

Format and File Specification  
For  
Global Payment Program  
Encounter Reporting  
Outpatient and Non-traditional Services\*

Version 1.0

Revised: 03/31/2017

*\*outpatient behavioral health services are included in a separate GPP encounter reporting manual*

## Introduction

The Global Payment Program (GPP) establishes a statewide pool of funding for the remaining uninsured by combining federal DSH and uncompensated care funding, where select Designated Public Hospital systems can achieve their “global budget” by meeting a service threshold that incentivizes movement from high cost, avoidable services to providing higher value, and preventative services.

As part of the GPP, participating hospitals must report their service threshold on an encounter level by the second program year, as stipulated in the 1115 waiver Standard Terms and Conditions (STCs). This manual serves as the guide for that encounter-level reporting.

# Standard Record Format

## OP format

The standard record format summarizes the necessary data fields and format to standardize reporting for all participants. The encounter report will be submitted as an Excel file document.

| Column | Data Element*                        | Type | Size |
|--------|--------------------------------------|------|------|
| 1      | GPP Service Category, Tier, and Type | A/N  | 4    |
| 2      | Facility ID number                   | N    | 10   |
| 3      | National Provider Identifier         | N    | 10   |
| 4      | Unique patient ID                    | A/N  | 12   |
| 5      | Service date                         | N    | 8    |
| 6      | # of GPP encounters                  | N    | 3    |
| 7      | Principal diagnosis                  | A/N  | 7    |
| 8      | Other diagnosis 1                    | A/N  | 7    |
| 9      | Other diagnosis 2                    | A/N  | 7    |
| 10     | Other diagnosis 3                    | A/N  | 7    |
| 11     | Other diagnosis 4                    | A/N  | 7    |
| 12     | Other diagnosis 5                    | A/N  | 7    |
| 13     | Principal procedure                  | A/N  | 5    |
| 14     | Other procedure 1                    | A/N  | 5    |
| 15     | Other procedure 2                    | A/N  | 5    |
| 16     | Other procedure 3                    | A/N  | 5    |
| 17     | Other procedure 4                    | A/N  | 5    |
| 18     | Other procedure 5                    | A/N  | 5    |
| 19     | Date of birth                        | A/N  | 5    |
| 20     | Gender                               | A    | 1    |
| 21     | Zip code                             | A/N  | 5    |
| 22     | Race                                 | N    | 1    |
| 23     | Ethnicity                            | N    | 1    |

*\*If the data element is not available, then hospitals should leave that cell blank.*

Type & Size indicate data type and field length. Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

## Data fields

The following section lists the data fields that are part of GPP encounter reporting, which includes the length of the data, whether it is alpha (A), numeric (N), or alpha numeric (A/N), the purpose or any special instructions, and specific codes or values that are allowed.

### 1. GPP Service Category, Tier, and Type

| <b>Data length:</b>                  | 4  |                          |                  |                                      |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
|--------------------------------------|--|--------------------------|------------------|--------------------------------------|--------------|------------------|------|---|---|----|---------------|------|---|---|----|--------------|------|---|---|----|----------------------|------|---|---|----|--------|------|---|---|----|----------------------|------|---|---|----|----------------------|------|---|---|----|-------|------|---|---|----|--------------------------------------|------|---|---|----|------------|------|---|---|----|----------|------|---|---|----|-----------------------|------|---|---|----|-------------------------|------|---|---|----|--------------|------|---|---|----|------------------|------|---|---|----|------------------|------|---|---|----|---------------------|------|---|---|----|-----------------|------|---|---|----|--------------|
| <b>Data type:</b>                    | A/N  |                          |                  |                                      |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| <b>Purpose/Special instructions:</b> | <p>The purpose of this four-digit data element is to identify the GPP service provided, as identified through the service category, tier, and type as specified in Waiver Standard Terms and Conditions, <a href="#">Attachment FF</a>, Table 1. The first digit represents the service category (1-4), which broadly describes the GPP services. The second digit represents the service tier, which separates the services by level of intensity or delivery methodology. The last two digits represent the service type. Each service type is associated with a different point value.</p> <p>Only one service type is available per encounter line. If you have a visit that crosses service types, such as a visit with a dental visit and then a separate primary care visit, then that would require two separate encounter lines for each service.</p>   |                          |                  |                                      |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| <b>Codes/Allowed values:</b>         | <table border="1"> <thead> <tr> <th>4-digit Encounter coding</th> <th>Service Category</th> <th>Service Tier</th> <th>Service Type</th> <th>Type Description</th> </tr> </thead> <tbody> <tr> <td>1A01</td> <td>1</td> <td>A</td> <td>01</td> <td>RN-only visit</td> </tr> <tr> <td>1A02</td> <td>1</td> <td>A</td> <td>02</td> <td>PharmD visit</td> </tr> <tr> <td>1A03</td> <td>1</td> <td>A</td> <td>03</td> <td>Complex care manager</td> </tr> <tr> <td>1B04</td> <td>1</td> <td>B</td> <td>04</td> <td>Dental</td> </tr> <tr> <td>1B05</td> <td>1</td> <td>B</td> <td>05</td> <td>OP Primary/Specialty</td> </tr> <tr> <td>1B06</td> <td>1</td> <td>B</td> <td>06</td> <td>Contracted Prim/Spec</td> </tr> <tr> <td>1C10</td> <td>1</td> <td>C</td> <td>10</td> <td>OP ER</td> </tr> <tr> <td>1C11</td> <td>1</td> <td>C</td> <td>11</td> <td>Contracted ER (All other, non-Maddy)</td> </tr> <tr> <td>1D13</td> <td>1</td> <td>D</td> <td>13</td> <td>OP Surgery</td> </tr> <tr> <td>2A14</td> <td>2</td> <td>A</td> <td>14</td> <td>Wellness</td> </tr> <tr> <td>2A15</td> <td>2</td> <td>A</td> <td>15</td> <td>Patient support group</td> </tr> <tr> <td>2A16</td> <td>2</td> <td>A</td> <td>16</td> <td>Community health worker</td> </tr> <tr> <td>2A17</td> <td>2</td> <td>A</td> <td>17</td> <td>Health coach</td> </tr> <tr> <td>2A18</td> <td>2</td> <td>A</td> <td>18</td> <td>Panel management</td> </tr> <tr> <td>2A19</td> <td>2</td> <td>A</td> <td>19</td> <td>Health education</td> </tr> <tr> <td>2A20</td> <td>2</td> <td>A</td> <td>20</td> <td>Nutrition education</td> </tr> <tr> <td>2A21</td> <td>2</td> <td>A</td> <td>21</td> <td>Case management</td> </tr> <tr> <td>2A22</td> <td>2</td> <td>A</td> <td>22</td> <td>Oral hygiene</td> </tr> </tbody> </table> | 4-digit Encounter coding | Service Category | Service Tier                         | Service Type | Type Description | 1A01 | 1 | A | 01 | RN-only visit | 1A02 | 1 | A | 02 | PharmD visit | 1A03 | 1 | A | 03 | Complex care manager | 1B04 | 1 | B | 04 | Dental | 1B05 | 1 | B | 05 | OP Primary/Specialty | 1B06 | 1 | B | 06 | Contracted Prim/Spec | 1C10 | 1 | C | 10 | OP ER | 1C11 | 1 | C | 11 | Contracted ER (All other, non-Maddy) | 1D13 | 1 | D | 13 | OP Surgery | 2A14 | 2 | A | 14 | Wellness | 2A15 | 2 | A | 15 | Patient support group | 2A16 | 2 | A | 16 | Community health worker | 2A17 | 2 | A | 17 | Health coach | 2A18 | 2 | A | 18 | Panel management | 2A19 | 2 | A | 19 | Health education | 2A20 | 2 | A | 20 | Nutrition education | 2A21 | 2 | A | 21 | Case management | 2A22 | 2 | A | 22 | Oral hygiene |
| 4-digit Encounter coding             | Service Category   | Service Tier             | Service Type     | Type Description                     |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1A01                                 | 1  | A                        | 01               | RN-only visit                        |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1A02                                 | 1  | A                        | 02               | PharmD visit                         |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1A03                                 | 1  | A                        | 03               | Complex care manager                 |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1B04                                 | 1  | B                        | 04               | Dental                               |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1B05                                 | 1  | B                        | 05               | OP Primary/Specialty                 |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1B06                                 | 1  | B                        | 06               | Contracted Prim/Spec                 |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1C10                                 | 1  | C                        | 10               | OP ER                                |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1C11                                 | 1  | C                        | 11               | Contracted ER (All other, non-Maddy) |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 1D13                                 | 1  | D                        | 13               | OP Surgery                           |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A14                                 | 2  | A                        | 14               | Wellness                             |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A15                                 | 2  | A                        | 15               | Patient support group                |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A16                                 | 2  | A                        | 16               | Community health worker              |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A17                                 | 2  | A                        | 17               | Health coach                         |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A18                                 | 2  | A                        | 18               | Panel management                     |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A19                                 | 2  | A                        | 19               | Health education                     |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A20                                 | 2  | A                        | 20               | Nutrition education                  |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A21                                 | 2  | A                        | 21               | Case management                      |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |
| 2A22                                 | 2  | A                        | 22               | Oral hygiene                         |              |                  |      |   |   |    |               |      |   |   |    |              |      |   |   |    |                      |      |   |   |    |        |      |   |   |    |                      |      |   |   |    |                      |      |   |   |    |       |      |   |   |    |                                      |      |   |   |    |            |      |   |   |    |          |      |   |   |    |                       |      |   |   |    |                         |      |   |   |    |              |      |   |   |    |                  |      |   |   |    |                  |      |   |   |    |                     |      |   |   |    |                 |      |   |   |    |              |

|             |   |   |    |   |
|-------------|---|---|----|---|
| <b>2B23</b> | 2 | B | 23 | Group medical visit                                     |
| <b>2B24</b> | 2 | B | 24 | Integrative therapy                                     |
| <b>2B25</b> | 2 | B | 25 | Palliative care   |
| <b>2B26</b> | 2 | B | 26 | Pain management   |
| <b>2C27</b> | 2 | C | 27 | Home nursing visit                                      |
| <b>2C28</b> | 2 | C | 28 | Paramedic treat and release                             |
| <b>2C29</b> | 2 | C | 29 | Mobile clinic visit                                     |
| <b>2C30</b> | 2 | C | 30 | Physician home visit                                    |
| <b>3A31</b> | 3 | A | 31 | Texting   |
| <b>3A32</b> | 3 | A | 32 | Video-observed therapy                                  |
| <b>3A33</b> | 3 | A | 33 | Nurse advice line                                       |
| <b>3A34</b> | 3 | A | 34 | RN e-Visit  |
| <b>3B35</b> | 3 | B | 35 | Email consultation with Provider                        |
| <b>3C36</b> | 3 | C | 36 | Telehealth (patient - provider) - Store & Forward       |
| <b>3C37</b> | 3 | C | 37 | Telehealth (provider - provider) – eConsult / eReferral |
| <b>3C38</b> | 3 | C | 38 | Telehealth – Other Store & Forward                      |
| <b>3D39</b> | 3 | D | 39 | Telephone consultation with Provider                    |
| <b>3D40</b> | 3 | D | 40 | Telehealth (patient - provider) - real time             |
| <b>3D41</b> | 3 | D | 41 | Telehealth (provider - provider) - real time            |
|             |   |   |    |   |
|             |   |   |    |   |

## 2. Facility ID Number

|                                      |  |
|--------------------------------------|--|
| <b>Data length:</b>                  | 10   |
| <b>Data type:</b>                    | N  |
| <b>Purpose/Special instructions:</b> | The purpose of this code is to provide a unique number associated with the provider of service. Some providers may use a National Provider Identifier (as listed in data element 3) to identify location. If the service is provided in the hospital, then the facility ID number will be the hospital's 9-digit OSHPD ID. |
| <b>Codes/Allowed values:</b>         | 9-digit OSHPD ID (preferred), state provider code, tax ID, or other if OSHPD ID is not applicable.   |
|                                      |  |
|                                      |  |

### 3. National Provider Identifier (NPI)

|                                      |   |
|--------------------------------------|---|
| <b>Data length:</b>                  | 10  |
| <b>Data type:</b>                    | N   |
| <b>Purpose/Special instructions:</b> | The purpose of this code may vary depending on individual system. It can be used to provide a unique number associated with the provider of the GPP service or location of service. PHCS should note in their internal records how they are using this field. |
| <b>Codes/Allowed values:</b>         | National Provider Identifier. The NPI is a unique identification number for covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).  |
|                                      |   |
|                                      |   |

#### 4. Unique Patient Identifier

|                                      |   |
|--------------------------------------|---|
| <b>Data length:</b>                  | 12  |
| <b>Data type:</b>                    | A/N   |
| <b>Purpose/Special instructions:</b> | The purpose of this code is to identify unique patients served by each PHCS. For services provided by the hospitals, each patient should have a unique identifier. For services provided outside of the designated public hospital (county clinics, community clinics, behavioral health clinics), those patients may have a different unique identifier. |
| <b>Codes/Allowed values:</b>         | PHCS-specific identifier to identify patients.  |
|                                      |   |
|                                      |   |



## 5. GPP Service Date

|                                      |   |
|--------------------------------------|---|
| <b>Data length:</b>                  | 8   |
| <b>Data type:</b>                    | N   |
| <b>Purpose/Special instructions:</b> | Single digit months and days must include a preceding zero. |
| <b>Codes/Allowed values:</b>         | <u>9999</u> <u>99</u> <u>99</u><br>Year   Month   Day       |
|                                      |   |
|                                      |   |

## 6. # of GPP Encounters

|                                      |   |
|--------------------------------------|---|
| <b>Data length:</b>                  | 3   |
| <b>Data type:</b>                    | N   |
| <b>Purpose/Special instructions:</b> | The purpose of this field is to identify the number of GPP encounters provided that will earn GPP points. |
| <b>Codes/Allowed values:</b>         | Number of GPP encounters that would earn GPP points.  |
|                                      |   |
|                                      |   |

**7-12. Principle Diagnosis and Other Diagnoses (up to 5)**

|   |  |
|---|--|
| <b><i>Data length:</i></b>                  | 7  |
| <b><i>Data type:</i></b>                    | A/N  |
| <b><i>Purpose/Special instructions:</i></b> | Providers can include a primary diagnosis and up to five other diagnoses related to the GPP service provided.                                  |
| <b><i>Codes/Allowed values:</i></b>         | ICD-10 CM (International Classification of Diseases, Tenth Revision, Clinical Modification); Do not include the decimal point in the data file |
|   |  |
|   |  |

**13-18. Principle Procedure and Other Procedures (up to 5)**

|   |   |
|---|---|
| <b><i>Data length:</i></b>                  | 5   |
| <b><i>Data type:</i></b>                    | A/N   |
| <b><i>Purpose/Special instructions:</i></b> | The purpose of this field is to identify the procedures provided during this encounter. For non-traditional services, please refer to Appendix A for appropriate codes used to identify those non-traditional services. |
| <b><i>Codes/Allowed values:</i></b>         | CPT-4 code set (Current Procedural Terminology, 4th Edition) or HCPCS (Healthcare Common Procedure Coding System) 2016 (Alpha-Numeric) code set.  |
|   |   |
|   |   |

**19. Date of Birth**

|   |   |
|---|---|
| <b><i>Data length:</i></b>                  | 8   |
| <b><i>Data type:</i></b>                    | N   |
| <b><i>Purpose/Special instructions:</i></b> | Single digit months and days must include a preceding zero. |
| <b><i>Codes/Allowed values:</i></b>         | <u>9999</u> <u>99</u> <u>99</u><br>Year   Month   Day       |
|   |   |
|   |   |

## 20. Gender

|                                      |  |
|--------------------------------------|--|
| <b>Data length:</b>                  | 1  |
| <b>Data type:</b>                    | A  |
| <b>Purpose/Special instructions:</b> |  |
| <b>Codes/Allowed values:</b>         | F = Female<br>M = Male<br>J=Transgender, Male to Female<br>K=Transgender, Female to Male<br>O=Other Gender Identity<br>U = Unknown |
|                                      |  |
|                                      |  |

## 21. Zip Code

|                                      |  |
|--------------------------------------|--|
| <b>Data length:</b>                  | 5  |
| <b>Data type:</b>                    | A/N  |
| <b>Purpose/Special instructions:</b> |  |
| <b>Codes/Allowed values:</b>         | 5 digit zip code<br>XXXXX = unknown<br>YYYYY = foreign<br>ZZZZZ = homeless |
|                                      |  |
|                                      |  |

## 22. Race

|                                      |   |
|--------------------------------------|---|
| <b>Data length:</b>                  | 1   |
| <b>Data type:</b>                    | N   |
| <b>Purpose/Special instructions:</b> |   |
| <b>Codes/Allowed values:</b>         | 1 – American Indian or Alaska Native<br>2 – Asian<br>3 – Black or African American<br>4 – Native Hawaiian or Other Pacific Islander<br>5 –White<br>6 – Other<br>7 – Unknown |
|                                      |   |
|                                      |   |



### 23. Ethnicity

|                                      |   |
|--------------------------------------|---|
| <b>Data length:</b>                  | 1   |
| <b>Data type:</b>                    | N   |
| <b>Purpose/Special instructions:</b> |   |
| <b>Codes/Allowed values:</b>         | 1 = Hispanic or Latino<br>2 = Non-Hispanic or Non-Latino<br>3 = Unknown |
|                                      |   |
|                                      |   |

## Appendix A

### Non-traditional Services Coding

#### Listed Procedure Code(s)

The codes listed in Table 1 below helps PHCS identify some of the CPT/HCPCS codes associated with specific non-traditional services for encounter reporting. If the PHCS does not internally use any of those listed codes, and the reported service maps to the listed code(s), they may employ the Local Mapping process as described below.

#### No procedure codes listed

If a non-traditional service does not have any procedure codes listed, the PHCS should make all efforts to only report those services that closely align with the service description provided in the Standard Terms and Conditions, Attachment FF, Table 5.

#### Local Mapping

For any reported service, PHCS may opt to use "local"/proprietary codes or values instead of the standard codes specified in GPP Encounter Data Manual to track those services within their system. PHCS that do not use the coding specified in the GPP Encounter Data Manual can "map" the codes they use to the codes specified in the manual.

Local workflows or local tracking may not substitute for codes, but the service codes may be mapped on the backend. The PHCS will need auditable procedures to specify any local mapping done for GPP. To support this auditable process, it is recommended (although not required to be reported for GPP) that PHCS have, at a minimum, documentation that includes a crosswalk containing the relevant codes, descriptions and clinical information. It is also recommended that PHCS document the policies and procedures they use to implement codes or values other than the specified coding systems.

**Table 1**

Codes with specified time durations listed in the Service Code Descriptions can be used to report the total duration of service provided on a particular day, however for GPP point calculations, the service will only be counted once per day.

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 1A01        | 1               | A           | 01                  | 50                         | RN-only Visit                   | 99211               | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically 5 minutes are spent performing or supervising these services          |
| 1A01        | 1               | A           | 01                  | 50                         | RN-only Visit                   | S9401               | Anticoagulation clinic, inclusive of all services except laboratory tests, per session   |
| 1A02        | 1               | A           | 02                  | 75                         | PharmD Visit                    | 99363               | Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)         |
| 1A02        | 1               | A           | 02                  | 75                         | PharmD Visit                    | 99364               | Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements) |
| 1A02        | 1               | A           | 02                  | 75                         | PharmD Visit                    | 99605               | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient  |
| 1A02        | 1               | A           | 02                  | 75                         | PharmD Visit                    | 99606               | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient  |
| 1A02        | 1               | A           | 02                  | 75                         | PharmD Visit                    | 99607               | each additional 15 minutes (List separately in addition to code for primary service [99605, 99606])  |
| 1A02        | 1               | A           | 02                  | 75                         | PharmD Visit                    | S9401               | Anticoagulation clinic, inclusive of all services except laboratory tests, per session   |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 98960               | Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99366               | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99367               | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by physician  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99368               | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99487               | Complex chronic care management services, with the following required elements;<br><ul style="list-style-type: none"> <li>-multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,</li> <li>-chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,</li> <li>-establishment or substantial revision of a comprehensive care plan,</li> <li>-moderate or high complexity medical decision making,</li> <li>-60 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month</li> </ul> |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99489               | each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure [99487])  |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>   |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|---|
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99490               | Chronic care management services, at least 20 minutes or clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:<br><ul style="list-style-type: none"> <li>- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;</li> <li>- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;</li> <li>- comprehensive care plan established, implemented, revised, or monitored</li> </ul> |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99495               | Transitional Care Management Services with the following required elements:<br><ul style="list-style-type: none"> <li>-Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> <li>-Medical decision making of at least moderate complexity during the service period</li> <li>-Face-to-face visit, within 14 calendar days of discharge</li> </ul>  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | 99496               | Transitional Care Management Services with the following required elements:<br><ul style="list-style-type: none"> <li>-Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> <li>-Medical decision making of high complexity during the service period</li> <li>-Face-to-face visit, within 7 calendar days of discharge</li> </ul>  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | G9006               | Coordinated care fee, home monitoring   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | G9007               | Coordinated care fee, scheduled team conference   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | G9008               | Coordinated care fee, physician coordinated care oversight services   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | H2000               | Comprehensive multidisciplinary evaluation  |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>   |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|---|
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0220               | Medical conference by a physician with interdisciplinary team of health professional or representatives of community agencies to coordinate activities of patient care (patient is present): approximately 30 minutes |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0221               | Medical conference by a physician with interdisciplinary team of health professional or representatives of community agencies to coordinate activities of patient care (patient is present): approximately 60 minutes |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0250               | Comprehensive geriatric assessment and treatment planning performed by assessment team  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0270               | Physician management of patient home care, standard monthly case rate (per 30 days)   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0271               | Physician management of patient home care, hospice monthly case rate (per 30 days)  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0272               | Physician management of patient home care, episodic care monthly case rate (per 30 days)  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0280               | Medical home program, comprehensive care coordination and planning, initial plan  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0281               | Medical home program, comprehensive care coordination and planning, maintenance of plan   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0315               | Disease management program; initial assessment and initiation of the program  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0316               | Disease management program, follow-up/reassessment  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0317               | Disease management program, per diem  |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S0320               | Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S9140               | Diabetic management program, follow-up visit to non-MD provider   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S9141               | Diabetic management program, follow-up visit to MD provider   |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S9455               | Diabetic management program, group session   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S9460               | Diabetic management program, nurse visit   |
| 1A03        | 1               | A           | 03                  | 75                         | Complex Care Management         | S9472               | Cardiac rehabilitation program, non-physician provider, per diem   |
| 2A14        | 2               | A           | 14                  | 15                         | Wellness                        | S5190               | Wellness assessment, performed by non-physician  |
| 2A16        | 2               | A           | 16                  | 15                         | Community Health Worker (CHW)   | H2015               | Comprehensive community support services, per 15 minutes   |
| 2A16        | 2               | A           | 16                  | 15                         | Community Health Worker (CHW)   | H2016               | Comprehensive community support services, per diem   |
| 2A19        | 2               | A           | 19                  | 25                         | Health Education                | 99401               | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 2A19        | 2               | A           | 19                  | 25                         | Health Education                | G0108               | Diabetes outpatient self-management training services, individual, per 30 minutes  |
| 2A19        | 2               | A           | 19                  | 25                         | Health Education                | G0436               | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes                  |
| 2A19        | 2               | A           | 19                  | 25                         | Health Education                | G0437               | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes                                      |
| 2A19        | 2               | A           | 19                  | 25                         | Health Education                | S9449               | Weight management classes, non-physician provider, per session   |
| 2A19        | 2               | A           | 19                  | 25                         | Health Education                | S9454               | Stress management classes, non-physician provider, per session   |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | 97802               | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes                           |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | 97803               | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes                                |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | 97804               | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes  |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | G9001               | Coordinated care fee, initial rate   |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | G9005               | Coordinated care fee risk adjusted maintenance   |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>   |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|---|
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | S9465               | Diabetic management program, dietitian visit  |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | S9470               | Nutrition counseling, dietitian visit   |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | T1000               | Private duty/independent nursing service(s), licensed, up to 15 minutes   |
| 2A20        | 2               | A           | 20                  | 25                         | Nutrition Education             | T1001               | Nursing assessment/evaluation   |
| 2A21        | 2               | A           | 21                  | 25                         | Case Management                 | T1016               | Case management, each 15 minutes  |
| 2A21        | 2               | A           | 21                  | 25                         | Case Management                 | T2022               | Case management, per month  |
| 2B23        | 2               | B           | 23                  | 50                         | Group Medical Visits            | 99078               | Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions) |
| 2B24        | 2               | B           | 24                  | 50                         | Integrative medical therapies   | 97810               | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient  |
| 2B24        | 2               | B           | 24                  | 50                         | Integrative medical therapies   | 97811               | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)          |
| 2B24        | 2               | B           | 24                  | 50                         | Integrative medical therapies   | 97813               | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient   |
| 2B24        | 2               | B           | 24                  | 50                         | Integrative medical therapies   | 97814               | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)             |
| 2B25        | 2               | B           | 25                  | 50                         | Palliative Care Services        | S0255               | Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | 99500               | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | 99501               | Home visit for postnatal assessment and follow-up care  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | 99502               | Home visit for newborn care and assessment  |



| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | 99503               | Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | 99504               | Home visit for mechanical ventilation care   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0151               | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0152               | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0154               | Direct skilled services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes. ***No longer valid effective 1/1/2016.   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0155               | Services of clinical social worker in home health or hospice settings, each 15 minutes   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0157               | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0159               | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0162               | Skilled services of a licensed nurse (RN) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting).  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0163               | Skilled services of a licensed nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting). |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0164               | Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes.  |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0299               | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | G0300               | Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | Q5001               | Hospice or home health care provided in patient's home/residence ( Hospice or home health in home )  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9097               | Home visit for wound care  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9110               | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9122               | Home health aide or certified nurse assistant, providing care in the home; per hour  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9123               | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used with CPT codes 99500-99602 can be used)  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9124               | Nursing care, in the home, by a licensed practical nurse, per hour   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9126               | Hospice care, in the home, per diem  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9127               | Social work visit, in the home, per diem   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9128               | Speech therapy, in the home, per diem  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9129               | Occupational therapy, in the home, per diem  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9131               | Physical therapy, in the home, per diem  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9208               | Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem ( do not use this code with any home infusion per diem code) |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9209               | Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9211               | Home management of gestational hypertension, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)                       |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9212               | Home management of postpartum hypertension, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)                        |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9213               | Home management of preeclampsia, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)                                   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9214               | Home management of gestational diabetes, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)                           |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9430               | Pharmacy compounding and dispensing services   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9447               | Infant safety (including CPR) classes, non-physician provider, per session   |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | S9451               | Exercise classes, non-physician provider, per session  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | T1002               | RN services, up to 15 minutes  |
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | T1030               | Nursing care, in the home, by registered nurse, per diem   |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 2C27        | 2               | C           | 27                  | 75                         | Home Nursing Visit              | T2042               | Hospice routine home care; per diem ( Hospice routine home care )  |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99341               | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making  |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99342               | Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity                        |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99343               | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity   |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99344               | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity   |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99345               | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity   |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99347               | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making                       |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99348               | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b> | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---------------------------------|---------------------|--|
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99349               | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; and Medical decision making of moderate complexity   |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | 99350               | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; and Medical decision making of moderate to high complexity   |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | S0273               | Physician visit at member's home, outside of a capitation arrangement  |
| 2C30        | 2               | C           | 30                  | 125                        | Physician Home Visit            | S0274               | Nurse practitioner visit at member's home, outside of a capitation arrangement   |
| 3A33        | 3               | A           | 33                  | 10                         | Nurse Advice Line               | 98966               | Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion  |
| 3A33        | 3               | A           | 33                  | 10                         | Nurse Advice Line               | 98967               | Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b>                        | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|--|---------------------|--|
| 3A33        | 3               | A           | 33                  | 10                         | Nurse Advice Line                                      | 98968               | Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |
| 3A34        | 3               | A           | 34                  | 10                         | RN e-visit   | 98969               | Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network   |
| 3B35        | 3               | B           | 35                  | 30                         | Email consultation with Provider                       | 99444               | Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network   |
| 3C36        | 3               | C           | 36                  | 50                         | Telehealth (patient - provider) - Store & Forward      | 92250               | Fundus photography with interpretation and report  |
| 3C37        | 3               | C           | 37                  | 50                         | Telehealth (provider - provider) – eConsult/ eReferral | 99446               | Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review   |
| 3C37        | 3               | C           | 37                  | 50                         | Telehealth (provider - provider) – eConsult/ eReferral | 99447               | Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care  |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b>                               | <b>Service Code</b> | <b>Service Code Description</b>  |
|-------------|-----------------|-------------|---------------------|----------------------------|---|---------------------|--|
|             |                 |             |                     |                            |   |                     | <i>professional; 11-20 minutes of medical consultative discussion and review</i>   |
| 3C37        | 3               | C           | 37                  | 50                         | <i>Telehealth (provider - provider) – eConsult/ eReferral</i> | 99448               | <i>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30minutes of medical consultative discussion and review</i>  |
| 3C37        | 3               | C           | 37                  | 50                         | <i>Telehealth (provider - provider) – eConsult/ eReferral</i> | 99449               | <i>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review</i>  |
| 3D39        | 3               | D           | 39                  | 75                         | <i>Telephone consultation with Provider</i>                   | 99441               | <i>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</i>  |
| 3D39        | 3               | D           | 39                  | 75                         | <i>Telephone consultation with Provider</i>                   | 99442               | <i>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</i> |

| <b>Code</b> | <b>Category</b> | <b>Tier</b> | <b>Service Type</b> | <b>Initial Point Value</b> | <b>Service Type Description</b>               | <b>Service Code</b> | <b>Service Code Description</b>   |
|-------------|-----------------|-------------|---------------------|----------------------------|---|---------------------|---|
| 3D39        | 3               | D           | 39                  | 75                         | Telephone consultation with Provider          | 99443               | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |
| 3D40        | 3               | D           | 40                  | 90                         | Telehealth (patient to provider) - real time  | T1014               | Telehealth transmission, per minute, professional services bill separately  |
| 3D41        | 3               | D           | 41                  | 90                         | Telehealth (provider to provider) - real time | Q3014               | Telehealth originating site facility fee  |