&GLESN 27&PSA</=20 NO PROGRSSN
G9078	ONC; PROS CA; T2/T3A GLEASON 8-10/PSA>20 NO METS
G9079	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN
G9080	ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE
G9083	ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL
G9084	ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION
G9085	ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION
G9086	ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN
G9087	ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ
G9088	ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ
G9089	ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL
G9090	ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN
G9091	ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION
G9092	ONC; STATUS; RECTAL CA;T1-3 N1-2 M0 NO PROGRESSN
G9093	ONC; STATUS; RECTAL CA; T4 ANY N M0 NO PROGRESSN
G9094	ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR
G9095	ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL
G9096	ONC; STATUS; ESOPH CA;T1-T3 N0-N1/NX NO PROGRSSN
G9097	ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN
G9098	ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR
G9099	ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL
G9100	ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN
G9101	ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PRGRESSN
G9102	ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN
G9103	ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9104	ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL
G9105	ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION
G9106	ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION
G9107	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL
G9109	ONC; STATUS; HEAD&NCK CA; T1-T2&N0 M0 NO PROGRSS
G9110	ONC; STATUS; HEAD&NCK CA;T3-4&/N1-3 M0 NO PROGRS
G9111	ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR
G9112	ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN
G9113	ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN
G9114	ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS
G9115	ONC; STATUS; OVARIAN CA; ST III-IV; NO PROGRESSN
G9116	ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST
G9117	ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL
G9123	ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS
G9124	ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS
G9125	ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS
G9126	ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS
G9128	ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I
G9129	ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER
G9130	ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL
G9131	ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED
G9132	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS
G9133	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS/M1
G9134	ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY
G9135	ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY
G9136	ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS
G9137	ONC; DZ STS; NHL; RELAPSED/REFRACTORY
G9138	ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED
G9139	ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED
G9140	FRONTIER EXTENDED STAY CLIN DEM0; CMS DEMO PROJ
G9142	INFLUENZA A H1N1 VACCINE ANY ROUTE ADMIN
G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC
G9147	OP IV INSULIN TX MEASURE: RQ; &/UUN; &/GLU; &/K+
G9148	NATIONAL COMMITTEE QA LEVEL 1 MEDICAL HOME
G9149	NATIONAL COMMITTEE QA LEVEL 2 MEDICAL HOME

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9150	NATIONAL COMMITTEE QA LEVEL 3 MEDICAL HOME
G9151	MAPCP DEMONSTRATION STATE PROVIDED SERVICES
G9152	MAPCP DEMONSTRATION-COMMUNITY HEALTH TEAMS
G9153	MAPCP DEMONSTRATION-PHYSICIAN INCENTIVE POOL
G9156	EVALUAT WHEELCHAIR REQ FACE-FACE VISIT PHYSICIAN
G9157	TRANSESOPHAGEAL DOPPLER FOR CARDIAC MONITORING
G9158	MO SPH FCN LIM D/C STS D/C TX/REPORT LIMITATION
G9159	SPOKN LANG COMP FCN LIM CUR INIT TX/EPIS OUTSET
G9160	SPKN LANG COMP FCN LIM GOAL INIT TX/OUTST D/C TX
G9161	SPOKEN LANG COMP FCN LIM D/C STS D/C TX/REP LIM
G9162	SPOKEN LANG EXPRESS FCN LIM CUR STS TIME INIT TX
G9163	SPOKEN LANG EXP FCN LIM GOAL INIT TX/OUTSET D/C
G9164	SPOKN LANG EXPR FCN LIM D/C STS D/C TX/REP LIM
G9165	ATTN FCN LIM TM INIT TX/EPIS OUTSET REP INTRVL
G9166	ATTN FUNC LIM PROJ GOAL INIT TX TX/OUTSET&D/C TX
G9167	ATTN FUNCTION LIMITATION D/C STS D/C TX/REP LIM
G9168	MEM FCN LIM CURR INIT TX TX/OUTSET&REP INTRVLS
G9169	MEMORY FCN LIM PROJ GOAL INIT TX/OUTSET D/C TX
G9170	MEMORY FCN LIMITATION D/C STS D/C TX/REP LIMIT
G9171	VOICE FCN LIM CUR INIT TX TX/OUTSET REP INTRVLS
G9172	VOICE FCN LIM PROJ GOAL INIT TX TX/OUTSET D/C TX
G9173	VOICE FNC LIM D/C AT D/C FROM TX/END REP ON LIM
G9174	OTH SPEECH LANG PATH FCN LIM CUR INIT TX/OUTSET
G9175	OTH SPH LANG PATH FCN LIM PROJ GOAL INIT TX&D/C
G9176	OTH SPH LANG PATH FCN LIM D/C STS D/C TX/REP LIM
G9186	MO SPH FCN LIM PROJ GOAL INIT TX TX/OUTST D/C TX
G9187	BUNDLED PAYMENTS FOR CARE IMPROVEMENT INITIATIVE HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY A QUALIFIED HEALTH CARE PROFESSIONAL FOR INDIVIDUALS NOT CONSIDERED HOMEBOUND INCLUDING, BUT NOT LIMITED TO, ASSESSMENT OF SAFETY, FALLS, CLINICAL STATUS, FLUID STATUS, MEDICATION RECONCILIATION/MANAGEMENT, PATIENT COMPLIANCE WITH ORDERS/PLAN OF CARE, PERFORMANCE OF ACTIVITIES OF DAILY LIVING, APPROPRIATENESS OF CARE SETTING; (FOR USE ONLY IN THE MEIDCARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT INITIATIVE); MAY NOT BE BILLED FOR A 30-DAY PERIOD COVERED BY A TRANSITIONAL CARE MANAGEMENT CODE
G9188	BETA-BLOCKER THERAPY NOT PRESCRIBED, REASON NOT GIVEN
G9189	BETA-BLOCKER THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN
G9190	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING BETA-BLOCKER THERAPY (EG, ALLERGY, INTOLERANCE, OTHER MEDICAL REASONS)
G9191	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING BETA-BLOCKER THERAPY (EG, PATIENT DECLINED, OTHER PATIENT REASONS)

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9192	DOCUMENTATION OF SYSTEM REASON(S) FOR NOT PRESCRIBING BETA-BLOCKER THERAPY (EG, OTHER REASONS ATTRIBUTABLE TO THE HEALTH CARE SYSTEM)
G9193	CLINICIAN DOCUMENTED THAT PATIENT WITH A DIAGNOSIS OF MAJOR DEPRESSION WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIDEPRESSANT MEDICATION TREATMENT OR PATIENT DID NOT HAVE A DIAGNOSIS OF MAJOR DEPRESSION
G9194	PATIENT WITH A DIAGNOSIS OF MAJOR DEPRESSION DOCUMENTED AS BEING TREATED WITH ANTIDEPRESSANT MEDICATION DURING THE ENTIRE 180 DAY (6 MONTH) CONTINUATION TREATMENT PHASE
G9195	PATIENT WITH A DIAGNOSIS OF MAJOR DEPRESSION NOT DOCUMENTED AS BEING TREATED WITH ANTIDEPRESSANT MEDICATION DURING THE ENTIRE 180 DAY (6 MONTHS) CONTINUATION TREATMENT PHASE
G9196	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ORDERING A FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL PROPHYLAXIS (E.G., PATIENTS ENROLLED IN CLINICAL TRIALS, PATIENTS WITH DOCUMENTED INFECTION PRIOR TO SURGICAL PROCEDURE OF INTEREST, PATIENTS WHO WERE RECEIVING ANTIBIOTICS MORE THAN 24 HOURS PRIOR TO SURGERY [EXCEPT COLON SURGERY PATIENTS TAKING ORAL PROPHYLACTIC ANTIBIOTICS], PATIENTS WHO WERE RECEIVING ANTIBIOTICS WITHIN 24 HOURS PRIOR TO ARRIVAL [EXCEPT COLON SURGERY PATIENTS TAKING ORAL PROPHYLACTIC ANTIBIOTICS], OTHER MEDICAL REASON(S))
G9197	DOCUMENTATION OF ORDER FOR FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL PROPHYLAXIS
G9198	ORDER FOR FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL PROPHYLAXIS WAS NOT DOCUMENTED, REASON NOT GIVEN
G9199	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS NOT ADMINISTERED THE DAY OF OR THE DAY AFTER HOSPITAL ADMISSION FOR DOCUMENTED REASONS (EG, PATIENT IS AMBULATORY, PATIENT EXPIRED DURING INPATIENT STAY, PATIENT ALREADY ON WARFARIN OR ANOTHER ANTICOAGULANT, OTHER MEDICAL REASON(S) OR EG, PATIENT LEFT AGAINST MEDICAL ADVICE, OTHER PATIENT REASON(S))
G9200	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS WAS NOT ADMINISTERED THE DAY OF OR THE DAY AFTER HOSPITAL ADMISSION, REASON NOT GIVEN
G9201	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS ADMINISTERED THE DAY OF OR THE DAY AFTER HOSPITAL ADMISSION
G9202	PATIENTS WITH A POSITIVE HEPATITIS C ANTIBODY TEST
G9203	RNA TESTING FOR HEPATITIS C DOCUMENTED AS PERFORMED WITHIN 12 MONTHS PRIOR TO INITIATION OF ANTIVIRAL TREATMENT FOR HEPATITIS C
G9204	RNA TESTING FOR HEPATITIS C WAS NOT DOCUMENTED AS PERFORMED WITHIN 12 MONTHS PRIOR TO INITIATION OF ANTIVIRAL TREATMENT FOR HEPATITIS C, REASON NOT GIVEN
G9205	PATIENT STARTING ANTIVIRAL TREATMENT FOR HEPATITIS C DURING THE MEASUREMENT PERIOD
G9206	PATIENT STARTING ANTIVIRAL TREATMENT FOR HEPATITIS C DURING THE MEASUREMENT PERIOD
G9207	HEPATITIS C GENOTYPE TESTING DOCUMENTED AS PERFORMED WITHIN 12 MONTHS PRIOR TO INITIATION OF ANTIVIRAL TREATMENT FOR HEPATITIS C
G9208	HEPATITIS C GENOTYPE TESTING WAS NOT DOCUMENTED AS PERFORMED WITHIN 12 MONTHS PRIOR TO INITIATION OF ANTIVIRAL TREATMENT FOR HEPATITIS C, REASON NOT GIVEN
G9209	HEPATITIS C QUANTITATIVE RNA TESTING DOCUMENTED AS PERFORMED BETWEEN 4-12 WEEKS AFTER THE INITIATION OF ANTIVIRAL TREATMENT
G9210	HEPATITIS C QUANTITATIVE RNA TESTING NOT PERFORMED BETWEEN 4-12 WEEKS AFTER THE INITIATION OF ANTIVIRAL TREATMENT FOR DOCUMENTED REASON(S) (E.G., PATIENTS WHOSE TREATMENT WAS DISCONTINUED DURING THE TESTING PERIOD PRIOR TO TESTING, OTHER MEDICAL REASONS, PATIENT DECLINED, OTHER PATIENT REASONS)
G9211	HEPATITIS C QUANTITATIVE RNA TESTING WAS NOT DOCUMENTED AS PERFORMED BETWEEN 4-12 WEEKS AFTER THE INITIATION OF ANTIVIRAL TREATMENT, REASON NOT GIVEN

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9212	DSM-IV-TM CRITERIA FOR MAJOR DEPRESSIVE DISORDER DOCUMENTED AT THE INITIAL EVALUATION
G9213	DSM-IV-TR CRITERIA FOR MAJOR DEPRESSIVE DISORDER NOT DOCUMENTED AT THE INITIAL EVALUATION, REASON NOT OTHERWISE SPECIFIED
G9214	CD4+ CELL COUNT OR CD4+ CELL PERCENTAGE RESULTS DOCUMENTED
G9215	CD4+ CELL COUNT OR PERCENTAGE NOT DOCUMENTED AS PERFORMED, REASON NOT GIVEN
G9216	PCP PROPHYLAXIS WAS NOT PRESCRIBED AT TIME OF DIAGNOSIS OF HIV, REASON NOT GIVEN
G9217	PCP PROPHYLAXIS WAS NOT PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT BELOW 200 CELLS/MM3, REASON NOT GIVEN
G9218	PCP PROPHYLAXIS WAS NOT PRESCRIBED WITHIN 3 MONTHS OFLOW CD4+ CELL COUNT BELOW 500 CELLS/MM3 OR A CD4 PERCENTAGE BELOW 15%, REASON NOT GIVEN
G9219	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS NOT PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT BELOW 200 CELLS/MM3 FOR MEDICAL REASON (I.E., PATIENT'S CD4+ CELL COUNT ABOVE THRESHOLD WITHIN 3 MONTHS AFTER CD4+ CELL COUNT BELOW THRESHOLD, INDICATING THAT THE PATIENT'S CD4+ LEVELS ARE WITHIN AN ACCEPTABLE RANGE AND THE PATIENT DOES NOT REQUIRE PCP PROPHYLAXIS)
G9220	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS NOT PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT BELOW 500 CELLS/MM3 OR A CD4 PERCENTAGE BELOW 15% FOR MEDICAL REASON (I.E., PATIENT'S CD4+ CELL COUNT ABOVE THRESHOLD WITHIN 3 MONTHS AFTER CD4+ CELL COUNT BELOW THRESHOLD, INDICATING THAT THE PATIENT'S CD4+ LEVELS ARE WITHIN AN ACCEPTABLE RANGE AND THE PATIENT DOES NOT REQUIRE PCP PROPHYLAXIS)
G9221	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHLAXIS PRESCRIBED
G9222	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT BELOW 200 CELLS/MM3
G9223	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT BELOW 500 CELLS/MM3 OR A CD4 PERCENTAGE BELOW 15%
G9224	DOCUMENTATION OF MEDICAL REASON FOR NOT PERFORMING FOOT EXAM (E.G., PATIENT WITH BILATERAL FOOT/LEG AMPUTATION)
G9225	FOOT EXAM WAS NOT PERFORMED, REASON NOT GIVEN
G9226	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUGH VISUAL INSPECTION, SENSORY EXAM WITH 10-G MONOFILAMENT PLUS TESTING ANY ONE OF THE FOLLOWING: VIBRATION USING 128-HZ TUNING FORK, PINPRICK SENSATION, ANKLE REFLEXES, OR VIBRATION PERCEPTION THRESHOLD, AND PULSE EXAM ? REPORT WHEN ALL OF THE 3 COMPONENTS ARE COMPLETED)
G9227	FUNCTIONAL OUTCOME ASSESSMENT DOCUMENTED, CARE PLAN NOT DOCUMENTED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE FOR A CARE PLAN
G9228	CHLAMYDIA, GONORRHEA AND SYPHILIS SCREENING RESULTS DOCUMENTED (REPORT WHEN RESULTS ARE PRESENT FOR ALL OF THE 3 SCREENINGS)
G9229	CHLAMYDIA, GONORRHEA, AND SYPHILIS NOT SCREENED, DUE TO DOCUMENTED REASON (PATIENT REFUSAL IS THE ONLY ALLOWED EXCLUSION)
G9230	CHLAMYDIA, GONORRHEA, AND SYPHILIS NOT SCREENED, REASON NOT GIVEN
G9231	DOCUMENTATION OF END STAGE RENAL DISEASE (ESRD), DIALYSIS, RENAL TRANSPLANT OR PREGNANCY
G9232	CLINICIAN TREATING MAJOR DEPRESSIVE DISORDER DID NOT COMMUNICATE TO CLINICIAN TREATING COMORBID CONDITION FOR SPECIFIED PATIENT REASON
G9233	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE TOTAL KNEE REPLACEMENT MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9234	I INTEND TO REPORT THE TOTAL KNEE REPLACEMENT MEASURES GROUP

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9235	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE GENERAL SURGERY MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9236	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE OPTIMIZING PATIENT EXPOSURE TO IONIZING RADIATION MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9237	I INTEND TO REPORT THE GENERAL SURGERY MEASURES GROUP
G9238	I INTEND TO REPORT THE OPTIMIZING PATIENT EXPOSURE TO IONIZING RADIATION MEASURES GROUP
G9239	DOCUMENTATION OF REASONS FOR PATIENT INITIATING MAINTENANCE HEMODIALYSIS WITH A CATHETER AS THE MODE OF VASCULAR ACCESS (EG, PATIENT HAS A MATURING AVF/AVG, TIME-LIMITED TRIAL OF HEMODIALYSIS, PATIENTS UNDERGOING PALLIATIVE DIALYSIS, OTHER MEDICAL REASONS, PATIENT DECLINED AVF/AVG, OTHER PATIENT REASONS, PATIENT FOLLOWED BY REPORTING NEPHROLOGIST FOR FEWER THAN 90 DAYS, OTHER SYSTEM REASONS)
G9240	PATIENT WHOSE MODE OF VASCULAR ACCESS IS A CATHETER AT THE TIME MAINTENANCE HEMODIALYSIS IS INITIATED
G9241	PATIENT WHOSE MODE OF VASCULAR ACCESS IS NOT A CATHETER AT THE TIME MAINTENANCE HEMODIALYSIS IS INITIATED
G9242	DOCUMENTATION OF VIRAL LOAD EQUAL TO OR GREATER THAN 200 COPIES/ML OR VIRAL LOAD NOT PERFORMED
G9243	DOCUMENTATION OF VIRAL LOAD LESS THAN 200 COPIES/ML
G9244	ANTIRETROVIRAL THERAPY NOT PRESCRIBED
G9245	ANTIRETROVIRAL THERAPY PRESCRIBED
G9246	PATIENT DID NOT HAVE AT LEAST ONE MEDICAL VISIT IN EACH 6 MONTH PERIOD OF THE 24 MONTH MEASUREMENT PERIOD, WITH A MINIMUM OF 60 DAYS BETWEEN MEDICAL VISITS
G9247	PATIENT HAD AT LEAST ONE MEDICAL VISIT IN EACH 6 MONTH PERIOD OF THE 24 MONTH MEASUREMENT PERIOD, WITH A MINIMUM OF 60 DAYS BETWEEN MEDICAL VISITS
G9248	PATIENT DID NOT HAVE A MEDICAL VISIT IN THE LAST 6 MONTHS
G9249	PATIENT HAD A MEDICAL VISIT IN THE LAST 6 MONTHS
G9250	DOCUMENTATION OF PATIENT PAIN BROUGHT TO A COMFORTABLE LEVEL WITHIN 48 HOURS FROM INITIAL ASSESSMENT
G9251	DOCUMENTATION OF PATIENT WITH PAIN NOT BROUGHT TO A COMFORTABLE LEVEL WITHIN 48 HOURS FROM INITIAL ASSESSMENT
G9252	ADENOMA(S) OR OTHER NEOPLASM DETECTED DURING SCREENING COLONOSCOPY
G9253	ADENOMA(S) OR OTHER NEOPLASM NOT DETECTED DURING SCREENING COLONOSCOPY
G9254	DOCUMENTATION OF PATIENT DISCHARGED TO HOME LATER THAN POST-OPERATIVE DAY 2 FOLLOWING CAS
G9255	DOCUMENTATION OF PATIENT DISCHARGED TO HOME NO LATER THAN POST OPERATIVE DAY 2 FOLLOWING CAS
G9256	DOCUMENTATION OF PATIENT DEATH FOLLOWING CAS
G9257	DOCUMENTATION OF PATIENT STROKE FOLLOWING CAS
G9258	DOCUMENTATION OF PATIENT STROKE FOLLOWING CEA
G9259	DOCUMENTATION OF PATIENT SURVIVAL AND ABSENCE OF STROKE FOLLOWING CAS
G9260	DOCUMENTATION OF PATIENT DEATH FOLLOWING CEA
G9261	DOCUMENTATION OF PATIENT SURVIVAL AND ABSENCE OF STROKE FOLLOWING CEA
G9262	DOCUMENTATION OF PATIENT DEATH IN THE HOSPITAL FOLLOWING ENDOVASCULAR AAA REPAIR

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9263	DOCUMENTATION OF PATIENT SURVIVAL IN THE HOSPITAL FOLLOWING ENDOVASCULAR AAA REPAIR
G9264	DOCUMENTATION OF PATIENT RECEIVING MAINTENANCE HEMODIALYSIS FOR GREATER THAN OR EQUAL TO 90 DAYS WITH A CATHETER FOR DOCUMENTED REASONS (EG, PATIENT IS UNDERGOING PALLIATIVE DIALYSIS WITH A CATHETER, PATIENT APPROVED BY A QUALIFIED TRANSPLANT PROGRAM AND SCHEDULED TO RECEIVE A LIVING DONOR KIDNEY TRANSPLANT, OTHER MEDICAL REASONS, PATIENT DECLINED AVF/AVG, OTHER PATIENT REASONS)
G9265	PATIENT RECEIVING MAINTENANCE HEMODIALYSIS FOR GREATER THAN OR EQUAL TO 90 DAYS WITH A CATHETER AS THE MODE OF VASCULAR ACCESS
G9266	PATIENT RECEIVING MAINTENANCE HEMODIALYSIS FOR GREATER THAN OR EQUAL TO 90 DAYS WITHOUT A CATHETER AS THE MODE OF VASCULAR ACCESS
G9267	DOCUMENTATION OF PATIENT WITH ONE OR MORE COMPLICATIONS OR MORTALITY WITHIN 30 DAYS
G9268	DOCUMENTATION OF PATIENT WITH ONE OR MORE COMPLICATIONS WITHIN 90 DAYS
G9269	DOCUMENTATION OF PATIENT WITHOUT ONE OR MORE COMPLICATIONS AND WITHOUT MORTALITY WITHIN 30 DAYS
G9270	DOCUMENTATION OF PATIENT WITHOUT ONE OR MORE COMPLICATIONS WITHIN 90 DAYS
G9271	LDL VALUE < 100
G9272	LDL VALUE >= 100
G9273	BLOOD PRESSURE HAS A SYSTOLIC VALUE OF < 140 AND A DIASTOLIC VALUE OF < 90
G9274	BLOOD PRESSURE HAS A SYSTOLIC VALUE OF =140 AND A DIASTOLIC VALUE OF = 90 OR SYSTOLIC VALUE < 140 AND DIASTOLIC VALUE = 90 OR SYSTOLIC VALUE = 140 AND DIASTOLIC VALUE < 90
G9275	DOCUMENTATION THAT PATIENT IS A CURRENT NON-TOBACCO USER
G9276	DOCUMENTATION THAT PATIENT IS A CURRENT TOBACCO USER
G9277	DOCUMENTATION THAT THE PATIENT IS ON DAILY ASPIRIN OR ANTI-PLATELET OR HAS DOCUMENTATION OF A VALID CONTRAINDICATION OR EXCEPTION TO ASPIRIN/ANTI-PLATELET; CONTRAINDICATIONS/EXCEPTIONS INCLUDE ANTI-COAGULANT USE, ALLERGY TO ASPIRIN OR ANTI-PLATELETS, HISTORY OF GASTROINTESTINAL BLEED AND BLEEDING DISORDER; ADDITIONALLY, THE FOLLOWING EXCEPTIONS DOCUMENTED BY THE PHYSICIAN AS A REASON FOR NOT TAKING DAILY ASPIRIN OR ANTI-PLATELET ARE ACCEPTABLE (USE OF NON-STEROIDAL ANTI-INFLAMMATORY AGENTS, DOCUMENTED RISK FOR DRUG INTERACTION, UNCONTROLLED HYPERTENSION DEFINED AS >180 SYSTOLIC OR >110 DIASTOLIC OR GASTROESOPHAGEAL REFLUX)
G9278	DOCUMENTATION THAT THE PATIENT IS NOT ON DAILY ASPIRIN OR ANTI-PLATELET REGIMEN
G9279	PNEUMOCOCCAL SCREENING PERFORMED AND DOCUMENTATION OF VACCINATION RECEIVED PRIOR TO DISCHARGE
G9280	PNEUMOCOCCAL VACCINATION NOT ADMINISTERED PRIOR TO DISCHARGE, REASON NOT SPECIFIED
G9281	SCREENING PERFORMED AND DOCUMENTATION THAT VACCINATION NOT INDICATED/PATIENT REFUSAL
G9282	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT REPORTING THE HISTOLOGICAL TYPE OR NSCLC-NOS CLASSIFICATION WITH AN EXPLANATION (E.G., BIOPSY TAKEN FOR OTHER PURPOSES IN A PATIENT WITH A HISTORY OF NON-SMALL CELL LUNG CANCER OR OTHER DOCUMENTED MEDICAL REASONS)
G9283	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE OR CLASSIFIED AS NSCLC-NOS WITH AN EXPLANATION
G9284	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE OR CLASSIFIED AS NSCLC-NOS WITH AN EXPLANATION
G9285	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR IS NOT CLASSIFIED AS NON SMALL CELL LUNG CANCER

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9286	ANTIBIOTIC REGIMEN PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS
G9287	ANTIBIOTIC REGIMEN NOT PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS
G9288	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT REPORTING THE HISTOLOGICAL TYPE OR NSCLC-NOS CLASSIFICATION WITH AN EXPLANATION (E.G., A SOLITARY FIBROUS TUMOR IN A PERSON WITH A HISTORY OF NON-SMALL CELL CARCINOMA OR OTHER DOCUMENTED MEDICAL REASONS)
G9289	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE OR CLASSIFIED AS NSCLC-NOS WITH AN EXPLANATION
G9290	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE OR CLASSIFIED AS NSCLC-NOS WITH AN EXPLANATION
G9291	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG, IS NOT CLASSIFIED AS NON SMALL CELL LUNG CANCER OR CLASSIFIED AS NSCLC-NOS
G9292	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT REPORTING PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1, MITOTIC RATE (E.G., NEGATIVE SKIN BIOPSIES IN A PATIENT WITH A HISTORY OF MELANOMA OR OTHER DOCUMENTED MEDICAL REASONS)
G9293	PATHOLOGY REPORT DOES NOT INCLUDE THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1, MITOTIC RATE
G9294	PATHOLOGY REPORT INCLUDES THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1, MITOTIC RATE
G9295	SPECIMEN SITE OTHER THAN ANATOMIC CUTANEOUS LOCATION
G9296	PATIENTS WITH DOCUMENTED SHARED DECISION-MAKING INCLUDING DISCUSSION OF CONSERVATIVE (NON-SURGICAL) THERAPY (E.G., NSAIDS, ANALGESICS, WEIGHT LOSS, EXERCISE, INJECTIONS) PRIOR TO THE PROCEDURE
G9297	SHARED DECISION-MAKING INCLUDING DISCUSSION OF CONSERVATIVE (NON-SURGICAL) THERAPY (E.G., NSAIDS, ANALGESICS, WEIGHT LOSS, EXERCISE, INJECTIONS) PRIOR TO THE PROCEDURE, NOT DOCUMENTED, REASON NOT GIVEN
G9298	PATIENTS WHO ARE EVALUATED FOR VENOUS THROMBOEMBOLIC AND CARDIOVASCULAR RISK FACTORS WITHIN 30 DAYS PRIOR TO THE PROCEDURE (E.G. HISTORY OF DVT, PE, MI, ARRHYTHMIA AND STROKE)
G9299	PATIENTS WHO ARE NOT EVALUATED FOR VENOUS THROMBOEMBOLIC AND CARDIOVASCULAR RISK FACTORS WITHIN 30 DAYS PRIOR TO THE PROCEDURE INCLUDING (E.G., HISTORY OF DVT, PE, MI, ARRHYTHMIA AND STROKE, REASON NOT GIVEN)
G9300	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT COMPLETELY INFUSING THE PROPHYLACTIC ANTIBIOTIC PRIOR TO THE INFLATION OF THE PROXIMAL TOURNIQUET (E.G., A TOURNIQUET WAS NOT USED)
G9301	PATIENTS WHO HAD THE PROPHYLACTIC ANTIBIOTIC COMPLETELY INFUSED PRIOR TO THE INFLATION OF THE PROXIMAL TOURNIQUET
G9302	PROPHYLACTIC ANTIBIOTIC NOT COMPLETELY INFUSED PRIOR TO THE INFLATION OF THE PROXIMAL TOURNIQUET, REASON NOT GIVEN
G9303	OPERATIVE REPORT DOES NOT IDENTIFY THE PROSTHETIC IMPLANT SPECIFICATIONS INCLUDING THE PROSTHETIC IMPLANT MANUFACTURER, THE BRAND NAME OF THE PROSTHETIC IMPLANT AND THE SIZE OF EACH PROSTHETIC IMPLANT, REASON NOT GIVEN
G9304	OPERATIVE REPORT IDENTIFIES THE PROSTHETIC IMPLANT SPECIFICATIONS INCLUDING THE PROSTHETIC IMPLANT MANUFACTURER, THE BRAND NAME OF THE PROSTHETIC IMPLANT AND THE SIZE OF EACH PROSTHETIC IMPLANT
G9305	INTERVENTION FOR PRESENCE OF LEAK OF ENDOLUMINAL CONTENTS THROUGH AN ANASTOMOSIS NOT REQUIRED
G9306	INTERVENTION FOR PRESENCE OF LEAK OF ENDOLUMINAL CONTENTS THROUGH AN ANASTOMOSIS REQUIRED

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9307	NO RETURN TO THE OPERATING ROOM FOR A SURGICAL PROCEDURE, FOR ANY REASON, WITHIN 30 DAYS OF THE PRINCIPAL OPERATIVE PROCEDURE
G9308	UNPLANNED RETURN TO THE OPERATING ROOM FOR A SURGICAL PROCEDURE, FOR ANY REASON, WITHIN 30 DAYS OF THE PRINCIPAL OPERATIVE PROCEDURE
G9309	NO UNPLANNED HOSPITAL READMISSION WITHIN 30 DAYS OF PRINCIPAL PROCEDURE
G9310	UNPLANNED HOSPITAL READMISSION WITHIN 30 DAYS OF PRINCIPAL PROCEDURE
G9311	NO SURGICAL SITE INFECTION
G9312	SURGICAL SITE INFECTION
G9313	AMOXICILLIN, WITH OR WITHOUT CLAVULANATE, NOT PRESCRIBED AS FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS FOR DOCUMENTED REASON (EG, CYSTIC FIBROSIS, IMMOTILE CILIA DISORDERS, CILIARY DYSKINESIA, IMMUNE DEFICIENCY, PRIOR HISTORY OF SINUS SURGERY WITHIN THE PAST 12 MONTHS, AND ANATOMIC ABNORMALITIES, SUCH AS DEVIATED NASAL SEPTUM, RESISTANT ORGANISMS, ALLERGY TO MEDICATION, RECURRENT SINUSITIS, CHRONIC SINUSITIS, OR OTHER REASONS)
G9314	AMOXICILLIN, WITH OR WITHOUT CLAVULANATE, NOT PRESCRIBED AS FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS, REASON NOT GIVEN
G9315	DOCUMENTATION AMOXICILLIN, WITH OR WITHOUT CLAVULANATE, PRESCRIBED AS A FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS
G9316	DOCUMENTATION OF PATIENT-SPECIFIC RISK ASSESSMENT WITH A RISK CALCULATOR BASED ON MULTI-INSTITUTIONAL CLINICAL DATA, THE SPECIFIC RISK CALCULATOR USED, AND COMMUNICATION OF RISK ASSESSMENT FROM RISK CALCULATOR WITH THE PATIENT OR FAMILY
G9317	DOCUMENTATION OF PATIENT-SPECIFIC RISK ASSESSMENT WITH A RISK CALCULATOR BASED ON MULTI-INSTITUTIONAL CLINICAL DATA, THE SPECIFIC RISK CALCULATOR USED, AND COMMUNICATION OF RISK ASSESSMENT FROM RISK CALCULATOR WITH THE PATIENT OR FAMILY NOT COMPLETED
G9318	IMAGING STUDY NAMED ACCORDING TO STANDARDIZED NOMENCLATURE
G9319	IMAGING STUDY NOT NAMED ACCORDING TO STANDARDIZED NOMENCLATURE, REASON NOT GIVEN
G9320	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT NAMING CT STUDIES ACCORDING TO A STANDARDIZED NOMENCLATURE PROVIDED (EG, CT STUDIES PERFORMED FOR RADIATION TREATMENT PLANNING OR IMAGE-GUIDED RADIATION TREATMENT DELIVERY)
G9321	COUNT OF PREVIOUS CT (ANY TYPE OF CT) AND CARDIAC NUCLEAR MEDICINE (MYOCARDIAL PERFUSION) STUDIES DOCUMENTED IN THE 12-MONTH PERIOD PRIOR TO THE CURRENT STUDY
G9322	COUNT OF PREVIOUS CT AND CARDIAC NUCLEAR MEDICINE (MYOCARDIAL PERFUSION) STUDIES NOT DOCUMENTED IN THE 12-MONTH PERIOD PRIOR TO THE CURRENT STUDY, REASON NOT GIVEN
G9323	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT COUNTING PREVIOUS CT AND CARDIAC NUCLEAR MEDICINE (MYOCARDIAL PERFUSION) STUDIES (EG, CT STUDIES PERFORMED FOR RADIATION TREATMENT PLANNING OR IMAGE-GUIDED RADIATION TREATMENT DELIVERY)
G9324	ALL NECESSARY DATA ELEMENTS NOT INCLUDED, REASON NOT GIVEN
G9325	CT STUDIES NOT REPORTED TO A RADIATION DOSE INDEX REGISTRY DUE TO MEDICAL REASONS (EG, CT STUDIES PERFORMED FOR RADIATION TREATMENT PLANNING OR IMAGE-GUIDED RADIATION TREATMENT DELIVERY)
G9326	CT STUDIES PERFORMED NOT REPORTED TO A RADIATION DOSE INDEX REGISTRY, REASON NOT GIVEN
G9327	CT STUDIES PERFORMED REPORTED TO A RADIATION DOSE INDEX REGISTRY WITH ALL NECESSARY DATA ELEMENTS
G9328	DICOM FORMAT IMAGE DATA AVAILABILITY NOT DOCUMENTED IN FINAL REPORT DUE TO MEDICAL REASONS (EG, CT STUDIES PERFORMED FOR RADIATION TREATMENT PLANNING OR IMAGE-GUIDED RADIATION TREATMENT DELIVERY)

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9329	DICOM FORMAT IMAGE DATA AVAILABLE TO NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES ON A SECURE, MEDIA FREE, RECIPROCALLY SEARCHABLE BASIS WITH PATIENT AUTHORIZATION FOR AT LEAST A 12-MONTH PERIOD AFTER THE STUDY NOT DOCUMENTED IN FINAL REPORT, REASON NOT GIVEN
G9340	FINAL REPORT DOCUMENTED THAT DICOM FORMAT IMAGE DATA AVAILABLE TO NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES ON A SECURE, MEDIA FREE, RECIPROCALLY SEARCHABLE BASIS WITH PATIENT AUTHORIZATION FOR AT LEAST A 12-MONTH PERIOD AFTER THE STUDY
G9341	SEARCH CONDUCTED FOR PRIOR PATIENT CT STUDIES COMPLETED AT NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES WITHIN THE PAST 12-MONTHS AND ARE AVAILABLE THROUGH A SECURE, AUTHORIZED, MEDIA-FREE, SHARED ARCHIVE PRIOR TO AN IMAGING STUDY BEING PERFORMED
G9342	SEARCH NOT CONDUCTED PRIOR TO AN IMAGING STUDY BEING PERFORMED FOR PRIOR PATIENT CT STUDIES COMPLETED AT NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES WITHIN THE PAST 12-MONTHS AND ARE AVAILABLE THROUGH A SECURE, AUTHORIZED, MEDIA-FREE, SHARED ARCHIVE, REASON NOT GIVEN
G9343	DUE TO MEDICAL REASONS, SEARCH NOT CONDUCTED FOR DICOM FORMAT IMAGES FOR PRIOR PATIENT CT IMAGING STUDIES COMPLETED AT NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES WITHIN THE PAST 12 MONTHS THAT ARE AVAILABLE THROUGH A SECURE, AUTHORIZED, MEDIA-FREE, SHARED ARCHIVE (E.G., CT STUDIES PERFORMED FOR RADIATION TREATMENT PLANNING OR IMAGE-GUIDED RADIATION TREATMENT DELIVERY)
G9344	DUE TO SYSTEM REASONS SEARCH NOT CONDUCTED FOR DICOM FORMAT IMAGES FOR PRIOR PATIENT CT IMAGING STUDIES COMPLETED AT NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES WITHIN THE PAST 12 MONTHS THAT ARE AVAILABLE THROUGH A SECURE, AUTHORIZED, MEDIA-FREE, SHARED ARCHIVE (E.G., NON-AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES DOES NOT HAVE ARCHIVAL ABILITIES THROUGH A SHARED ARCHIVAL SYSTEM)
G9345	FOLLOW-UP RECOMMENDATIONS DOCUMENTED ACCORDING TO RECOMMENDED GUIDELINES FOR INCIDENTALLY DETECTED PULMONARY NODULES (E.G., FOLLOW-UP CT IMAGING STUDIES NEEDED OR THAT NO FOLLOW-UP IS NEEDED) BASED AT A MINIMUM ON NODULE SIZE AND PATIENT RISK FACTORS
G9346	FOLLOW-UP RECOMMENDATIONS NOT DOCUMENTED ACCORDING TO RECOMMENDED GUIDELINES FOR INCIDENTALLY DETECTED PULMONARY NODULES DUE TO MEDICAL REASONS (E.G., PATIENTS WITH KNOWN MALIGNANT DISEASE, PATIENTS WITH UNEXPLAINED FEVER, CT STUDIES PERFORMED FOR RADIATION TREATMENT PLANNING OR IMAGE-GUIDED RADIATION TREATMENT DELIVERY)
G9347	FOLLOW-UP RECOMMENDATIONS NOT DOCUMENTED ACCORDING TO RECOMMENDED GUIDELINES FOR INCIDENTALLY DETECTED PULMONARY NODULES, REASON NOT GIVEN
G9348	CT SCAN OF THE PARANASAL SINUSES ORDERED AT THE TIME OF DIAGNOSIS FOR DOCUMENTED REASONS (EG, PERSONS WITH SINUSITIS SYMPTOMS LASTING AT LEAST 7 TO 10 DAYS, ANTIBIOTIC RESISTANCE, IMMUNOCOMPROMISED, RECURRENT SINUSITIS, ACUTE FRONTAL SINUSITIS, ACUTE SPHENOID SINUSITIS, PERIORBITAL CELLULITIS, OR OTHER MEDICAL)
G9349	DOCUMENTATION OF A CT SCAN OF THE PARANASAL SINUSES ORDERED AT THE TIME OF DIAGNOSIS OR RECEIVED WITHIN 28 DAYS AFTER DATE OF DIAGNOSIS
G9350	CT SCAN OF THE PARANASAL SINUSES NOT ORDERED AT THE TIME OF DIAGNOSIS OR RECEIVED WITHIN 28 DAYS AFTER DATE OF DIAGNOSIS
G9351	MORE THAN ONE CT SCAN OF THE PARANASAL SINUSES ORDERED OR RECEIVED WITHIN 90 DAYS AFTER DIAGNOSIS
G9352	MORE THAN ONE CT SCAN OF THE PARANASAL SINUSES ORDERED OR RECEIVED WITHIN 90 DAYS AFTER THE DATE OF DIAGNOSIS, REASON NOT GIVEN
G9353	MORE THAN ONE CT SCAN OF THE PARANASAL SINUSES ORDERED OR RECEIVED WITHIN 90 DAYS AFTER THE DATE OF DIAGNOSIS FOR DOCUMENTED REASONS (EG, PATIENTS WITH COMPLICATIONS, SECOND CT OBTAINED PRIOR TO SURGERY, OTHER MEDICAL REASONS)
G9354	ONE CT SCAN OR NO CT SCAN OF THE PARANASAL SINUSES ORDERED WITHIN 90 DAYS AFTER THE DATE OF DIAGNOSIS
G9355	ELECTIVE DELIVERY OR EARLY INDUCTION NOT PERFORMED

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9356	ELECTIVE DELIVERY OR EARLY INDUCTION PERFORMED
G9357	POST-PARTUM SCREENINGS, EVALUATIONS AND EDUCATION PERFORMED
G9358	POST-PARTUM SCREENINGS, EVALUATIONS AND EDUCATION NOT PERFORMED
G9359	DOCUMENTATION OF NEGATIVE OR MANAGED POSITIVE TB SCREEN WITH FURTHER EVIDENCE THAT TB IS NOT ACTIVE
G9360	NO DOCUMENTATION OF NEGATIVE OR MANAGED POSITIVE TB SCREEN
G9361	MEDICAL INDICATION FOR INDUCTION (DOCUMENTATION OF REASON(S) FOR ELECTIVE DELIVERY OR EARLY INDUCTION (E.G., HEMORRHAGE AND PLACENTAL COMPLICATIONS, HYPERTENSION, PREECLAMPSIA AND ECLAMPSIA, RUPTURE OF MEMBRANES-PREMATURE, PROLONGED MATERNAL CONDITIONS COMPLICATING PREGNANCY/DELIVERY, FETAL CONDITIONS COMPLICATING PREGNANCY/DELIVERY, MALPOSITION AND MALPRESENTATION OF FETUS, LATE PREGNANCY, PRIOR UTERINE SURGERY, OR PARTICIPATION IN CLINICAL TRIAL))
G9362	DURATION OF MONITORED ANESTHESIA CARE (MAC) OR PERIPHERAL NERVE BLOCK (PNB) WITHOUT THE USE OF GENERAL ANESTHESIA DURING AN APPLICABLE PROCEDURE 60 MINUTES OR LONGER, AS DOCUMENTED IN THE ANESTHESIA RECORD
G9363	DURATION OF MONITORED ANESTHESIA CARE (MAC) OR PERIPHERAL NERVE BLOCK (PNB) WITHOUT THE USE OF GENERAL ANESTHESIA DURING AN APPLICABLE PROCEDURE OR GENERAL OR NEURAXIAL ANESTHESIA LESS THAN 60 MINUTES, AS DOCUMENTED IN THE ANESTHESIA RECORD
G9364	SINUSITIS CAUSED BY, OR PRESUMED TO BE CAUSED BY, BACTERIAL INFECTION
G9365	ONE HIGH-RISK MEDICATION ORDERED
G9366	ONE HIGH-RISK MEDICATION NOT ORDERED
G9367	AT LEAST TWO DIFFERENT HIGH-RISK MEDICATIONS ORDERED
G9368	AT LEAST TWO DIFFERENT HIGH-RISK MEDICATIONS NOT ORDERED
G9369	INDIVIDUAL FILLED AT LEAST TWO PRESCRIPTIONS FOR ANY ANTIPSYCHOTIC MEDICATION AND HAD A PDC OF 0.8 OR GREATER
G9370	INDIVIDUAL WHO DID NOT FILL AT LEAST TWO PRESCRIPTIONS FOR ANY ANTIPSYCHOTIC MEDICATION OR DID NOT HAVE A PDC OF 0.8 OR GREATER
G9376	PATIENT CONTINUED TO HAVE THE RETINA ATTACHED AT THE 6 MONTHS FOLLOW UP VISIT (+/- 1 MONTH) FOLLOWING ONLY ONE SURGERY
G9377	PATIENT DID NOT HAVE THE RETINA ATTACHED AFTER 6 MONTHS FOLLOWING ONLY ONE SURGERY
G9378	PATIENT CONTINUED TO HAVE THE RETINA ATTACHED AT THE 6 MONTHS FOLLOW UP VISIT (+/- 1 MONTH)
G9379	PATIENT DID NOT ACHIEVE FLAT RETINAS SIX MONTHS POST SURGERY
G9380	PATIENT OFFERED ASSISTANCE WITH END OF LIFE ISSUES DURING THE MEASUREMENT PERIOD
G9382	PATIENT NOT OFFERED ASSISTANCE WITH END OF LIFE ISSUES DURING THE MEASUREMENT PERIOD
G9383	PATIENT RECEIVED SCREENING FOR HCV INFECTION WITHIN THE 12 MONTH REPORTING PERIOD
G9384	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECEIVING ANNUAL SCREENING FOR HCV INFECTION (E.G., DECOMPENSATED CIRRHOSIS INDICATING ADVANCED DISEASE [I.E., ASCITES, ESOPHAGEAL VARICEAL BLEEDING, HEPATIC ENCEPHALOPATHY], HEPATOCELLULAR CARCINOMA, WAITLIST FOR ORGAN TRANSPLANT, LIMITED LIFE EXPECTANCY, OTHER MEDICAL REASONS)
G9385	DOCUMENTATION OF PATIENT REASON(S) FOR NOT RECEIVING ANNUAL SCREENING FOR HCV INFECTION (E.G., PATIENT DECLINED, OTHER PATIENT REASONS)
G9386	SCREENING FOR HCV INFECTION NOT RECEIVED WITHIN THE 12 MONTH REPORTING PERIOD, REASON NOT GIVEN

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9389	UNPLANNED RUPTURE OF THE POSTERIOR CAPSULE REQUIRING VITRECTOMY DURING CATARACT SURGERY
G9390	NO UNPLANNED RUPTURE OF THE POSTERIOR CAPSULE REQUIRING VITRECTOMY DURING CATARACT SURGERY
G9391	PATIENT ACHIEVES REFRACTION +/- 1 D FOR THE EYE THAT UNDERWENT CATARACT SURGERY, MEASURED AT THE ONE MONTH FOLLOW UP VISIT
G9392	PATIENT DOES NOT ACHIEVE REFRACTION +/- 1 D FOR THE EYE THAT UNDERWENT CATARACT SURGERY, MEASURED AT THE ONE MONTH FOLLOW UP VISIT
G9393	PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO ACHIEVES REMISSION AT TWELVE MONTHS AS DEMONSTRATED BY A TWELVE MONTH (+/- 30 DAYS) PHQ-9 SCORE OF LESS THAN FIVE
G9394	PATIENT WHO HAD A DIAGNOSIS OF BIPOLAR DISORDER OR PERSONALITY DISORDER, DEATH, PERMANENT NURSING HOME RESIDENT OR RECEIVING HOSPICE OR PALLIATIVE CARE ANY TIME DURING THE MEASUREMENT OR ASSESSMENT PERIOD
G9395	PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO DID NOT ACHIEVE REMISSION AT TWELVE MONTHS AS DEMONSTRATED BY A TWELVE MONTH (+/- 30 DAYS) PHQ-9 SCORE GREATER THAN OR EQUAL TO FIVE
G9396	PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO WAS NOT ASSESSED FOR REMISSION AT TWELVE MONTHS (+/- 30 DAYS)
G9399	DOCUMENTATION IN THE PATIENT RECORD OF A DISCUSSION BETWEEN THE PHYSICIAN/CLINICIAN AND THE PATIENT THAT INCLUDES ALL OF THE FOLLOWING: TREATMENT CHOICES APPROPRIATE TO GENOTYPE, RISKS AND BENEFITS, EVIDENCE OF EFFECTIVENESS, AND PATIENT PREFERENCES TOWARD THE OUTCOME OF THE TREATMENT
G9400	DOCUMENTATION OF MEDICAL OR PATIENT REASON(S) FOR NOT DISCUSSING TREATMENT OPTIONS; MEDICAL REASONS: PATIENT IS NOT A CANDIDATE FOR TREATMENT DUE TO ADVANCED PHYSICAL OR MENTAL HEALTH COMORBIDITY (INCLUDING ACTIVE SUBSTANCE USE); CURRENTLY RECEIVING ANTIVIRAL TREATMENT; SUCCESSFUL ANTIVIRAL TREATMENT (WITH SUSTAINED VIROLOGIC RESPONSE) PRIOR TO REPORTING PERIOD; OTHER DOCUMENTED MEDICAL REASONS; PATIENT REASONS: PATIENT UNABLE OR UNWILLING TO PARTICIPATE IN THE DISCUSSION OR OTHER PATIENT REASONS
G9401	NO DOCUMENTATION OF A DISCUSSION IN THE PATIENT RECORD OF A DISCUSSION BETWEEN THE PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL AND THE PATIENT THAT INCLUDES ALL OF THE FOLLOWING: TREATMENT CHOICES APPROPRIATE TO GENOTYPE, RISKS AND BENEFITS, EVIDENCE OF EFFECTIVENESS, AND PATIENT PREFERENCES TOWARD TREATMENT
G9402	PATIENT RECEIVED FOLLOW-UP ON THE DATE OF DISCHARGE OR WITHIN 30 DAYS AFTER DISCHARGE
G9403	CLINICIAN DOCUMENTED REASON PATIENT WAS NOT ABLE TO COMPLETE 30 DAY FOLLOW-UP FROM ACUTE INPATIENT SETTING DISCHARGE (E.G., PATIENT DEATH PRIOR TO FOLLOW-UP VISIT, PATIENT NON-COMPLIANT FOR VISIT FOLLOW-UP)
G9404	PATIENT DID NOT RECEIVE FOLLOW-UP ON THE DATE OF DISCHARGE OR WITHIN 30 DAYS AFTER DISCHARGE
G9405	PATIENT RECEIVED FOLLOW-UP WITHIN 7 DAYS FROM DISCHARGE
G9406	CLINICIAN DOCUMENTED REASON PATIENT WAS NOT ABLE TO COMPLETE 7 DAY FOLLOW-UP FROM ACUTE INPATIENT SETTING DISCHARGE (I.E PATIENT DEATH PRIOR TO FOLLOW-UP VISIT, PATIENT NON-COMPLIANCE FOR VISIT FOLLOW-UP)
G9407	PATIENT DID NOT RECEIVE FOLLOW-UP ON OR WITHIN 7 DAYS AFTER DISCHARGE
G9408	PATIENTS WITH CARDIAC TAMPONADE AND/OR PERICARDIOCENTESIS OCCURRING WITHIN 30 DAYS
G9409	PATIENTS WITHOUT CARDIAC TAMPONADE AND/OR PERICARDIOCENTESIS OCCURRING WITHIN 30 DAYS
G9410	PATIENT ADMITTED WITHIN 180 DAYS, STATUS POST CIED IMPLANTATION, REPLACEMENT, OR REVISION WITH AN INFECTION REQUIRING DEVICE REMOVAL OR SURGICAL REVISION
G9411	PATIENT NOT ADMITTED WITHIN 180 DAYS, STATUS POST CIED IMPLANTATION, REPLACEMENT, OR REVISION WITH AN INFECTION REQUIRING DEVICE REMOVAL OR SURGICAL REVISION

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9412	PATIENT ADMITTED WITHIN 180 DAYS, STATUS POST CIED IMPLANTATION, REPLACEMENT, OR REVISION WITH AN INFECTION REQUIRING DEVICE REMOVAL OR SURGICAL REVISION
G9413	PATIENT NOT ADMITTED WITHIN 180 DAYS, STATUS POST CIED IMPLANTATION, REPLACEMENT, OR REVISION WITH AN INFECTION REQUIRING DEVICE REMOVAL OR SURGICAL REVISION
G9414	PATIENT HAD ONE DOSE OF MENINGOCOCCAL VACCINE ON OR BETWEEN THE PATIENT'S 11TH AND 13TH BIRTHDAYS
G9415	PATIENT DID NOT HAVE ONE DOSE OF MENINGOCOCCAL VACCINE ON OR BETWEEN THE PATIENT'S 11TH AND 13TH BIRTHDAYS
G9416	PATIENT HAD ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) OR ONE TETANUS, DIPHTHERIA TOXOIDS VACCINE (TD) ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS OR ONE TETANUS AND ONE DIPHTHERIA VACCINE ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS
G9417	PATIENT DID NOT HAVE ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) OR ONE TETANUS, DIPHTHERIA TOXOIDS VACCINE (TD) ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS OR ONE TETANUS AND ONE DIPHTHERIA VACCINE ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS
G9418	PRIMARY NON-SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE OR CLASSIFIED AS NSCLC-NOS WITH AN EXPLANATION
G9419	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING THE HISTOLOGICAL TYPE OR NSCLC-NOS CLASSIFICATION WITH AN EXPLANATION (E.G., BIOPSY TAKEN FOR OTHER PURPOSES IN A PATIENT WITH A HISTORY OF PRIMARY NON-SMALL CELL LUNG CANCER OR OTHER DOCUMENTED MEDICAL REASONS)
G9420	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR IS NOT CLASSIFIED AS PRIMARY NON-SMALL CELL LUNG CANCER
G9421	PRIMARY NON-SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE OR CLASSIFIED AS NSCLC-NOS WITH AN EXPLANATION
G9422	PRIMARY LUNG CARCINOMA RESECTION REPORT DOCUMENTS PT CATEGORY, PN CATEGORY AND FOR NON-SMALL CELL LUNG CANCER, HISTOLOGIC TYPE (SQUAMOUS CELL CARCINOMA, ADENOCARCINOMA AND NOT NSCLC-NOS)
G9423	DOCUMENTATION OF MEDICAL REASON FOR NOT INCLUDING PT CATEGORY, PN CATEGORY AND HISTOLOGIC TYPE (FOR PATIENT WITH APPROPRIATE EXCLUSION CRITERIA (E.G. METASTATIC DISEASE, BENIGN TUMORS, MALIGNANT TUMORS OTHER THAN CARCINOMAS, INADEQUATE SURGICAL SPECIMENS)
G9424	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR CLASSIFIED AS NSCLC-NOS
G9425	PRIMARY LUNG CARCINOMA RESECTION REPORT DOES NOT DOCUMENT PT CATEGORY, PN CATEGORY AND FOR NON-SMALL CELL LUNG CANCER, HISTOLOGIC TYPE (SQUAMOUS CELL CARCINOMA, ADENOCARCINOMA)
G9426	IMPROVEMENT IN MEDIAN TIME FROM ED ARRIVAL TO INITIAL ED ORAL OR PARENTERAL PAIN MEDICATION ADMINISTRATION PERFORMED FOR ED ADMITTED PATIENTS
G9427	IMPROVEMENT IN MEDIAN TIME FROM ED ARRIVAL TO INITIAL ED ORAL OR PARENTERAL PAIN MEDICATION ADMINISTRATION NOT PERFORMED FOR ED ADMITTED PATIENTS
G9428	PATHOLOGY REPORT INCLUDES THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1, MITOTIC RATE
G9429	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1, MITOTIC RATE (E.G., NEGATIVE SKIN BIOPSIES IN A PATIENT WITH A HISTORY OF MELANOMA OR OTHER DOCUMENTED MEDICAL REASONS)
G9430	SPECIMEN SITE OTHER THAN ANATOMIC CUTANEOUS LOCATION
G9431	PATHOLOGY REPORT DOES NOT INCLUDE THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1, MITOTIC RATE

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G9432	ASTHMA WELL-CONTROLLED BASED ON THE ACT, C-ACT, ACQ, OR ATAQ SCORE AND RESULTS DOCUMENTED
G9433	DEATH, PERMANENT NURSING HOME RESIDENT OR RECEIVING HOSPICE OR PALLIATIVE CARE ANY TIME DURING THE MEASUREMENT PERIOD
G9434	ASTHMA NOT WELL-CONTROLLED BASED ON THE ACT, C-ACT, ACQ, OR ATAQ SCORE, OR SPECIFIED ASTHMA CONTROL TOOL NOT USED, REASON NOT GIVEN
G9435	ASPIRIN PRESCRIBED AT DISCHARGE
G9436	ASPIRIN NOT PRESCRIBED FOR DOCUMENTED REASONS (E.G., ALLERGY, MEDICAL INTOLERANCE, HISTORY OF BLEED)
G9437	ASPIRIN NOT PRESCRIBED AT DISCHARGE
G9438	P2Y INHIBITOR PRESCRIBED AT DISCHARGE
G9439	P2Y INHIBITOR NOT PRESCRIBED FOR DOCUMENTED REASONS (E.G., ALLERGY, MEDICAL INTOLERANCE, HISTORY OF BLEED)
G9440	P2Y INHIBITOR NOT PRESCRIBED AT DISCHARGE
G9441	STATIN PRESCRIBED AT DISCHARGE
G9442	STATIN NOT PRESCRIBED FOR DOCUMENTED REASONS (E.G., ALLERGY, MEDICAL INTOLERANCE)
G9443	STATIN NOT PRESCRIBED AT DISCHARGE
G9448	PATIENTS WHO WERE BORN IN THE YEARS 1945-1965
G9449	HISTORY OF RECEIVING BLOOD TRANSFUSIONS PRIOR TO 1992
G9450	HISTORY OF INJECTION DRUG USE
G9451	PATIENT RECEIVED ONE-TIME SCREENING FOR HCV INFECTION
G9452	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECEIVING ONE-TIME SCREENING FOR HCV INFECTION (E.G., DECOMPENSATED CIRRHOSIS INDICATING ADVANCED DISEASE [IE, ASCITES, ESOPHAGEAL VARICEAL BLEEDING, HEPATIC ENCEPHALOPATHY], HEPATOCELLULAR CARCINOMA, WAITLIST FOR ORGAN TRANSPLANT, LIMITED LIFE EXPECTANCY, OTHER MEDICAL REASONS)
G9453	DOCUMENTATION OF PATIENT REASON(S) FOR NOT RECEIVING ONE-TIME SCREENING FOR HCV INFECTION (E.G., PATIENT DECLINED, OTHER PATIENT REASONS)
G9454	ONE-TIME SCREENING FOR HCV INFECTION NOT RECEIVED WITHIN 12 MONTH REPORTING PERIOD AND NO DOCUMENTATION OF PRIOR SCREENING FOR HCV INFECTION, REASON NOT GIVEN
G9455	PATIENT UNDERWENT ABDOMINAL IMAGING WITH ULTRASOUND, CONTRAST ENHANCED CT OR CONTRAST MRI FOR HCC
G9456	DOCUMENTATION OF MEDICAL OR PATIENT REASON(S) FOR NOT ORDERING OR PERFORMING SCREENING FOR HCC. MEDICAL REASON: COMORBID MEDICAL CONDITIONS WITH EXPECTED SURVIVAL < 5 YEARS, HEPATIC DECOMPENSATION AND NOT A CANDIDATE FOR LIVER TRANSPLANTATION, OR OTHER MEDICAL REASONS; PATIENT REASONS: PATIENT DECLINED OR OTHER PATIENT REASONS (E.G., COST OF TESTS, TIME RELATED TO ACCESSING TESTING EQUIPMENT)
G9457	PATIENT DID NOT UNDERGO ABDOMINAL IMAGING AND DID NOT HAVE A DOCUMENTED REASON FOR NOT UNDERGOING ABDOMINAL IMAGING IN THE REPORTING PERIOD
G9458	PATIENT DOCUMENTED AS TOBACCO USER AND RECEIVED TOBACCO CESSATION INTERVENTION (MUST INCLUDE AT LEAST ONE OF THE FOLLOWING: ADVICE GIVEN TO QUIT SMOKING OR TOBACCO USE, COUNSELING ON THE BENEFITS OF QUITTING SMOKING OR TOBACCO USE, ASSISTANCE WITH OR REFERRAL TO EXTERNAL SMOKING OR TOBACCO CESSATION SUPPORT PROGRAMS, OR CURRENT ENROLLMENT IN SMOKING OR TOBACCO USE CESSATION PROGRAM) IF IDENTIFIED AS A TOBACCO USER
G9459	CURRENTLY A TOBACCO NON-USER
G9460	TOBACCO ASSESSMENT OR TOBACCO CESSATION INTERVENTION NOT PERFORMED, REASON NOT GIVEN

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9463	I INTEND TO REPORT THE SINUSITIS MEASURES GROUP
G9464	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE SINUSITIS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9465	I INTEND TO REPORT THE ACUTE OTITIS EXTERNA (AOE) MEASURES GROUP
G9466	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE AOE MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9467	PATIENT WHO HAVE RECEIVED OR ARE RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10 MG/DAY OF PREDNISONE EQUIVALENTS FOR 60 OR GREATER CONSECUTIVE DAYS OR A SINGLE PRESCRIPTION EQUATING TO 600MG PREDNISONE OR GREATER FOR ALL FILLS WITHIN THE LAST TWELVE MONTHS
G9468	PATIENT NOT RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10 MG/DAY OF PREDNISONE EQUIVALENTS FOR 60 OR GREATER CONSECUTIVE DAYS OR A SINGLE PRESCRIPTION EQUATING TO 600 MG PREDNISONE OR GREATER FOR ALL FILLS
G9469	PATIENTS WHO HAVE RECEIVED OR ARE RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10 MG/DAY OF PREDNISONE EQUIVALENTS FOR 60 OR GREATER CONSECUTIVE DAYS OR A SINGLE PRESCRIPTION EQUATING TO 600 MG PREDNISONE OR GREATER FOR ALL FILLS
G9470	PATIENTS NOT RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10 MG/DAY OF PREDNISONE EQUIVALENTS FOR 60 OR GREATER CONSECUTIVE DAYS OR A SINGLE PRESCRIPTION EQUATING TO 600 MG PREDNISONE OR GREATER FOR ALL FILLS
G9471	WITHIN THE PAST 2 YEARS, CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) NOT ORDERED OR DOCUMENTED
G9472	WITHIN THE PAST 2 YEARS, CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) NOT ORDERED AND DOCUMENTED, NO REVIEW OF SYSTEMS AND NO MEDICATION HISTORY OR PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED
G9473	SERVICES PERFORMED BY CHAPLAIN IN THE HOSPICE SETTING, EACH 15 MINUTES
G9474	SERVICES PERFORMED BY DIETARY COUNSELOR IN THE HOSPICE SETTING, EACH 15 MINUTES
G9475	SERVICES PERFORMED BY OTHER COUNSELOR IN THE HOSPICE SETTING, EACH 15 MINUTES
G9476	SERVICES PERFORMED BY VOLUNTEER IN THE HOSPICE SETTING, EACH 15 MINUTES
G9477	SERVICES PERFORMED BY CARE COORDINATOR IN THE HOSPICE SETTING, EACH 15 MINUTES
G9478	SERVICES PERFORMED BY OTHER QUALIFIED THERAPIST IN THE HOSPICE SETTING, EACH 15 MINUTES
G9479	SERVICES PERFORMED BY QUALIFIED PHARMACIST IN THE HOSPICE SETTING, EACH 15 MINUTES
G9480	ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM (MCCM)
G9497	SEEN PRE-OPERATIVELY BY ANESTHESIOLOGIST OR PROXY PRIOR TO THE DAY OF SURGERY
G9498	ANTIBIOTIC REGIMEN PRESCRIBED
G9499	PATIENT DID NOT START OR IS NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C DURING THE MEASUREMENT PERIOD
G9500	RADIATION EXPOSURE INDICES, EXPOSURE TIME OR NUMBER OF FLUOROGRAPHIC IMAGES IN FINAL REPORT FOR PROCEDURES USING FLUOROSCOPY, DOCUMENTED
G9501	RADIATION EXPOSURE INDICES, EXPOSURE TIME OR NUMBER OF FLUOROGRAPHIC IMAGES NOT DOCUMENTED IN FINAL REPORT FOR PROCEDURE USING FLUOROSCOPY, REASON NOT GIVEN
G9502	DOCUMENTATION OF MEDICAL REASON FOR NOT PERFORMING FOOT EXAM (I.E., PATIENTS WHO HAVE HAD EITHER A BILATERAL AMPUTATION ABOVE OR BELOW THE KNEE, OR BOTH A LEFT AND RIGHT AMPUTATION ABOVE OR BELOW THE KNEE BEFORE OR DURING THE MEASUREMENT PERIOD)
G9503	PATIENT TAKING TAMSULOSIN HYDROCHLORIDE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9504	DOCUMENTED REASON FOR NOT ASSESSING HEPATITIS B VIRUS (HBV) STATUS (E.G. PATIENT NOT RECEIVING A FIRST COURSE OF ANTI-TNF THERAPY, PATIENT DECLINED) WITHIN ONE YEAR PRIOR TO FIRST COURSE OF ANTI-TNF THERAPY
G9505	ANTIBIOTIC REGIMEN PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS FOR DOCUMENTED MEDICAL REASON
G9506	BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED
G9507	DOCUMENTATION THAT THE PATIENT IS ON A STATIN MEDICATION OR HAS DOCUMENTATION OF A VALID CONTRAINDICATION OR EXCEPTION TO STATIN MEDICATIONS; CONTRAINDICATIONS/EXCEPTIONS THAT CAN BE DEFINED BY DIAGNOSIS CODES INCLUDE PREGNANCY DURING THE MEASUREMENT PERIOD, ACTIVE LIVER DISEASE, RHABDOMYOLYSIS, END STAGE RENAL DISEASE ON DIALYSIS AND HEART FAILURE; PROVIDER DOCUMENTED CONTRAINDICATIONS/EXCEPTIONS INCLUDE BREASTFEEDING DURING THE MEASUREMENT PERIOD, WOMAN OF CHILD-BEARING AGE NOT ACTIVELY TAKING BIRTH CONTROL, ALLERGY TO STATIN, DRUG INTERACTION (HIV PROTEASE INHIBITORS, NEFAZODONE, CYCLOSPORINE, GEMFIBROZIL, AND DANAZOL) AND INTOLERANCE (WITH SUPPORTING DOCUMENTATION OF TRYING A STATIN AT LEAST ONCE WITHIN THE LAST 5 YEARS OR DIAGNOSIS CODES FOR MYOSITIS OR TOXIC MYOPATHY RELATED TO DRUGS)
G9508	DOCUMENTATION THAT THE PATIENT IS NOT ON A STATIN MEDICATION
G9509	REMISSION AT TWELVE MONTHS AS DEMONSTRATED BY A TWELVE MONTH (+/-30 DAYS) PHQ-9 SCORE OF LESS THAN 5
G9510	REMISSION AT TWELVE MONTHS NOT DEMONSTRATED BY A TWELVE MONTH (+/-30 DAYS) PHQ-9 SCORE OF LESS THAN FIVE; EITHER PHQ-9 SCORE WAS NOT ASSESSED OR IS GREATER THAN OR EQUAL TO 5
G9511	INDEX DATE PHQ-9 SCORE GREATER THAN 9 DOCUMENTED DURING THE TWELVE MONTH DENOMINATOR IDENTIFICATION PERIOD
G9512	INDIVIDUAL HAD A PDC OF 0.8 OR GREATER
G9513	INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER
G9514	PATIENT REQUIRED A RETURN TO THE OPERATING ROOM WITHIN 90 DAYS OF SURGERY
G9515	PATIENT DID NOT REQUIRE A RETURN TO THE OPERATING ROOM WITHIN 90 DAYS OF SURGERY
G9516	PATIENT ACHIEVED AN IMPROVEMENT IN VISUAL ACUITY, FROM THEIR PREOPERATIVE LEVEL, WITHIN 90 DAYS OF SURGERY
G9517	PATIENT DID NOT ACHIEVE AN IMPROVEMENT IN VISUAL ACUITY, FROM THEIR PREOPERATIVE LEVEL, WITHIN 90 DAYS OF SURGERY, REASON NOT GIVEN
G9518	DOCUMENTATION OF ACTIVE INJECTION DRUG USE
G9519	PATIENT ACHIEVES FINAL REFRACTION (SPHERICAL EQUIVALENT) +/- 1.0 DIOPTERS OF THEIR PLANNED REFRACTION WITHIN 90 DAYS OF SURGERY
G9520	PATIENT DOES NOT ACHIEVE FINAL REFRACTION (SPHERICAL EQUIVALENT) +/- 1.0 DIOPTERS OF THEIR PLANNED REFRACTION WITHIN 90 DAYS OF SURGERY, REASON NOT GIVEN
G9521	TOTAL NUMBER OF EMERGENCY DEPARTMENT VISITS AND INPATIENT HOSPITALIZATIONS LESS THAN TWO IN THE PAST 12 MONTHS
G9522	TOTAL NUMBER OF EMERGENCY DEPARTMENT VISITS AND INPATIENT HOSPITALIZATIONS EQUAL TO OR GREATER THAN TWO IN THE PAST 12 MONTHS OR PATIENT NOT SCREENED, REASON NOT GIVEN
G9523	PATIENT DISCONTINUED FROM HEMODIALYSIS OR PERITONEAL DIALYSIS
G9524	PATIENT WAS REFERRED TO HOSPICE CARE
G9525	DOCUMENTATION OF PATIENT REASON(S) FOR NOT REFERRING TO HOSPICE CARE (E.G., PATIENT DECLINED, OTHER PATIENT REASONS)
G9526	PATIENT WAS NOT REFERRED TO HOSPICE CARE, REASON NOT GIVEN
G9529	PATIENT WITH MINOR BLUNT HEAD TRAUMA HAD AN APPROPRIATE INDICATION(S) FOR A HEAD CT

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9530	PATIENT PRESENTED WITHIN 24 HOURS OF A MINOR BLUNT HEAD TRAUMA WITH A GCS SCORE OF 15 AND HAD A HEAD CT ORDERED FOR TRAUMA BY AN EMERGENCY CARE PROVIDER
G9531	PATIENT HAS A VALID REASON FOR A HEAD CT FOR TRAUMA BEING ORDERED, REGARDLESS OF INDICATIONS (I.E., VENTRICULAR SHUNT, BRAIN TUMOR, MULTISYSTEM TRAUMA, PREGNANCY, OR CURRENTLY TAKING AN ANTIPLATELET MEDICATION INCLUDING: ASA/DIPYRIDAMOLE, CLOPIDOGREL, PRASUGREL, TICLOPIDINE, TICAGRELOR OR CILSTAZOL)
G9532	PATIENT'S HEAD INJURY OCCURRED GREATER THAN 24 HOURS BEFORE PRESENTATION TO THE EMERGENCY DEPARTMENT, OR HAS A GCS SCORE LESS THAN 15, OR HAD A HEAD CT FOR TRAUMA ORDERED BY SOMEONE OTHER THAN AN EMERGENCY CARE PROVIDER, OR WAS ORDERED FOR A REASON OTHER THAN TRAUMA
G9533	PATIENT WITH MINOR BLUNT HEAD TRAUMA DID NOT HAVE AN APPROPRIATE INDICATION(S) FOR A HEAD CT
G9534	ADVANCED BRAIN IMAGING (CTA, CT, MRA OR MRI) WAS NOT ORDERED
G9535	PATIENTS WITH A NORMAL NEUROLOGICAL EXAMINATION
G9536	DOCUMENTATION OF MEDICAL REASON(S) FOR ORDERING AN ADVANCED BRAIN IMAGING STUDY (I.E., PATIENT HAS AN ABNORMAL NEUROLOGICAL EXAMINATION; PATIENT HAS THE COEXISTENCE OF SEIZURES, OR BOTH; RECENT ONSET OF SEVERE HEADACHE; CHANGE IN THE TYPE OF HEADACHE; SIGNS OF INCREASED INTRACRANIAL PRESSURE (E.G., PAPILLEDEMA, ABSENT VENOUS PULSATIONS ON FUNDUSCOPIC EXAMINATION, ALTERED MENTAL STATUS, FOCAL NEUROLOGIC DEFICITS, SIGNS OF MENINGEAL IRRITATION); HIV-POSITIVE PATIENTS WITH A NEW TYPE OF HEADACHE; IMMUNOCOMPROMISED PATIENT WITH UNEXPLAINED HEADACHE SYMPTOMS; PATIENT ON COAGULOPATHY/ANTI-COAGULATION OR ANTI-PLATELET THERAPY; VERY YOUNG PATIENTS WITH UNEXPLAINED HEADACHE SYMPTOMS)
G9537	DOCUMENTATION OF SYSTEM REASON(S) FOR ORDERING AN ADVANCED BRAIN IMAGING STUDY (I.E., NEEDED AS PART OF A CLINICAL TRIAL; OTHER CLINICIAN ORDERED THE STUDY)
G9538	ADVANCED BRAIN IMAGING (CTA, CT, MRA OR MRI) WAS ORDERED
G9539	INTENT FOR POTENTIAL REMOVAL AT TIME OF PLACEMENT
G9540	PATIENT ALIVE 3 MONTHS POST PROCEDURE
G9541	FILTER REMOVED WITHIN 3 MONTHS OF PLACEMENT
G9542	DOCUMENTED RE-ASSESSMENT FOR THE APPROPRIATENESS OF FILTER REMOVAL WITHIN 3 MONTHS OF PLACEMENT
G9543	DOCUMENTATION OF AT LEAST TWO ATTEMPTS TO REACH THE PATIENT TO ARRANGE A CLINICAL RE-ASSESSMENT FOR THE APPROPRIATENESS OF FILTER REMOVAL WITHIN 3 MONTHS OF PLACEMENT
G9544	PATIENTS THAT DO NOT HAVE THE FILTER REMOVED, DOCUMENTED RE-ASSESSMENT FOR THE APPROPRIATENESS OF FILTER REMOVAL, OR DOCUMENTATION OF AT LEAST TWO ATTEMPTS TO REACH THE PATIENT TO ARRANGE A CLINICAL RE-ASSESSMENT FOR THE APPROPRIATENESS OF FILTER REMOVAL WITHIN 3 MONTHS OF PLACEMENT
G9547	INCIDENTAL CT FINDING: LIVER LESION = 0.5 CM, CYSTIC KIDNEY LESION < 1.0 CM OR ADRENAL LESION = 1.0 CM
G9548	FINAL REPORTS FOR ABDOMINAL IMAGING STUDIES WITH FOLLOW-UP IMAGING RECOMMENDED
G9549	DOCUMENTATION OF MEDICAL REASON(S) THAT FOLLOW-UP IMAGING IS NOT INDICATED (E.G., PATIENT HAS A KNOWN MALIGNANCY THAT CAN METASTASIZE, OTHER MEDICAL REASON(S))
G9550	FINAL REPORTS FOR ABDOMINAL IMAGING STUDIES WITH FOLLOW-UP IMAGING NOT RECOMMENDED
G9551	FINAL REPORTS FOR ABDOMINAL IMAGING STUDIES WITHOUT A LIVER LESION < 0.5 CM, CYSTIC KIDNEY LESION < 1.0 CM OR ADRENAL LESION < 1.0 CM NOTED
G9552	INCIDENTAL THYROID NODULE < 1.0 CM NOTED IN REPORT
G9553	PRIOR THYROID DISEASE DIAGNOSIS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9554	FINAL REPORTS FOR CT OR MRI OF THE CHEST OR NECK OR ULTRASOUND OF THE NECK WITH FOLLOW-UP IMAGING RECOMMENDED
G9555	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING DOCUMENTATION THAT FOLLOW UP IMAGING IS NOT NEEDED (E.G., PATIENT HAS MULTIPLE ENDOCRINE NEOPLASIA, PATIENT HAS CERVICAL LYMPHADENOPATHY, OTHER MEDICAL REASON(S))
G9556	FINAL REPORTS FOR CT OR MRI OF THE CHEST OR NECK OR ULTRASOUND OF THE NECK WITH FOLLOW-UP IMAGING NOT RECOMMENDED
G9557	FINAL REPORTS FOR CT OR MRI STUDIES OF THE CHEST OR NECK OR ULTRASOUND OF THE NECK WITHOUT A THYROID NODULE < 1.0 CM NOTED
G9558	PATIENT TREATED WITH A BETA-LACTAM ANTIBIOTIC AS DEFINITIVE THERAPY
G9559	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING A BETA-LACTAM ANTIBIOTIC (E.G., ALLERGY, INTOLERANCE TO BETA -LACTAM ANTIBIOTICS)
G9560	PATIENT NOT TREATED WITH A BETA-LACTAM ANTIBIOTIC AS DEFINITIVE THERAPY, REASON NOT GIVEN
G9561	PATIENTS PRESCRIBED OPIATES FOR LONGER THAN SIX WEEKS
G9562	PATIENTS WHO HAD A FOLLOW-UP EVALUATION CONDUCTED AT LEAST EVERY THREE MONTHS DURING OPIOID THERAPY
G9563	PATIENTS WHO DID NOT HAVE A FOLLOW-UP EVALUATION CONDUCTED AT LEAST EVERY THREE MONTHS DURING OPIOID THERAPY
G9572	INDEX DATE PHQ-SCORE GREATER THAN 9 DOCUMENTED DURING THE TWELVE MONTH DENOMINATOR IDENTIFICATION PERIOD
G9573	REMISSION AT SIX MONTHS AS DEMONSTRATED BY A SIX MONTH (+/-30 DAYS) PHQ-9 SCORE OF LESS THAN FIVE
G9574	REMISSION AT SIX MONTHS NOT DEMONSTRATED BY A SIX MONTH (+/-30 DAYS) PHQ-9 SCORE OF LESS THAN FIVE. EITHER PHQ-9 SCORE WAS NOT ASSESSED OR IS GREATER THAN OR EQUAL TO FIVE
G9577	PATIENTS PRESCRIBED OPIATES FOR LONGER THAN SIX WEEKS
G9578	DOCUMENTATION OF SIGNED OPIOID TREATMENT AGREEMENT AT LEAST ONCE DURING OPIOID THERAPY
G9579	NO DOCUMENTATION OF SIGNED AN OPIOID TREATMENT AGREEMENT AT LEAST ONCE DURING OPIOID THERAPY
G9580	DOOR TO PUNCTURE TIME OF LESS THAN 2 HOURS
G9581	DOOR TO PUNCTURE TIME OF GREATER THAN 2 HOURS FOR REASONS DOCUMENTED BY CLINICIAN (E.G., PATIENTS WHO ARE TRANSFERRED FROM ONE INSTITUTION TO ANOTHER WITH A KNOWN DIAGNOSIS OF CVA FOR ENDOVASCULAR STROKE TREATMENT; HOSPITALIZED PATIENTS WITH NEWLY DIAGNOSED CVA CONSIDERED FOR ENDOVASCULAR STROKE TREATMENT)
G9582	DOOR TO PUNCTURE TIME OF GREATER THAN 2 HOURS, NO REASON GIVEN
G9583	PATIENTS PRESCRIBED OPIATES FOR LONGER THAN SIX WEEKS
G9584	PATIENT EVALUATED FOR RISK OF MISUSE OF OPIATES BY USING A BRIEF VALIDATED INSTRUMENT (E.G., OPIOID RISK TOOL, SOAAP-R) OR PATIENT INTERVIEWED AT LEAST ONCE DURING OPIOID THERAPY
G9585	PATIENT NOT EVALUATED FOR RISK OF MISUSE OF OPIATES BY USING A BRIEF VALIDATED INSTRUMENT (E.G., OPIOID RISK TOOL, SOAAP-R) OR PATIENT NOT INTERVIEWED AT LEAST ONCE DURING OPIOID THERAPY
G9593	PEDIATRIC PATIENT WITH MINOR BLUNT HEAD TRAUMA CLASSIFIED AS LOW RISK ACCORDING TO THE PECARN PREDICTION RULES
G9594	PATIENT PRESENTED WITHIN 24 HOURS OF A MINOR BLUNT HEAD TRAUMA WITH A GCS SCORE OF 15 AND HAD A HEAD CT ORDERED FOR TRAUMA BY AN EMERGENCY CARE PROVIDER

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9595	PATIENT HAS A VALID REASON FOR A HEAD CT FOR TRAUMA BEING ORDERED, REGARDLESS OF INDICATIONS (IE, VENTRICULAR SHUNT, BRAIN TUMOR, COAGULOPATHY, INCLUDING THROMBOCYTOPENIA)
G9596	PEDIATRIC PATIENT'S HEAD INJURY OCCURRED GREATER THAN 24 HOURS BEFORE PRESENTATION TO THE EMERGENCY DEPARTMENT, OR HAS A GCS SCORE LESS THAN 15, OR HAD A HEAD CT FOR TRAUMA ORDERED BY SOMEONE OTHER THAN AN EMERGENCY CARE PROVIDER, OR WAS ORDERED FOR A REASON OTHER THAN TRAUMA
G9597	PEDIATRIC PATIENT WITH MINOR BLUNT HEAD TRAUMA NOT CLASSIFIED AS LOW RISK ACCORDING TO THE PECARN PREDICTION RULES
G9598	AORTIC ANEURYSM 5.5 - 5.9 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL FORMATTED CT
G9599	AORTIC ANEURYSM 6.0 CM OR GREATER MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL FORMATTED CT
G9600	SYMPTOMATIC AAAS THAT REQUIRED URGENT/EMERGENT (NON-ELECTIVE) REPAIR
G9601	PATIENT DISCHARGE TO HOME NO LATER THAN POST-OPERATIVE DAY #7
G9602	PATIENT NOT DISCHARGED TO HOME BY POST-OPERATIVE DAY #7
G9603	PATIENT SURVEY SCORE IMPROVED FROM BASELINE FOLLOWING TREATMENT
G9604	PATIENT SURVEY RESULTS NOT AVAILABLE
G9605	PATIENT SURVEY SCORE DID NOT IMPROVE FROM BASELINE FOLLOWING TREATMENT
G9606	INTRAOPERATIVE CYSTOSCOPY PERFORMED TO EVALUATE FOR LOWER TRACT INJURY
G9607	PATIENT IS NOT ELIGIBLE (E.G., PATIENT DEATH DURING PROCEDURE, ABSENT URETHRA OR AN OTHERWISE INACCESSIBLE BLADDER)
G9608	INTRAOPERATIVE CYSTOSCOPY NOT PERFORMED TO EVALUATE FOR LOWER TRACT INJURY
G9609	DOCUMENTATION OF AN ORDER FOR ANTI-PLATELET AGENTS OR P2Y12 ANTAGONISTS
G9610	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ORDERING ANTI-PLATELET AGENTS OR P2Y12 ANTAGONISTS (E.G., PATIENTS WITH KNOWN INTOLERANCE TO ANTI-PLATELET AGENTS SUCH AS ASPIRIN OR ASPIRIN-LIKE AGENTS, OR P2Y12 ANTAGONISTS, OR THOSE ON OR OTHER INTRAVENOUS ANTI-COAGULANTS; PATIENTS WITH ACTIVE BLEEDING OR UNDERGOING URGENT OR EMERGENT OPERATIONS OR ENDARTERECTOMY COMBINED WITH CARDIAC SURGERY, OTHER MEDICAL REASON(S))
G9611	ORDER FOR ANTI-PLATELET AGENTS OR P2Y12 ANTAGONISTS WAS NOT DOCUMENTED, REASON NOT OTHERWISE SPECIFIED
G9612	PHOTODOCUMENTATION OF ONE OR MORE CECAL LANDMARKS TO ESTABLISH A COMPLETE EXAMINATION
G9613	DOCUMENTATION OF POST-SURGICAL ANATOMY (E.G., RIGHT HEMICOLECTOMY, ILEOCECAL RESECTION, ETC.)
G9614	NO PHOTODOCUMENTATION OF CECAL LANDMARKS TO ESTABLISH A COMPLETE EXAMINATION
G9615	PREOPERATIVE ASSESSMENT DOCUMENTED
G9616	DOCUMENTATION OF REASON(S) FOR NOT DOCUMENTING A PREOPERATIVE ASSESSMENT (E.G., PATIENT WITH A GYNECOLOGIC OR OTHER PELVIC MALIGNANCY NOTED AT THE TIME OF SURGERY)
G9617	PREOPERATIVE ASSESSMENT NOT DOCUMENTED, REASON NOT GIVEN
G9618	DOCUMENTATION OF SCREENING FOR UTERINE MALIGNANCY OR THOSE THAT HAD AN ULTRASOUND AND/OR ENDOMETRIAL SAMPLING OF ANY KIND
G9619	DOCUMENTATION OF REASON(S) FOR NOT SCREENING FOR UTERINE MALIGNANCY (E.G., PRIOR HYSTERECTOMY)

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9620	PATIENT NOT SCREENED FOR UTERINE MALIGNANCY, OR THOSE THAT HAVE NOT HAD AN ULTRASOUND AND/OR ENDOMETRIAL SAMPLING OF ANY KIND, REASON NOT GIVEN
G9621	PATIENT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER WHEN SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD AND RECEIVED BRIEF COUNSELING
G9622	PATIENT NOT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER WHEN SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD
G9623	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT SCREENING FOR UNHEALTHY ALCOHOL USE (E.G., LIMITED LIFE EXPECTANCY, OTHER MEDICAL REASONS)
G9624	PATIENT NOT SCREENED FOR UNHEALTHY ALCOHOL SCREENING USING A SYSTEMATIC SCREENING METHOD OR PATIENT DID NOT RECEIVE BRIEF COUNSELING, REASON NOT GIVEN
G9625	PATIENT SUSTAINED BLADDER INJURY AT THE TIME OF SURGERY OR SUBSEQUENTLY UP TO 1 MONTH POST-SURGERY
G9626	PATIENT IS NOT ELIGIBLE (E.G., GYNECOLOGIC OR OTHER PELVIC MALIGNANCY DOCUMENTED, CONCURRENT SURGERY INVOLVING BLADDER NEOPLASIA OR OTHERWISE TO TREAT A BLADDER SPECIFIC PROBLEM, PATIENT DEATH FROM OTHER CAUSES, ETC.)
G9627	PATIENT DID NOT SUSTAINED BLADDER INJURY AT THE TIME OF SURGERY OR SUBSEQUENTLY UP TO 1 MONTH POST-SURGERY
G9628	PATIENT SUSTAINED MAJOR VISCUS INJURY AT THE TIME OF SURGERY OR SUBSEQUENTLY UP TO 1 MONTH POST-SURGERY
G9629	PATIENT IS NOT ELIGIBLE (E.G., GYNECOLOGIC OR OTHER PELVIC MALIGNANCY DOCUMENTED, CONCURRENT SURGERY INVOLVING BLADDER NEOPLASIA OR OTHERWISE TO TREAT A BLADDER SPECIFIC PROBLEM, PATIENT DEATH FROM OTHER CAUSES, ETC.)
G9630	PATIENT DID NOT SUSTAIN MAJOR VISCUS INJURY AT THE TIME OF SURGERY OR SUBSEQUENTLY UP TO 1 MONTH POST-SURGERY
G9631	PATIENT SUSTAINED URETER INJURY AT THE TIME OF SURGERY OR DISCOVERED SUBSEQUENTLY UP TO 1 MONTH POST-SURGERY
G9632	PATIENT IS NOT ELIGIBLE (E.G., GYNECOLOGIC OR OTHER PELVIC MALIGNANCY DOCUMENTED, CONCURRENT SURGERY INVOLVING BLADDER NEOPLASIA OR OTHERWISE TO TREAT A BLADDER SPECIFIC PROBLEM, PATIENT DEATH FROM OTHER CAUSES, ETC.)
G9633	PATIENT DID NOT SUSTAIN URETER INJURY AT THE TIME OF SURGERY OR SUBSEQUENTLY UP TO 1 MONTH POST-SURGERY
G9634	HEALTH-RELATED QUALITY OF LIFE ASSESSED WITH TOOL DURING AT LEAST TWO VISITS AND QUALITY OF LIFE SCORE REMAINED THE SAME OR IMPROVED
G9635	HEALTH-RELATED QUALITY OF LIFE NOT ASSESSED WITH TOOL FOR DOCUMENTED REASON(S) (E.G., PATIENT HAS A COGNITIVE OR NEUROPSYCHIATRIC IMPAIRMENT THAT IMPAIRS HIS/HER ABILITY TO COMPLETE THE HRQOL SURVEY, PATIENT HAS THE INABILITY TO READ AND/OR WRITE IN ORDER TO COMPLETE THE HRQOL QUESTIONNAIRE)
G9636	HEALTH-RELATED QUALITY OF LIFE NOT ASSESSED WITH TOOL DURING AT LEAST TWO VISITS OR QUALITY OF LIFE SCORE DECLINED
G9637	FINAL REPORTS WITH DOCUMENTATION OF ONE OR MORE DOSE REDUCTION TECHNIQUES (E.G., AUTOMATED EXPOSURE CONTROL, ADJUSTMENT OF THE MA AND/OR KV ACCORDING TO PATIENT SIZE, USE OF ITERATIVE RECONSTRUCTION TECHNIQUE)
G9638	FINAL REPORTS WITHOUT DOCUMENTATION OF ONE OR MORE DOSE REDUCTION TECHNIQUES (E.G., AUTOMATED EXPOSURE CONTROL, ADJUSTMENT OF THE MA AND/OR KV ACCORDING TO PATIENT SIZE, USE OF ITERATIVE RECONSTRUCTION TECHNIQUE)
G9639	MAJOR AMPUTATION OR OPEN SURGICAL BYPASS NOT REQUIRED WITHIN 48 HOURS OF THE INDEX ENDOVASCULAR LOWER EXTREMITY REVASCULARIZATION PROCEDURE
G9640	DOCUMENTATION OF PLANNED HYBRID OR STAGED PROCEDURE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9641	MAJOR AMPUTATION OR OPEN SURGICAL BYPASS REQUIRED WITHIN 48 HOURS OF THE INDEX ENDOVASCULAR LOWER EXTREMITY REVASCULARIZATION PROCEDURE
G9642	CURRENT CIGARETTE SMOKERS
G9643	ELECTIVE SURGERY
G9644	PATIENTS WHO ABSTAINED FROM SMOKING PRIOR TO ANESTHESIA ON THE DAY OF SURGERY OR PROCEDURE
G9645	PATIENTS WHO DID NOT ABSTAIN FROM SMOKING PRIOR TO ANESTHESIA ON THE DAY OF SURGERY OR PROCEDURE
G9646	PATIENTS WITH 90 DAY MRS SCORE OF 0 TO 2
G9647	PATIENTS IN WHOM MRS SCORE COULD NOT BE OBTAINED AT 90 DAY FOLLOW-UP
G9648	PATIENTS WITH 90 DAY MRS SCORE GREATER THAN 2
G9649	PSORIASIS ASSESSMENT TOOL DOCUMENTED MEETING ANY ONE OF THE SPECIFIED BENCHMARKS (E.G., (PGA; 6-POINT SCALE), BODY SURFACE AREA (BSA), PSORIASIS AREA AND SEVERITY INDEX (PASI) AND/OR DERMATOLOGY LIFE QUALITY INDEX) (DLQI))
G9650	DOCUMENTATION THAT THE PATIENT DECLINED THERAPY CHANGE OR HAS DOCUMENTED CONTRAINDICATIONS (E.G., EXPERIENCED ADVERSE EFFECTS OR LACK OF EFFICACY WITH ALL OTHER THERAPY OPTIONS) IN ORDER TO ACHIEVE BETTER DISEASE CONTROL AS MEASURED BY PGA, BSA, PASI, OR DLQI
G9651	PSORIASIS ASSESSMENT TOOL DOCUMENTED NOT MEETING ANY ONE OF THE SPECIFIED BENCHMARKS (E.G., (PGA; 6-POINT SCALE), BODY SURFACE AREA (BSA), PSORIASIS AREA AND SEVERITY INDEX (PASI) AND/OR DERMATOLOGY LIFE QUALITY INDEX) (DLQI)) OR PSORIASIS ASSESSMENT TOOL NOT DOCUMENTED
G9652	PATIENT HAS BEEN TREATED WITH A SYSTEMIC OR BIOLOGIC MEDICATION FOR PSORIASIS FOR AT LEAST SIX MONTHS
G9653	PATIENT HAS NOT BEEN TREATED WITH A SYSTEMIC OR BIOLOGIC MEDICATION FOR PSORIASIS FOR AT LEAST SIX MONTHS
G9654	MONITORED ANESTHESIA CARE (MAC)
G9655	A TRANSFER OF CARE PROTOCOL OR HANDOFF TOOL/CHECKLIST THAT INCLUDES THE REQUIRED KEY HANDOFF ELEMENTS IS USED
G9656	PATIENT TRANSFERRED DIRECTLY FROM ANESTHETIZING LOCATION TO PACU
G9657	TRANSFER OF CARE DURING AN ANESTHETIC OR TO THE INTENSIVE CARE UNIT
G9658	A TRANSFER OF CARE PROTOCOL OR HANDOFF TOOL/CHECKLIST THAT INCLUDES THE REQUIRED KEY HANDOFF ELEMENTS IS NOT USED
G9659	PATIENTS GREATER THAN 85 YEARS OF AGE WHO DID NOT HAVE A HISTORY OF COLORECTAL CANCER OR VALID MEDICAL REASON FOR THE COLONOSCOPY, INCLUDING: IRON DEFICIENCY ANEMIA, LOWER GASTROINTESTINAL BLEEDING, CROHN'S DISEASE (I.E., REGIONAL ENTERITIS), FAMILIAL ADENOMATOUS POLYPOSIS, LYNCH SYNDROME (I.E., HEREDITARY NON-POLYPOSIS COLORECTAL CANCER), INFLAMMATORY BOWEL DISEASE, ULCERATIVE COLITIS, ABNORMAL FINDING OF GASTROINTESTINAL TRACT, OR CHANGES IN BOWEL HABITS
G9660	DOCUMENTATION OF MEDICAL REASON(S) FOR A COLONOSCOPY PERFORMED ON A PATIENT GREATER THAN 85 YEARS OF AGE (EG., LAST COLONOSCOPY INCOMPLETE, LAST COLONOSCOPY HAD INADEQUATE PREP, IRON DEFICIENCY ANEMIA, LOWER GASTROINTESTINAL BLEEDING, CROHN'S DISEASE (I.E., REGIONAL ENTERITIS), FAMILIAL HISTORY OF ADENOMATOUS POLYPOSIS, LYNCH SYNDROME (I.E., HEREDITARY NON-POLYPOSIS COLORECTAL CANCER), INFLAMMATORY BOWEL DISEASE, ULCERATIVE COLITIS, ABNORMAL FINDING OF GASTROINTESTINAL TRACT, OR CHANGES IN BOWEL HABITS)
G9661	PATIENTS GREATER THAN 85 YEARS OF AGE WHO RECEIVED A ROUTINE COLONOSCOPY FOR A REASON OTHER THAN THE FOLLOWING: AN ASSESSMENT OF SIGNS/SYMPTOMS OF GI TRACT ILLNESS, AND/OR THE PATIENT IS CONSIDERED HIGH RISK, AND/OR TO FOLLOW-UP ON PREVIOUSLY DIAGNOSES ADVANCE LESIONS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9662	PREVIOUSLY DIAGNOSED OR HAVE AN ACTIVE DIAGNOSIS OF CLINICAL ASCVD
G9663	ANY FASTING OR DIRECT LDL-C LABORATORY TEST RESULT = 190 MG/DL
G9664	PATIENTS WHO ARE CURRENTLY STATIN THERAPY USERS OR RECEIVED AN ORDER (PRESCRIPTION) FOR STATIN THERAPY
G9665	PATIENTS WHO ARE NOT CURRENTLY STATIN THERAPY USERS OR DID NOT RECEIVE AN ORDER (PRESCRIPTION) FOR STATIN THERAPY
G9666	THE HIGHEST FASTING OR DIRECT LDL-C LABORATORY TEST RESULT OF 70?189 MG/DL IN THE MEASUREMENT PERIOD OR TWO YEARS PRIOR TO THE BEGINNING OF THE MEASUREMENT PERIOD
G9667	DOCUMENTATION OF MEDICAL REASON (S) FOR NOT CURRENTLY BEING A STATIN THERAPY USER OR RECEIVE AN ORDER (PRESCRIPTION) FOR STATIN THERAPY (E.G., PATIENT WITH ADVERSE EFFECT, ALLERGY OR INTOLERANCE TO STATIN MEDICATION THERAPY, PATIENTS WHO HAVE AN ACTIVE DIAGNOSIS OF PREGNANCY OR WHO ARE BREASTFEEDING, PATIENTS WHO ARE RECEIVING PALLIATIVE CARE, PATIENTS WITH ACTIVE LIVER DISEASE OR HEPATIC DISEASE OR INSUFFICIENCY, PATIENTS WITH END STAGE RENAL DISEASE (ESRD), AND PATIENTS WITH DIABETES WHO HAVE A FASTING OR DIRECT LDL-C LABORATORY TEST RESULT < 70 MG/DL AND ARE NOT TAKING STATIN THERAPY)
G9668	DOCUMENTATION OF MEDICAL REASON (S) FOR NOT CURRENTLY BEING A STATIN THERAPY USER OR RECEIVE AN ORDER (PRESCRIPTION) FOR STATIN THERAPY (E.G., PATIENT WITH ADVERSE EFFECT, ALLERGY OR INTOLERANCE TO STATIN MEDICATION THERAPY, PATIENTS WHO HAVE AN ACTIVE DIAGNOSIS OF PREGNANCY OR WHO ARE BREASTFEEDING, PATIENTS WHO ARE RECEIVING PALLIATIVE CARE, PATIENTS WITH ACTIVE LIVER DISEASE OR HEPATIC DISEASE OR INSUFFICIENCY, PATIENTS WITH END STAGE RENAL DISEASE (ESRD), AND PATIENTS WITH DIABETES WHO HAVE A FASTING OR DIRECT LDL-C LABORATORY TEST RESULT < 70 MG/DL AND ARE NOT TAKING STATIN THERAPY)
G9669	I INTEND TO REPORT THE MULTIPLE CHRONIC CONDITIONS MEASURES GROUP
G9670	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE MULTIPLE CHRONIC CONDITIONS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9671	I INTEND TO REPORT THE DIABETIC RETINOPATHY MEASURES GROUP
G9672	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE DIABETIC RETINOPATHY MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9673	I INTEND TO REPORT THE CARDIOVASCULAR PREVENTION MEASURES GROUP
G9674	PATIENTS WITH CLINICAL ASCVD DIAGNOSIS
G9675	PATIENTS WHO HAVE EVER HAD A FASTING OR DIRECT LABORATORY RESULT OF LDL-C = 190 MG/DL
G9676	PATIENTS AGED 40 TO 75 YEARS AT THE BEGINNING OF THE MEASUREMENT PERIOD WITH TYPE 1 OR TYPE 2 DIABETES AND WITH AN LDL-C RESULT OF 70?189 MG/DL RECORDED AS THE HIGHEST FASTING OR DIRECT LABORATORY TEST RESULT IN THE MEASUREMENT YEAR OR DURING THE TWO YEARS PRIOR TO THE BEGINNING OF THE MEASUREMENT PERIOD
G9677	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CARDIOVASCULAR PREVENTION MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G9687	HOSPICE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9688	PATIENTS USING HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9689	PATIENT ADMITTED FOR PERFORMANCE OF ELECTIVE CAROTID INTERVENTION
G9690	PATIENT RECEIVING HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9691	PATIENT HAD HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9692	HOSPICE SERVICES RECEIVED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9693	PATIENT USE OF HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9694	HOSPICE SERVICES UTILIZED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9695	LONG-ACTING INHALED BRONCHODILATOR PRESCRIBED

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9696	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING A LONG-ACTING INHALED BRONCHODILATOR
G9697	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING A LONG-ACTING INHALED BRONCHODILATOR
G9698	DOCUMENTATION OF SYSTEM REASON(S) FOR NOT PRESCRIBING A LONG-ACTING INHALED BRONCHODILATOR
G9699	LONG-ACTING INHALED BRONCHODILATOR NOT PRESCRIBED, REASON NOT OTHERWISE SPECIFIED
G9700	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9701	CHILDREN WHO ARE TAKING ANTIBIOTICS IN THE 30 DAYS PRIOR TO THE DATE OF THE ENCOUNTER DURING WHICH THE DIAGNOSIS WAS ESTABLISHED
G9702	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9703	CHILDREN WHO ARE TAKING ANTIBIOTICS IN THE 30 DAYS PRIOR TO THE DIAGNOSIS OF PHARYNGITIS
G9704	AJCC BREAST CANCER STAGE I: T1 MIC OR T1A DOCUMENTED
G9705	AJCC BREAST CANCER STAGE I: T1B (TUMOR > 0.5 CM BUT <= 1 CM IN GREATEST DIMENSION) DOCUMENTED
G9706	LOW (OR VERY LOW) RISK OF RECURRENCE, PROSTATE CANCER
G9707	PATIENT RECEIVED HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9708	WOMEN WHO HAD A BILATERAL MASTECTOMY OR WHO HAVE A HISTORY OF A BILATERAL MASTECTOMY OR FOR WHOM THERE IS EVIDENCE OF A RIGHT AND A LEFT UNILATERAL MASTECTOMY
G9709	HOSPICE SERVICES USED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9710	PATIENT WAS PROVIDED HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9711	PATIENTS WITH A DIAGNOSIS OR PAST HISTORY OF TOTAL COLECTOMY OR COLORECTAL CANCER
G9712	DOCUMENTATION OF MEDICAL REASON(S) FOR PRESCRIBING OR DISPENSING ANTIBIOTIC (E.G., INTESTINAL INFECTION, PERTUSSIS, BACTERIAL INFECTION, LYME DISEASE, OTITIS MEDIA, ACUTE SINUSITIS, ACUTE PHARYNGITIS, ACUTE TONSILLITIS, CHRONIC SINUSITIS, INFECTION OF THE PHARYNX/LARYNX/TONSILS/ADENOIDS, PROSTATITIS, CELLULITIS/ MASTOIDITIS/BONE INFECTIONS, ACUTE LYMPHADENITIS, IMPETIGO, SKIN STAPH INFECTIONS, PNEUMONIA, GONOCOCCAL INFECTIONS/VENEREAL DISEASE (SYPHILIS, CHLAMYDIA, INFLAMMATORY DISEASES [FEMALE REPRODUCTIVE ORGANS]), INFECTIONS OF THE KIDNEY, CYSTITIS/UTI, ACNE, HIV DISEASE/ASYMPTOMATIC HIV, CYSTIC FIBROSIS, DISORDERS OF THE IMMUNE SYSTEM, MALIGNANCY NEOPLASMS, CHRONIC BRONCHITIS, EMPHYSEMA, BRONCHIECTASIS, EXTRINSIC ALLERGIC ALVEOLITIS, CHRONIC AIRWAY OBSTRUCTION, CHRONIC OBSTRUCTIVE ASTHMA, PNEUMOCONIOSIS AND OTHER LUNG DISEASE DUE TO EXTERNAL AGENTS, OTHER DISEASES OF THE RESPIRATORY SYSTEM, AND TUBERCULOSIS
G9713	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9714	PATIENT IS USING HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9715	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9716	BMI IS DOCUMENTED AS BEING OUTSIDE OF NORMAL LIMITS, FOLLOW-UP PLAN IS NOT COMPLETED FOR DOCUMENTED REASON
G9717	DOCUMENTATION STATING THE PATIENT HAS AN ACTIVE DIAGNOSIS OF DEPRESSION OR HAS A DIAGNOSED BIPOLAR DISORDER, THEREFORE SCREENING OR FOLLOW-UP NOT REQUIRED
G9718	HOSPICE SERVICES FOR PATIENT PROVIDED ANY TIME DURING THE MEASUREMENT PERIOD
G9719	PATIENT IS NOT AMBULATORY, BED RIDDEN, IMMOBILE, CONFINED TO CHAIR, WHEELCHAIR BOUND, DEPENDENT ON HELPER PUSHING WHEELCHAIR, INDEPENDENT IN WHEELCHAIR OR MINIMAL HELP IN WHEELCHAIR
G9720	HOSPICE SERVICES FOR PATIENT OCCURRED ANY TIME DURING THE MEASUREMENT PERIOD

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G9721	PATIENT NOT AMBULATORY, BED RIDDEN, IMMOBILE, CONFINED TO CHAIR, WHEELCHAIR BOUND, DEPENDENT ON HELPER PUSHING WHEELCHAIR, INDEPENDENT IN WHEELCHAIR OR MINIMAL HELP IN WHEELCHAIR
G9722	DOCUMENTED HISTORY OF RENAL FAILURE OR BASELINE SERUM CREATININE = 4.0 MG/DL; RENAL TRANSPLANT RECIPIENTS ARE NOT CONSIDERED TO HAVE PREOPERATIVE RENAL FAILURE, UNLESS, SINCE TRANSPLANTATION, THE CR HAS BEEN OR IS 4.0 OR HIGHER
G9723	HOSPICE SERVICES FOR PATIENT RECEIVED ANY TIME DURING THE MEASUREMENT PERIOD
G9724	PATIENTS WHO HAD DOCUMENTATION OF USE OF ANTICOAGULANT MEDICATIONS OVERLAPPING THE MEASUREMENT YEAR
G9725	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9726	PATIENT REFUSED TO PARTICIPATE
G9727	PATIENT UNABLE TO COMPLETE THE FOTO KNEE INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9728	PATIENT REFUSED TO PARTICIPATE
G9729	PATIENT UNABLE TO COMPLETE THE FOTO HIP INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9730	PATIENT REFUSED TO PARTICIPATE
G9731	PATIENT UNABLE TO COMPLETE THE FOTO FOOT OR ANKLE INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9732	PATIENT REFUSED TO PARTICIPATE
G9733	PATIENT UNABLE TO COMPLETE THE FOTO LUMBAR INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9734	PATIENT REFUSED TO PARTICIPATE
G9735	PATIENT UNABLE TO COMPLETE THE FOTO SHOULDER INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9736	PATIENT REFUSED TO PARTICIPATE
G9737	PATIENT UNABLE TO COMPLETE THE FOTO ELBOW, WRIST OR HAND INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9738	PATIENT REFUSED TO PARTICIPATE
G9739	PATIENT UNABLE TO COMPLETE THE FOTO GENERAL ORTHOPEDIC INTAKE PROM AT ADMISSION AND DISCHARGE DUE TO BLINDNESS, ILLITERACY, SEVERE MENTAL INCAPACITY OR LANGUAGE INCOMPATIBILITY AND AN ADEQUATE PROXY IS NOT AVAILABLE
G9740	HOSPICE SERVICES GIVEN TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9741	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9742	PSYCHIATRIC SYMPTOMS ASSESSED
G9743	PSYCHIATRIC SYMPTOMS NOT ASSESSED, REASON NOT OTHERWISE SPECIFIED
G9744	PATIENT NOT ELIGIBLE DUE TO ACTIVE DIAGNOSIS OF HYPERTENSION
G9745	DOCUMENTED REASON FOR NOT SCREENING OR RECOMMENDING A FOLLOW-UP FOR HIGH BLOOD PRESSURE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9746	PATIENT HAS MITRAL STENOSIS OR PROSTHETIC HEART VALVES OR PATIENT HAS TRANSIENT OR REVERSIBLE CAUSE OF AF (E.G., PNEUMONIA, HYPERTHYROIDISM, PREGNANCY, CARDIAC SURGERY)
G9747	PATIENT IS UNDERGOING PALLIATIVE DIALYSIS WITH A CATHETER
G9748	PATIENT APPROVED BY A QUALIFIED TRANSPLANT PROGRAM AND SCHEDULED TO RECEIVE A LIVING DONOR KIDNEY TRANSPLANT
G9749	PATIENT IS UNDERGOING PALLIATIVE DIALYSIS WITH A CATHETER
G9750	PATIENT APPROVED BY A QUALIFIED TRANSPLANT PROGRAM AND SCHEDULED TO RECEIVE A LIVING DONOR KIDNEY TRANSPLANT
G9751	PATIENT DIED AT ANY TIME DURING THE 24-MONTH MEASUREMENT PERIOD
G9752	EMERGENCY SURGERY
G9753	DOCUMENTATION OF MEDICAL REASON FOR NOT CONDUCTING A SEARCH FOR DICOM FORMAT IMAGES FOR PRIOR PATIENT CT IMAGING STUDIES COMPLETED AT NON- AFFILIATED EXTERNAL HEALTHCARE FACILITIES OR ENTITIES WITHIN THE PAST 12 MONTHS THAT ARE AVAILABLE THROUGH A SECURE, AUTHORIZED, MEDIA-FREE, SHARED ARCHIVE (E.G., TRAUMA, ACUTE MYOCARDIAL INFARCTION, STROKE, AORTIC ANEURYSM WHERE TIME IS OF THE ESSENCE)
G9754	A FINDING OF AN INCIDENTAL PULMONARY NODULE
G9755	DOCUMENTATION OF MEDICAL REASON(S) THAT FOLLOW-UP IMAGING IS INDICATED (E.G., PATIENT HAS A KNOWN MALIGNANCY THAT CAN METASTASIZE, OTHER MEDICAL REASON(S))
G9756	SURGICAL PROCEDURES THAT INCLUDED THE USE OF SILICONE OIL
G9757	SURGICAL PROCEDURES THAT INCLUDED THE USE OF SILICONE OIL
G9758	PATIENT IN HOSPICE AND IN TERMINAL PHASE
G9759	HISTORY OF PREOPERATIVE POSTERIOR CAPSULE RUPTURE
G9760	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9761	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9762	PATIENT HAD AT LEAST THREE HPV VACCINES ON OR BETWEEN THE PATIENT'S 9TH AND 13TH BIRTHDAYS
G9763	PATIENT DID NOT HAVE AT LEAST THREE HPV VACCINES ON OR BETWEEN THE PATIENT'S 9TH AND 13TH BIRTHDAYS
G9764	PATIENT HAS BEEN TREATED WITH AN ORAL SYSTEMIC OR BIOLOGIC MEDICATION FOR PSORIASIS
G9765	DOCUMENTATION THAT THE PATIENT DECLINED THERAPY CHANGE, HAS DOCUMENTED CONTRAINDICATIONS, OR HAS NOT BEEN TREATED WITH AN ORAL SYSTEMIC OR BIOLOGIC FOR AT LEAST SIX CONSECUTIVE MONTHS (E.G., EXPERIENCED ADVERSE EFFECTS OR LACK OF EFFICACY WITH ALL OTHER THERAPY OPTIONS) IN ORDER TO ACHIEVE BETTER DISEASE CONTROL AS MEASURED BY PGA, BSA, PASI, OR DLGI
G9766	PATIENTS WHO ARE TRANSFERRED FROM ONE INSTITUTION TO ANOTHER WITH A KNOWN DIAGNOSIS OF CVA FOR ENDOVASCULAR STROKE TREATMENT
G9767	HOSPITALIZED PATIENTS WITH NEWLY DIAGNOSED CVA CONSIDERED FOR ENDOVASCULAR STROKE TREATMENT
G9768	PATIENTS WHO UTILIZE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9769	PATIENT HAD A BONE MINERAL DENSITY TEST IN THE PAST TWO YEARS OR RECEIVED OSTEOPOROSIS MEDICATION OR THERAPY IN THE PAST 12 MONTHS
G9770	PERIPHERAL NERVE BLOCK (PNB)
G9771	AT LEAST 1 BODY TEMPERATURE MEASUREMENT EQUAL TO OR GREATER THAN 35.5 DEGREES CELSIUS (OR 95.9 DEGREES FAHRENHEIT) ACHIEVED WITHIN THE 30 MINUTES IMMEDIATELY BEFORE OR THE 15 MINUTES IMMEDIATELY AFTER ANESTHESIA END TIME

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9772	DOCUMENTATION OF ONE OF THE FOLLOWING MEDICAL REASON(S) FOR NOT ACHIEVING AT LEAST 1 BODY TEMPERATURE MEASUREMENT EQUAL TO OR GREATER THAN 35.5 DEGREES CELSIUS (OR 95.9 DEGREES FAHRENHEIT) ACHIEVED WITHIN THE 30 MINUTES IMMEDIATELY BEFORE OR THE 15 MINUTES IMMEDIATELY AFTER ANESTHESIA END TIME (E.G., EMERGENCY CASES, INTENTIONAL HYPOTHERMIA, ETC.)
G9773	AT LEAST 1 BODY TEMPERATURE MEASUREMENT EQUAL TO OR GREATER THAN 35.5 DEGREES CELSIUS (OR 95.9 DEGREES FAHRENHEIT) NOT ACHIEVED WITHIN THE 30 MINUTES IMMEDIATELY BEFORE OR THE 15 MINUTES IMMEDIATELY AFTER ANESTHESIA END TIME
G9774	PATIENTS WHO HAVE HAD A HYSTERECTOMY
G9775	PATIENT RECEIVED AT LEAST 2 PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOPERATIVELY AND/OR INTRAOPERATIVELY
G9776	DOCUMENTATION OF MEDICAL REASON FOR NOT RECEIVING AT LEAST 2 PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOPERATIVELY AND/OR INTRAOPERATIVELY (E.G., INTOLERANCE OR OTHER MEDICAL REASON)
G9777	PATIENT DID NOT RECEIVE AT LEAST 2 PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOPERATIVELY AND/OR INTRAOPERATIVELY
G9778	PATIENTS WHO HAVE A DIAGNOSIS OF PREGNANCY
G9779	PATIENTS WHO ARE BREASTFEEDING
G9780	PATIENTS WHO HAVE A DIAGNOSIS OF RHABDOMYOLYSIS
G9781	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT CURRENTLY BEING A STATIN THERAPY USER OR RECEIVE AN ORDER (PRESCRIPTION) FOR STATIN THERAPY (E.G., PATIENT WITH ADVERSE EFFECT, ALLERGY OR INTOLERANCE TO STATIN MEDICATION THERAPY, PATIENTS WHO ARE RECEIVING PALLIATIVE CARE, PATIENTS WITH ACTIVE LIVER DISEASE OR HEPATIC DISEASE OR INSUFFICIENCY, AND PATIENTS WITH END STAGE RENAL DISEASE (ESRD)
G9782	HISTORY OF OR ACTIVE DIAGNOSIS OF FAMILIAL OR PURE HYPERCHOLESTEROLEMIA
G9783	DOCUMENTATION OF PATIENTS WITH DIABETES WHO HAVE A MOST RECENT FASTING OR DIRECT LDL-C LABORATORY TEST RESULT < 70 MG/DL AND ARE NOT TAKING STATIN THERAPY
G9784	PATHOLOGISTS/DERMATOPATHOLOGISTS PROVIDING A SECOND OPINION ON A BIOPSY
G9785	PATHOLOGY REPORT DIAGNOSING CUTANEOUS BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA (TO INCLUDE IN SITU DISEASE) SENT FROM THE PATHOLOGIST/ DERMATOPATHOLOGIST TO THE BIOPSYING CLINICIAN FOR REVIEW WITHIN 7 BUSINESS DAYS FROM THE TIME WHEN THE TISSUE SPECIMEN WAS RECEIVED BY THE PATHOLOGIST
G9786	PATHOLOGY REPORT DIAGNOSING CUTANEOUS BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA (TO INCLUDE IN SITU DISEASE) WAS NOT SENT FROM THE PATHOLOGIST/ DERMATOPATHOLOGIST TO THE BIOPSYING CLINICIAN FOR REVIEW WITHIN 7 BUSINESS DAYS FROM THE TIME WHEN THE TISSUE SPECIMEN WAS RECEIVED BY THE PATHOLOGIST
G9787	PATIENT ALIVE AS OF THE LAST DAY OF THE MEASUREMENT YEAR
G9788	MOST RECENT BP IS LESS THAN OR EQUAL TO 140/90 MM HG
G9789	BLOOD PRESSURE RECORDED DURING INPATIENT STAYS, EMERGENCY ROOM VISITS, URGENT CARE VISITS, AND PATIENT SELF-REPORTED BPS (HOME AND HEALTH FAIR BP RESULTS)
G9790	MOST RECENT BP IS GREATER THAN 140/90 MM HG, OR BLOOD PRESSURE NOT DOCUMENTED
G9791	MOST RECENT TOBACCO STATUS IS TOBACCO FREE
G9792	MOST RECENT TOBACCO STATUS IS NOT TOBACCO FREE
G9793	PATIENT IS CURRENTLY ON A DAILY ASPIRIN OR OTHER ANTIPLATELET
G9794	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ON A DAILY ASPIRIN OR OTHER ANTIPLATELET (E.G. HISTORY OF GASTROINTESTINAL BLEED OR INTRA-CRANIAL BLEED OR DOCUMENTATION OF ACTIVE ANTICOAGULANT USE DURING THE MEASUREMENT PERIOD)

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G9795	PATIENT IS NOT CURRENTLY ON A DAILY ASPIRIN OR OTHER ANTIPLATELET
G9796	PATIENT IS CURRENTLY ON A STATIN THERAPY
G9797	PATIENT IS NOT ON A STATIN THERAPY
G9798	DISCHARGE(S) FOR AMI BETWEEN JULY 1 OF THE YEAR PRIOR MEASUREMENT YEAR TO JUNE 30 OF THE MEASUREMENT PERIOD
G9799	PATIENTS WITH A MEDICATION DISPENSING EVENT INDICATOR OF A HISTORY OF ASTHMA ANY TIME DURING THE PATIENT'S HISTORY THROUGH THE END OF THE MEASURE PERIOD
G9800	PATIENTS WHO ARE IDENTIFIED AS HAVING AN INTOLERANCE OR ALLERGY TO BETA-BLOCKER THERAPY
G9801	HOSPITALIZATIONS IN WHICH THE PATIENT WAS TRANSFERRED DIRECTLY TO A NON-ACUTE CARE FACILITY FOR ANY DIAGNOSIS
G9802	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9803	PATIENT PRESCRIBED A 180-DAY COURSE OF TREATMENT WITH BETA-BLOCKERS POST DISCHARGE FOR AMI
G9804	PATIENT WAS NOT PRESCRIBED A 180-DAY COURSE OF TREATMENT WITH BETA-BLOCKERS POST DISCHARGE FOR AMI
G9805	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9806	PATIENTS WHO RECEIVED CERVICAL CYTOLOGY OR AN HPV TEST
G9807	PATIENTS WHO DID NOT RECEIVE CERVICAL CYTOLOGY OR AN HPV TEST
G9808	ANY PATIENTS WHO HAD NO ASTHMA CONTROLLER MEDICATIONS DISPENSED DURING THE MEASUREMENT YEAR
G9809	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9810	PATIENT ACHIEVED A PDC OF AT LEAST 75% FOR THEIR ASTHMA CONTROLLER MEDICATION
G9811	PATIENT DID NOT ACHIEVE A PDC OF AT LEAST 75% FOR THEIR ASTHMA CONTROLLER MEDICATION
G9812	PATIENT DIED INCLUDING ALL DEATHS OCCURRING DURING THE HOSPITALIZATION IN WHICH THE OPERATION WAS PERFORMED, EVEN IF AFTER 30 DAYS, AND THOSE DEATHS OCCURRING AFTER DISCHARGE FROM THE HOSPITAL, BUT WITHIN 30 DAYS OF THE PROCEDURE
G9813	PATIENT DID NOT DIE WITHIN 30 DAYS OF THE PROCEDURE OR DURING THE INDEX HOSPITALIZATION
G9814	DEATH OCCURRING DURING HOSPITALIZATION
G9815	DEATH DID NOT OCCUR DURING HOSPITALIZATION
G9816	DEATH OCCURRING 30 DAYS POST PROCEDURE
G9817	DEATH DID NOT OCCUR 30 DAYS POST PROCEDURE
G9818	DOCUMENTATION OF SEXUAL ACTIVITY
G9819	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9820	DOCUMENTATION OF A CHLAMYDIA SCREENING TEST WITH PROPER FOLLOW-UP
G9821	NO DOCUMENTATION OF A CHLAMYDIA SCREENING TEST WITH PROPER FOLLOW-UP
G9822	WOMEN WHO HAD AN ENDOMETRIAL ABLATION PROCEDURE DURING THE YEAR PRIOR TO THE INDEX DATE (EXCLUSIVE OF THE INDEX DATE)
G9823	ENDOMETRIAL SAMPLING OR HYSTEROSCOPY WITH BIOPSY AND RESULTS DOCUMENTED
G9824	ENDOMETRIAL SAMPLING OR HYSTEROSCOPY WITH BIOPSY AND RESULTS NOT DOCUMENTED
G9825	HER-2/NEU NEGATIVE OR UNDOCUMENTED/UNKNOWN

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
G9826	PATIENT TRANSFERRED TO PRACTICE AFTER INITIATION OF CHEMOTHERAPY
G9827	HER2-TARGETED THERAPIES NOT ADMINISTERED DURING THE INITIAL COURSE OF TREATMENT
G9828	HER2-TARGETED THERAPIES ADMINISTERED DURING THE INITIAL COURSE OF TREATMENT
G9829	BREAST ADJUVANT CHEMOTHERAPY ADMINISTERED
G9830	HER-2/NEU POSITIVE
G9831	AJCC STAGE AT BREAST CANCER DIAGNOSIS = II OR III
G9832	AJCC STAGE AT BREAST CANCER DIAGNOSIS = I (IA OR IB) AND T-STAGE AT BREAST CANCER DIAGNOSIS DOES NOT EQUAL = T1, T1A, T1B
G9833	PATIENT TRANSFER TO PRACTICE AFTER INITIATION OF CHEMOTHERAPY
G9834	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS
G9835	TRASTUZUMAB ADMINISTERED WITHIN 12 MONTHS OF DIAGNOSIS
G9836	REASON FOR NOT ADMINISTERING TRASTUZUMAB DOCUMENTED (E.G. PATIENT DECLINED, PATIENT DIED, PATIENT TRANSFERRED, CONTRAINDICATION OR OTHER CLINICAL EXCLUSION, NEOADJUVANT CHEMOTHERAPY OR RADIATION NOT COMPLETE)
G9837	TRASTUZUMAB NOT ADMINISTERED WITHIN 12 MONTHS OF DIAGNOSIS
G9838	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS
G9839	ANTI-EGFR MONOCLONAL ANTIBODY THERAPY
G9840	KRAS GENE MUTATION TESTING PERFORMED BEFORE INITIATION OF ANTI-EGFR MOAB
G9841	KRAS GENE MUTATION TESTING NOT PERFORMED BEFORE INITIATION OF ANTI-EGFR MOAB
G9842	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS
G9843	KRAS GENE MUTATION
G9844	PATIENT DID NOT RECEIVE ANTI-EGFR MONOCLONAL ANTIBODY THERAPY
G9845	PATIENT RECEIVED ANTI-EGFR MONOCLONAL ANTIBODY THERAPY
G9846	PATIENTS WHO DIED FROM CANCER
G9847	PATIENT RECEIVED CHEMOTHERAPY IN THE LAST 14 DAYS OF LIFE
G9848	PATIENT DID NOT RECEIVE CHEMOTHERAPY IN THE LAST 14 DAYS OF LIFE
G9849	PATIENTS WHO DIED FROM CANCER
G9850	PATIENT HAD MORE THAN ONE EMERGENCY DEPARTMENT VISIT IN THE LAST 30 DAYS OF LIFE
G9851	PATIENT HAD ONE OR LESS EMERGENCY DEPARTMENT VISITS IN THE LAST 30 DAYS OF LIFE
G9852	PATIENTS WHO DIED FROM CANCER
G9853	PATIENT ADMITTED TO THE ICU IN THE LAST 30 DAYS OF LIFE
G9854	PATIENT WAS NOT ADMITTED TO THE ICU IN THE LAST 30 DAYS OF LIFE
G9855	PATIENTS WHO DIED FROM CANCER
G9856	PATIENT WAS NOT ADMITTED TO HOSPICE
G9857	PATIENT ADMITTED TO HOSPICE
G9858	PATIENT ENROLLED IN HOSPICE
G9859	PATIENTS WHO DIED FROM CANCER

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9860	PATIENT SPENT LESS THAN THREE DAYS IN HOSPICE CARE
G9861	PATIENT SPENT GREATER THAN OR EQUAL TO THREE DAYS IN HOSPICE CARE
G9862	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECOMMENDING AT LEAST A 10 YEAR FOLLOW-UP INTERVAL (E.G., INADEQUATE PREP, FAMILIAL OR PERSONAL HISTORY OF COLONIC POLYPS, PATIENT HAD NO ADENOMA AND AGE IS = 66 YEARS OLD, OR LIFE EXPECTANCY < 10 YEARS OLD, OTHER MEDICAL REASONS)
G9890	DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR THICKENING OR GEOGRAPHIC ATROPHY OR HEMORRHAGE AND THE LEVEL OF MACULAR DEGENERATION SEVERITY
G9891	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9892	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9893	DILATED MACULAR EXAM WAS NOT PERFORMED, REASON NOT OTHERWISE SPECIFIED
G9894	ANDROGEN DEPRIVATION THERAPY PRESCRIBED/ADMINISTERED IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE
G9895	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING/ADMINISTERING ANDROGEN DEPRIVATION THERAPY IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE (E.G., SALVAGE THERAPY)
G9896	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING/ADMINISTERING ANDROGEN DEPRIVATION THERAPY IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE
G9897	PATIENTS WHO WERE NOT PRESCRIBED/ADMINISTERED ANDROGEN DEPRIVATION THERAPY IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE, REASON NOT GIVEN
G9898	PATIENT AGE 65 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WITH POS CODE 32, 33, 34, 54, OR 56 ANY TIME DURING THE MEASUREMENT PERIOD
G9899	SCREENING, DIAGNOSTIC, FILM, DIGITAL OR DIGITAL BREAST TOMOSYNTHESIS (3D) MAMMOGRAPHY RESULTS DOCUMENTED AND REVIEWED
G9900	SCREENING, DIAGNOSTIC, FILM, DIGITAL OR DIGITAL BREAST TOMOSYNTHESIS (3D) MAMMOGRAPHY RESULTS WERE NOT DOCUMENTED AND REVIEWED, REASON NOT OTHERWISE SPECIFIED
G9901	PATIENT AGE 65 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WITH POS CODE 32, 33, 34, 54, OR 56 ANY TIME DURING THE MEASUREMENT PERIOD
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
G9904	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT SCREENING FOR TOBACCO USE (E.G., LIMITED LIFE EXPECTANCY, OTHER MEDICAL REASON)
G9905	PATIENT NOT SCREENED FOR TOBACCO USE, REASON NOT GIVEN
G9906	PATIENT IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION (COUNSELING AND/OR PHARMACOTHERAPY)
G9907	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING TOBACCO CESSATION INTERVENTION (E.G., LIMITED LIFE EXPECTANCY, OTHER MEDICAL REASON)
G9908	PATIENT IDENTIFIED AS TOBACCO USER DID NOT RECEIVE TOBACCO CESSATION INTERVENTION (COUNSELING AND/OR PHARMACOTHERAPY), REASON NOT GIVEN
G9909	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING TOBACCO CESSATION INTERVENTION IF IDENTIFIED AS A TOBACCO USER (EG, LIMITED LIFE EXPECTANCY, OTHER MEDICAL REASON)
G9910	PATIENTS AGE 65 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WITH POS CODE 32, 33, 34, 54 OR 56 ANYTIME DURING THE MEASUREMENT PERIOD
G9911	CLINICALLY NODE NEGATIVE (T1N0M0 OR T2N0M0) INVASIVE BREAST CANCER BEFORE OR AFTER NEOADJUVANT SYSTEMIC THERAPY

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9912	HEPATITIS B VIRUS (HBV) STATUS ASSESSED AND RESULTS INTERPRETED PRIOR TO INITIATING ANTI-TNF (TUMOR NECROSIS FACTOR) THERAPY
G9913	HEPATITIS B VIRUS (HBV) STATUS NOT ASSESSED AND RESULTS INTERPRETED PRIOR TO INITIATING ANTI-TNF (TUMOR NECROSIS FACTOR) THERAPY, REASON NOT GIVEN
G9914	PATIENT RECEIVING AN ANTI-TNF AGENT
G9915	NO RECORD OF HBV RESULTS DOCUMENTED
G9916	FUNCTIONAL STATUS PERFORMED ONCE IN THE LAST 12 MONTHS
G9917	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING FUNCTIONAL STATUS (E.G., PATIENT IS SEVERELY IMPAIRED AND CAREGIVER KNOWLEDGE IS LIMITED, OTHER MEDICAL REASON)
G9918	FUNCTIONAL STATUS NOT PERFORMED, REASON NOT OTHERWISE SPECIFIED
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
G9924	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING SAFETY CONCERNS SCREEN OR FOR NOT PROVIDING RECOMMENDATIONS, ORDERS OR REFERRALS FOR POSITIVE SCREEN (E.G., PATIENT IN PALLIATIVE CARE, OTHER MEDICAL REASON)
G9925	SAFETY CONCERNS SCREENING NOT PROVIDED, REASON NOT OTHERWISE SPECIFIED
G9926	SAFETY CONCERNS SCREENING POSITIVE SCREEN IS WITHOUT PROVISION OF MITIGATION RECOMMENDATIONS, INCLUDING BUT NOT LIMITED TO REFERRAL TO OTHER RESOURCES
G9927	DOCUMENTATION OF SYSTEM REASON(S) FOR NOT PRESCRIBING WARFARIN OR ANOTHER FDA-APPROVED ANTICOAGULATION DUE TO PATIENT BEING CURRENTLY ENROLLED IN A CLINICAL TRIAL RELATED TO AF/ATRIAL FLUTTER TREATMENT
G9928	WARFARIN OR ANOTHER FDA-APPROVED ANTICOAGULANT NOT PRESCRIBED, REASON NOT GIVEN
G9929	PATIENT WITH TRANSIENT OR REVERSIBLE CAUSE OF AF (E.G., PNEUMONIA, HYPERTHYROIDISM, PREGNANCY, CARDIAC SURGERY)
G9930	PATIENTS WHO ARE RECEIVING COMFORT CARE ONLY
G9931	DOCUMENTATION OF CHA2DS2-VASC RISK SCORE OF 0 OR 1
G9932	DOCUMENTATION OF PATIENT REASON(S) FOR NOT HAVING RECORDS OF NEGATIVE OR MANAGED POSITIVE TB SCREEN (E.G., PATIENT DOES NOT RETURN FOR MANTOUX (PPD) SKIN TEST EVALUATION)
G9933	ADENOMA(S) OR COLORECTAL CANCER DETECTED DURING SCREENING COLONOSCOPY
G9934	DOCUMENTATION THAT NEOPLASM DETECTED IS ONLY DIAGNOSED AS TRADITIONAL SERRATED ADENOMA, SESSILE SERRATED POLYP, OR SESSILE SERRATED ADENOMA
G9935	ADENOMA(S) OR COLORECTAL CANCER NOT DETECTED DURING SCREENING COLONOSCOPY
G9936	SURVEILLANCE COLONOSCOPY - PERSONAL HISTORY OF COLONIC POLYPS, COLON CANCER, OR OTHER MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS
G9937	DIAGNOSTIC COLONOSCOPY
G9938	PATIENTS AGE 65 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WITH POS CODE 32, 33, 34, 54, OR 56 ANY TIME DURING THE MEASUREMENT PERIOD
G9939	PATHOLOGISTS/DERMATOPATHOLOGISTS IS THE SAME CLINICIAN WHO PERFORMED THE BIOPSY

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9940	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ON A STATIN (E.G., PREGNANCY, IN VITRO FERTILIZATION, CLOMIPHENE RX, ESRD, CIRRHOSIS, MUSCULAR PAIN AND DISEASE DURING THE MEASUREMENT PERIOD OR PRIOR YEAR)
G9941	BACK PAIN WAS MEASURED BY THE VISUAL ANALOG SCALE (VAS) WITHIN THREE MONTHS PREOPERATIVELY AND AT THREE MONTHS (6 - 20 WEEKS) POSTOPERATIVELY
G9942	PATIENT HAD ANY ADDITIONAL SPINE PROCEDURES PERFORMED ON THE SAME DATE AS THE LUMBAR DISCECTOMY/LAMINOTOMY
G9943	BACK PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) WITHIN THREE MONTHS PREOPERATIVELY AND AT THREE MONTHS (6 - 20 WEEKS) POSTOPERATIVELY
G9944	BACK PAIN WAS MEASURED BY THE VISUAL ANALOG SCALE (VAS) WITHIN THREE MONTHS PREOPERATIVELY AND AT ONE YEAR (9 TO 15 MONTHS) POSTOPERATIVELY
G9945	PATIENT HAD CANCER, FRACTURE OR INFECTION RELATED TO THE LUMBAR SPINE OR PATIENT HAD IDIOPATHIC OR CONGENITAL SCOLIOSIS
G9946	BACK PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) WITHIN THREE MONTHS PREOPERATIVELY AND AT ONE YEAR (9 TO 15 MONTHS) POSTOPERATIVELY
G9947	LEG PAIN WAS MEASURED BY THE VISUAL ANALOG SCALE (VAS) WITHIN THREE MONTHS PREOPERATIVELY AND AT THREE MONTHS (6 TO 20 WEEKS) POSTOPERATIVELY
G9948	PATIENT HAD ANY ADDITIONAL SPINE PROCEDURES PERFORMED ON THE SAME DATE AS THE LUMBAR DISCECTOMY/LAMINOTOMY
G9949	LEG PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) WITHIN THREE MONTHS PREOPERATIVELY AND AT THREE MONTHS (6 TO 20 WEEKS) POSTOPERATIVELY
G9954	PATIENT EXHIBITS 2 OR MORE RISK FACTORS FOR POST-OPERATIVE VOMITING
G9955	CASES IN WHICH AN INHALATIONAL ANESTHETIC IS USED ONLY FOR INDUCTION
G9956	PATIENT RECEIVED COMBINATION THERAPY CONSISTING OF AT LEAST TWO PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOPERATIVELY AND/OR INTRAOPERATIVELY
G9957	DOCUMENTATION OF MEDICAL REASON FOR NOT RECEIVING COMBINATION THERAPY CONSISTING OF AT LEAST TWO PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOPERATIVELY AND/OR INTRAOPERATIVELY (E.G., INTOLERANCE OR OTHER MEDICAL REASON)
G9958	PATIENT DID NOT RECEIVE COMBINATION THERAPY CONSISTING OF AT LEAST TWO PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOPERATIVELY AND/OR INTRAOPERATIVELY
G9959	SYSTEMIC ANTIMICROBIALS NOT PRESCRIBED
G9960	DOCUMENTATION OF MEDICAL REASON(S) FOR PRESCRIBING SYSTEMIC ANTIMICROBIALS
G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED
G9962	EMBOLIZATION ENDPOINTS ARE DOCUMENTED SEPARATELY FOR EACH EMBOLIZED VESSEL AND OVARIAN ARTERY ANGIOGRAPHY OR EMBOLIZATION PERFORMED IN THE PRESENCE OF VARIANT UTERINE ARTERY ANATOMY
G9963	EMBOLIZATION ENDPOINTS ARE NOT DOCUMENTED SEPARATELY FOR EACH EMBOLIZED VESSEL OR OVARIAN ARTERY ANGIOGRAPHY OR EMBOLIZATION NOT PERFORMED IN THE PRESENCE OF VARIANT UTERINE ARTERY ANATOMY
G9964	PATIENT RECEIVED AT LEAST ONE WELL-CHILD VISIT WITH A PCP DURING THE PERFORMANCE PERIOD
G9965	PATIENT DID NOT RECEIVE AT LEAST ONE WELL-CHILD VISIT WITH A PCP DURING THE PERFORMANCE PERIOD
G9966	CHILDREN WHO WERE SCREENED FOR RISK OF DEVELOPMENTAL, BEHAVIORAL AND SOCIAL DELAYS USING A STANDARDIZED TOOL WITH INTERPRETATION AND REPORT

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9967	CHILDREN WHO WERE NOT SCREENED FOR RISK OF DEVELOPMENTAL, BEHAVIORAL AND SOCIAL DELAYS USING A STANDARDIZED TOOL WITH INTERPRETATION AND REPORT
G9968	PATIENT WAS REFERRED TO ANOTHER PROVIDER OR SPECIALIST DURING THE PERFORMANCE PERIOD
G9969	PROVIDER WHO REFERRED THE PATIENT TO ANOTHER PROVIDER RECEIVED A REPORT FROM THE PROVIDER TO WHOM THE PATIENT WAS REFERRED
G9970	PROVIDER WHO REFERRED THE PATIENT TO ANOTHER PROVIDER DID NOT RECEIVE A REPORT FROM THE PROVIDER TO WHOM THE PATIENT WAS REFERRED
G9974	DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR THICKENING OR GEOGRAPHIC ATROPHY OR HEMORRHAGE AND THE LEVEL OF MACULAR DEGENERATION SEVERITY
G9975	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9976	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9977	DILATED MACULAR EXAM WAS NOT PERFORMED, REASON NOT OTHERWISE SPECIFIED
H0004	BEHAVIORAL HEALTH CNSL&THERAPY PER 15 MINUTES
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT
H0010	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP
H0012	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP
H0013	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC
H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE
H0024	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE
H0026	ALCOHL&/RX PREVENTION PROCESS SERVICE CMTY-BASED
H0027	ALCOHOL &OR DRUG PREVENTION ENVIR SERVICE
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC NOT W/ASSESS
H0029	ALCOHOL &OR DRUG PREVENTION ALTERNATIVES SERVICE
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN
H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN
H0033	ORAL MEDICATION ADMIN DIRECT OBSERVATION
H0034	MEDICATION TRAINING AND SUPPORT PER 15 MINUTES
H0036	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
H0037	COMMUNITY PSYC SUPPORTIVE TX PROGM PER DIEM
H0038	SELF-HELP/PEER SERVICES PER 15 MINUTES
H0039	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH
H0043	SUPPORTED HOUSING PER DIEM
H0044	SUPPORTED HOUSING PER MONTH
H0045	RESPIRE CARE SERVICES NOT IN THE HOME PER DIEM
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS
H0048	ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD
H1000	PRENATAL CARE AT-RISK ASSESSMENT
H1001	PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT
H1002	PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD
H1003	PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION
H1004	PRENATAL CARE AT-RISK ENHNCD SRVC; F/U HOM VISIT
H1005	PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE
H1010	NON-MEDICAL FAM PLANNING EDUCATION PER SESSION
H1011	FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION
H2010	COMPREHENSIVE MEDICATION SERVICES PER 15 MINUTES
H2014	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES
H2015	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM
H2017	PSYCHOSOCIAL REHAB SERVICES PER 15 MUNUTES
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM
H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM
H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES
H2024	SUPPORTED EMPLOYMENT PER DIEM
H2025	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT PER DIEM
H2027	PSYCHOEDUCATIONAL SERVICE PER 15 MINUTES

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
H2028	SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES
H2029	SEXUAL OFFENDER TREATMENT SERVICE PER DIEM
H2030	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES
H2031	MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM
H2032	ACTIVITY THERAPY PER 15 MINUTES
H2033	MULTISYSTEMIC THERAPY JUVENILES PER 15 MINUTES
H2034	ALCOHOL &OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM
H2037	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN
K0005	ULTRALIGHTWEIGHT WHEELCHAIR
K0105	IV HANGER EACH
K0108	OTHER ACCESSORIES
K0462	TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE
K0601	REPL BATTERY EXT INFUS PUMP SILVER OXIDE 1.5 V EA
K0602	REPL BATTERY EXT INFUS PUMP SILVER OXIDE 3 V EA
K0603	REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA
K0604	REPL BATTERY EXT INFUS PUMP LITHIUM 3.6 VOLT EA
K0605	REPL BATTERY EXT INFUS PUMP LITHIUM 4.5 VOLT EA
K0608	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA
K0609	REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA
K0669	WC ACCESS WC SEAT/BACK CUSHION NO DME PDAC
K0672	ADD LOW EXT ORTHOSIS REMV SOFT INTERFACE REPL EA
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED
K0899	PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR
L0120	CERVICAL FLEXIBLE NONADJUSTABLE
L0160	CERV SEMI-RIGID WIRE FRAME OCCIP/MAND SUPPORT
L0172	CERV COLLAR SEMI-RIGID THERMOPCERV COLLAR SEMI-R
L0174	CERV COLLR SEMI-RIGD THERMOPLSTC W/THOR EXT
L0430	SP ORTHOTIC ANT-POST-LAT CNTRL INTRFCE MATL CSTM

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
L0621	SACROILIAC ORTHOTIC FLEXIBLE PREFABRICATED
L0625	LUMBAR ORTHOTIC FLEXIBLE PREFABRICATED
L0626	LUMBAR ORTHOTIC W/RIGID POST PANEL PREFAB
L0627	LUMBAR ORTHOTIC RIGID ANT & POST PANEL PREFAB
L0628	LUMBAR-SCARAL ORTHOTIC FLEXIBLE PREFABRICATED
L0630	LUMB-SACRAL ORTHOTIC W/RIGID POST PANEL PREFAB
L0980	PERONEAL STRAPS PAIR
L0982	STOCKING SUPPORTER GRIPS SET OF 4
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF
L1836	KNEE ORTHOTIC RIGID WITHOUT JOINT PREFABRICATED
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF
L2750	ADD LOW EXTREM ORTHOTIC PLATING CHROME/NICKL-BAR
L2755	ADD LOW EXT ORTHOTIC HYBRID COMPOS PER SEG CSTM
L2780	ADD LOW EXTREM ORTHOTIC NONCORROSIVE FINISH BAR
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA
L3001	FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA
L3002	FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQU EA
L3003	FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA
L3010	FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA
L3020	FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA
L3030	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORTHOT HI STRGTH
L3040	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA
L3050	FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA
L3060	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA
L3070	FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA
L3080	FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA
L3090	FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL/MT EA
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT
L3140	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES
L3150	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES
L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE
L3170	FOOT PLASTIC SILICONE/EQUAL HEEL STABILIZER EACH

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
L3201	ORTHOPEDED SHOE OXFORD W/SUPINATOR/PRONATOR INFNT
L3202	ORTHOPEDED SHOE OXFORD W/SUPINATOR/PRONATOR CHILD
L3203	ORTHOPEDED SHOE OXFORD W/SUPINATOR/PRONATOR JR
L3204	ORTHOPEDED SHOE HIGHTOP W/SUPINATOR/PRONATOR INFNT
L3206	ORTHOPEDED SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD
L3207	ORTHOPEDED SHOE HIGHTOP W/SUPINATOR/PRONATOR JR
L3208	SURGICAL BOOT EACH INFANT
L3209	SURGICAL BOOT EACH CHILD
L3211	SURGICAL BOOT EACH JUNIOR
L3212	BENESCH BOOT PAIR INFANT
L3213	BENESCH BOOT PAIR CHILD
L3214	BENESCH BOOT PAIR JUNIOR
L3217	ORTHOPEDED FTWEAR LADIES SHOE HITOP DEPTH INLAY EA
L3222	ORTHOPEDED FOOTWEAR MENS SHOE HITOP DEPTH INLAY EA
L3257	ORTHOPEDED FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE
L3260	SURGICAL BOOT/SHOE EACH
L3265	PLASTAZOTE SANDAL EACH
L3300	LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH
L3310	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH
L3320	LIFT ELEVATION HEEL AND SOLE CORK PER INCH
L3330	LIFT ELEVATION METAL EXTENSION
L3332	LIFT ELEV INSIDE SHOE TAPERED UP ONE-HALF INCH
L3334	LIFT ELEVATION HEEL PER INCH
L3340	HEEL WEDGE SACH
L3350	HEEL WEDGE
L3360	SOLE WEDGE OUTSIDE SOLE
L3370	SOLE WEDGE BETWEEN SOLE
L3380	CLUBFOOT WEDGE
L3390	OUTFLARE WEDGE
L3400	METATARSAL BAR WEDGE ROCKER
L3410	METATARSAL BAR WEDGE BETWEEN SOLE
L3420	FULL SOLE AND HEEL WEDGE BETWEEN SOLE
L3430	HEEL COUNTER PLASTIC REINFORCED
L3440	HEEL COUNTER LEATHER REINFORCED
L3450	HEEL SACH CUSHION TYPE
L3455	HEEL NEW LEATHER STANDARD

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
L3460	HEEL NEW RUBBER STANDARD
L3465	HEEL THOMAS WITH WEDGE
L3470	HEEL THOMAS EXTENDED TO BALL
L3480	HEEL PAD AND DEPRESSION FOR SPUR
L3485	HEEL PAD REMOVABLE FOR SPUR
L3500	ORTHOPEdic SHOE ADDITION INSOLE LEATHER
L3510	ORTHOPEdic SHOE ADDITION INSOLE RUBBER
L3520	ORTHOPEdic SHOE ADDITION INSOLE FELT COVR W/LEATHR
L3530	ORTHOPEdic SHOE ADDITION SOLE HALF
L3540	ORTHOPEdic SHOE ADDITION SOLE FULL
L3550	ORTHOPEdic SHOE ADDITION TOE TAP STANDARD
L3560	ORTHOPEdic SHOE ADDITION TOE TAP HORSESHOE
L3570	ORTHOPEdic SHOE ADDITION SPECIAL EXT INSTEP
L3580	ORTHOPEdic SHOE ADD CONVERT INSTEP VELCRO CLOS
L3590	ORTHO SHOE ADD CONVRT FIRM COUNTER SFT COUNTER
L3595	ORTHOPEdic SHOE ADDITION MARCH BAR
L3600	TRNSF ER ORTHOTIC SHOE TO SHOE CALIPR PLAT XST
L3610	TRNSF ORTHOT ONE SHOE TO ANOTHER CALIP PLATE NEW
L3620	TRNSF ORTHOT 1 SHOE-ANOTHR SOLID STIRRUP EXIST
L3630	TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW
L3640	TRNSF ORTHOT SHOE TO SHOE DENNIS BROWNE SPLNT
L3649	ORTHOPEdic SHOE MODIFICATION ADDITION/TRANSFER NOS
L3660	SO FIG 8 DESN ABDUCT RESTRNER CANVAS&WEB PRFAB
L3675	SO VEST ABDUCT RESTRNER CANVAS WEB TYPE/=PRFAB
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF
L3762	ELB ORTHOT RIGD W/O JNT W/SFT INTRFCE MATL PRFAB
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF
L3925	FO PIP/DIP NONTORSION JOINT/SPRING PREFABRICATED
L3927	FO PIP/DIP W/O JOINT/SPRING PREFABRICATED

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF
L7900	MALE VACUUM ERECTION SYSTEM
L7902	TENSION RING VAC ERECTION DEVC REPLACE ONLY EACH
L8300	TRUSS SINGLE WITH STANDARD PAD
L8310	TRUSS DOUBLE WITH STANDARD PADS
L8320	TRUSS ADDITION TO STANDARD PAD WATER PAD
L8330	TRUSS ADDITION TO STANDARD PAD SCROTAL PAD
L8505	ARTIFICAL LARYNX REPLACEMENT BATTERY/ACCESS ANY TYPE
L8621	ZINC AIR BATTERY COCHLEAR IMPLANT DEVC REPL EA
L8622	ALKALINE BATTERY COCHLEAR IMPL DEVC ANY SZ REPL EA
L8623	LITHIUM ION BATTERY OTHER THAN EAR LEVEL REPL EA
L8624	LITHIUM ION BATTERY EAR LEVEL REPL EA
M0075	CELLULAR THERAPY
M0076	PROLOTHERAPY
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING
M0300	IV CHELATION THERAPY
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM
P2028	CEPHALIN FLOCCULATION BLOOD
P2029	CONGO RED BLOOD
P2031	HAIR ANALYSIS
P2033	THYMOL TURBIDITY BLOOD
P2038	MUCOPROTEIN BLOOD
P9011	BLOOD SPLIT UNIT
P9012	CRYOPRECIPITATE EACH UNIT
P9016	RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT
P9017	FRESH FROZEN PLASMA FROZEN WITHIN 8 HOURS CLCT EA UNIT
P9019	PLATELETS EACH UNIT
P9020	PLATELET RICH PLASMA EACH UNIT
P9021	RED BLOOD CELLS EACH UNIT
P9022	RED BLOOD CELLS WASHED EACH UNIT
P9023	PLASMA EXCHANGE DONOR SOLVENT/DETRIMENT TREATED FROZEN EA U
P9031	PLATELETS LEUKOCYTES REDUCED EACH UNIT
P9032	PLATELETS IRRADIATED EACH UNIT

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
P9033	PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT
P9034	PLATELETS PHERESIS EACH UNIT
P9035	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT
P9036	PLATELETS PHERESIS IRRADIATED EACH UNIT
P9037	PLATLTS PHERES LEUKOCYTES RDUC IRRADATD EA UNIT
P9038	RED BLOOD CELLS IRRADIATED EACH UNIT
P9039	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT
P9040	RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT
P9041	INFUSION ALBUMIN HUMAN 5% 50 ML
P9043	INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 50 ML
P9044	PLASMA CRYOPRECIPITATE REDUCED EACH UNIT
P9050	GRANULOCYTES PHERESIS EACH UNIT
P9051	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-NEG EA UNIT
P9052	PLT HLA-MATCHD LEUKOCYTES RDUC APHERES/PERE EA
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE
P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHR
P9612	CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT
Q0111	WET MOUNTS INCL PREP VAGINAL CERV/SKIN SPECIMENS
Q0112	ALL POTASSIUM HYDROXIDE PREPARATIONS
Q0113	PINWORM EXAMINATION
Q0114	FERN TEST
Q0115	POST-COITAL DIRECT QUAL EXAM VAGINAL/CERV MUCOS
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD
Q0144	AZITHROMYCIN DIHYDRATE ORAL CAP/POWDER 1 GRAM
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
Q0162	ONDANSETRON 1 MG ORL NOT EXCEED 48 HR DOSE REG
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL NOT>48 HR DOSE
Q0478	POWER ADAPTER ELECTRIC/PNEUMAT VAD VEHICLE TYPE
Q0479	POWER MODULE ELECTRIC/PNEUMATIC VAD REPLACE ONLY
Q0480	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY
Q0481	MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY
Q0482	MICROPROCESSOR CU FOR ELEC/PNEUMAT VAD REPL ONL
Q0483	MONITOR/DISPLAY MODULE FOR ELEC VAD REPL ONLY

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
Q0484	MONITOR FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
Q0485	MONITOR CONTROL CABLE FOR ELEC VAD REPL ONLY
Q0486	MON CNTRL CABLE FOR ELEC/PNEUMAT VAD REPL ONLY
Q0487	LEADS FOR ANY TYPE ELEC/PNEUMAT VAD REPL ONLY
Q0488	POWER PACK BASE FOR USE W/ELEC VAD REPL ONLY
Q0489	POWER PACK BASE FOR ELEC/PNEUMAT VAD REPL ONLY
Q0490	EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY
Q0491	EMERG POWER SRC FOR ELEC/PNEUMAT VAD REPL ONLY
Q0492	EMERGENCY POWER SPL CABLE FOR ELEC VAD REPL ONLY
Q0493	EMERG PWR CABLE FOR ELEC/PNEUMAT VAD REPL ONLY
Q0494	EMERGENCY HAND PUMP REPLACEMENT ONLY
Q0495	BATT CHRGR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
Q0496	BATTERY NOT LITHIUM-ION ELEC/PNEUMAT VAD REPL
Q0497	BATT CLPS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
Q0498	HOLSTER FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
Q0499	BELT/VEST/BAG CARRY ANY TYPE VAD REPLACE ONLY
Q0500	FILTERS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
Q0501	SHOWER COVER ELEC OR ELEC/PNEUMAT VAD REPL ONLY
Q0502	MOBILITY CART FOR PNEUMATIC VAD REPL ONLY
Q0503	BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH
Q0504	POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE
Q0505	MISC SUPPLY/ACCESS W/VENTRICULAR ASSIST DEVC
Q0506	BATTERY LITHIUM-ION ELEC/PNEUMATIC VAD REPL
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A
Q0510	PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPNT
Q0511	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; 1 PRSC 30-DA
Q0512	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; SUBSQT 30-DA
Q0513	PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS
Q0514	PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS
Q0515	INJECTION SERMORELIN ACETATE 1 MICROGRAM
Q1004	NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG
Q1005	NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG
Q2004	IRRIGATION SOL TX BLADDER CALCULI PER 500 ML

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
Q2009	INJ FOSPHENYTOIN 50 MG PHENYTOIN EQUIVALENT
Q2017	INJECTION TENIPOSIDE 50 MG
Q2026	INJECTION RADIESSE 0.1ML
Q2027	INJECTION SCULPTRA 0.1ML
Q2043	SIPULEUCEL-T AUTO CD54+
Q2048	INJ DOXORUBICIN HYDROCHLORIDE LIP DOXIL 10 MG
Q2049	INJ DOXORUBICIN HCl LIP IMPORTED LIPODOX 10 MG
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE
Q3025	INJECTION INTRFER BETA1A 11 MCG IM USE
Q3026	INJECTION INTERFERON BETA-1A 11 MCG SUBQ USE
Q3031	COLLAGEN SKIN TEST
Q4049	FINGER SPLINT STATIC
Q4050	CAST SUPPLIES UNLISTED TYPES&MATERIALS OF CASTS
Q4051	SPLINT SUPPLIES MISCELLANEOUS
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED
Q4166	CYTAL, PER SQUARE CENTIMETER
Q4167	TRUSKIN, PER SQUARE CENTIMETER
Q4168	AMNIOBAND, 1 MG
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER
Q4170	CYGNUS, PER SQUARE CENTIMETER
Q4171	INTERFYL, 1 MG
Q4172	PURAPLY OR PURAPLY AM, PER SQUARE CENTIMETER
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER
Q4174	PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC
Q4175	MIRODERM, PER SQUARE CENTIMETER
Q4176	NEOPATCH, PER SQUARE CENTIMETER
Q4177	FLOWERAMNIOFLO, 0.1 CC
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER
Q4179	FLOWERDERM, PER SQUARE CENTIMETER
Q4180	REVITA, PER SQUARE CENTIMETER
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER
Q4182	TRANSCYTE, PER SQUARE CENTIMETER
R0070	TRANS PRTBL X-RAY EQ&PERS HOM/NRS HOM-TRIP 1 PT
R0075	TRANS PRTBL XRAY EQ&PERS HOM/NRS HOM-TRIP>1 PT

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
R0076	TRANSPORTATION PRTBLE EKG FACL/LOCATION PER PT
S0209	WHEELCHAIR VAN MILEAGE PER MILE
S0215	NON-EMERGENCY TRANSPORTATION; PER MILE
S0220	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 30 MIN
S0221	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 60 MIN
S0250	COMP GERIATRIC ASSESS&TX PLAN PRFRM ASSESS TEAM
S0257	CNSL&DISCUSS ADV DIRCTV/EOL CARE PT&/SURROGATE
S0260	HISTORY AND PHYSICAL RELATED TO SURGICAL PROC
S0265	GENETIC COUNSELING PHYS SUPERVISION EA 15 MINS
S0270	PHYSICIAN MGT PT HOME CARE STD MONTHLY CASE RATE
S0271	PHYS MGT PT HOME CARE HOSPICE MONTHLY CASE RATE
S0272	PHYS MGT PT HOME CARE EPISODIC CARE MO CASE RATE
S0273	PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT
S0274	NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT
S0280	MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN
S0281	MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN
S0315	DISEASE MANAGEMENT PROGM; INIT ASSESS&INIT PROGM
S0316	DZ MANAGEMENT PROGRAM FOLLOW-UP/REASSESSMENT
S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM
S0320	TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO
S0340	LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD
S0341	LIFESTYL MOD PROG MGMT COR ART DZ; 2ND/3RD QTR
S0342	LIFESTYL MOD PROG MGMT COR ART DZ; 4TH QTR/STAGE
S0353	TX PLANNING CARE COORDINATION MGMT CANCR INIT TX
S0354	TX PLAN CARE COORD MGMT CA EST PT CHG REGIMEN
S0500	DISPOSABLE CONTACT LENS PER LENS
S0504	SINGLE VISION PRESCRIPTION LENS PER LENS
S0506	BIFOCAL VISION PRESCRIPTION LENS PER LENS
S0508	TRIFOCAL VISION PRESCRIPTION LENS PER LENS
S0510	NON-PRESCRIPTION LENS PER LENS
S0512	DAILY WEAR SPECIALTY CONTACT LENS PER LENS
S0514	COLOR CONTACT LENS PER LENS
S0515	SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS
S0516	SAFETY EYEGLASS FRAMES
S0518	SUNGLASSES FRAMES
S0580	POLYCARBONATE LENS

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
S0581	NONSTANDARD LENS
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP
S0592	COMPREHENSIVE CONTACT LENS EVALUATION
S0595	DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME
S0596	PHAKIC INTRAOCULAR LENS CORRECT REFRACTIVE ERROR
S0622	PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT
S0800	LASER IN SITU KERATOMILEUSIS
S0810	PHOTOREFRACTIVE KERATECTOMY
S0812	PHOTOTHERAPEUTIC KERATECTOMY
S1001	DELUXE ITEM PATIENT AWARE
S1002	CUSTOMIZED ITEM
S1015	IV TUBING EXTENSION SET
S1016	NON-PVC IV ADMN SET W/RX THAT ARE NOT STABL PVC
S1030	CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE
S1031	CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL
S1034	ARTIFICIAL PANCREAS DEVICE SYSTEM (E.G., LOW GLUCOSE SUSPEND (LGS) FEATURE) INCLUDING CONTINUOUS GLUCOSE MONITOR, BLOOD GLUCOSE DEVICE, INSULIN PUMP AND COMPUTER ALGORITHM THAT COMMUNICATES WITH ALL OF THE DEVICES
S1035	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM
S1036	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM
S1037	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM
S1090	MOMETASONE FUROATE SINUS IMPLANT 370 MICROGRAMS
S2079	LAP ESOPHAGOMYOTOMY HELLER TYPE
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC
S2202	ECHOSCLEROTHERAPY
S2260	INDUCED ABORTION 17 TO 24 WEEKS
S2265	INDUCED ABORTION 25 TO 28 WEEKS
S2266	INDUCED ABORTION 29 TO 31 WEEKS
S2267	INDUCED ABORTION 32 WEEKS OR GREATER
S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO
S2401	REPAIR URINARY TRACT OBSTRUCTION FETUS IN UTERO
S2402	REPAIR CCAM IN THE FETUS PROCEDURE IN UTERO
S2403	REPAIR EPS IN FETUS PROCEDURE PERFORMED IN UTERO

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
S2404	REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO
S2405	REPR SACROCOC TERATOMA FETUS IN UTERO
S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT-TTTS
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS
S3000	DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL
S3005	PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION
S3600	STAT LABORATORY REQUEST
S3601	EMERG STAT LAB CHARGE PT HOMBOUND/RESID NRS FACL
S3630	EOSINOPHIL COUNT BLOOD DIRECT
S3645	HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE
S3650	SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE
S3652	SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK
S3655	ANTISPERM ANTIBODIES TEST
S3708	GASTROINTESTINAL FAT ABSORPTION STUDY
S3711	CIRCULATING TUMOR CELL TEST
S3713	KRAS MUTATION ANALYSIS TESTING
S3721	PROSTATE CANCER ANTIGEN 3 TESTING
S3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL
S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS
S3822	SINGLE-MUTAT ANALY SUSCEPT BREAST&OVARIAN CANCER
S3823	3-MUTATION BRCA1&BRCA2 ANALYSIS ASHKENAZI IND
S3902	BALLISTOCARDIOGRAM
S3904	MASTERS TWO STEP
S4011	IN VITRO FERTILIZATION;
S4013	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE
S4014	CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF CASE RATE
S4015	CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS
S4016	FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE
S4017	INCL CYCLE TX CANCELED PRIOR TO STIM CASE RATE
S4018	FRZN EMB TRANS PROC CANCEL BEFR TRANS CASE RATE
S4020	IVF PROC CANCELLED BEFORE ASPIRATION CASE RATE
S4021	IVF PROC CANCELLED AFTER ASPIRATION CASE RATE
S4022	ASSISTED OOCYTE FERTILIZATION CASE RATE
S4023	DONOR EGG CYCLE INCOMPLETE CASE RATE
S4025	DONOR SERVICES IN VITRO FERTILIZATION CASE RATE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION
S4030	SPERM PROCUREMENT&CRYOPRES SERVICES; INIT VISIT
S4031	SPERM PROCUREMENT&CRYOPRES SRVC; SUBSQT VISIT
S4035	STIM INTRAUTERINE INSEMINATION CASE RATE
S4037	CRYOPRESERVED EMBRYO TRANSFER CASE RATE
S4040	MON & STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS
S4042	MANAGEMENT OF OVULATION INDUCTION PER CYCLE
S4981	INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS
S4990	NICOTINE PATCHES LEGEND
S4991	NICOTINE PATCHES NON-LEGEND
S4995	SMOKING CESSATION GUM
S5000	PRESCRIPTION DRUG GENERIC
S5001	PRESCRIPTION DRUG BRAND NAME
S5010	5% DEXTROSE AND 0.45% NORMAL SALINE 1000 ML
S5011	5% DEXTROSE IN LACTATED RINGERS 1000 ML
S5012	5% DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML
S5013	5% DXTROS/0.45% NL SALINE KCL&MGSO4 1000 ML
S5014	5% DEXTROSE/0.45% NL SALINE W/KCL&MGSO4 1500 ML
S5100	DAY CARE SERVICES ADULT; PER 15 MINUTES
S5101	DAY CARE SERVICES ADULT; PER HALF DAY
S5102	DAY CARE SERVICES ADULT; PER DIEM
S5105	DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE
S5108	HOME CARE TRAINING HOME CARE CLIENT PER 15 MIN
S5109	HOME CARE TRAINING HOME CARE CLIENT PER SESSION
S5110	HOME CARE TRAINING FAMILY; PER 15 MINUTES
S5111	HOME CARE TRAINING FAMILY; PER SESSION
S5115	HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION
S5120	CHORE SERVICES; PER 15 MINUTES
S5121	CHORE SERVICES; PER DIEM
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES
S5126	ATTENDANT CARE SERVICES; PER DIEM
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES
S5131	HOMEMAKER SERVICE NOS; PER DIEM

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
S5135	COMPANION CARE ADULT ; PER 15 MINUTES
S5136	COMPANION CARE ADULT ; PER DIEM
S5140	FOSTER CARE ADULT; PER DIEM
S5141	FOSTER CARE ADULT; PER MONTH
S5145	FOSTER CARE THERAPEUTIC CHILD; PER DIEM
S5146	FOSTER CARE THERAPEUTIC CHILD; PER MONTH
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM
S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION&TESTING
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY
S5165	HOME MODIFICATIONS; PER SERVICE
S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL
S5175	LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER
S5180	HOME HEALTH RESPIRATORY THERAPY INIT EVALUATION
S5181	HOME HEALTH RESPIRATORY THERAPY NOS PER DIEM
S5185	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH
S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN
S5199	PERSONAL CARE ITEM NOS EACH
S5565	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U
S5566	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U
S8055	ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT
S8096	PORTABLE PEAK FLOW METER
S8097	ASTHMA KIT
S8110	PEAK EXPIRATORY FLOW RATE
S8120	O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT
S8121	OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL
S8185	FLUTTER DEVICE
S8186	SWIVEL ADAPTOR
S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED
S8270	ENURESIS ALARM AUDITORY BUZZER &/ VIBRATION DEVC
S8301	INFECTION CONTROL SUPPLIES NOS
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT
S8420	GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S8421	GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE
S8422	GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT
S8423	GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT
S8424	GRADIENT PRESSURE AID SLEEVE READY MADE
S8425	GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT
S8426	GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT
S8427	GRADIENT PRESSURE AID GLOVE READY MADE
S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE
S8429	GRADIENT PRESSURE EXTERIOR WRAP
S8430	PADDING FOR COMPRESSION BANDAGE ROLL
S8431	COMPRESSION BANDAGE ROLL
S8450	SPLINT PREFABRICATED DIGIT
S8451	SPLINT PREFABRICATED WRIST OR ANKLE
S8452	SPLINT PREFABRICATED ELBOW
S8460	CAMISOLE POST-MASTECTOMY
S8930	E-STIM AUR ACUPUNCT PNTS; EA 15 MIN 1-1 CNTC PT
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M
S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES
S8990	PHYSICAL/MANIP TX MAINT RATHER THAN RESTORATION
S8999	RESUSCITATION BAG
S9001	HOME UTERINE MONITOR W/VO ASSOC NURSING SERVICES
S9007	ULTRAFILTRATION MONITOR
S9015	AUTOMATED EEG MONITORING
S9024	PARANASAL SINUS ULTRASOUND
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM
S9055	PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING
S9056	COMA STIMULATION PER DIEM
S9061	HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM
S9083	GLOBAL FEE URGENT CARE CENTERS
S9109	CONGESTIVE HEART FAILURE TELEMONITOR PER MONTH
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH
S9117	BACK SCHOOL PER VISIT
S9125	RESPIRE CARE IN THE HOME PER DIEM
S9145	INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP
S9326	HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S9327	HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM
S9330	HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM
S9331	HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM
S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM
S9338	HIT IMMUOTHAPY; CARE COORDINATION PER DIEM
S9364	HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM
S9381	DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT VISIT
S9401	ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS
S9433	MED FOOD NUTR CMPL ORAL 100% NUTRITNL INTAKE
S9434	MOD SOLID FOOD SUPPLEMENTS INBORN ERRORS METAB
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM
S9436	CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS
S9437	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS
S9438	CESAREAN BIRTH CLASSES NON-PHYSICIAN PER SESSION
S9439	VBAC CLASSES NON-PHYSICIAN PER SESSION
S9441	ASTHMA ED NON-PHYSICIAN PROVIDER PER SESSION
S9442	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION
S9443	LACTATION CLASSES NON-PHYSICIAN PROVIDER-SESSION
S9444	PARENTING CLASSES NON-PHYSICIAN PER SESS
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN
S9446	PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION
S9447	INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION
S9449	WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION
S9451	EXERCISE CLASSES NON-PHYSICIAN PER SESSION
S9452	NUTRITION CLASSES NON-PHYSICIAN PER SESSION
S9453	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS
S9454	STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION
S9455	DIABETIC MANAGEMENT PROGRAM GROUP SESSION
S9460	DIABETIC MANAGEMENT PROGRAM NURSE VISIT
S9474	ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM
S9476	VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM
S9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES
S9529	HOME OR SKILLED NURSING FACILITY PATIENT
S9542	HOME INJ TX NOC W/CARE COORDINATION PER DIEM
S9558	HIT GROWTH HORMONE W/CARE COORDINATION PER DIEM
S9559	HIT INTERFERON W/CARE COORDINATION PER DIEM

Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



NON-COVERED PROCEDURE CODE	DESCRIPTION
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM
S9562	HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-PER DIEM
S9590	HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-PER DIEM
S9810	HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR
S9900	SRVC JOURNAL-LISTED CS PRACT HEALING PER DIEM
S9901	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE NURSE, PER HOUR
S9970	HEALTH CLUB MEMBERSHIP ANNUAL
S9975	TRANSPLANT REL LODG MEALS & TRNSPRT PER DIEM
S9976	LODGING PER DIEM NOT OTHERWISE SPECIFIED
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED
S9981	MEDICAL RECORDS COPYING FEE ADMINISTRATIVE
S9982	MEDICAL RECORDS COPYING FEE PER PAGE
S9986	NOT MEDICALLY NECESSARY SERVICE
S9988	SERV PROVIDED AS PART OF PHASE I CLINICAL TRIAL
S9989	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER
S9994	LODNGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION
S9999	SALES TAX
T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN
T1001	NURSING ASSESSMENT/EVALUATION
T1002	RN SERVICES UP TO 15 MINUTES
T1003	LPN/LVN SERVICES UP TO 15 MINUTES
T1004	SERVICES QUALIFIED NURSING AIDE UP TO 15 MINUTES
T1005	RESPIRE CARE SERVICES UP TO 15 MINUTES
T1006	ALCOHOL &OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL
T1007	ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/MOD
T1009	CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC
T1010	MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC
T1012	ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP
T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
T1014	TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP
T1015	CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE
T1016	CASE MANAGEMENT EACH 15 MINS

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
T1017	TARGETED CASE MANAGEMENT EACH 15 MINS
T1018	SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED
T1019	PERSONAL CARE SERVICES PER 15 MINUTES
T1020	PERSONAL CARE SERVICES PER DIEM
T1021	HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY
T1023	SCR CONSIDER IND PARTICIP SPEC PROG PROJ/TX PER
T1024	EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER
T1025	INTEN MXDISCIPLIN SRVC CHILD W/CMLPX IMPAIR DIEM
T1026	INTEN MXDISCIPLIN SRVC CHILD W/CMLPX IMPAIR HR
T1027	FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS
T1028	ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT
T1029	COMP ENVIR LEAD INVESTIGAT NOT W/LAB ANALY-DWELL
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM
T1040	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER DIEM
T1041	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER MONTH
T1502	ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT
T1503	ADMN MED NOT ORAL & OR INJ HLTH AGENCY/PROF VST
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGE DEVC NOS
T1999	MISC TX ITEMS & SPL RETAIL PURCHASE NOC
T2001	NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP
T2004	NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS
T2005	NONEMERGENCY TRANSPORTATION; STRETCHER VAN
T2007	TRNSPRT WAIT TIME AIR AMB&NON-EMERG VEH 1/2 HR
T2010	PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN
T2011	PASRR LEVEL II EVALUATION PER EVALUATION
T2012	HABILITATION EDUCATIONAL WAIVER; PER DIEM
T2013	HABILITATION EDUCATIONAL WAIVER; PER HOUR
T2014	HABILITATION PREVOCATIONAL WAIVER; PER DIEM
T2015	HABILITATION PREVOCATIONAL WAIVER; PER HOUR
T2016	HABILITATION RESIDENTIAL WAIVER; PER DIEM
T2017	HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES
T2018	HABILITATION SUPP EMPLOYMENT WAIVER; PER DIEM

Non-Covered Procedure Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
T2019	HABILITATION SUPP EMPLOYMENT WAIVER; PER 15 MIN
T2020	DAY HABILITATION WAIVER; PER DIEM
T2021	DAY HABILITATION WAIVER; PER 15 MINUTES
T2022	CASE MANAGEMENT; PER MONTH
T2023	TARGETED CASE MANAGEMENT; PER MONTH
T2024	SERVICE ASSESSMENT/PLAN CARE DEVELOPMENT WAIVER
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED
T2026	SPECIALIZED CHILDCARE WAIVER; PER DIEM
T2027	SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES
T2028	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER
T2029	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER
T2030	ASSISTED LIVING WAIVER; PER MONTH
T2031	ASSISTED LIVING WAIVER; PER DIEM
T2032	RESIDENTIAL CARE NOS WAIVER; PER MONTH
T2033	RESIDENTIAL CARE NOS WAIVER; PER DIEM
T2034	CRISIS INTERVENTION WAIVER; PER DIEM
T2035	UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER
T2036	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION
T2037	THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION
T2038	COMMUNITY TRANSITION WAIVER; PER SERVICE
T2039	VEHICLE MODIFICATIONS WAIVER; PER SERVICE
T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN
T2041	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM
T2046	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM
T2049	NON-EMERG TRNSPRT; STRETCHER VAN MILEAGE; MILE
T2101	HUMAN BREAST MILK PROCESSING STORAGE&DSTRB ONLY
T4521	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA
T4522	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA
T4523	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA
T4524	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA
T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA
T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA
T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA
T4529	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA
T4530	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA
T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA
T4532	PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA
T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA
T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA
T4535	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA
T4536	INCONT PROD PROTVE UNDWEAR/PULLON REUSBL SIZE EA
T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA
T4538	DIAPER SERVICE REUSABLE DIAPER EACH DIAPER
T4539	INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA
T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA
T4543	DISPBL INCONTINENCE PROD BRF/DIAPER BARIATRIC EA
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH
T5001	POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED
T5999	SUPPLY NOT OTHERWISE SPECIFIED
V2020	FRAMES PURCHASES
V2025	DELUXE FRAME
V2100	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS
V2101	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS
V2102	SPHERE SINGLE VISION +/- 7.12 +/- 20.00D PER LENS
V2103	1 VISION PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA
V2104	1 VISION PLANO+/- 4.00D SPHER 2.12-4.00D CYL EA
V2105	1 VISION PLANO+/- 4.00D SPHER 4.25-6.00D CYL EA
V2106	1 VISION PLANO+/- 4.00D SPHER OVER 6.00D CYL-LENS
V2107	1 VISION +/- 4.25+/- 7.00 SPHER 0.12-2.00D CYL EA
V2108	1 VISION +/-4.25D+/-7.00D SPHER 2.12-4.00D CYL EA
V2109	1 VISION+/- 4.25+/- 7.00D SPHER 4.25-6.00D CYL EA
V2110	1 VISION +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA
V2111	1 VISION +/-7.25+/-12.00D SPHER 0.25-2.25D CYL EA

Non-Covered Procedure Codes for Together with CCHP



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NON-COVERED PROCEDURE CODE	DESCRIPTION
V2112	1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA
V2113	1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA
V2114	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS
V2115	LENTICULAR PER LENS SINGLE VISION
V2118	ANISEIKONIC LENS SINGLE VISION
V2121	LENTICULAR LENS PER LENS SINGLE
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS
V2200	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS
V2201	SPHERE BIFOCL +/- 4.12 TO +/- 7.00D PER LENS
V2202	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS
V2203	BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA
V2204	BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA
V2205	BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA
V2206	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA
V2207	BIFOCL +/-4.25-/-7.00D SPHER 0.12-2.00D CYL-EA
V2208	BIFOCL +/-4.25-/-7.00D SPHER 2.12-4.00D CYL-EA
V2209	BIFOCL +/-4.25-/-7.00D SPHER 4.25-6.00D CYL-EA
V2210	BIFOCL +/-4.25-/-7.00D SPHER OVR 6.00D CYL-LENS
V2211	BIFOCL +/-7.25-/-12.00D SPHER 0.25-2.25D CYL-EA
V2212	BIFOCL +/-7.25-/-12.00D SPHER 2.25-4.00D CYL-EA
V2213	BIFOCL +/-7.25-/-12.00D SPHER 4.25-6.00D CYL-EA
V2214	BIFOCL SPHERE OVER +/-12.00D PER LENS
V2215	LENTICULAR PER LENS BIFOCL
V2218	ANISEIKONIC PER LENS BIFOCL
V2219	BIFOCL SEG WIDTH OVER 28MM
V2220	BIFOCL ADD OVER 3.25D
V2221	LENTICULAR LENS PER LENS BIFOCL
V2299	SPECIALTY BIFOCL
V2300	SPHERE TRIFOCL PLANO OR +/-4.00D PER LENS
V2301	SPHERE TRIFOCL +/- 4.12 TO +/- 7.00D PER LENS
V2302	SPHERE TRIFOCL +/- 7.12 TO +/- 20.00 PER LENS
V2303	TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA
V2304	TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA
V2305	TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA
V2306	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA
V2307	TRIFOCL +/-4.25-/-7.00D SPHER 0.12-2.00D CYL EA

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
V2308	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA
V2309	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA
V2310	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA
V2311	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E
V2312	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E
V2313	TRIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA
V2314	TRIFOCL SPHER OVER +/-12.00D PER LENS
V2315	LENTICULAR PER LENS TRIFOCAL
V2318	ANISEIKONIC LENS TRIFOCAL
V2319	TRIFOCAL SEG WIDTH OVER 28 MM
V2320	TRIFOCAL ADD OVER 3.25D
V2321	LENTICULAR LENS PER LENS TRIFOCAL
V2399	SPECIALTY TRIFOCAL
V2410	VARIABL ASPHRCTY LENS 1 FULL FLD GLASS/PLASTC LNS
V2430	VARIABL ASPHRCTY LENS BIFOCL FULL FIELD-LENS
V2499	VARIABLE SPHERICITY LENS OTHER TYPE
V2500	CONTACT LENS PMMA SPHERICAL PER LENS
V2501	CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS
V2502	CONTACT LENS PMMA BIFOCAL PER LENS
V2503	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS
V2510	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS
V2511	CNTC LENS GAS PERMEABLE TORIC PRISM BALLST-LENS
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS
V2513	CNTC LENS GAS PERMEABLE EXTENDED WEAR PER LENS
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS
V2521	CNTC LENS HYDROPHIL TORIC/PRISM BALLST PER LENS
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS
V2523	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS
V2599	CONTACT LENS OTHER TYPE
V2600	HAND HELD LOW VISION&OTH NON SPECTACL MOUNT AIDS
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS
V2615	TELESCOPIC & OTH COMPOUND LENS SYSTEM
V2700	BALANCE LENS PER LENS
V2702	DELUXE LENS FEATURE

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS
V2715	PRISM PER LENS
V2718	PRESS-ON LENS FRESNELL PRISM PER LENS
V2730	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS
V2744	TINT PHOTOCHROMATIC PER LENS
V2745	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC
V2750	ANTIREFLECTIVE COATING PER LENS
V2755	U-V LENS PER LENS
V2756	EYE GLASS CASE
V2760	SCRATCH RESISTANT COATING PER LENS
V2761	MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS
V2762	POLARIZATION ANY LENS MATERIAL PER LENS
V2770	OCCLUDER LENS PER LENS
V2780	OVERSIZE LENS PER LENS
V2781	PROGRESSIVE LENS PER LENS
V2782	LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS LENS
V2783	LENS INDX >/= 1.66 PLSTC/>/= 1.80 GLASS LENS
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS
V2785	PROCESSING PRES&TRANSPORTING CORNEAL TISSUE
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS
V2787	ASTIGMATISM CORRECTING FUNCTION INTRAOCULAR LENS
V2788	PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS
V2790	AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC
V2797	VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE
V2799	VISION SERVICE MISCELLANEOUS
V5020	CONFORMITY EVALUATION
V5070	GLASSES AIR CONDUCTION
V5080	GLASSES BONE CONDUCTION
V5150	BINAURAL GLASSES
V5190	HEARING AID CROS GLASSES
V5262	HEARING AID DISPOSABLE ANY TYPE MONAURAL
V5263	HEARING AID DISPOSABLE ANY TYPE BINAURAL
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE
V5266	BATTERY FOR USE IN HEARING DEVICE
V5267	HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC
V5268	ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE

Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
V5269	ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE
V5270	ASSISTIVE LISTENING DEVICE TELEVISION AMPLIFIER TYPE
V5271	ASSISTIVE LISTENING DEVICE TELEVISION CAPTION DECODER
V5272	ASSISTIVE LISTENING DEVICE TDD
V5273	ASSISTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT
V5274	ASSISTIVE LEARNING DEVICE NOS
V5275	EAR IMPRESSION EACH
V5281	ASSIST LIST DEVC PERS FM/DM SYS MONAURL ANY TYPE
V5282	ASSIST LIST DEVC PERS FM/DM SYS BINAURL ANY TYPE
V5283	ASSIST LIST DEVC PERS FM/DM NCK LOOP INDUCT RECV
V5284	ASSIST LIST DEVC PERS FM/DM EAR LEVEL RECEIVER
V5285	ASSIST LIST DEVC PERS FM/DM DIR AUDIO INPUT RECV
V5286	ASSIST LISTEN DEVC PERS BLUE TOOTH FM/DM RECEIVR
V5287	ASSISTIVE LISTENING DEVC PERS FM/DM RECEIVER NOS
V5288	ASSIST LISTEN DEVC PERS FM/DM TRANSMITTER ALD
V5289	ASSIST LIST DEVC PERS FM/DM ADPTR/BOOT CPLG RECV
V5290	ASSIST LISTEN DEVC TRANSMITT MICROPHONE ANY TYPE
V5298	HEARING AID NOT OTHERWISE CLASSIFIED
V5299	HEARING SERVICE MISCELLANEOUS