CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10714	**Date: August 19, 2021**
	Change Request 11914

Transmittal 10661, dated March 9, 2021, is being rescinded and replaced by Transmittal 10714, dated August 19, 2021, to revise the background section and to revise business requirements 11914.4, 11914.8, 11914.9, 11914.10, 11914.11, 11914.12, 11914.22, 11914.27.1 and 11914.45. This correction also updates the Interface Control Document and adds business requirements 11914.27.1.1 and 11914.45.1. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated August 19 2021. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Kidney Care Choices (KCC) Kidney Care First (KCF) - Payment Mechanism (PM) and Benefit Enhancements (BEs) - Implementation

I. SUMMARY OF CHANGES: This Change Request (CR) is the implementation of payment mechanisms and Benefit Enhancements for the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demo 97) Model. This CR focuses on the implementation of the Chronic Kidney Disease Quarterly Capitation Payment (CKD QCP) payment mechanism. Additionally, the following Benefit Enhancements will be implemented with this CR: Telehealth Benefit Enhancement, Post-Discharge Home Visits Benefit Enhancement, Kidney Disease Education Benefit Enhancement, and Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit.

EFFECTIVE DATE: April 1, 2021; July 1, 2021 - BRs 11914.45 through 11914.64
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 5, 2021; July 6, 2021 - BRs 11914.45 through 11914.64

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	

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: 10714	Date: August 19, 2021	Change Request: 11914

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EFFECTIVE DATE: April 1, 2021; July 1, 2021 - BRs 11914.45 through 11914.64
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I. GENERAL INFORMATION

A. Background: For the CMS Kidney Care First (KCF) Option, nephrologists and nephrology practices will receive adjusted capitated payments for managing beneficiaries with Chronic Kidney Disease (CKD) stages 4 and 5 and ESRD (End State Renal Disease), and will be eligible for upward or downward payment adjustments based on the quality of their performance and improvements in their performance over time. This model is designed to emulate the basic design of the Primary Care First (PCF) Model, in which participating practices will be accountable for managing the care of attributed Medicare beneficiaries. The KCF option will include Benefit Enhancements to enable nephrologists to strengthen care coordination for beneficiaries with CKD stages 4 and 5, as well as new financial mechanisms to enable participants to manage cash flow.

- Payment Mechanisms (PMs) allow Providers to elect 100% reduced (i.e., "zeroed out") Fee-for-Service (FFS) claim payments in return for their KCF Practice receiving predictable prospective payments. These mechanisms function similarly to Population Based Payment (PBP) and AIPBP (All-inclusive) in the Next Generation Accountable Care Organization (NGACO). In the first Performance Year of KCF, there will be one PM: Chronic Kidney Disease Quarterly Capitation Payment (CKD QCP).

- Benefit Enhancements (BEs) are waivers to Medicare payment rules that offer flexibility for care coordination and delivery. They allow beneficiaries to receive services and providers to receive payments for those services that are not otherwise covered by Medicare. There are three BEs included in this Change Request (CR) (see below for more detail).
    - Telehealth Expansion (BE Indicator "2") – KCF Practices will have the option to participate in this waiver, which expands current telehealth services to include asynchronous (also known as "store-and-forward") telehealth outside of Alaska and Hawaii for a list of HCPCS codes defined by CMMI in the specialties of dermatology and ophthalmology for both new and established patients and removes the rural requirement for synchronous telehealth services for a list of HCPCS codes defined by CMMI.
    - Post-Discharge Home Visits (BE Indicator "3") – KCF Practices can participate in waivers to allow payment for certain home visits furnished to non-homebound aligned beneficiaries by auxiliary personnel (as defined in 42 C.F.R. § 410.26(a)(1)) under general supervision, rather

than direct supervision, incident to the professional services of physicians or other Nephrology Professionals in the KCF model.

- Kidney Disease Education (BE Indicator "C") – Medicare currently covers up to six 1-hour sessions of Kidney Disease Education (KDE) services for beneficiaries that have Stage 4 Chronic Kidney Disease (CKD). The programmatic waivers would:
    - Waive the requirement that the KDE be performed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist and allow qualified clinicians not currently allowed to bill for the benefit (Registered Nurses under a clinic/practice specialty code, Nutritionists, and Licensed Clinical Social Workers) to furnish the services incident to the services of a participating KCF nephrologist (providers on the ACO-Operational System (OS) file).
    - Waive the requirement that a beneficiary have Stage 4 CKD in order to test furnishing the KDE benefit to beneficiaries with CKD stage 5 and those in the first 6 months of ESRD, who can also benefit from KDE.

- Note: The implementation of the Kidney Care First Model was delayed from April 1, 2021 to a future date. The logic of CR 11914 will be implemented in the April 2021 and July 2021 releases, and user acceptance testing shall be performed for these releases. This CR will further delay the provider and beneficiary production files and will be implemented in a future CR.

B. Policy: Section 1115A of the Social Security Act (added by section 3021 of the Affordable Care Act) (42 U.S.C. 1315a) authorizes the CMS Innovation Center to test innovative payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program (CHIP) spending while maintaining or improving the quality of beneficiaries' care. Under the law, preference is to be given to selecting models that also improve coordination, efficiency and quality of health care services furnished to beneficiaries. Section 1899 of the Social Security Act establishes the Medicare Shared Savings Program, and authorizes CMS to share Medicare savings with participating accountable care organizations under certain circumstances.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11914.1	Effective for dates of service on or after April 1, 2021, contractors shall prepare their systems to process Kidney Care Choice (KCC) Kidney Care First (KCF) claims.						X		X	
11914.2	Contractors shall use Demonstration (Demo) code 97 to identify KCC KCF claims when the claim includes: • An aligned nephrologist or nephrology practice; • An aligned beneficiary						X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The provider and beneficiary are aligned to the same KCF ID • Date of service that falls within the effective period of the alignment of the beneficiary to the nephrology provider.									
11914.2.1	Contractors shall ensure that the MSP (Medicare Secondary Payer) Claims are exempt from this demonstration.						X			
11914.3	CMS shall send the Multi-Carrier System (MCS) the initial provider alignment files for each KCF, which details the participating providers. CMS shall include the data elements/fields on the provider alignment file as defined in the Interface Control Document.									ACO OS, CMS
11914.3.1	SSMs shall be prepared to accept the above listed data elements in business requirement 11914.3 on the initial provider alignment files for each KCC/KCF.						X			
11914.3.2	SSMs shall maintain an update date in their internal file, which will reflect the date the updated files were loaded into the shared systems. The field shall be viewable to the Medicare Administrative Contractors (MACs).						X			
11914.4	SSMs shall use the indicator values from the Interface Control Document (ICD) to identify when a provider has elected a KCF benefit enhancement.						X			
11914.4.1	SSMs shall add the benefit enhancement indicator identifiers to the transmit record for Common Working File (CWF).						X			
11914.4.2	CMS shall send CWF the initial beneficiary alignment files detailing beneficiaries aligned to the KCF participating practices. **NOTE**: The beneficiary alignment file will be a national file accessible by all MACs.								X	CMS, VDC
11914.4.3	CWF shall provide the beneficiary file with the most current Health Insurance Claim Number (HICN) to MCS.						X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11914.4.4	Contractors shall note that KCC KCF providers can participate in multiple benefit enhancements.						X			
11914.5	CMS shall include data elements on the aligned beneficiary file as outlined in the ICD.									ACO OS, CMS
11914.5.1	SSMs shall maintain an update date in their internal file, which will reflect the date the updated files were loaded into the shared system. The field shall be viewable to the MACs. Note: The value indicating a KCF beneficiary on the ACOB Auxiliary file is K.						X		X	
11914.5.2	CWF shall use the existing screen and edit an auxiliary file/HIMR screen to display the beneficiary file data. The new QCP indicator added to the ACOB Auxiliary file the ICD indicates valid values are blank for not qualified and 'Y' for qualified.								X	
11914.6	The ACO-OS shall provide the provider alignment and beneficiary alignment files to the Virtual Data Center (VDCs) when they become available.									ACO OS, CMS, VDC
11914.6.1	The ACO-OS shall transmit the provider and beneficiary alignment files through Electronic File Transfer (EFT).									ACO OS, CMS
11914.6.2	The ACO-OS shall notify the contractors of the provider and beneficiary alignment file names when they become available						X			ACO OS, CMS, VDC
11914.7	SSMs shall create response files acknowledging receipt of the provider and beneficiary alignment files.						X		X	
11914.7.1	SSMs shall perform limited editing to ensure the file is well formed. The validation checks will include: • the Header Record must be present and fields populated with valid information; • the Trailer Record must be present and fields populated with valid information; and						X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• the actual count of detail records must match the count in the Trailer Record. **NOTE:** The Interface Control Document (ICD) will define the response file layout and detailed error conditions.									
11914.7.2	SSMs shall produce a response file that indicates the file was processed and contained no errors if no validation errors were encountered.						X		X	
11914.7.3	SSMs shall produce a response file that indicates specific records and fields that did not pass the validation checks using defined error codes listed in the ICD.						X		X	
11914.8	The ACO-OS shall transmit the test files to the Single Testing Contractor (STC) by February 1, 2021. Note: For July testing, the ACO-OS will resend the previous copies of April test files to the STC on or around May 3, 2021.									ACO OS, CMS, STC
11914.9	The ACO-OS shall push the test files to the VDCs on or about March 1, 2021. Note: For July testing, the ACO-OS will resend the previous copies of April test files to the VDCs on or around June 1, 2021.									ACO OS, CMS, VDC
11914.10	The STC and the MACs shall provide to CMS the data to create the test file by December 31st, 2020. To assist with the creation of the test file, the STC and MACs shall: • Provide a list of at a minimum 5 to 15 providers as indicated by TIN-iNPI for Part B MACs • Provide a list of 5 to 15 beneficiaries as indicated by their HICN • These sample Providers and Beneficiaries shall be provided in a spreadsheet file using Appendix F, Bene_Provider Test Data Collection_Template.		X							STC, VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	

	• Send encrypted data to:
	  • Yani Mellacheruvu (CMS/OIT) at Yani.Mellacheruvu@cms.hhs.gov AND
	  • Aparna Vyas (CMS/OIT) at Aparna.Vyas@cms.hhs.gov
	
	Note: Testing will also occur as a part of the July 2021 release. For July testing, copies of the April test files will be reused. The MACs are not required to send test data for the July release.									

11914.10.1	The contractors shall make themselves available for up to three (3) calls during the User Acceptance (UAT) to discuss any testing issues.* ***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).		X				X		X	CMS, VDC
11914.11	CMS shall provide the production provider and beneficiary alignment files from the CMS mainframe in a future CR.									CMS, VDC
11914.12	The ACO-OS shall push the production files to the MACs and datacenters specific to their contractor workload(s). This task shall be completed in a future CR									ACO OS, CMS, VDC
11914.13	SSMs shall create response files to acknowledge receipt of the provider and beneficiary production files and transmit them to CMS.						X		X	CMS, VDC
11914.13.1	The VDCs shall transmit the provider and beneficiary alignment production file responses via EFT to CMS.									CMS, VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11914.14	CMS shall send updated provider files on a monthly basis.									ACO OS, CMS, VDC
11914.15	CMS shall send updated aligned beneficiary files on a quarterly basis.									CMS, VDC
11914.16	SSMs shall process the updated aligned provider and aligned beneficiary files as full replacement files						X		X	ACO OS
11914.17	SSMs shall update the provider record of KCF aligned providers according to the monthly update in BR15.						X			
11914.18	SSMs shall update the system with aligned beneficiary data according to the monthly update in BR16.						X		X	
11914.19	The contractors shall create/modify on-line screens to display Provider Alignment File data to include file update history.						X			
11914.20	The contractors shall create/modify online screens to display Beneficiary Alignment File data to include file update history.						X		X	
11914.21	SSMs shall consider the beneficiary removed from the model when the effective and end dates are the same.						X		X	
11914.22	CMS shall create a recurring CR to update changes to tables found in Appendix B (Alcohol and Substance Abuse Codes) or Appendix D (Telehealth and Post-Discharge Home Visits codes). This recurring CR shall be annual effective with the January release.									CMS
11914.23	The contractors shall follow these demo code precedence rules for deciding the position of demo code "97" on an institutional or professional claim: • If demo code '86', (Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)), is present in the first position on the claim, move demo code '97' to the first position, and move the remaining codes down one position. **KCF has precedence.** • If demo code '75', (Comprehensive Care for Joint Replacement (CJR)), is present in the first position on the claim, move demo code '97' to the first position, and move the						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	remaining codes down one position. **KCF has precedence** • If demo code '92', (Direct Contracting (DC)), is present in the first position on the claim, move demo code '97' to the first position, and move the remaining codes down one position. **KCF has precedence** • If demo code '97' is in the first position, and demo code '94', (End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model) is present on the claim, move demo code '94' to the first position, and move the remaining demo codes down one position. **ETC has precedence.** **Note**: **CMS has proactively identified the models that we believe could overlap with the CKCC Model. As models retire or emerge this list will be updated.**									
11914.23.1	(Continued from parent requirement (11914.23) due to ECHIMP character limit)... • If demo code '97' is in the first position, and demo code '87', (Radiation Oncology (RO) Model), is present on the claim, move demo code '87' to the first position and move the remaining demo codes down one position. **RO has precedence.** • If the claim- or claim-line includes the Oncology Care Model (OCM) Monthly Enhanced Oncology Service's (MEOS) HCPCS code G9678 with a From date or DOS from 04/01/2021 to 05/31/2021, the claim should be excluded. **The KCF demo code should not be appended.** • If demo code '97' is in the first position, and demo code '31', (Veteran's Medicare Remittance Advice (VA MRA) project), is present on the claim, move demo code '31' to the first position and move the remaining demo codes down one position. **VA MRA has precedence.** • If the claim is a Home Health Request for Anticipated Payment claim (Type of Bill 322), Inpatient and Hospice NOA (Note Of						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Admission), or NOE (Note Of Election) the claim is ineligible for the demo code '97'. **Note**: **CMS has proactively identified the models that we believe could overlap with the KCF Model. As models retire or emerge this list will be updated.**									
11914.24	The contractors shall **NOT** trigger an Informational Unsolicited Response (IUR) for claims with demo code 97 when there is a change to the beneficiary's alignment.		X						X	
11914.25	SSMs shall **NOT** trigger an adjustment for claims when there is a change to the provider's alignment file.						X			
11914.26	Contractors shall display the Medicare Summary Notice (MSN) messages as necessary		X							
11914.26.1	Contractors shall display the following message on KCC KCF claims for all care furnished by nephrologist to KCC KCF beneficiaries: **New MSN Message 4.14** **English -** You got this service from a provider who coordinates your care through a Kidney Care Choices (KCC) organization. For more information about care coordination from your KCC organization, 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 la organización Kidney Care Choices (KCC). Para obtener más información sobre la coordinación del cuidado de su organización KCC, hable con su médico o llame al 1-800-MEDICARE (1-800-633-4227).		X							
11914.27	MCS shall apply demonstration code 97 for the KCF/QCP model to professional claims submitted on the CMS-1500 or electronic equivalent where:						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The beneficiary HIC Number HICN match those listed in the beneficiary file; and • The billing provider Tax Identification Number and rendering National Provider Identifier (NPI) match those listed on the provider participant file; and • The KCF Model Identifier match between the beneficiary and provider participant alignment files; and • The detail line date of service is between the effective start date and end date (inclusive) for the matching records in the beneficiary and provider participant files; and • The provider participant file contains record type 'F' for QCP; and • The aligned beneficiary has a QCP flag of 'Y'.									
11914.27.1	MCS shall apply demonstration code 97 for the KCF model QCP claims submitted on the CMS-1500 or electronic equivalent where the above parent requirements are considered and where: • The claim includes any of the following Current Procedural Terminology/Healthcare Common Procedure Coding System) (CPT/HCPCS) Codes: Office/Outpatient Visit Evaluation and Management (E/M) 99201-99205, 99211-99215 Complex Chronic Care Coordination Services 99487 Home Care/Domiciliary Care E/M 99348-99349						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Prolonged E/M 99354-99355 Transitional Care Management Services 99495-99496 Advance Care Planning 99497-99498 Welcome to Medicare and Annual Wellness Visits G0402, G0438, G0439 Chronic Care Management (CMM) Services 99490 Prolonged non-face-to-face E/M Services 99358 Assessment/care planning for patients requiring CCM services G0506 Online digital E&M for an est. patient, for up to 7 days, cumul. time 5–10 mins 99421 Online digital E&M for an est. patient, for up to 7 days, cumul. time 10–20 mins 99422 Online digital E&M for an est. patient, for up to 7 days, cumul. time 21+ mins 99423 Phone e/m phys/qhp 5-10 min to est pt 99441 Phone e/m phys/qhp 11-20 min to est pt 99442 Phone e/m phys/qhp 21-30 min to est pt 99443									
11914.27.1.1	MACs should remove G0463 from the ACO Procedure Code table (HxxTACO).		X							
11914.28	MCS shall apply the ACO ID, demo code 97 and benefit enhancement indicator of 'F' to aligned details with QCP procedures.						X			
11914.29	MCS shall calculate Beneficiary cost sharing for the services included in the CKD QCP the same as they would have been under traditional Medicare FFS.						X			
11914.30	MCS shall reduce the detail provider paid amount based on the reduction percentage in the ICD on aligned QCP details, after beneficiary coinsurance, deductible, sequestration or any other adjustments						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	have been calculated.									
11914.31	Contractors shall apply the following messages for all KCC KCF claims that have the QCP reduction: Claims Adjustment Reason Code (CARC): 132 "Prearranged demonstration project adjustment" and Remittance Advice Remark Code (RARC) N83 - "No appeal rights. Adjudicative decision based on the provisions of a demonstration project"; and Group Code (CO) - contractual obligation.		X							
11914.32	For claims subject to the QCP adjustment, MCS shall include on the CWF claim transmission record (HUBC) the adjustment amount attributable to each line in the "Other Amounts Applied" field, using the following: • The Other Amount Indicator 'A4' to indicate the amount by which each line was reduced for the QCP adjustment.						X			
11914.33	CWF shall carry the New Values in the 'Other Amount Indicator' field for the 'KCF Model in HIMR for the Part B claim history (PTBH) when present on an accepted HUBC transmit record.								X	
11914.34	CWF shall read the new 'Other Amount Indicators' ('A4') that will be received in the detail line of the HUBC record.								X	
11914.35	CWF shall allow an Other Amount Indicator of 'A4' for claims received on or after implementation.								X	
11914.36	CWF shall modify Part B consistency edit '92x5' to accept a reduction to the reimbursement amount when Other Amount Indicator(s) 'A4' is received.								X	
11914.37	CWF shall modify Part B consistency edit '97x1' to accept the new value(s) in the Other Amount Indicator field.								X	
11914.38	Contractors shall send the new QCP payment adjustment message, and amount to the IDR claims						X			IDR

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	file.									
11914.39	MCS shall process and reimburse claims as normal fee-for-service claims when the provider is not affiliated with the KCF practice and renders services to aligned beneficiaries.						X			
11914.40	Starting in July 2021, contractors shall generate the Weekly QCP Reduction File that will be sent from the VDCs to the Baltimore Data Center (BDC), (pass-through), for professional claims with the demo code '97' where BE indicator 'F' adjustment was applied. Details on the pass-through file are provided in Table 45 of the ICD.								X	VDC
11914.41	Starting July 2021, contractors shall not share claims in the Weekly QCP 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	
11914.42	Contractors shall work with CMS to ensure that all parties who need access to the weekly QCP Reduction File have access by 07/01/2021.									CMS, CWF Host, VDC
11914.43	Contractors shall ensure all demo codes at the header level will flow to downstream systems including but not limited to: National Claims History (NCH), Integrated Data Repository (IDR), and Chronic Condition Warehouse (CCW).								X	IDR, NCH
11914.44	Contractors shall ensure the benefit enhancement indicator will flow to downstream systems including but not limited to: NCH, IDR, and CCW. Benefit enhancements indicators are: 2 telehealth (Beginning July 2021) 3 Post Discharge Home Visits (Beginning July 2021)						X		X	FPS, IDR, NCH

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	C KDE (Beginning July 2021) F QCP (Beginning April 2021)									
11914.45	Beginning in July 2021, Contractors shall process KCF synchronous telehealth claims when: • Place of Service (POS) = 02 (Telehealth) • The claim includes an aligned provider; • The claim includes an aligned beneficiary to the same KCF Identifier as the provider; • The benefit enhancement (record type 2) is elected by the provider; • The Date of Service (DOS) on the claim is within the Beneficiary Effective Date and 90 days after the Beneficiary Effective End Date; and • The claim contains a HCPCS code found in appendix D Table 1 Healthcare Common Procedure Coding System (HCPCS) codes for Synchronous Telehealth.. The Contractors shall ensure the benefit enhancement indicator will flow to downstream systems including but not limited to: NCH, IDR, and CCW.		X				X			
11914.45.1	Beginning in July 2021, Contractors shall process KCF asynchronous telehealth claims when: • The claim includes an aligned provider; • The claim includes an aligned beneficiary to the same KCF Identifier as the provider; • The benefit enhancement (record type 2) is elected by the provider; • The Date of Service (DOS) on the claim is within the Beneficiary Effective Date and 90 days after the Beneficiary Effective End Date; and • The claim contains a HCPCS code found in appendix D Table 2 Healthcare Common Procedure Coding System (HCPCS) codes for Asynchronous Telehealth.		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	The Contractors shall ensure the benefit enhancement indicator will flow to downstream systems including but not limited to: NCH, IDR, and CCW.									
11914.46	Beginning in July 2021, contractors shall allow and process KCF Post Discharge Home Visit professional claims for licensed clinicians under the general supervision of a KCF Provider when: • The claim-line includes an aligned provider (using the Billing TIN-iNPI) AND • The claim-line includes an aligned beneficiary to the same KCF Practice Identifier as the provider AND • The aligned Provider elected BE indicator "3" as indicated on the Provider Alignment File AND • The DOS is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary 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 AND • Present on the claim-line is one of the HCPCS codes listed in Table 3 of Appendix D. Note: the licensed clinician may bill for "incident to" services.		X				X			
11914.47	Beginning in July 2021, contractors shall allow and process Kidney Disease Education (KDE) services when: • The claim includes an aligned provider, AND • The claim includes an aligned beneficiary to the same KCF practice Identifier as the provider, AND • The Provider's file contains record type "C" for the DOS, AND • The DOS is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date, AND		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The claim contains HCPCS codes G0420 or G0421									
11914.48	CWF shall reject Part B professional claim with utilization edit '5346' if the Beneficiary has a Home Health episode present with or without the DOEBA/DOLBA and the Dates of Service are during the Beneficiary's Home Health episode and benefit enhancement indicator '3' are present.								X	
11914.49	MCS shall apply the ACO ID, demo code 97 and benefit enhancement 'C' to aligned details.						X			
11914.50	MCS shall deny claim details when professional claims for KDE services are submitted with: • HCPCS codes = G0420 or G0421; • Diagnosis code = N185, Stage V; and • Benefit type C does not apply to the detail						X			
11914.51	Contractors shall use the following when denying Stage V KDE claims: • Group code = CO (Contractual Obligation) • CARC 167 - This (these) diagnosis(es) is (are) not covered. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. • MSN 16.10:Medicare does not pay for this item or service. Spanish Version: "Medicare no paga por este artículo o servicio."		X							
11914.52	Contractors shall accept claims with HCPCS G0420 or G0421 from the following provider types: • All Physicians, regardless of specialty, Supplier and Non-Physician Practitioner (NPP) - Only 50, 70,71, 80, 89 and 97		X							
11914.53	Contractors shall deny claims with demo code 97 from provider types not listed in above BR and use the following messages:		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Group Code CO (Contractual Obligation) • CARC 8 The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. • N95 – This provider type/provider specialty may not bill this service • MSN 16.10: Medicare does not pay for this item or service. Spanish Version: “Medicare no paga por este artículo o servicio									
11914.54	MCS shall pay KDE services with HCPCS codes G0420 or G0421 with demo code 97 under the MPFS.						X			
11914.55	Contractors shall bypass any current coverage editing they have in place when G0420 or G0421 are billed with a Demo 97		X							
11914.56	CWF shall modify existing edit 534K to deny professional claims when: • Demo code = 97; and • HCPCS codes = G0420 or G0421; and • Diagnosis code is not equal to N184; and • Diagnosis code is not equal to N185; and • The claim's detail line date of service is not within the first six months of the beneficiary’s dialysis start date.								X	
11914.57	CWF shall allow contractors to override in the detail line the edit in the above BR if the denial is overturned on appeal.								X	
11914.58	Contractors shall use the following when denying the claim: • Group code = CO (Contractual Obligation)		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CARC 167 - This (these) diagnosis(es) is (are) not covered. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. • MSN 16.10: Medicare does not pay for this item or service. Spanish Version: "Medicare no paga por este artículo o servicio."									
11914.59	CWF shall modify existing edit 539N for KDE services, HCPCS codes G0420 or G0421 with demo code 97 when the service is billed on both a professional and institutional claim with the same service date. NOTE: CWF shall read N184 when DEMO Code 97 is not present and shall read N184 or N185 when DEMO Code 97 is present.								X	
11914.60	The contractors shall deny claims for KDE services if two claims are billed (professional and institutional) with the same date of service. • Group Code = OA (Other Adjustment) • CARC 18: Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO) MSN 15.5 – The information provided does not support the need for similar services by more than one doctor during the same time period. Spanish Version: "La información proporcionada no confirma la necesidad por servicios similares por más de un médico durante el mismo period.		X							
11914.61	CWF shall modify existing edits to ensure no more than 6 sessions of KDE services, HCPCS code G0420 or G0421 can be billed in a beneficiary's lifetime. This includes all clean claims with demo code 97 and non-demo claims. NOTE:								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• CWF will read N184 when the DEMO Code 97 is not present and will read N184 or N185 when DEMO Code 97 is present. • Professional claims edits are 33x8 and 539P									
11914.62	Contractors shall deny claims containing KDE services, HCPCS G0420 or G0421 with more than 6 sessions, using the following messages: • CO (Contractor Obligation) • CARC 119 - Benefit maximum for this time period or occurrence has been reached • MSN 15.22 -The information provided does not support the need for this many services or items in this period of time so Medicare will not pay for this item or service. Spanish Version: “La información proporcionada no justifica la necesidad de esta cantidad de servicios o artículos en este periodo de tiempo por lo cual Medicare no pagará por este artículo o servicio.”		X							
11914.63	MCS shall remove demo code 97 from the claims based on CWF reject/denial of the above requirements, if the claim is not subject to other KCF benefit enhancements.						X			
11914.64	Beginning April 2021, CWF shall modify consistency edit ‘0014’ to include demo code ‘97’ as a valid demo code when received on the Part B Claim Record (HUBC).								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11914.65	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	X		

IV. 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

V. CONTACTS

Pre-Implementation Contact(s): Nima Eslami, nima.eslami1@cms.hhs.gov , Heather Maldonado, Heather.Maldonado@cms.hhs.gov , Abraham Verghis, abraham.verghis@cms.hhs.gov

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

VI. 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: 3

Appendix B: Alcohol and Substance Abuse Codes

Table 1, Table 2, and Table 3 contain procedures, codes, and diagnoses for alcohol and substance abuse-related treatment, which CMS will exclude from the Direct Contracting Model Claims Line Feeds and from claims reductions for alternative payment mechanisms for a Direct Contracting Entity (DCE).

Table 1: HCPC/CPT Codes

HCPC/CPT Codes	Description
G2172	All-inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence
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)
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 Service, 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)
S9475	Ambulatory Setting substance abuse treatment or detoxification services per diem
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1007	Alcohol and/or substance abuse services, treatment plan development and or modification
T1008	Day Treatment for individual alcohol and/or substance abuse services

HCPC/CPT Codes	Description
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

Table 2: ICD-10-PCS Inpatient Procedure Codes

ICD-10-PCS Codes	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
HZ35ZZZ	Individual Counseling for Substance Abuse Treatment, Vocational
HZ36ZZZ	Individual Counseling for Substance Abuse Treatment, Psychoeducation
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
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

ICD-10-PCS Codes	Description
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
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 3: ICD-10-CM Diagnosis Codes

ICD-10-CM Diagnosis Codes	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

ICD-10-CM Diagnosis Codes	Description
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
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
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

ICD-10-CM Diagnosis Codes	Description
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
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
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

ICD-10-CM Diagnosis Codes	Description
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
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
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

ICD-10-CM Diagnosis Codes	Description
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
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
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

ICD-10-CM Diagnosis Codes	Description
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
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

ICD-10-CM Diagnosis Codes	Description
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder
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
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

ICD-10-CM Diagnosis Codes	Description
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
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
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

ICD-10-CM Diagnosis Codes	Description
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
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
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

ICD-10-CM Diagnosis Codes	Description
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
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 Codes	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
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

ICD-10-CM Diagnosis Codes	Description
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
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
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

ICD-10-CM Diagnosis Codes	Description
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

Appendix D: Synchronous and Asynchronous Telehealth, Post Discharge Home Visits, Care Management Home Visits - Code Tables

Table 1 contains codes for Synchronous Telehealth indicated by Benefit Enhancement "2"

Table 2 contains codes for Asynchronous Telehealth indicated by Benefit Enhancement "2"

Table 3 contains codes for Post Discharge Home Visits indicated by Benefit Enhancement "3"

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Table 1: Healthcare Common Procedure Coding System (HCPCS) codes for Synchronous Telehealth

HCPCS Code	Short Descriptors
G9481	Remote E/M new pt 10 mins.
G9482	Remote E/M new pt 20 mins.
G9483	Remote E/M new pt 30 mins.
G9484	Remote E/M new pt 45 mins.
G9485	Remote E/M new pt 60 mins.
G9486	Remote E/M established pt 10 mins
G9487	Remote E/M established pt 15 mins
G9488	Remote E/M established pt 25 mins
G9489	Remote E/M established pt 40 mins
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPPS); first visit
G0439	Annual wellness visit; includes a personalized prevention plan of service (PPPS); subsequent visit

Table 2: Healthcare Common Procedure Coding System (HCPCS) codes for Asynchronous Telehealth

HCPCS Code	Descriptors
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10-20 minutes
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 20 or more minutes

Table 3: Healthcare Common Procedure Coding System (HCPCS) codes for Post Discharge Home Visits

HCPCS Code	Short Descriptors
G2001	Post-Discharge Home Visit new patient 20 minutes
G2002	Post-Discharge Home Visit new patient 30 minutes
G2003	Post-Discharge Home Visit new patient 45 minutes
G2004	Post-Discharge Home Visit new patient 60 minutes
G2005	Post-Discharge Home Visit new patient 75 minutes
G2006	Post-Discharge Home Visit existing patient 20 minutes
G2007	Post-Discharge Home Visit existing patient 30 minutes
G2008	Post-Discharge Home Visit existing patient 45 minutes
G2009	Post-Discharge Home Visit existing patient 60 minutes
G2013	Post-Discharge Home Visit existing patient 75 minutes
G2014	Post-Discharge care plan over 30 minutes
G2015	Post-Discharge care plan over 60 minutes

ACO/ESCO/Entity/Practice ID	Provider Type (Refer ICD for more details)	Provider TIN	Provider Organizational NPI (oNPI)
This filed is optional, IDDOC team will fill with Test IDs Examples: PCF : PCF9999 NGACO: V999 VTAPM: F999 CEC: E9999 DC: D9999 CKCC: C9999 KCF: K9999			

Provider Individual NPI (iNPI)	Provider CCN	Record Type (Refer ICD for more details on the codes)	Record Type in human friendly words

Provider/Enhancement Effective Start Date	Provider/Enhancement Effective End Date	Part A Percentage Reduction (see ICD for format)

Part B Percentage Reduction (see ICD for format)	ETC_IND (only for CKCC model)	ACO/ESCO/Entity/Practice ID
	This column is applicable for only CKCC Model	This filed is optional, IDDOC team will fill with Test IDs Examples: PCF : PCF9999 NGACO: V999 VTAPM: F999 CEC: E9999 DC: D9999 CKCC: C9999 KCF: K9999

Delete Flag (Valid Value -- 'D' or BLANK)	Beneficiary HICN	Beneficiary Effective Start Date CCYYMMDD

Beneficiary Effective End Date CCYYMMDD	Beneficiary Host ID (Refer ICD for more details)	Beneficiary Host ID in human friendly words -- Region

Beneficiary Gender (Valid Value -- M – Male F – Female U – Unknown)	Beneficiary Medical Data Sharing Preference Indicator (Valid Value -- Y = Yes N = No)	Population Indicator Note: applicable for PCF model only
		This column is applicable for only **PCF** Model

QCP Indicator **Note: Applicable only for KCF and CKCC models only**
This column is applicable for only **CKCC & KCF** Model