CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13229	**Date: May 13, 2025**
	Change Request 13609

Transmittal 13138 issued March 28, 2025, is being rescinded and replaced by Transmittal 13229, dated May 13, 2025, to update Appendix B - Primary Care Codes and Primary Care Specialties attachment, update the pre-implementation contact names and the contact names in business requirements 13609.73.4 and 13609.78. This correction also updates business requirement 13609.16.1. All other information remains the same.

SUBJECT: Accountable Care Organization (ACO) Primary Care Flex Model (ACO PC Flex Model)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to establish the necessary systems' changes to implement the ACO Primary Care First Model (ACO PC Flex Model).

EFFECTIVE DATE: April 1, 2025 - Technical Analysis, Design and Coding and Design; July 1, 2025 - Testing and Implementation *Unless otherwise specified, the effective date is the date of service
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 7, 2025 - Technical Analysis, Design and Coding and Design; July 7, 2025 - Completion of Coding, Testing and Implementation

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding

continued performance requirements.

IV. ATTACHMENTS:

Demonstrations

Attachment - Demonstrations

Pub. 100-19	Transmittal: 13229	Date: May 13, 2025	Change Request: 13609

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I.   SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to establish the necessary systems' changes to implement the ACO Primary Care First Model (ACO PC Flex Model).

II.   GENERAL INFORMATION

A.   Background: This change request (CR) is for the purpose of establishing the necessary systems' changes to implement the Accountable Care Organization (ACO) Primary Care Flex Model (ACO PC Flex Model) and its associated payment mechanisms.

B.   Policy: The ACO Primary Care Flex Model (ACO PC Flex Model) provides an opportunity for the Centers for Medicare & Medicaid Services (CMS) to test new payment mechanisms to support primary care for low revenue ACOs participating in the Medicare Shared Savings Program (Shared Savings Program). These payment arrangements leverage lessons learned from other Medicare Accountable Care Organization (ACO) initiatives, such as the Shared Savings Program and the Next Generation ACO (NGACO) and ACO Realizing Equity, Access, and Community Health (REACH) Models. The ACO PC Flex Model seeks to improve quality of care and health outcomes for Medicare beneficiaries through the alignment of financial incentives for primary care, an emphasis on flexibility and primary care innovation, and strong monitoring to ensure that beneficiaries receive access to high-quality, person-centered primary care. This model is part of a strategy by the CMS Center for Medicare and Medicaid Innovation (Innovation Center) to use the redesign of primary care as a platform to drive broader health care delivery system reform. The model provides more flexibility in the use of funds for primary care providers, increases resources for primary care, and strengthens incentives for organizations to participate that have not typically participated in ACOs, the Shared Savings Program, or both. This includes, for example, newly formed low revenue ACOs and ACOs that include Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHCs) as participants.

The ACO PC Flex Model is a 5-year voluntary primary care payment model that will be tested within the Shared Savings Program beginning January 1, 2025, with claims reductions effective July 1, 2025. The model will test whether alternative payment for primary care will empower participating ACOs and their primary care providers to use more innovative, team-based, person-centered, and proactive approaches to care that positively impacts health care outcomes, quality and costs of care.

ACOs that participate in the Model will jointly participate in the Shared Savings Program and the ACO PC Flex Model. The Model applies fee reductions to both professional (Part B claims) and outpatient institutional claims (subset of Part A claims). Professional claims eligible for fee reductions include a set of Healthcare Common Procedure Coding System (HCPCS) services rendered by Individual Practitioners and Group Practices. Institutional claims eligible for fee reductions include claims billed by participating Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAH), and Hospital Outpatient Department (HOPD). Claim-lines on these claim types are fully reduced to zero (i.e. 100% fee reduction is applied) in line with the business requirements below.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								Other
		A/B MAC			DME MAC	Shared-System Maintainers				
		A	B	HHH		FISS	MCS	VMS	CWF	
13609.1	Contractors shall use Medicare Demonstration Special Processing Number, (demo code herein), '**A8**' to identify ACO PC Flex claims.					X	X		X	HIGLAS
13609.1.1	The Contractor shall modify Consistency Edit '0014' to include demo code '**A8**' as a valid demo code when received on an Outpatient Claim Record (HUOP) and Part B Claim Record (HUBC).								X	CVM

13609.2	Contractors shall prepare their systems to process ACO Primary Care (PC) Flex institutional and professional claims on or after July 1, 2025. Note:
	
	 • Professional claims eligible for modification include (this is specific to MCS):
	    o Services rendered by Individual Practitioners participating in the payment mechanism (i.e. BE '8' - Prospective Primary Care Payment (PPCP))
	    o Services rendered by Group Practices participating in the payment mechanism (i.e. BE '8' - PPCP)
	 • Institutional claims eligible for modification include (this is specific to FISS):
						X	X		X	

Number	Requirement	A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	○ Services rendered by certain Facilities participating in the payment mechanism - Demo code 'A8' should not be appended when: ○ Alcohol and substance abuse procedure or diagnosis codes found any of the Tables in Appendix A, is present in the header or on the claim line. ○ The billing provider is participating in the periodic interim payment (PIP) program ○ The rendering provider is a non-participating provider (this is specific to MCS) ○ The beneficiary is enrolled in Medicare Advantage ○ Medicare is the secondary payor, i.e. MSP claim ○ The payment represents a health professional shortage area (HPSA) payment. A HPSA payment will be based on the amount prior to the reduction.									
13609.3	The ACO-OS Contractor shall transmit a recurring Provider Alignment File to the Multi-Carrier System using the Model Claims Modernization (MCM) file transmission application. This file is referred to as the ACO-OS to Part A/Part B **ACO Primary Care Flex** Provider Record Detail in the ICD (see ACO REACH for example).						X			ACO OS
13609.4	Contractors shall be prepared to accept the data elements on the initial Provider Alignment File on a monthly cadence beginning on or about July 1, 2025, with additional, ad-hoc transmissions weekly or biweekly, as needed.					X	X		X	
13609.5	The ACO-OS Contractor shall transmit a recurring Beneficiary Alignment File to the CWFM on a monthly cadence beginning on or about July 1, 2025, with additional, ad-hoc transmissions weekly or								X	ACO OS, CMS

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	biweekly, as needed. This file will be referred to as the ACO Primary Care (PC) Flex Beneficiary Record Detail in the ICD.									
13609.6	The CWFM Contractor shall receive the Beneficiary Alignment File in the S3 from the ACO-OS Contractor. CWF shall process the file. CWF shall send the response back to the ACO-OS Contractor. CWF will generate the response file to the VDC. Then FISS and MCS shall receive the Beneficiary Alignment File from the VDC.					X	X		X	
13609.7	Contractors shall maintain an update date in their internal file which will reflect the date the updated Provider Alignment and Beneficiary Alignment Files were loaded into the SSMs. The field shall be viewable to the MACs.					X	X		X	
13609.8	Contractors shall process the updated Provider Alignment and Beneficiary Alignment Files as a full replacement.					X	X		X	MIST
13609.9	Contractors shall perform limited testing to ensure the file is well-formed prior to production. Contractors shall reference tables for beneficiary-related and provider-related information in the Internal Control Document (ICD). For example, the following validation checks shall be performed on the Provider and Beneficiary Alignment File to ensure: • The Header Record is present and fields populated with valid information; • The Trailer Record is present and fields populated with valid information; and • The actual count of Detail Records matches the Detail Record Count in the File Trailer record.						X		X	MIST
13609.10	Contractors shall produce a response file that indicates specific records and fields that did not pass the validation checks by using defined error codes if any						X		X	MIST

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	errors are encountered. The response file will be sent via the MCM file transmission application. Contractors shall refer to this Table for the relevant error codes.									
13609.11	The Contractor shall update the Model Test Data Entry (MTDE) application for the ACO PC Flex Provider Alignment File						X			
13609.11.1	The Contractor shall test the UI and extract process of the Model Test Data Entry (MTDE) application for the ACO PC Flex Provider Alignment File					X				
13609.12	The Contractor shall update the Provider Model Participant API to capture and display ACO Provider Alignment Records for the ACO PC Flex model.						X			
13609.13	The Contractors shall create/modify on-line screens to display Provider Alignment File data to include file update history. **Notes**: • Provider data will be displayed by leveraging the existing Demo Provider screen (MAP1C45) • FISS shall add an ACO PC FLEX option to the CMS Demonstration Menu (MAP1C4A).					X	X			
13609.14	The Contractors shall create/modify online screens to display Beneficiary Alignment File data to include file update history. **Note**: • FISS Beneficiary data will be displayed by leveraging the existing Demo Beneficiary screen (MAP1C46)					X	X			

Number	Requirement	Responsibility								Other
		A/B MAC			DME MAC	Shared-System Maintainers				
		A	B	HHH		FISS	MCS	VMS	CWF	
13609.15	The Contractors shall utilize the online table of alcohol and substance abuse Healthcare Common Procedure Coding System (HCPC) codes and/or Internal Classification of Diseases 10 diagnosis/procedure codes that is maintained by the A/B MACs based on Tables found in Appendix A. If any procedure or diagnosis code in **any of the Appendix A Tables is present at the claim-header or on the claim-line**, then the claim is ineligible for demo code 'A8' and Benefit Enhancement '8'. These tables include: • CMS/MS-DRGs • CPT and HCPCS Codes • ICD-10-PCS Inpatient Procedure Codes • ICD-10-CM Diagnosis Codes **Notes:** • MCS identifies SUD based on claim header level ICD10 diagnosis codes, and claim line level ICD10 procedure codes, and ICD10 diagnosis codes • For MCS, the alcohol and substance abuse procedure codes and diagnosis are housed in MAC maintained SPITAB tables. The procedure codes are maintained in the HxxTTPCD SPITAB table with a category of ASA. The diagnosis codes are maintained in the HxxTTDGC SPITAB table with a category of ASA. • For FISS, system will leverage the 3 PRMs (internal to FISS system), i.e., PRMHCPCS, PRMICD0P, and PRMICD0D	X	X			X	X			
13609.16	The Contractor should add PC Flex ACO ID to Claim Page 12 (MAP103C) when Demo Code A8 is the primary demo code on the claim.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13609.16.1	The Contractor shall follow these demo code precedence rules for deciding the position of demo code 'A8' on a professional claim: • If demo code '94', (End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is present in the first position on the claim, move demo code 'A8' to the first position, and move the remaining codes down one position. **ACO PC Flex takes precedence.** • If demo code 'A3', (Enhancing Oncology Care Model (EOM)) is present in the first position on the claim OR the claim line includes EOM MEOS Payment, code M0010, **ACO PC Flex demo code should not be appended.**							X			
13609.16.2	The contractors shall bypass processing for those demo codes that do not overlap with ACO PC Flex Demo A8 when Demo Code A8 is assigned to the claim. **Note**: • Demo codes that do not overlap with ACO PC Flex Demo A8, meaning simultaneous participation with the ACO PC Flex Model is not allowed, include: ○ '83' Maryland All-Payer Model ○ '89' Vermont All-Payer Accountable Care Organization Model (VT ACO) ○ '93' Comprehensive Kidney Care Contracting (CKCC) ○ '97' Kidney Care First (KCF) **- applies to MCS only** ○ '92' Direct Contracting (DC)/ ACO REACH ○ '98' The Pennsylvania Rural Health Model (PARHM) ○ '99' Opioid Use Disorder (OUD) Treatment Demonstration Program					X	X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	o 'A5' Making Care Primary									
13609.16.3	The contractor shall bypass PC Flex ACO model processing for Veteran Administration (VA) demo '31' claims.					X	X			
13609.17	Contractors shall process professional and supplier claims and append demo code '**A8**' as ACO PC Flex claims when: • The claim-line has an aligned provider (Billing TIN – rendering provider NPI (TIN-iNPI)) AND • The claim-line has a beneficiary aligned to the same ACO Identifier as the provider AND • The DOS on the claim is on or within the Beneficiary's Effective Start Date and the Beneficiary's Effective End Date with that PC Flex ACO as indicated on the ACOB Auxiliary File AND • The DOS on the claim-line is on or within the Provider's Effective Start Date and Provider's Effective End Date of affiliation with that ACO*						X			
13609.17.1	Contractors shall flag demo code 'A8' claims with BE indicator '8' present on the claim-header or claim-line when the claim is denied.					X	X			
13609.18	Contractor shall not apply ACO PC Flex adjustment for BE indicator '8' (PPCP) OR share claims in the weekly Claims Reduction File if the Beneficiary Data Sharing Preference Indicator is set to 'N'. Contractors shall share a beneficiary's data when the Beneficiary Data Sharing Preference Indicator is set to 'Y'.					X	X		X	
13609.19	CMS shall submit recurring Technical Direction Letters (TDLs) to update changes to the Alcohol and	X	X							CMS

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Substance Abuse code and diagnosis tables found in Appendix A, and to Table 1 in Appendix B for the Prospective Primary Care Payment Codes. CMS will submit recurring Change Requests (CRs) to update changes to Table 2 in Appendix B for Provider Specialty Codes.									
13609.19.1	The Contractor shall create an online PARM to store the Prospective Primary Care Payments (Table 1 of Appendix B). The Online PARM will be created with a CNTL Ind of 'C' for Core PARMs. FISS shall perform the initial load of the HCPCS Codes and update the new online PARM as needed.					X				
13609.20	The Contractor shall define an aligned provider using the Billing TIN – individual, rendering provider's NPI (NPI) combination to apply the payment mechanisms, (BE indicator '8'), for professional claims.						X			
13609.21	If the aligned professional/supplier Provider elected BE indicator '8' (PPCP), then the Contractors should apply BE indicator '8' to the claim-line, and fully reduce the eligible claim line payment to zero (apply the 100% fee reduction) to each claim-line (professional) where: • Present on the claim-line is one of the CPT/HCPCS codes in Table 1 and the rendering provider has one of the Primary Care Specialist codes in Table 2 of Appendix B, (i.e., the service is a PPCP-eligible service) AND • The claim-line includes an aligned provider AND • The claim-line includes an aligned beneficiary to the same ACO Identifier as the provider AND • The DOS on the claim-line is on or within the Beneficiary's Effective Start Date and the						X		X	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Beneficiary's Effective End Date as indicated on the ACOB Auxiliary File AND • The DOS on the claim-line is on or within the Provider's Effective Start Date and Provider's Effective End Date.									
13609.22	Contractors shall ensure that demo code 'A8' is included on all outbound 837 crossover claims transmitted to the COB Contractor (COBC) and shall balance in accordance with Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 837 version 5010 requirements.					X	X			BCRC
13609.23	Contractors shall calculate coinsurance and deductible amounts for claims with demo code 'A8' present in the same manner as they would in the absence of the demonstration, i.e., based on the amount Medicare would have paid in the absence of the demonstration.					X	X			
13609.24	Contractors shall report all claims paid under ACO PC Flex Model on the provider Remittance Advice (RA) together with all FFS claim payments.					X	X			
13609.25	Contractors shall show the final payment amount and the reduction amount for claims where the Provider's BE indicator '8' was applied to the claim on all RAs created.					X	X			
13609.26	Contractors shall use the payment amount after applying the BE indicator '8' for recoupment purposes, where recoupment is applicable.	X	X							
13609.27	Contractors shall use the payment amount after applying the BE indicator '8' (PPCP), for 1099 reporting purposes.	X	X							
13609.28	The Contractor shall modify the Standard Paper Remittance (SPR) and PC-Print for Primary Care Capitation (PCC) in ACO REACH, for ACO PC Flex.					X				

Number	Requirement	Responsibility								Other
		A/B MAC			D M E MAC	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Note: • PPCP = Prospective Primary Care Payment for ACO PC Flex									
13609.29	Contractors shall ensure that the MSN shows the amount that would have been paid if not for the Provider's PPCP fee reduction as the provider paid amount (BE indicator '8')					X	X			
13609.29.1	Contractors shall display MSN message 63.10 on ACO PC Flex model claims where the Benefit Enhancement (BE) indicator of '8' is present. *English* - You received this service from a provider who coordinates your care through an organization participating in a CMMI Model. For more information about your care coordination, talk with your doctor or call 1-800-MEDICARE (1-800-633-4227). *Spanish* - Recibió este servicio de un proveedor que coordina su cuidado a través de una organización que participa en el Modelo CMMI. Para obtener más información sobre la coordinación de su cuidado, hable con su médico o llame al 1-800-MEDICARE (1-800-633-4227).					X	X			
13609.30	Contractors shall ensure the amount in the, "Maximum You May Be Billed," section reflects the Beneficiary's liability prior to the PPCP reduction (BE indicator '8')					X	X			
13609.31	Contractors shall display the full allowed amount on the MSN when the PPCP fee reduction of 100% is applied for claims with BE indicator '8'.					X	X			
13609.32	Contractors shall pass the payment amount after applying the BE indicator '8' to the Healthcare Integrated General Ledger Accounting System (HIGLAS).					X	X			
13609.33	Contractors shall apply any clean claim interest payments based off the amount after applying the					X	X			

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	ACO PC Flex Reduction for claims with BE indicator '8'. The clean claim interest calculation will occur after the application of the reduction.									
13609.34	Contractors shall calculate 1) the total allowed charges (after Traditional FFS processing); then 2) apply the sequestration adjustment; 3) then apply the ACO PC Flex fee reduction for claims when: • The Provider has BE indicator '8' identified on the Provider Alignment File.					X	X			
13609.35	Contractors shall ensure the ACO ID that begins with 'B', demo code 'A8', benefit enhancement indicator, Other Amount Indicators, Mass Adjustment Indicators and value code, flow to downstream systems including but not limited to: National Claims History (NCH), Integrated Data Repository (IDR), and Chronic Condition Warehouse (CCW).					X	X		X	IDR, NCH
13609.35.1	The Contractor shall ensure the HCFACLM file (NCH) accepts the values of 'L' and 'J' in the Other Amount Indicator field in the HUBC transmit record for demo code 'A8'.								X	
13609.35.2	The Contractor shall ensure Part B Consistency Edit '97X1' reads the 'Other Amount' indicator values of 'L' and 'J' for a HUBC record for ACO PC Flex Model. **Note:** • '97X1' Error Message: One or more Other Amounts Indicators invalid.								X	
13609.35.3	The Contractor shall ensure Part B Consistency Edit '92X5' reads the 'Other Amount Indicator' value of 'L' and 'J' when received on a HUBC record for demo code 'A8'.								X	

Number	Requirement	Responsibility									Other
		A/B MAC			D M E MAC	Shared-System Maintainers					
		A	B	H H H		F I S S	M C S	V M S	C W F		
	Notes: • CWF should read the 'Other Amount Applied' field in the detail line to calculate the reduction to the reimbursement amount. • '92x5' Error Message: Line item Reimbursement not equal to computed line item reimbursement.										
13609.36	Contractors shall send the Value Codes 'Q0' (zero) and 'Q1 for Institutional Claims on the CWF claim transmission record to the IDR for purposes of data analysis and reporting. **NOTE:** • 'Q0' represents the amount Medicare would have paid prior to the Model reduction. • 'Q1' represent the actual Model reduction amount.					X			X		
13609.36.1	Contractors shall send the Other Amount Indicator 'J' and 'L' for non-institutional claims on the CWF claim transmission record for purposes of data analysis and reporting. • The 'J' is associated with the amount that would have been paid if not for the Model reduction • The 'L' is associated with the Model reduction amount						X		X		
13609.37	Contractors shall perform Integrated testing during the alpha period of this CR. **Note**:					X	X		X		

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	• MIST will perform integrated testing during the Beta period of this CR.									
13609.38	The Contractor shall modify Accountable Care Organization Beneficiary (ACOB) File and online Health Insurance Master Record (HIMR) to display the new ACO PC Flex model based on the updated Beneficiary Alignment File and the new identifier, 'B'.								X	
13609.39	The Contractor shall bypass Consistency Edit 61#E when: **Note:** Demo code 'A8' is present on the claim-detail AND DOS is on or after July 1, 2025.								X	
13609.40	Contractors shall generate the Weekly Claims Reduction File that will be sent from the Virtual Data Center (VDC) to the Baltimore Data Center (BDC) (pass-through) for ACO PC Flex's professional (HUBC) and institutional (HUOP) claims with the demo code 'A8' where BE indicator '8' adjustment was applied. Details on the pass-through extract file are provided in the ICD. Contractors shall share a beneficiary's data when the Beneficiary Data Sharing Preference Indicator is set to 'Y'.								X	Hybrid Cloud Data Center (HCDC)
13609.41	CWF shall allow for the possibility of demo code 'A8' to be selected for the Benefits Coordination & Recovery Center (BCRC) claims crossover process. i.e., it shall not bypass these demonstration claims if the claim carries either coinsurance or deductible amounts. Normal COB processing rules will apply to claims with demo code 'A8' appended.								X	BCRC
13609.42	Effective with Dates of Service on or after July 1, 2025, the Contractor shall process Part B claims for Primary Care (PC) Flex when Demo Code 'A8' is present on the claim with the following Benefit Enhancements indicator:								X	

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	BE '8' - Prospective Primary Care Payment (PPCP) HUBC									
13609.43	Contractors shall populate values in the existing Mass Adjustment Indicator field on the CWF claim transmission record of professional and institutional claims to facilitate the population of the CLMH-ADJUST-REASON-CODE in the Weekly Claims Reduction File. • Beneficiary Alignment Change (Value 'B') • Provider Alignment Change (Value 'P') • Other (Value 'O') • For Part A records, with Demo Code 'A8' and BE Indicator '8', the following should apply to populate the CLMH-ADJUST-REASON-CODE:* • CWF should populate value 'B' for Beneficiary Alignment Change using the TOB 'xxG' • CWF should populate value 'P' for Provider Alignment Change using the TOB 'xxI' • CWF should populate value 'O' for Other when neither TOB 'xxG' or 'xxI' apply **Note**: * • For adjustment claims created due to an ACO PC Flex Beneficiary Alignment change (TOB = 'xxG'), FISS shall populate the "Mass Adjustment Indicator" field on the CWF transmit file with a 'B'. • For adjustment claims created due to a PC Flex Provider Alignment change (TOB = 'xxI'), FISS shall populate the "Mass Adjustment					X	X		X	

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Indicator" field on the CWF transmit file with a 'P'. • CWF will receive and pass the values of 'B' 'P' and 'O' on a weekly file.									
13609.44	Contractors shall prepare their systems to process ACO Primary Care (PC) Flex institutional claims on or after July 1, 2025. Conditions for determining eligible Institutional claims eligible for modification include: • The claim-header From date is on or after July 1, 2025, AND • The From date on the claim-header is on or within the Beneficiary's Effective Start Date and the Effective End Date with that Primary Care Flex ACO as indicated on the ACOB Auxiliary File AND • The From date on the claim-header is on or within the Provider's Effective Start Date and Provider's Effective End Date of affiliation with that ACO • The claim-header has an aligned billing provider (using the NPI-CCN) who has elected BE 8, AND • The billing provider is affiliated to the same ACO ID as the Beneficiary, AND • All claim-line services rendered by participating Federally Qualified Health Centers (FQHCs), i.e., Type of Bill (TOB) 77x, Rural Health Centers (RHCs), i.e. TOB 71x OR • Claim-lines rendered by Critical Access Hospital (CAH) Method II professional claims, i.e. TOB 85x with revenue codes 096x, 097x,					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	or 098X, where present on the claim-line is one of the CPT/HCPCS codes in Table 1 and the rendering provider has one of the Primary Care Specialist codes in Table 2 of Appendix B, (i.e., the service is a PPCP-eligible service) OR • Claim-line services rendered by participating Hospital Outpatient Department (HOPD), TOB 13X, where present on the claim-line is one of the CPT/HCPCS codes in Table 1 and the rendering provider has one of the Primary Care Specialist codes in Table 2 of Appendix B, (i.e., the service is a PPCP-eligible service). Note - this will include Elective Teaching Amendment (ETA) hospitals. AND • BE '8' will be appended to the claim **Notes**: • The PC Flex ACO Identifier is BXXXX • All other institutional claim TOBs will be excluded, including: 11X, 12X, 14X, 18X, 21X, 22X, 23X, 32X, 34X, 41X, 72X, 74X, 75X, 76X, 81X, 82X. • A Provider will not be considered aligned if the Effective End Date is equal to the Effective Start Date • A Beneficiary will not be considered aligned if the ACOB Drop flag is set or the Beneficiary Effective End Date is equal to the Beneficiary Effective Start Date.									
13609.45	MCS shall send the Fiscal Intermediary Shared System (FISS) the **Provider Alignment** File records for providers that submit institutional claim						X			

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	forms, i.e., records that do not have a participant Tax Identification Number (TIN). **Note:** • MCS looks for the presence of a CCN to send the record to FISS.									
13609.46	The Contractor shall define an aligned provider using the NPI-CCN to apply the payment mechanisms, (BE indicator '8') for institutional claims.					X				
13609.47	Contractors shall send fields related to the PPCP, (BE indicator '8'), fee reductions and value codes to support the Provider Statistical and Reimbursement (PS&R) reporting. **Note**: • If no errors are found, CWF will send back '00' in the response • MIST does not interface with the PS&R system					X				PS&R
13609.48	For all claims with the fee reduction applied, i.e. BE indicator '8' Contractors shall use the following messages: • Claims Adjustment Reason Code (CARC): 132 "Prearranged demonstration project adjustment." • Remittance Advice Remark Code (RARC): N83: "No appeal rights. Adjudicative decision based on the provisions of a demonstration project." • Group Code: CO (for contractual obligation)	X	X			X	X			PS&R

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13609.49	Contractors shall return to provider an incoming claim if the provider appends demo code 'A8' in the Form Locator 63 Treatment Authorization Code of the CMS-1450 or its electronic equivalent, 2300 Loop REF Segment 'Demonstration Project Identifier' (REF01=P4 and REF02=A8). **Note** • FISS currently uses RC 32495 in the event demo code 92 is present in the Treatment Authorization field. This edit will be recycled for ACO PC Flex.	X				X				
13609.50	The Contractor shall return as unprocessable an incoming claim if the provider appends a demo code of 'A8' in Item 19 of the CMS-1500 or its electronic equivalent, 2300 Loop REF Segment 'Demonstration Project Identifier' (REF01=P4 and REF02=A8). The Contractor shall use the following messages: • CARC 132 – "Prearranged demonstration project adjustment." • RARC: N763 - "The demonstration code is not appropriate for this claim; resubmit without a demonstration code. • Group Code: CO (Contractual Obligation)		X							
13609.51	The Contractors shall place the ACO-ID affiliated with the provider in the Provider Alignment File in 2100 REF Other Claim Related ID with a 'CE' qualifier in the REF01. The ACO-ID affiliated with the provider in the Provider Alignment File should be reported on the Electronic Remittance Advice(ERA) at the claim-level for claims subject to demo code A8 where adjustment for BE indicator '8' is applied to the claim.					X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13609.52	The Contractor shall RTP the incoming Institutional claim if the provider appends Value Code 'Q0' and/or a 'Q1' on the claim. **Note:** • 'Q0' represents the amount Medicare would have paid prior to the reduction. • 'Q1' represent the actual reduction amount.	X								
13609.53	The Contractor shall apply the actual amount of the ACO PC Flex reduction, i.e. BE indicator '8', to Value Code 'Q1'.					X				
13609.54	The Contractor shall apply the amount that would have been paid if not for the ACO PC Flex reduction but including the Sequestration adjustment to Value Code 'Q0'. **NOTE**: • The amount that would have been paid should reflect the sequestration adjustment.					X				
13609.55	The Contractors shall continue to apply sequestration to the value code amounts. (Note: The value codes on the face of the claim should continue to show the full amount before Sequestration, the reduction should occur in the background.) **Note**: • MIST does not interface with the PS&R system					X				PS&R
13609.56	The Contractor shall modify IUR code '7125' to generate Informational Unsolicited Response (IURs) on HUBC and HUOP claims submitted and the Contractor identifies a claim in history WITH demo code 'A8' when or the Provider's BE indicator=8, i.e.								X	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	the beneficiary's alignment record is **retrospectively removed**, when: • When there is a change in the beneficiary's alignment date for either Professional and Institutional claims AND • The Beneficiary Effective Start Date and End Date is on or within the Provider Effective Start and End Date • The From date on the claim-header is on or within the Provider's Effective Start Date and the Provider's End Date • BE indicator '8' (PPCP) is present on the claim-header AND • The claim meets the conditions for institutional fee reduction as outlined in BR44 • The claim meets the conditions for professional fee reduction as outlined in BR21 **Note**: • CWF applies IUR code '7125' to the claim to indicate to FISS/MCS that the claim should be reprocessed without the demo code 'A8.' • The 90-window rule does not apply to ACO PC Flex claims. • **IUR '7125' Error Message**: An update to the Beneficiary alignment file and the Beneficiary has a claim with Dates of Service no longer within the Model. • IUR code 7125 - Unsolicited Type = 27									
13609.56.1	The Contractor shall modify IUR code '7219' to generate Informational Unsolicited Response (IURs)						X		X	

Number	Requirement	Responsibility								Other
		A/B MAC			DME MAC	Shared-System Maintainers				
		A	B	HHH		FISS	MCS	VMS	CWF	
	on Professional and Institutional claims submitted and the Contractor identifies a claim in history WITHOUT demo code 'A8' and the **beneficiary's alignment record** is **retrospectively added** when: • The claim From Date is on or within Beneficiary Effective Start Date and End Date • The claim From date is on or within the Provider's Effective Start Date and the Provider's End Date • The claim meets the conditions for institutional fee reduction as outlined in BR44 • The claim meets the conditions for professional fee reduction as outlined in BR21 Notes: • CWF should not generate an IUR if an alcohol/substance abuse procedure or diagnosis code found in Appendix A is present on the claim header or claim-line • CWF should not generate an IUR '7219' for conditions provided in BR 2 where the Demo Code shall not be appended. • **IUR '7219' Error**: Retrospective IUR for Model claims with Date of Service within an alignment period. • CWF applies Demo Code 'A8' on Trailer 24 when the IUR '7219' (Unsolicited Type = 46) is generated for PC Flex claims									
13609.56.1.1	CWF shall apply Demo Code 'A5' on Trailer 24 when the IUR '7219' (Unsolicited Type = 46) is generated for MCP claims								X	
13609.57	The Contractor shall reprocess professional claims previously processed under the ACO PC Flex when a **provider record** is **retroactively adjusted**, i.e., no					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	longer attributed to the ACO PC Flex Provider Alignment File, when: • The DOS on the claim-line is **not on or within** the provider's effective Start Date and End Date as indicated on the Provider's Alignment File OR • The Provider's Effective End Date is equal to the Providers Effective Start Date in the Provider Alignment File, (i.e., terminated) AND • ACO PC Flex BE indicator '8' (PPCP) is present on the claim-line AND • The claim-line meets the conditions for the ACO PC Flex model eligibility.									
13609.57.1	The Contractor shall reprocess professional claims previously processed when provider record is **retroactively added to the** ACO PC Flex Provider Alignment File, when: • The DOS on the claim-line is on or within the provider's effective Start Date and End Date as indicated on the Provider's Alignment File AND • The claim-line meets the conditions for the ACO PC Flex model eligibility.						X			
13609.58	The Contractor shall reprocess institutional claims previously processed under the ACO PC Flex Model when a provider record is retroactively removed from the ACO PC Flex Provider Alignment File, when: • The From date on the claim-header is **not on or within** the Provider's effective Start Date				X					

Number	Requirement	Responsibility									
		A/B MAC			D M E MAC	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	and End Date as indicated on the Provider's Alignment File AND • The Providers Effective End Date is equal to or less than the Providers Effective Start Date in the Provider Alignment File, (i.e., never eligible) AND • Demo code 'A8' is present in the first demo code position on the claim per BR16 • ACO PC Flex's BE indicator '8' (PPCP) is present on the claim-line Note: • As the Provider's Effective End date would now be equal to the Provider's Effective Start Date, the claim's From Date would no longer fall between the Provider's Effective Start and Effective End Date. • When FISS creates the adjustment for a provider that has been retroactively removed, FISS shall remove all benefit enhancements and demo code for the claim. • OPER ID field on the Mass Adjustments will be identified with 'PCFLEXA8'											
13609.58.1	The Contractor shall reprocess institutional claims previously processed when **provider record** is **retroactively added** to the ACO PC Flex Provider Alignment File, when: • The From date on the claim-header is on or within the billing provider's effective Start Date and End Date as indicated on the Provider's Alignment File AND						X					

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The claim meets the conditions outlined for ACO PC Flex BE indicator '8' eligibility (please refer to BR44) • Demo code 'A8' is eligible to take the first position on the claim per BR16 Note: • When FISS creates the adjustment for a provider that has been retroactively added, FISS shall remove all benefit enhancements and demo codes from the claim. • OPER ID field on the Mass Adjustments will be identified with 'PCFLEXA8'									
13609.59	The Contractor shall reprocess institutional claims previously processed under the ACO PC Flex (i.e., have a demo code 'A8') when a **beneficiary record** is **retroactively removed** from the ACO PC Flex Beneficiary Alignment File, when: • The From date on the claim-header is not on or within the Beneficiary's Effective Start Date and the Beneficiary's End Date as indicated on the ACOB Auxiliary File, (i.e., never eligible) AND • The Beneficiary Effective End Date is equal to or one day before the Beneficiary Effective Start Date in the Beneficiary Alignment File, (i.e., never eligible) AND • ACO PC Flex BE indicator '8' (PPCP) is present on the claim AND • Demo code 'A8' is present in the first demo code position on the claim per BR16 **Notes**:					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• As the Beneficiary's Effective End Date would now be equal to or 1 day less than the start date. The claim's From date would no longer fall between the two dates • CWF applies IUR code 7125 to the claim to indicate to FISS that the clam should be reprocessed without Demo Code A8 • FISS will assign 'PCFLEXA8' to the OPER ID to identify MASS Adjustments related to PC Flex.									
13609.59.1	The Contractor shall reprocess institutional claims previously processed when a **beneficiary record** is **retroactively added** to the ACO PC Flex Beneficiary Alignment File, when: • The From date on the claim-header is on or within the Beneficiary's Effective Start Date and the Beneficiary's End Date as indicated on the ACOB Auxiliary File, (i.e., eligible, added late) AND • The From date on the claim-header is on or within the billing provider's effective Start Date and End Date as indicated on the Provider's Alignment File AND • The claim-line meets the conditions for ACO PC Flex BE indicator '8' eligibility per BR44 **Notes**: • CWF applies IUR code '7219' to the claim to indicate to FISS that the clam should be reprocessed with Demo Code A8. • FISS will assign 'PCFLEXA8' to the OPER ID to identify MASS Adjustments related to						X				

Number	Requirement	Responsibility									Other
		A/B MAC			D M E M A C	Shared-System Maintainers					
		A	B	H H H		F I S S	M C S	V M S	C W F		
	PC Flex.										
13609.60	Contractors shall apply claims processing edit logic, audit, medical review, and fraud and abuse activities, appeals and overpayment processes for ACO PC Flex Model claims in the same manner as normal FFS claims.	X	X			X			X		
13609.61	The Contractors shall treat PC Flex patients the same as non-PC Flex Medicare patients for cost reporting purposes.	X				X					PS&R
13609.62	Contractors shall make table/file updates to create a new adjustment reason code for overpayments identified under ACO Primary Care (PC) Flex Model. 39 - Overpayment Identified under ACO Primary Care (PC) Flex Model	X	X								HIGLAS
13609.63	HIGLAS shall map the Shared System Reason code '39' to the HIGLAS Reason Code '39' for both Part A and Part B MAC Orgs.										HIGLAS
13609.64	Contractors shall use the Reason Code '39' when initiating the Primary Care (PC) Flex model adjustments for the recoupment of overpayments.	X									
13609.65	Contractors shall use the Reason Code '39' and existing Discovery Code 'C' when initiating the ACO Primary Care (PC) Flex model adjustments for the recoupment of overpayments.		X								
13609.66	Contractors shall follow the standard 935/non-935 recoupment process for these adjustments based on how the transaction is created (935 or non-935). **Note:** • If a claim is reduced because of a contract between the ACO and the provider, the reduction should not be appealable	X	X								HIGLAS

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	• If a claim is reprocessed because it was initially overpaid, and subsequently reduced because of a contract between the ACO and the provider, the recovery against the initial overpayment should not be appealable									
13609.67	Contractors shall ensure the appropriate 935 Indicator is set for these adjustments.	X	X							
13609.68	HIGLAS shall map the ACO Primary Care (PC) Flex model overpayments to existing Part A transaction types for adjustment reason code '39'. • APROV-CLA (Non-935 overpayment) • APROV-CLA-935 (935 overpayment) • ABENE-CLA (Beneficiary non-935 overpayment)									HIGLAS
13609.69	Contractors shall use the following verbiage for the 'Reason for Overpayment' in the provider (Part A and Part B) demand letter enclosure for the new HIGLAS Reason code '39': *'Per the ACO Primary Care (PC) Flex Model billing rules, this payment was made to you in error.'*									HIGLAS
13609.70	Contractors shall use the following verbiage for the 'Reason for Overpayment' in the beneficiary (Part A and Part B) demand letter enclosure for the new HIGLAS Reason Code '39': • **English:** "*The claim was processed incorrectly causing an overpayment to be made.*" • **Spanish***: "La reclamación fue procesada incorrectamente ocasionando un pago en exceso."*									HIGLAS

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13609.71	The MIST shall provide to CMS/OIT provider and beneficiary data to create the test files that will be used during the MIST testing by April 11, 2025. The CMS/OIT will provide a test template document and the BOX link.									CMS, MIST
13609.72	The ACO-OS shall provide the updated provider alignment and updated beneficiary alignment test and final files to MIST by April 28, 2025.									ACO OS, MIST
13609.73	The Medicare Administrative Contractors (MACs) shall provide to CMS/OIT the provider and beneficiary data to create the test files on or about the week of May 2, 2025.	X	X							ACO OS
13609.73.1	The CMS/OIT ACO-OS shall provide a test template document and the BOX link for sample beneficiaries and providers to be provided via BOX. CMS – ACO OIT Team ACO-OIT@cms.hhs.gov									ACO OS
13609.73.2	To assist with the creation of the test files, the MACs shall: • Provide a list of at a minimum 5 to 15 providers as indicated by TIN-oNPI-CCN for Part A MACs and TIN-iNPI for Part B MACs • Provide a list of 5 to 15 beneficiaries as indicated by their HICN	X	X							
13609.73.3	The MACs shall key the providers into the Model Test Data Entry (MTDE) application, after the ACO PC Flex Model updates are applied to the MTDE, so they do not lose the data when the data is switched over to MTDE as the source of truth.	X	X							
13609.73.4	If the MACs have any questions, they should contact CMS at:	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Primary Contact: Meghan O'Connell (CMS/CMMI) Meghan.OConnell@cms.hhs.gov • Secondary Contact: Marrissa George (CMS/CMMI) marissa.george@cms.hhs.gov • Secondary Contact: Dveen Manoogian (CMS/CMMI) dveen.manoogian@cms.hhs.gov • Secondary Contact: Janice Maxwell (CMS/CMMI) janice.maxwell@cms.hhs.gov									
13609.74	Contractors shall make themselves available for up to 4 calls during the User Acceptance Testing (UAT) to discuss any testing issues. CMS shall facilitate a 1-hour User Acceptance Testing (UAT) Kickoff to discuss testing, on or about the week of June 2, 2025. **Note**: • Issues that arise during the testing period should be addressed during the monthly CMMI FFS Working Group (FWG) or via a Quality Control Number (QCN). • MIST requests an invitation be sent to MIST_Systems@sparksoftcorp.com	X	X			X	X		X	MIST
13609.75	The ACO-OS shall transmit the test files to the MCM file transmission application on or about the week of June 2, 2025, and transmit the test files with the MACs for UAT testing.									ACO OS, Hybrid Cloud Data Center (HCDC)
13609.76	On or about June 30, 2025, the ACO-OS shall transmit the final production files via the MCM file transmission application.									ACO OS, Hybrid Cloud Data Center (HCDC)
13609.77	On or about June 30, 2025, the ACO-OS shall transmit the production files via MCM file transmission application.									ACO OS, Hybrid Cloud Data Center (HCDC)

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
13609.78	The Contractors and SSMs shall submit to CMS the list of attendees' email addresses to be invited to the testing calls within 3 days after the correction to this CR is issued. Contact for emails: • Primary Contact: Janice Maxwell (CMS/CMMI) Janice.Maxwell@cms.hhs.gov • Primary Contact: Meghan O'Connell (CMS/CMMI) Meghan.OConnell@cms.hhs.gov • Secondary Contact: Marissa George (CMS/CMMI) marissa.george@cms.hhs.gov • Secondary Contact: Dveen Manoogian (CMS/CMMI) dveen.manoogian@cms.hhs.gov	X	X			X	X		X	CMS, HIGLAS, Hybrid Cloud Data Center (HCDC)

IV.   PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B, A/B MAC Part A

V.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 2

Updated Appendix A Alcohol and Substance Abuse Code Tables to include the new codes G0532, G0533, G0534, G0535, and G0536 effective from January 1 2025. Updated the descriptions to the codes G2069, G2076, and G2077.

*Note: Effective January 1, 2025, HCPCS codes G2070, G2071, and G2072 have been terminated and are no longer associated with alcohol and substance abuse. These codes remain in the appendix for claims prior to 2025.

Appendix A: Alcohol and Substance Abuse Code Tables

The following tables contain codes for alcohol and substance abuse-related diagnoses, which CMS will exclude from Shared Savings Program Claims Line Feeds.

Codes for alcohol and substance abuse-related diagnoses will be excluded from Claims Line Feeds generated for VTAPM ACOs for beneficiaries who have not opted into Alcohol and Substance Abuse sharing with that VTAPM ACO.

Substance abuse codes in the following tables will be excluded from CCLFs for KCC, ACO REACH, and PCF ACOs.

Table 8: CMS/MS-DRGs

CMS/MS-DRG	Description
*CMS-DRG 522	Alcohol/drug abuse or dependence w rehabilitation therapy w/o CC
*CMS-DRG 523	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o CC
MS-DRG 895	Alcohol/drug abuse or dependence w rehabilitation therapy
MS-DRG 896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
MS-DRG 897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC

*NOTE: Effective with discharges on and after October 1, 2007 (Fiscal Year (FY) 2008), CMS DRGs 522 and 523 were deleted and no longer associated with alcohol and substance abuse.

Table 9: CPT and HCPCS Codes

CPT Code	Description
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (i.e., ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence

CPT Code	Description
G0137	Intensive outpatient services; minimum of nine services over a 7-contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; drugs and biologicals furnished for therapeutic purposes, excluding opioid agonist and antagonist medications that are FDA-approved for use in treatment of OUD or opioid antagonist medications for the emergency treatment of known or suspected opioid overdose; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services (not including toxicology testing); (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to each primary code.
G0532	Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 mL nasal sprays (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to each primary code.
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).
G0534	Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to each primary code.
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes of services (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to each primary code.

CPT Code	Description
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet OUD treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes of services (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to each primary code.
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 mL nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program);
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2068	Medication assisted treatment, buprenorphine (oral): weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2069	Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2070*	Medication assisted treatment, buprenorphine (implant insertion): weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2071*	Medication assisted treatment, buprenorphine (implant removal): weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2072*	Medication assisted treatment, buprenorphine (implant insertion and removal): weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

CPT Code	Description
G2073	Medication assisted treatment, naltrexone: weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2074	Medication assisted treatment: weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2076	Intake activities, including initial medical examination that is conducted by an appropriately licensed practitioner and preparation of a care plan, which may be informed by administration of a standardized, evidence-based Social Determinants of Health Risk Assessment to identify unmet health-related social needs, and that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals, including harm reduction interventions; the patient's needs and goals in the areas of education, vocational training, and employment; and the medical and psychiatric, psychosocial, economic, legal, housing, and other recovery support services that a patient needs and wishes to pursue, conducted by an appropriately licensed/credentialed personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to each primary code.
G2077	Periodic assessment; assessing periodically by an OTP practitioner and includes a review of Medications for Opioid Use Disorder (MOUD)dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based Social Determinants of Health Risk Assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to each primary code.
G2078	Take-home supply of methadone: up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to code for primary procedure.
G2079	Take-home supply of buprenorphine (oral): up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program). List separately in addition to code for primary procedure.

CPT Code	Description
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)
G2172	All-inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project
G2215	Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program)); List separately in addition to code for primary procedure
G2216	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid therapy
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling
H0005	Alcohol and/or drug services, group counseling by a clinician
H0006	Alcohol and/or drug services: case management
H0007	Alcohol and/or drug services: crisis intervention (outpatient)
H0008	Alcohol and/or drug services: sub-acute detox (hospital inpatient)
H0009	Alcohol and/or drug services: Acute detox (hospital inpatient)

CPT Code	Description
H0010	Alcohol and/or drug services: Sub-acute detox (residential addiction program inpatient)
H0011	Alcohol and/or drug services: acute detox (residential addiction program inpatient)
H0012	Alcohol and/or drug services: Sub-acute detox (residential addiction program outpatient)
H0013	Alcohol and/or drug services: acute detox (residential addiction program outpatient)
H0014	Alcohol and/or drug services: ambulatory detox
H0015	Alcohol and/or drug services: intensive outpatient
H0050	Alcohol and/or drug services: brief Intervention, per 15 minutes
99408	Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services: 15-30 minutes
99409	Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services: greater than 30 minutes
H0034	Alcohol and/or drug abuse halfway house services, per diem
H0047	Alcohol and/or Drug abuse services, not otherwise specified
H2035	Alcohol and/or drug treatment program, per hour
H2036	Alcohol and/or drug treatment program, per diem
H0020	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)
J0570	Buprenorphine implant 74.2 mg
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days
M1035	Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment
S9475	Ambulatory Setting substance abuse treatment or detoxification services per diem
T1006	Alcohol and/or substance abuse services, family/couple counseling

CPT Code	Description
T1007	Alcohol and/or substance abuse services, treatment plan development and or modification
T1008	Day Treatment for individual alcohol and/or substance abuse services
T1009	Child sitting services for children of individuals receiving alcohol and/or substance abuse services
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals are not included in the program
T1011	Alcohol and/or substance abuse services not otherwise classified
T1012	Alcohol and/or substance abuse services, skill development
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg

***NOTE**: Effective January 1, 2025, HCPCS codes G2070, G2071, and G2072 were terminated and no longer associated with alcohol and substance abuse. These remain in the appendix for claims prior to 2025.

Table 10: ICD-9-CM Procedure Codes

ICD-9-CM Procedure Code	Description
94.45	Drug Addict Counseling
94.46	Alcoholism Counseling
94.53	Referral Alcohol Rehab
94.54	Referral for Drug Rehab
94.6	Alcohol and drug rehabilitation and detoxification
94.61	Alcohol rehabilitation
94.62	Alcohol detoxification
94.63	Alcohol rehabilitation and detoxification
94.64	Drug rehabilitation
94.65	Drug detoxification
94.66	Drug rehabilitation and detoxification
94.67	Combined alcohol and drug rehabilitation
94.68	Combined alcohol and drug detoxification
94.69	Combined alcohol and drug rehabilitation and detoxification

Table 11: ICD-9-CM Diagnosis Codes

ICD-9-CM Diagnosis Code	Description
291	Alcohol-induced mental disorders
291.0	Alcohol withdrawal delirium
291.1	Alcohol-induced persisting amnestic disorder
291.2	Alcohol-induced persisting dementia
291.3	Alcohol-induced psychotic disorder with hallucinations

ICD-9-CM Diagnosis Code	Description
291.4	Idiosyncratic alcohol intoxication
291.5	Alcohol-induced psychotic disorder with delusions
291.81	Alcohol withdrawal
291.82	Alcohol induced sleep disorders
291.89	Other alcohol-induced mental disorders
291.9	Unspecified alcohol-induced mental disorders
292	Drug-induced mental disorders
292.0	Drug withdrawal
292.1	Drug-induced psychotic disorders
292.11	Drug-induced psychotic disorder with delusions
292.12	Drug-induced psychotic disorder with hallucinations
292.2	Pathological drug intoxication
292.8	Other specified drug-induced mental disorders
292.81	Drug-induced delirium
292.82	Drug-induced persisting dementia
292.83	Drug-induced persisting amnestic disorder
292.84	Drug-induced mood disorder
292.85	Drug induced sleep disorders
292.89	Other specified drug-induced mental disorders
292.9	Unspecified drug-induced mental disorder
303	Alcohol dependence syndrome
303.0	Acute alcoholic intoxication
303.00	Acute alcoholic intoxication in alcoholism, unspecified

ICD-9-CM Diagnosis Code	Description
303.01	Acute alcoholic intoxication in alcoholism, continuous
303.02	Acute alcoholic intoxication in alcoholism, episodic
303.03	Acute alcoholic intoxication in alcoholism, in remission
303.9	Other and unspecified alcohol dependence
303.90	Other and unspecified alcohol dependence, unspecified
303.91	Other and unspecified alcohol dependence, continuous
303.92	Other and unspecified alcohol dependence, episodic
303.93	Other and unspecified alcohol dependence, in remission
304	Drug Dependence
304.0	Opioid type dependence
304.00	Opioid type dependence, unspecified
304.01	Opioid type dependence, continuous
304.02	Opioid type dependence, episodic
304.03	Opioid type dependence, in remission
304.1	Sedative, hypnotic, or anxiolytic dependence
304.10	Sedative, hypnotic, or anxiolytic dependence, unspecified
304.11	Sedative, hypnotic, or anxiolytic dependence, continuous
304.12	Sedative, hypnotic, or anxiolytic dependence, episodic
304.13	Sedative, hypnotic, or anxiolytic dependence, in remission
304.2	Cocaine dependence
304.20	Cocaine dependence, unspecified
304.21	Cocaine dependence, continuous
304.22	Cocaine dependence, episodic

ICD-9-CM Diagnosis Code	Description
304.23	Cocaine dependence, in remission
304.3	Cannabis dependence
304.30	Cannabis dependence, unspecified
304.31	Cannabis dependence, continuous
304.32	Cannabis dependence, episodic
304.33	Cannabis dependence, in remission
304.4	Amphetamine and other psychostimulant dependence
304.40	Amphetamine and other psychostimulant dependence, unspecified
304.41	Amphetamine and other psychostimulant dependence, continuous
304.42	Amphetamine and other psychostimulant dependence, episodic
304.43	Amphetamine and other psychostimulant dependence, in remission
304.5	Hallucinogen dependence
304.50	Hallucinogen dependence, unspecified
304.51	Hallucinogen dependence, continuous
304.52	Hallucinogen dependence, episodic
304.53	Hallucinogen dependence, in remission
304.6	Other specified drug dependence
304.60	Other specified drug dependence, unspecified
304.61	Other specified drug dependence, continuous
304.62	Other specified drug dependence, episodic
304.63	Other specified drug dependence, in remission
304.7	Combinations of opioid type drug with any other drug dependence
304.70	Combinations of opioid type drug with any other drug dependence, unspecified

ICD-9-CM Diagnosis Code	Description
304.71	Combinations of opioid type drug with any other drug dependence, continuous
304.72	Combinations of opioid type drug with any other drug dependence, episodic
304.73	Combinations of opioid type drug with any other drug dependence, in remission
304.8	Combinations of drug dependence excluding opioid type drug
304.80	Combinations of drug dependence excluding opioid type drug, unspecified
304.81	Combinations of drug dependence excluding opioid type drug, continuous
304.82	Combinations of drug dependence excluding opioid type drug, episodic
304.83	Combinations of drug dependence excluding opioid type drug, in remission
304.9	Unspecified drug dependence
304.90	Unspecified drug dependence, unspecified
304.91	Unspecified drug dependence, continuous
304.92	Unspecified drug dependence, episodic
304.93	Unspecified drug dependence, in remission
305	Nondependent abuse of drugs
305.0	Alcohol abuse
305.00	Alcohol abuse, unspecified
305.01	Alcohol abuse, continuous
305.02	Alcohol abuse, episodic
305.03	Alcohol abuse, in remission
305.2	Cannabis abuse
305.20	Cannabis abuse, unspecified
305.21	Cannabis abuse, continuous
305.22	Cannabis abuse, episodic

ICD-9-CM Diagnosis Code	Description
305.23	Cannabis abuse, in remission
305.3	Hallucinogen abuse
305.30	Hallucinogen abuse, unspecified
305.31	Hallucinogen abuse, continuous
305.32	Hallucinogen abuse, episodic
305.33	Hallucinogen abuse, in remission
305.4	Sedative, hypnotic, or anxiolytic abuse
305.40	Sedative, hypnotic, or anxiolytic abuse, unspecified
305.41	Sedative, hypnotic, or anxiolytic abuse, continuous
305.42	Sedative, hypnotic, or anxiolytic abuse, episodic
305.43	Sedative, hypnotic, or anxiolytic abuse, in remission
305.5	Opioid abuse
305.50	Opioid abuse, unspecified
305.51	Opioid abuse, continuous
305.52	Opioid abuse, episodic
305.53	Opioid abuse, in remission
305.6	Cocaine abuse
305.60	Cocaine abuse, unspecified
305.61	Cocaine abuse, continuous
305.62	Cocaine abuse, episodic
305.63	Cocaine abuse, in remission
305.7	Amphetamine or related acting sympathomimetic abuse
305.70	Amphetamine or related acting sympathomimetic abuse, unspecified

ICD-9-CM Diagnosis Code	Description
305.71	Amphetamine or related acting sympathomimetic abuse, continuous
305.72	Amphetamine or related acting sympathomimetic abuse, episodic
305.73	Amphetamine or related acting sympathomimetic abuse, in remission
305.8	Antidepressant type abuse
305.80	Antidepressant type abuse, unspecified
305.81	Antidepressant type abuse, continuous
305.82	Antidepressant type abuse, episodic
305.83	Antidepressant type abuse, in remission
305.9	Other, mixed, or unspecified drug abuse
305.90	Other, mixed, or unspecified drug abuse, unspecified
305.91	Other, mixed, or unspecified drug abuse, continuous
305.92	Other, mixed, or unspecified drug abuse, episodic
305.93	Other, mixed, or unspecified drug abuse, in remission
790.3	Excessive blood level of alcohol
V65.42	Counseling on substance use and abuse

Table 12: ICD-10-PCS Inpatient Procedure Codes

ICD-10-PCS Code	Description
HZ2ZZZZ	Detoxification Services for Substance Abuse Treatment
HZ30ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive
HZ31ZZZ	Individual Counseling for Substance Abuse Treatment, Behavioral
HZ32ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive-Behavioral
HZ33ZZZ	Individual Counseling for Substance Abuse Treatment, 12-Step
HZ34ZZZ	Individual Counseling for Substance Abuse Treatment, Interpersonal

ICD-10-PCS Code	Description
HZ35ZZZ	Individual Counseling for Substance Abuse Treatment, Vocational
HZ36ZZZ	Individual Counseling for Substance Abuse Treatment, Psychoeducational
HZ37ZZZ	Individual Counseling for Substance Abuse Treatment, Motivational Enhancement
HZ38ZZZ	Individual Counseling for Substance Abuse Treatment, Confrontational
HZ39ZZZ	Individual Counseling for Substance Abuse Treatment, Continuing Care
HZ3BZZZ	Individual Counseling for Substance Abuse Treatment, Spiritual
HZ40ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive
HZ41ZZZ	Group Counseling for Substance Abuse Treatment, Behavioral
HZ42ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive-Behavioral
HZ43ZZZ	Group Counseling for Substance Abuse Treatment, 12-Step
HZ44ZZZ	Group Counseling for Substance Abuse Treatment, Interpersonal
HZ45ZZZ	Group Counseling for Substance Abuse Treatment, Vocational
HZ46ZZZ	Group Counseling for Substance Abuse Treatment, Psychoeducation
HZ47ZZZ	Group Counseling for Substance Abuse Treatment, Motivational Enhancement
HZ48ZZZ	Group Counseling for Substance Abuse Treatment, Confrontational
HZ49ZZZ	Group Counseling for Substance Abuse Treatment, Continuing Care
HZ4BZZZ	Group Counseling for Substance Abuse Treatment, Spiritual
HZ50ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive
HZ51ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Behavioral
HZ52ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive-Behavioral
HZ53ZZZ	Individual Psychotherapy for Substance Abuse Treatment, 12-Step
HZ54ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interpersonal

ICD-10-PCS Code	Description
HZ55ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interactive
HZ56ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoeducation
HZ57ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Motivational Enhancement
HZ58ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Confrontational
HZ59ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Supportive
HZ5BZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoanalysis
HZ5CZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychodynamic
HZ5DZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychophysiological
HZ63ZZZ	Family Counseling for Substance Abuse Treatment
HZ80ZZZ	Medication Management for Substance Abuse Treatment, Nicotine Replacement
HZ81ZZZ	Medication Management for Substance Abuse Treatment, Methadone Maintenance
HZ82ZZZ	Medication Management for Substance Abuse Treatment, Levo-alpha-acetyl-methadol (LAAM)
HZ83ZZZ	Medication Management for Substance Abuse Treatment, Antabuse
HZ84ZZZ	Medication Management for Substance Abuse Treatment, Naltrexone
HZ85ZZZ	Medication Management for Substance Abuse Treatment, Naloxone
HZ86ZZZ	Medication Management for Substance Abuse Treatment, Clonidine
HZ87ZZZ	Medication Management for Substance Abuse Treatment, Bupropion
HZ88ZZZ	Medication Management for Substance Abuse Treatment, Psychiatric Medication
HZ89ZZZ	Medication Management for Substance Abuse Treatment, Other Replacement Medication
HZ90ZZZ	Pharmacotherapy for Substance Abuse Treatment, Nicotine Replacement

ICD-10-PCS Code	Description
HZ91ZZZ	Pharmacotherapy for Substance Abuse Treatment, Methadone Maintenance
HZ92ZZZ	Pharmacotherapy for Substance Abuse Treatment, Levo-alpha-acetyl-methadol (LAAM)
HZ93ZZZ	Pharmacotherapy for Substance Abuse Treatment, Antabuse
HZ94ZZZ	Pharmacotherapy for Substance Abuse Treatment, Naltrexone
HZ95ZZZ	Pharmacotherapy for Substance Abuse Treatment, Naloxone
HZ96ZZZ	Pharmacotherapy for Substance Abuse Treatment, Clonidine
HZ97ZZZ	Pharmacotherapy for Substance Abuse Treatment, Bupropion
HZ98ZZZ	Pharmacotherapy for Substance Abuse Treatment, Psychiatric Medication
HZ99ZZZ	Pharmacotherapy for Substance Abuse Treatment, Other Replacement Medication

Table 13: ICD-10-CM Diagnosis Codes

ICD-10-CM Diagnosis Code	Description
F10.10	Alcohol abuse, uncomplicated
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder

ICD-10-CM Diagnosis Code	Description
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.280	Alcohol dependence with alcohol-induced anxiety disorder

ICD-10-CM Diagnosis Code	Description
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.14	Opioid abuse with opioid-induced mood disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated

ICD-10-CM Diagnosis Code	Description
F11.93	Opioid use, unspecified with withdrawal
F11.94	Opioid use, unspecified with opioid-induced mood disorder
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder

ICD-10-CM Diagnosis Code	Description
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F11.988	Opioid use, unspecified with other opioid-induced disorder
F12.10	Cannabis abuse, uncomplicated
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.129	Cannabis abuse with intoxication, unspecified
F12.150	Cannabis abuse with psychotic disorder with delusions

ICD-10-CM Diagnosis Code	Description
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.920	Cannabis use, unspecified with intoxication, uncomplicated
F12.921	Cannabis use, unspecified with intoxication delirium
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance
F12.929	Cannabis use, unspecified with intoxication, unspecified
F12.950	Cannabis use, unspecified with psychotic disorder with delusions
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unspecified with other cannabis-induced disorder
F13.10	Sedative, hypnotic, or anxiolytic abuse, uncomplicated

ICD-10-CM Diagnosis Code	Description
F13.14	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder
F13.19	Sedative, hypnotic, or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.20	Sedative, hypnotic, or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic, or anxiolytic dependence, in remission
F13.24	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.26	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F13.27	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.29	Sedative, hypnotic, or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F13.94	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
F13.96	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F13.97	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.99	Sedative, hypnotic, or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.120	Sedative, hypnotic, or anxiolytic abuse with intoxication, uncomplicated
F13.121	Sedative, hypnotic, or anxiolytic abuse with intoxication delirium
F13.129	Sedative, hypnotic, or anxiolytic abuse with intoxication, unspecified
F13.150	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions

ICD-10-CM Diagnosis Code	Description
F13.151	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.159	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.180	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.181	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.182	Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.188	Sedative, hypnotic, or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.220	Sedative, hypnotic, or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic, or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic, or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic, or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic, or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic, or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic, or anxiolytic dependence with withdrawal, unspecified
F13.250	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.280	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder

ICD-10-CM Diagnosis Code	Description
F13.281	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic, or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.920	Sedative, hypnotic, or anxiolytic use, unspecified with intoxication, uncomplicated
F13.921	Sedative, hypnotic, or anxiolytic use, unspecified with intoxication delirium
F13.929	Sedative, hypnotic, or anxiolytic use, unspecified with intoxication, unspecified
F13.930	Sedative, hypnotic, or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic, or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic, or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939	Sedative, hypnotic, or anxiolytic use, unspecified with withdrawal, unspecified
F13.950	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.951	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.959	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.980	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.981	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.982	Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder

ICD-10-CM Diagnosis Code	Description
F13.988	Sedative, hypnotic, or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F14.10	Cocaine abuse, uncomplicated
F14.14	Cocaine abuse with cocaine-induced mood disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.121	Cocaine abuse with intoxication with delirium
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.129	Cocaine abuse with intoxication, unspecified
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder

ICD-10-CM Diagnosis Code	Description
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.920	Cocaine use, unspecified with intoxication, uncomplicated
F14.921	Cocaine use, unspecified with intoxication delirium
F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14.929	Cocaine use, unspecified with intoxication, unspecified
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder

ICD-10-CM Diagnosis Code	Description
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
F15.10	Other stimulant abuse, uncomplicated
F15.14	Other stimulant abuse with stimulant-induced mood disorder
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.93	Other stimulant use, unspecified with withdrawal
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.121	Other stimulant abuse with intoxication delirium
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.129	Other stimulant abuse with intoxication, unspecified
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions
F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction

ICD-10-CM Diagnosis Code	Description
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated
F15.921	Other stimulant use, unspecified with intoxication delirium
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.929	Other stimulant use, unspecified with intoxication, unspecified
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified

ICD-10-CM Diagnosis Code	Description
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F15.988	Other stimulant use, unspecified with other stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F16.90	Hallucinogen use, unspecified, uncomplicated
F16.94	Hallucinogen use, unspecified with hallucinogen-induced mood disorder
F16.99	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.121	Hallucinogen abuse with intoxication with delirium
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.129	Hallucinogen abuse with intoxication, unspecified
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified

ICD-10-CM Diagnosis Code	Description
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.920	Hallucinogen use, unspecified with intoxication, uncomplicated
F16.921	Hallucinogen use, unspecified with intoxication with delirium
F16.929	Hallucinogen use, unspecified with intoxication, unspecified
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder

ICD-10-CM Diagnosis Code	Description
F16.983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F18.10	Inhalant abuse, uncomplicated
F18.14	Inhalant abuse with inhalant-induced mood disorder
F18.17	Inhalant abuse with inhalant-induced dementia
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.27	Inhalant dependence with inhalant-induced dementia
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.94	Inhalant use, unspecified with inhalant-induced mood disorder
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia
F18.99	Inhalant use, unspecified with unspecified inhalant-induced disorder
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.121	Inhalant abuse with intoxication delirium
F18.129	Inhalant abuse with intoxication, unspecified
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder

ICD-10-CM Diagnosis Code	Description
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.921	Inhalant use, unspecified with intoxication with delirium
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18.988	Inhalant use, unspecified with other inhalant-induced disorder
F19.10	Other psychoactive substance abuse, uncomplicated
F19.14	Other psychoactive substance abuse with psychoactive substance-induced mood disorder
F19.16	Other psychoactive substance abuse with psychoactive substance-induced persisting amnestic disorder

ICD-10-CM Diagnosis Code	Description
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.121	Other psychoactive substance abuse with intoxication delirium
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19.129	Other psychoactive substance abuse with intoxication, unspecified

ICD-10-CM Diagnosis Code	Description
F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions
F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations

ICD-10-CM Diagnosis Code	Description
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.929	Other psychoactive substance use, unspecified with intoxication, unspecified
F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified

ICD-10-CM Diagnosis Code	Description
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
R78.0	Finding of alcohol in blood
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser

Code Description	Code
Administration of health risk assessment	96160
Administration of health risk assessment	96161
Caregiver Behavior Management Training	96202
Caregiver Behavior Management Training	96203
Caregiver Training Services	97550
Caregiver Training Services	97551
Caregiver Training Services	97552
Virtual Check-in Service	98016
Office or other outpatient visit for the evaluation and management of a patient	99201
Office or other outpatient visit for the evaluation and management of a patient	99202
Office or other outpatient visit for the evaluation and management of a patient	99203
Office or other outpatient visit for the evaluation and management of a patient	99204
Office or other outpatient visit for the evaluation and management of a patient	99205
Office or other outpatient visit for the evaluation and management of a patient	99206
Office or other outpatient visit for the evaluation and management of a patient	99207
Office or other outpatient visit for the evaluation and management of a patient	99208
Office or other outpatient visit for the evaluation and management of a patient	99209
Office or other outpatient visit for the evaluation and management of a patient	99210
Office or other outpatient visit for the evaluation and management of a patient	99211
Office or other outpatient visit for the evaluation and management of a patient	99212
Office or other outpatient visit for the evaluation and management of a patient	99213
Office or other outpatient visit for the evaluation and management of a patient	99214
Office or other outpatient visit for the evaluation and management of a patient	99215
Patient domiciliary, rest home, or custodial care visit	99319
Patient domiciliary, rest home, or custodial care visit	99320
Patient domiciliary, rest home, or custodial care visit	99321
Patient domiciliary, rest home, or custodial care visit	99322
Patient domiciliary, rest home, or custodial care visit	99323
Patient domiciliary, rest home, or custodial care visit	99324
Patient domiciliary, rest home, or custodial care visit	99325
Patient domiciliary, rest home, or custodial care visit	99326
Patient domiciliary, rest home, or custodial care visit	99327
Patient domiciliary, rest home, or custodial care visit	99328
Patient domiciliary, rest home, or custodial care visit	99329
Patient domiciliary, rest home, or custodial care visit	99330
Patient domiciliary, rest home, or custodial care visit	99331
Patient domiciliary, rest home, or custodial care visit	99332
Patient domiciliary, rest home, or custodial care visit	99333
Patient domiciliary, rest home, or custodial care visit	99334
Patient domiciliary, rest home, or custodial care visit	99335
Patient domiciliary, rest home, or custodial care visit	99336
Patient domiciliary, rest home, or custodial care visit	99337
Patient domiciliary, rest home, or custodial care visit	99338

Patient domiciliary, rest home, or custodial care visit	99339
Patient domiciliary, rest home, or custodial care visit	99340
Evaluation and management services furnished in a patient's home	99341
Evaluation and management services furnished in a patient's home	99342
Evaluation and management services furnished in a patient's home	99343
Evaluation and management services furnished in a patient's home	99344
Evaluation and management services furnished in a patient's home	99345
Evaluation and management services furnished in a patient's home	99346
Evaluation and management services furnished in a patient's home	99347
Evaluation and management services furnished in a patient's home	99348
Evaluation and management services furnished in a patient's home	99349
Evaluation and management services furnished in a patient's home	99350
Add-on codes, for prolonged evaluation and management or psychotherapy services	99354
Add-on codes, for prolonged evaluation and management or psychotherapy services	99355
Smoking and Tobacco-use Cessation Counseling Services	99406
Smoking and Tobacco-use Cessation Counseling Services	99407
Online digital evaluation and management	99421
Online digital evaluation and management	99422
Online digital evaluation and management	99423
Principal care management services	99424
Principal care management services	99425
Principal care management services	99426
Principal care management services	99427
Chronic care management	99437
Non-complex chronic care management	99439
Telephone evaluation and management services	99441
Telephone evaluation and management services	99442
Telephone evaluation and management services	99443
Interprofessional Consultation Services	99452
Assessment of and care planning for patients with cognitive impairment	99483
Behavioral health integration services	99484
Chronic care management	99487
Chronic care management	99489
Chronic care management	99490
Chronic care management	99491
Behavioral health integration services	99492
Behavioral health integration services	99493
Behavioral health integration services	99494
Transitional care management services	99495
Transitional care management services	99496
Advance care planning; services identified by these codes furnished in an inpatient	99497
Advance care planning; services identified by these codes furnished in an inpatient	99498
Community Health Integration (CHI) services	G0019
Community Health Integration (CHI) services	G0022

Principal Illness Navigation (PIN) services	G0023
Principal Illness Navigation (PIN) services	G0024
Cervical or Vaginal Cancer Screening	G0101
SDOH Risk Assessment	G0136
Prolonged office or other outpatient visit for the evaluation and management of a	G0317
Prolonged office or other outpatient visit for the evaluation and management of a	G0318
The Welcome to Medicare visit	G0402
The annual wellness visits	G0438
The annual wellness visits	G0439
Alcohol misuse screening service	G0442
Alcohol misuse counseling service	G0443
Annual depression screening service	G0444
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Chronic care management	G0506
Cardiovascular Risk Assessment and Risk Management Services	G0537
Cardiovascular Risk Assessment and Risk Management Services	G0538
Individual Behavior Management/Modification Caregiver Training Services	G0539
Individual Behavior Management/Modification Caregiver Training Services	G0540
Direct Care Caregiver Training Services	G0541
Direct Care Caregiver Training Services	G0542
Direct Care Caregiver Training Services	G0543
post-discharge telephonic follow-up contacts intervention	G0544
Advanced Primary Care Management Services	G0556
Advanced Primary Care Management Services	G0557
Advanced Primary Care Management Services	G0558
Safety Planning Interventions	G0560
The remote evaluation of patient video/images	G2010
Non-complex chronic care management	G2058
Principal care management services	G2064
Principal care management services	G2065
Complex Evaluation and Management services Add-on	G2211
Prolonged office or other outpatient visit for the evaluation and management of a	G2212
Psychiatric collaborative care model	G2214
Virtual check-in	G2252
Chronic pain management	G3002
Chronic pain management	G3003

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Table 2. Primary Care Specialist Codes				
Code[1]	Specialty Practice	Code Effective Start	Code Effective End	Last Updated
01	General Practice			
08	Family Medicine			
11	Internal Medicine			
37	Pediatric Medicine			
38	Geriatric Medicine			
50	Nurse Practitioner			
89	Clinical nurse specialist			
97	Physician Assistant			

Note

[1]The Medicare Specialty Code. A cross-walk between Medicare Specialty Codes and the Healthcare Provider Taxonomy is published on the CMS website at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/TaxonomyCrosswalk.pdf.