

§ 425.400

42 CFR Ch. IV (10–1–24 Edition)

claim identified by these codes are excluded when furnished in a SNF).

(6) 99319 through 99340 (codes for patient domiciliary, rest home, or custodial care visit).

(7) 99341 through 99350 (codes for evaluation and management services furnished in a patient's home).

(8) 99354 and 99355 (add-on codes, for prolonged evaluation and management or psychotherapy services beyond the typical service time of the primary procedure; when the base code is also a primary care service code under this paragraph (c)(1)(viii)).

(9) 99406 and 99407 (codes for smoking and tobacco-use cessation counseling services).

(10) 99421, 99422, and 99423 (codes for online digital evaluation and management).

(11) 99424, 99425, 99426, and 99427 (codes for principal care management services).

(12) 99437, 99487, 99489, 99490 and 99491 (codes for chronic care management).

(13) 99439 (code for non-complex chronic care management).

(14) 99483 (code for assessment of and care planning for patients with cognitive impairment).

(15) 99484, 99492, 99493 and 99494 (codes for behavioral health integration services).

(16) 99495 and 99496 (codes for transitional care management services).

(17) 99497 and 99498 (codes for advance care planning; services identified by these codes furnished in an inpatient setting are excluded).

(B) HCPCS codes:

(1) G0019 and G0022 (codes for community health integration services).

(2) G0023 and G0024 (codes for principal illness navigation services).

(3) G0101 (code for cervical or vaginal cancer screening).

(4) G0136 (code for social determinants of health risk assessment services).

(5) G0317, G0318, and G2212 (codes for prolonged office or other outpatient visit for the evaluation and management of a patient).

(6) G0402 (code for the Welcome to Medicare visit).

(7) G0438 and G0439 (codes for the annual wellness visits).

(8) G0442 (code for alcohol misuse screening service).

(9) G0443 (code for alcohol misuse counseling service).

(10) G0444 (code for annual depression screening service).

(11) G0463 (code for services furnished in ETA hospitals).

(12) G0506 (code for chronic care management).

(13) G2010 (code for the remote evaluation of patient video/images).

(14) G2012 and G2252 (codes for virtual check-in).

(15) G2058 (code for non-complex chronic care management).

(16) G2064 and G2065 (codes for principal care management services).

(17) G2086, G2087, and G2088 (codes for office-based opioid use disorder services).

(18) G2211 (code for visit complexity inherent to evaluation and management services add-on).

(19) G2214 (code for psychiatric collaborative care model).

(20) G3002 and G3003 (codes for chronic pain management).

(C) Primary care service codes include any CPT code identified by CMS that directly replaces a CPT code specified in paragraph (c)(1)(viii)(A) of this section or a HCPCS code specified in paragraph (c)(1)(viii)(B) of this section, when the assignment window (as defined in § 425.20) for a benchmark or performance year includes any day on or after the effective date of the replacement code for payment purposes under FFS Medicare.

(2)(i) Except as otherwise specified in paragraph (c)(2)(i)(A)(2) of this section, when the assignment window or applicable expanded window for assignment (as defined in § 425.20) for a benchmark or performance year includes any month(s) during the COVID-19 Public Health Emergency defined in § 400.200 of this chapter, in determining beneficiary assignment, we use the primary care service codes identified in paragraph (c)(1) of this section, and additional primary care service codes as follows:

(A) CPT codes:

(1) 99421, 99422, and 99423 (codes for online digital evaluation and management services).