

Attachment 1 to Specifications of the National Voluntary Consensus Standards for Care Coordination—Descriptive Code Sets for Measure #0642

Notes:

- Additional CPT II codes may be required to identify the numerator and any applicable measure exclusions (patient, medical or health system factors), depending on how the measure is implemented.
- NQF has included ICD-9 procedure codes where applicable. Depending on how the measure is implemented (i.e., facility-level reporting versus provider-level reporting) these codes may or may not be needed.

All patients in the reporting period hospitalized with a qualifying event/diagnosis (acute myocardial infarction [AMI] or chronic stable angina [CSA], or who during hospitalization have undergone coronary artery bypass graft [CABG] surgery, a percutaneous coronary intervention [PCI], cardiac valve surgery, or cardiac transplantation) who do not meet any of the exclusion criteria (patient factors, medical factors, healthcare system factors).

A. Codes for all patients with a principal discharge diagnosis of Acute Myocardial Infarction:

ICD-9-CM	DESCRIPTION: ACUTE MYOCARDIAL INFARCTION
410.00	Anterolateral wall, acute myocardial infarction-episode of care unspecified
410.01	Anterolateral wall, acute myocardial infarction-initial episode
410.10	Other anterior wall, acute myocardial infarction-episode of care unspecified
410.11	Other anterior wall, acute myocardial infarction-initial episode
410.20	Inferolateral wall, acute myocardial infarction-episode of care unspecified
410.21	Inferolateral wall, acute myocardial infarction-initial episode
410.30	Inferoposterior wall, acute myocardial infarction-episode of care unspecified
410.31	Inferoposterior wall, acute myocardial infarction-initial episode

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A. Codes for all patients with a principal discharge diagnosis of Acute Myocardial Infarction:

ICD-9-CM	DESCRIPTION: ACUTE MYOCARDIAL INFARCTION
410.40	Other inferior wall, acute myocardial infarction-episode of care unspecified
410.41	Other inferior wall, acute myocardial infarction-initial episode
410.50	Other lateral wall, acute myocardial infarction-episode of care unspecified
410.51	Other lateral wall, acute myocardial infarction-initial episode
410.60	True posterior wall, acute myocardial infarction-episode of care unspecified
410.61	True posterior wall, acute myocardial infarction-initial episode
410.70	Subendocardial, acute myocardial infarction-episode of care unspecified (NSTEMI)
410.71	Subendocardial, acute myocardial infarction-initial episode (NSTEMI)
410.80	Other specified sites, acute myocardial infarction-episode of care unspecified
410.81	Other specified sites, acute myocardial infarction-initial episode
410.90	Unspecified site, acute myocardial infarction-episode of care unspecified
410.91	Unspecified site, acute myocardial infarction-initial episode
410.00	Anterolateral wall, acute myocardial infarction-episode of care unspecified
410.01	Anterolateral wall, acute myocardial infarction-initial episode
410.10	Other anterior wall, acute myocardial infarction-episode of care unspecified
410.11	Other anterior wall, acute myocardial infarction-initial episode
410.20	Inferolateral wall, acute myocardial infarction-episode of care unspecified
410.21	Inferolateral wall, acute myocardial infarction-initial episode
410.30	Inferoposterior wall, acute myocardial infarction-episode of care unspecified
410.31	Inferoposterior wall, acute myocardial infarction-initial episode
410.40	Other inferior wall, acute myocardial infarction-episode of care unspecified
410.41	Other inferior wall, acute myocardial infarction-initial episode
410.50	Other lateral wall, acute myocardial infarction-episode of care unspecified
410.51	Other lateral wall, acute myocardial infarction-initial episode
410.60	True posterior wall, acute myocardial infarction-episode of care unspecified

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A. Codes for all patients with a principal discharge diagnosis of Acute Myocardial Infarction:

ICD-9-CM	DESCRIPTION: ACUTE MYOCARDIAL INFARCTION
410.61	True posterior wall, acute myocardial infarction-initial episode
410.70	Subendocardial, acute myocardial infarction-episode of care unspecified (NSTEMI)
410.71	Subendocardial, acute myocardial infarction-initial episode (NSTEMI)
410.80	Other specified sites, acute myocardial infarction-episode of care unspecified
410.81	Other specified sites, acute myocardial infarction-initial episode
410.90	Unspecified site, acute myocardial infarction-episode of care unspecified
410.91	Unspecified site, acute myocardial infarction-initial episode

B. Codes for all patients with a principal discharge diagnosis of Chronic Stable Angina:

ICD-9-CM	DESCRIPTION: CHRONIC STABLE ANGINA
413	Angina pectoris
413.9	Other and unspecified angina pectoris

C. Codes for all patients who have undergone Coronary Artery Bypass Graft Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: CABG SURGERY
36.10		Aortocoronary bypass for heart revascularization, not otherwise specified
36.11		(Aorto)coronary bypass of one coronary artery
36.12		(Aorto)coronary bypass of two coronary arteries
36.13		(Aorto)coronary bypass of three coronary arteries
36.14		(Aorto)coronary bypass of four or more coronary arteries
36.15		Single internal mammary-coronary artery bypass
36.16		Double internal mammary-coronary artery bypass

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C. Codes for all patients who have undergone Coronary Artery Bypass Graft Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: CABG SURGERY
36.17		Abdominal-coronary artery bypass
36.19		Other bypass anastomosis for heart revascularization
36.2		Heart revascularization by arterial implant
	33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
	33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
	33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
	33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
	33510	Coronary artery bypass, vein only; single coronary venous graft
	33511	Coronary artery bypass, vein only; two coronary venous grafts
	33512	Coronary artery bypass, vein only; three coronary venous grafts
	33513	Coronary artery bypass, vein only; four coronary venous grafts
	33514	Coronary artery bypass, vein only; five coronary venous grafts
	33516	Coronary artery bypass, vein only; six or more coronary venous grafts
	33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)
	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft)
	33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft)
	33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft)
	33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft)

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C. Codes for all patients who have undergone Coronary Artery Bypass Graft Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: CABG SURGERY
	33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft)
	33530	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)
	33533	Coronary artery bypass, using arterial graft(s); single arterial graft
	33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts
	33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts
	33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts
	33542	Myocardial resection (eg, ventricular aneurysmectomy)
	33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection
	33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
	33999	Unlisted procedure, cardiac surgery
	35500	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
	35600	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure

D. Codes for all patients who have undergone Percutaneous Coronary Intervention (PCI) during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: PCI
00.66		Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy
36.01		Single vessel percutaneous transluminal coronary angioplasty [ptca] or coronary atherectomy without mention of thrombolytic agent
36.02		Single vessel percutaneous transluminal coronary angioplasty [ptca] or coronary atherectomy with mention of thrombolytic agent
36.05		Multiple vessel percutaneous transluminal coronary angioplasty [ptca] or coronary atherectomy performed during the same operation, with or without mention of thrombolytic agent
36.06		Insertion of non-drug-eluting coronary artery stent(s)
	92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
	92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel
	G0290	Transcatheter placement of a drug-eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
	G0291	Transcatheter placement of a drug-eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel
	92982	Percutaneous transluminal coronary balloon angioplasty, single vessel
	92984	Percutaneous transluminal coronary balloon angioplasty, each additional vessel
	92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
	92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel

E. Codes for all patients who have undergone Heart Valve Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: HEART VALVE SURGERY
35.00		Closed heart valvotomy, unspecified valve
35.01		Closed heart valvotomy, aortic valve
35.02		Closed heart valvotomy, mitral valve
35.03		Closed heart valvotomy, pulmonary valve
35.04		Closed heart valvotomy, tricuspid valve
35.10		Open heart valvuloplasty, without replacement, unspecified valve
35.11		Open heart valvuloplasty of aortic valve without replacement
35.12		Open heart valvuloplasty of mitral valve without replacement
35.13		Open heart valvuloplasty of pulmonary valve without replacement
35.14		Open heart valvuloplasty of tricuspid valve without replacement
35.20		Replacement of unspecified heart valve
35.21		Replacement of aortic valve with tissue graft
35.22		Other replacement of aortic valve
35.23		Replacement of mitral valve with tissue graft
35.24		Other replacement of mitral valve
35.25		Replacement of pulmonary valve with tissue graft
35.26		Other replacement of pulmonary valve
35.27		Replacement of tricuspid valve with tissue graft
35.28		Other replacement of tricuspid valve
35.31		Operations on papillary muscle
35.32		Operations on chordae tendineae
35.33		Annuloplasty
		Aortic Valve
	33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
	33401	Valvuloplasty, aortic valve; open, with inflow occlusion

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E. Codes for all patients who have undergone Heart Valve Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: HEART VALVE SURGERY
	33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
	33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
	33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
	33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
	33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
	33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
	33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
	33417	Aortoplasty (gusset) for supra-ventricular stenosis
		Mitral Valve
	33420	Valvotomy, mitral valve; closed heart
	33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
	33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
	33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
	33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
		Tricuspid Valve
	33463	Valvuloplasty, tricuspid valve; without ring insertion
	33464	Valvuloplasty, tricuspid valve; with ring insertion
	33465	Replacement, tricuspid valve, with cardiopulmonary bypass
	33468	Tricuspid valve repositioning and plication for Ebstein anomaly

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E. Codes for all patients who have undergone Heart Valve Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: HEART VALVE SURGERY
		Pulmonary Valve
	33470	Valvotomy, pulmonary valve, closed heart; transventricular
	33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery
	33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion
	33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
	33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy
	33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
		Miscellaneous
	33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
	33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
	33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch
		Aortic Valve
	33404	Construction of apical-aortic conduit
	33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
	33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
	33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
	33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
	33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
		Mitral Valve
	33430	Replacement, mitral valve, with cardiopulmonary bypass

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E. Codes for all patients who have undergone Heart Valve Surgery during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: HEART VALVE SURGERY
		Tricuspid Valve
	33465	Replacement, tricuspid valve, with cardiopulmonary bypass
		Pulmonary Valve
	33475	Replacement, pulmonary valve
		Aortic Valve
	33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
		Mitral Valve
	33430	Replacement, mitral valve, with cardiopulmonary bypass
		Tricuspid Valve
	33465	Replacement, tricuspid valve, with cardiopulmonary bypass
		Pulmonary Valve
	33404	Construction of apical-aortic conduit
	33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
	33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
	33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp

F. Codes for all patients who have undergone Cardiac Transplantation during the hospitalization:

ICD-9-CM	CPT	DESCRIPTION: HEART TRANSPLANTATION
	33945	Heart transplantation
	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy

G. One of the following during the measurement period (measure should be assessed at each hospital discharge):

ICD-9-CM	CPT	DESCRIPTION: DISCHARGE ENCOUNTER VISITS
	99238	Hospital discharge day management; 30 minutes or less
	99239	Hospital discharge day management; more than 30 minutes

Attachment 2 to Specifications of the National Voluntary Consensus Standards for Care Coordination—Descriptive (Denominator) Code Sets for Measure #0643

Notes:

Additional CPT II codes may be required to identify the numerator and any applicable measure exclusions (patient, medical or health system factors) depending on how the measure is implemented.

All patients evaluated in the outpatient setting during the reporting period who have a qualifying event/diagnosis (chronic stable angina [CSA], or who during the past 12 months have had an acute myocardial infarction [AMI] or have undergone coronary artery bypass graft [CABG] surgery, a percutaneous coronary intervention [PCI], cardiac valve surgery, or cardiac transplantation) who do not meet any of the exclusion criteria (patient factors, medical factors, healthcare system factors) and who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program.

A. Codes for all patients with a diagnosis of Acute Myocardial Infarction within the past 12 months:

ICD-9-CM	DESCRIPTION: ACUTE MYOCARDIAL INFARCTION
410.00	Anterolateral wall, acute myocardial infarction-episode of care unspecified
410.01	Anterolateral wall, acute myocardial infarction-initial episode
410.10	Other anterior wall, acute myocardial infarction-episode of care unspecified
410.11	Other anterior wall, acute myocardial infarction-initial episode
410.20	Inferolateral wall, acute myocardial infarction-episode of care unspecified
410.21	Inferolateral wall, acute myocardial infarction-initial episode
410.30	Inferoposterior wall, acute myocardial infarction-episode of care unspecified
410.31	Inferoposterior wall, acute myocardial infarction-initial episode

more

A. Codes for all patients with a diagnosis of Acute Myocardial Infarction within the past 12 months:

ICD-9-CM	DESCRIPTION: ACUTE MYOCARDIAL INFARCTION
410.40	Other inferior wall, acute myocardial infarction-episode of care unspecified
410.41	Other inferior wall, acute myocardial infarction-initial episode
410.50	Other lateral wall, acute myocardial infarction-episode of care unspecified
410.51	Other lateral wall, acute myocardial infarction-initial episode
410.60	True posterior wall, acute myocardial infarction-episode of care unspecified
410.61	True posterior wall, acute myocardial infarction-initial episode
410.70	Subendocardial, acute myocardial infarction-episode of care unspecified (NSTEMI)
410.71	Subendocardial, acute myocardial infarction-initial episode (NSTEMI)
410.80	Other specified sites, acute myocardial infarction-episode of care unspecified
410.81	Other specified sites, acute myocardial infarction-initial episode
410.90	Unspecified site, acute myocardial infarction-episode of care unspecified
410.91	Unspecified site, acute myocardial infarction-initial episode
410.00	Anterolateral wall, acute myocardial infarction-episode of care unspecified
410.01	Anterolateral wall, acute myocardial infarction-initial episode
410.10	Other anterior wall, acute myocardial infarction-episode of care unspecified
410.11	Other anterior wall, acute myocardial infarction-initial episode
410.20	Inferolateral wall, acute myocardial infarction-episode of care unspecified
410.21	Inferolateral wall, acute myocardial infarction-initial episode
410.30	Inferoposterior wall, acute myocardial infarction-episode of care unspecified
410.31	Inferoposterior wall, acute myocardial infarction-initial episode
410.40	Other inferior wall, acute myocardial infarction-episode of care unspecified
410.41	Other inferior wall, acute myocardial infarction-initial episode
410.50	Other lateral wall, acute myocardial infarction-episode of care unspecified
410.51	Other lateral wall, acute myocardial infarction-initial episode
410.60	True posterior wall, acute myocardial infarction-episode of care unspecified

more

A. Codes for all patients with a diagnosis of Acute Myocardial Infarction within the past 12 months:

ICD-9-CM	DESCRIPTION: ACUTE MYOCARDIAL INFARCTION
410.61	True posterior wall, acute myocardial infarction-initial episode
410.70	Subendocardial, acute myocardial infarction-episode of care unspecified (NSTEMI)
410.71	Subendocardial, acute myocardial infarction-initial episode (NSTEMI)
410.80	Other specified sites, acute myocardial infarction-episode of care unspecified
410.81	Other specified sites, acute myocardial infarction-initial episode
410.90	Unspecified site, acute myocardial infarction-episode of care unspecified
410.91	Unspecified site, acute myocardial infarction-initial episode

B. Codes for all patients with a diagnosis of Chronic Stable Angina within the past 12 months:

ICD-9-CM	DESCRIPTION: CHRONIC STABLE ANGINA
413	Angina pectoris
413.9	Other and unspecified angina pectoris

C. Codes for all patients who have undergone Coronary Artery Bypass Graft Surgery within the past 12 months:

ICD-9-CM	DESCRIPTION: CABG SURGERY
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)

more

C. Codes for all patients who have undergone Coronary Artery Bypass Graft Surgery within the past 12 months:

ICD-9-CM	DESCRIPTION: CABG SURGERY
33510	Coronary artery bypass, vein only; single coronary venous graft
33511	Coronary artery bypass, vein only; two coronary venous grafts
33512	Coronary artery bypass, vein only; three coronary venous grafts
33513	Coronary artery bypass, vein only; four coronary venous grafts
33514	Coronary artery bypass, vein only; five coronary venous grafts
33516	Coronary artery bypass, vein only; six or more coronary venous grafts
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft)
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft)
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft)
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft)
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft)
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)
33533	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts
33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts
33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts
33542	Myocardial resection (eg, ventricular aneurysmectomy)
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection

more

C. Codes for all patients who have undergone Coronary Artery Bypass Graft Surgery within the past 12 months:

ICD-9-CM	DESCRIPTION: CABG SURGERY
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33999	Unlisted procedure, cardiac surgery
35500	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35600	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure

D. Codes for all patients who have undergone Percutaneous Coronary Intervention (PCI) within the past 12 months:

ICD-9-CM	DESCRIPTION: PCI
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel
G0290	Transcatheter placement of a drug-eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
G0291	Transcatheter placement of a drug-eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel
92982	Percutaneous transluminal coronary balloon angioplasty, single vessel
92984	Percutaneous transluminal coronary balloon angioplasty, each additional vessel
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel

E. Codes for all patients who have undergone Heart Valve Surgery within the past 12 months:

ICD-9-CM	DESCRIPTION: HEART VALVE SURGERY
	Aortic Valve
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401	Valvuloplasty, aortic valve; open, with inflow occlusion
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	Aortoplasty (gusset) for supra-avalvular stenosis
	Mitral Valve
33420	Valvotomy, mitral valve; closed heart
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
	Tricuspid Valve
33463	Valvuloplasty, tricuspid valve; without ring insertion
33464	Valvuloplasty, tricuspid valve; with ring insertion
33465	Replacement, tricuspid valve, with cardiopulmonary bypass

more

E. Codes for all patients who have undergone Heart Valve Surgery within the past 12 months:

ICD-9-CM	DESCRIPTION: HEART VALVE SURGERY
33468	Tricuspid valve repositioning and plication for Ebstein anomaly
	Pulmonary Valve
33470	Valvotomy, pulmonary valve, closed heart; transventricular
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
	Miscellaneous
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch
	Aortic Valve
33404	Construction of apical-aortic conduit
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
	Mitral Valve
33430	Replacement, mitral valve, with cardiopulmonary bypass

more

E. Codes for all patients who have undergone Heart Valve Surgery within the past 12 months:

ICD-9-CM	DESCRIPTION: HEART VALVE SURGERY
	Tricuspid Valve
33465	Replacement, tricuspid valve, with cardiopulmonary bypass
	Pulmonary Valve
33475	Replacement, pulmonary valve
	Aortic Valve
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
	Mitral Valve
33430	Replacement, mitral valve, with cardiopulmonary bypass
	Tricuspid Valve
33465	Replacement, tricuspid valve, with cardiopulmonary bypass
	Pulmonary Valve
33404	Construction of apical-aortic conduit
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp

F. Codes for all patients who have undergone Cardiac Transplantation within the past 12 months:

ICD-9-CM	DESCRIPTION: HEART TRANSPLANTATION
33945	Heart transplantation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy

G. One of the following outpatient visits during the measurement period:

ICD-9-CM	DESCRIPTION: OUTPATIENT ENCOUNTER VISITS
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

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G. One of the following outpatient visits during the measurement period:

ICD-9-CM	DESCRIPTION: OUTPATIENT ENCOUNTER VISITS
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

more

G. One of the following outpatient visits during the measurement period:

ICD-9-CM	DESCRIPTION: OUTPATIENT ENCOUNTER VISITS
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

EXCLUDE: All patients with a qualifying event/diagnosis who have already participated in a cardiac rehabilitation/secondary prevention program since the qualifying event/diagnosis:

ICD-9-CM	DESCRIPTION: EARLY OUTPATIENT (PHASE 2) CARDIAC REHABILITATION SESSIONS
93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

Attachment 3 to Specifications of the National Voluntary Consensus Standards for Care Coordination—Descriptive Code Sets for Measure #0644

Diagnosis Code Sets

CODE SET	CODE SET DESCRIPTION	DIAGNOSIS CODE	DIAGNOSIS CODE DESCRIPTION
DX0110	Occlusive Vascular Disease	433	OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES*
DX0110	Occlusive Vascular Disease	433.0	OCCLUSION AND STENOSIS OF BASILAR ARTERY*
DX0110	Occlusive Vascular Disease	433.00	OCCLUSION&STENOS BASILAR ART W/O MENTION INFARCT
DX0110	Occlusive Vascular Disease	433.01	OCCLUSION&STENOSIS BASILAR ARTERY W/INFARCT
DX0110	Occlusive Vascular Disease	433.1	OCCLUSION AND STENOSIS OF CAROTID ARTERY*
DX0110	Occlusive Vascular Disease	433.10	OCCLUSION&STENOS CAROTID ART W/O MENTION INFARCT
DX0110	Occlusive Vascular Disease	433.11	OCCLUSION&STENOSIS CAROTID ARTERY W/INFARCT
DX0110	Occlusive Vascular Disease	433.2	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY*
DX0110	Occlusive Vascular Disease	433.20	OCCLUSION&STENOS VERT ART W/O MENTION INFARCT
DX0110	Occlusive Vascular Disease	433.21	OCCLUSION&STENOSIS VERTEBRAL ARTERY W/INFARCT
DX0110	Occlusive Vascular Disease	433.3	OCCLUSION&STENOSIS MULTIPLE&BILAT PRECERBRL ART*

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Diagnosis Code Sets

CODE SET	CODE SET DESCRIPTION	DIAGNOSIS CODE	DIAGNOSIS CODE DESCRIPTION
DX0110	Occlusive Vascular Disease	433.30	OCCL&STENOS MX&BILAT PRECERBRL ART W/O INFARCT
DX0110	Occlusive Vascular Disease	433.31	OCCL&STENOS MX&BILAT PRECERBRL ART W/INFARCT
DX0110	Occlusive Vascular Disease	433.8	OCCLUSION&STENOSIS OTHER SPEC PRE-CEREBRAL ARTERY*
DX0110	Occlusive Vascular Disease	433.80	OCCL&STENOS OTH SPEC PRECERBRL ART W/O INFARCT
DX0110	Occlusive Vascular Disease	433.81	OCCL&STENOS OTH SPEC PRECERBRL ART W/INFARCT
DX0110	Occlusive Vascular Disease	433.9	OCCLUSION&STENOSIS UNSPEC PRECEREBRAL ARTERY*
DX0110	Occlusive Vascular Disease	433.90	OCCL&STENOS UNS PRECERBRL ART W/O INFARCT
DX0110	Occlusive Vascular Disease	433.91	OCCLUSION&STENOS UNSPEC PRECERBRL ART W/INFARCT
DX0110	Occlusive Vascular Disease	434	OCCLUSION OF CEREBRAL ARTERIES*
DX0110	Occlusive Vascular Disease	434.0	CEREBRAL THROMBOSIS*
DX0110	Occlusive Vascular Disease	434.00	CEREBRAL THROMBOSIS WITHOUT MENTION INFARCT
DX0110	Occlusive Vascular Disease	434.01	CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION
DX0110	Occlusive Vascular Disease	434.1	CEREBRAL EMBOLISM*
DX0110	Occlusive Vascular Disease	434.10	CEREBRAL EMBOLISM WITHOUT MENTION INFARCT
DX0110	Occlusive Vascular Disease	434.11	CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION

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Diagnosis Code Sets

CODE SET	CODE SET DESCRIPTION	DIAGNOSIS CODE	DIAGNOSIS CODE DESCRIPTION
DX0110	Occlusive Vascular Disease	434.9	UNSPECIFIED CEREBRAL ARTERY OCCLUSION*
DX0110	Occlusive Vascular Disease	434.90	UNSPEC CERBRL ART OCCLUSION W/O MENTION INFARCT
DX0110	Occlusive Vascular Disease	434.91	UNSPECIFIED CEREBRAL ARTERY OCCLUSION W/INFARCT
DX0146	Stroke, non-hemorrhagic	436	ACUTE BUT ILL-DEFINED CEREBROVASCULAR DISEASE
DX0149	Transient cerebral ischemia	435	TRANSIENT CEREBRAL ISCHEMIA*
DX0149	Transient cerebral ischemia	435.0	BASILAR ARTERY SYNDROME
DX0149	Transient cerebral ischemia	435.1	VERTEBRAL ARTERY SYNDROME
DX0149	Transient cerebral ischemia	435.2	SUBCLAVIAN STEAL SYNDROME
DX0149	Transient cerebral ischemia	435.3	VERTEBROBASILAR ARTERY SYNDROME
DX0149	Transient cerebral ischemia	435.8	OTHER SPECIFIED TRANSIENT CEREBRAL ISCHEMIAS
DX0149	Transient cerebral ischemia	435.9	UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA

Procedure Code Sets

CODE SET	CODE SET DESCRIPTION	PROCEDURE CODE	CATEGORY
PR0107	Professional encounter	99201	CPT
PR0107	Professional encounter	99202	CPT
PR0107	Professional encounter	99203	CPT
PR0107	Professional encounter	99204	CPT
PR0107	Professional encounter	99205	CPT
PR0107	Professional encounter	99211	CPT
PR0107	Professional encounter	99212	CPT
PR0107	Professional encounter	99213	CPT
PR0107	Professional encounter	99214	CPT
PR0107	Professional encounter	99215	CPT
PR0107	Professional encounter	99217	CPT
PR0107	Professional encounter	99218	CPT
PR0107	Professional encounter	99219	CPT
PR0107	Professional encounter	99220	CPT
PR0107	Professional encounter	99221	CPT
PR0107	Professional encounter	99222	CPT
PR0107	Professional encounter	99223	CPT
PR0107	Professional encounter	99231	CPT
PR0107	Professional encounter	99232	CPT
PR0107	Professional encounter	99233	CPT
PR0107	Professional encounter	99234	CPT
PR0107	Professional encounter	99235	CPT
PR0107	Professional encounter	99236	CPT
PR0107	Professional encounter	99238	CPT
PR0107	Professional encounter	99239	CPT
PR0107	Professional encounter	99241	CPT

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Procedure Code Sets

CODE SET	CODE SET DESCRIPTION	PROCEDURE CODE	CATEGORY
PR0107	Professional encounter	99242	CPT
PR0107	Professional encounter	99243	CPT
PR0107	Professional encounter	99244	CPT
PR0107	Professional encounter	99245	CPT
PR0107	Professional encounter	99251	CPT
PR0107	Professional encounter	99252	CPT
PR0107	Professional encounter	99253	CPT
PR0107	Professional encounter	99254	CPT
PR0107	Professional encounter	99255	CPT
PR0107	Professional encounter	99261	CPT
PR0107	Professional encounter	99262	CPT
PR0107	Professional encounter	99263	CPT
PR0107	Professional encounter	99271	CPT
PR0107	Professional encounter	99272	CPT
PR0107	Professional encounter	99273	CPT
PR0107	Professional encounter	99274	CPT
PR0107	Professional encounter	99275	CPT
PR0107	Professional encounter	99281	CPT
PR0107	Professional encounter	99282	CPT
PR0107	Professional encounter	99283	CPT
PR0107	Professional encounter	99284	CPT
PR0107	Professional encounter	99285	CPT
PR0107	Professional encounter	99301	CPT
PR0107	Professional encounter	99302	CPT
PR0107	Professional encounter	99303	CPT
PR0107	Professional encounter	99304	CPT

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Procedure Code Sets

CODE SET	CODE SET DESCRIPTION	PROCEDURE CODE	CATEGORY
PR0107	Professional encounter	99305	CPT
PR0107	Professional encounter	99306	CPT
PR0107	Professional encounter	99307	CPT
PR0107	Professional encounter	99308	CPT
PR0107	Professional encounter	99309	CPT
PR0107	Professional encounter	99310	CPT
PR0107	Professional encounter	99311	CPT
PR0107	Professional encounter	99312	CPT
PR0107	Professional encounter	99313	CPT
PR0107	Professional encounter	99315	CPT
PR0107	Professional encounter	99316	CPT
PR0107	Professional encounter	99318	CPT
PR0107	Professional encounter	99341	CPT
PR0107	Professional encounter	99342	CPT
PR0107	Professional encounter	99343	CPT
PR0107	Professional encounter	99344	CPT
PR0107	Professional encounter	99345	CPT
PR0107	Professional encounter	99347	CPT
PR0107	Professional encounter	99348	CPT
PR0107	Professional encounter	99349	CPT
PR0107	Professional encounter	99350	CPT
PR0107	Professional encounter	99381	CPT
PR0107	Professional encounter	99382	CPT
PR0107	Professional encounter	99383	CPT
PR0107	Professional encounter	99384	CPT
PR0107	Professional encounter	99385	CPT

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Procedure Code Sets

CODE SET	CODE SET DESCRIPTION	PROCEDURE CODE	CATEGORY
PR0107	Professional encounter	99386	CPT
PR0107	Professional encounter	99387	CPT
PR0107	Professional encounter	99391	CPT
PR0107	Professional encounter	99392	CPT
PR0107	Professional encounter	99393	CPT
PR0107	Professional encounter	99394	CPT
PR0107	Professional encounter	99395	CPT
PR0107	Professional encounter	99396	CPT
PR0107	Professional encounter	99397	CPT
PR0107	Professional encounter	99401	CPT
PR0107	Professional encounter	99402	CPT
PR0107	Professional encounter	99403	CPT
PR0107	Professional encounter	99404	CPT
PR0107	Professional encounter	99411	CPT
PR0107	Professional encounter	99412	CPT
PR0107	Professional encounter	99420	CPT
PR0107	Professional encounter	99429	CPT
PR0107	Professional encounter	S0270	HCPCS
PR0107	Professional encounter	S0271	HCPCS
PR0107	Professional encounter	S0272	HCPCS
PR0107	Professional encounter	S0273	HCPCS
PR0108	Professional supervision	99321	CPT
PR0108	Professional supervision	99322	CPT
PR0108	Professional supervision	99323	CPT
PR0108	Professional supervision	99324	CPT
PR0108	Professional supervision	99325	CPT

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Procedure Code Sets

CODE SET	CODE SET DESCRIPTION	PROCEDURE CODE	CATEGORY
PRO108	Professional supervision	99326	CPT
PRO108	Professional supervision	99327	CPT
PRO108	Professional supervision	99328	CPT
PRO108	Professional supervision	99331	CPT
PRO108	Professional supervision	99332	CPT
PRO108	Professional supervision	99333	CPT
PRO108	Professional supervision	99334	CPT
PRO108	Professional supervision	99335	CPT
PRO108	Professional supervision	99336	CPT
PRO108	Professional supervision	99337	CPT
PRO108	Professional supervision	99339	CPT
PRO108	Professional supervision	99340	CPT
PRO108	Professional supervision	99371	CPT
PRO108	Professional supervision	99372	CPT
PRO108	Professional supervision	99373	CPT
PRO108	Professional supervision	99374	CPT
PRO108	Professional supervision	99375	CPT
PRO108	Professional supervision	99377	CPT
PRO108	Professional supervision	99378	CPT
PRO108	Professional supervision	99379	CPT
PRO108	Professional supervision	99380	CPT
PRO108	Professional supervision	99441	CPT
PRO108	Professional supervision	99442	CPT
PRO108	Professional supervision	99443	CPT
PRO108	Professional supervision	99444	CPT
PRO108	Professional supervision	G0179	HCPCS

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Procedure Code Sets

CODE SET	CODE SET DESCRIPTION	PROCEDURE CODE	CATEGORY
PR0108	Professional supervision	G0180	HCPCS
PR0108	Professional supervision	G0181	HCPCS
PR0108	Professional supervision	G0182	HCPCS

Revenue Code Sets

CODE SET	CODE SET DESCRIPTION	REVENUE CODE	REVENUE CODE DESCRIPTION
RV0107	Professional encounter	0510	Clinic-General
RV0107	Professional encounter	0511	Clinic-Chronic Pain Center
RV0107	Professional encounter	0512	Clinic-Dental Clinic
RV0107	Professional encounter	0513	Clinic-Psychiatric Clinic
RV0107	Professional encounter	0514	Clinic-OB/GYN Clinic
RV0107	Professional encounter	0515	Clinic-Pediatric Clinic
RV0107	Professional encounter	0516	Clinic-Urgent Care Clinic
RV0107	Professional encounter	0517	Clinic-Family Practice Clinic
RV0107	Professional encounter	0519	Clinic-Other Clinic
RV0107	Professional encounter	0520	Freestanding Clinic-General
RV0107	Professional encounter	0521	Freestanding Clinic-Clinic visit by member to RHC/FQHC
RV0107	Professional encounter	0522	Freestanding Clinic-Home visit by RHC/FQHC Practitioner
RV0107	Professional encounter	0523	Freestanding Clinic-Family Practice Clinic
RV0107	Professional encounter	0524	Freestanding Clinic-Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
RV0107	Professional encounter	0525	Freestanding Clinic-Visit by RHC/FQHC Practitioner to a Member in a SNF (Not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility

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Revenue Code Sets

CODE SET	CODE SET DESCRIPTION	REVENUE CODE	REVENUE CODE DESCRIPTION
RV0107	Professional encounter	0526	Freestanding Clinic-Urgent Care Clinic
RV0107	Professional encounter	0528	Freestanding Clinic-Visit by RHC/FQHC Practitioner to Other Non-RHC/FQHC Site (e.g. Scene of Accident)
RV0107	Professional encounter	0529	Freestanding Clinic-Other Freestanding Clinic
RV0107	Professional encounter	0981	Professional Fees (Extension of 096X and 097X)-Emergency Room
RV0107	Professional encounter	0983	Professional Fees (Extension of 096X and 097X)-Clinic