Updated: 07/10/2026

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Procedure Code	Description	Allowable as Audio-Only? (Modifier 93)	Allowable as Audio/Video? (Modifier 95)	Allowable as Inpatient Telemedicine? (Modifier 95)	Maternal Health Unbundled: (Modifier TH)	Home and Community Based Services Modifiers	Iowa Medicaid Effective Date
90785	Interactive complexity (List separately in addition to the code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
90791	Psychiatric diagnostic evaluation	Yes	Yes	No	n/a	n/a	January 1, 2024
90792	Psychiatric diagnostic evaluation with medical services	Yes	Yes	No	n/a	n/a	January 1, 2024
90832	Psychotherapy, 30 minutes with patient	Yes	Yes	No	n/a	n/a	January 1, 2024
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
90834	Psychotherapy, 45 minutes with patient	Yes	Yes	No	n/a	n/a	January 1, 2024
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
90837	Psychotherapy, 60 minutes with patient	Yes	Yes	No	n/a	n/a	January 1, 2024
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
90839	Psychotherapy for crisis; first 60 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	Yes	Yes	No	n/a	n/a	January 1, 2024
90846	Family psychotherapy (without the patient present), 50 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
90849	Multiple-family group psychotherapy	No	Yes	No	n/a	n/a	January 1, 2024
90853	Group psychotherapy (other than of a multiple-family group)	Yes	Yes	No	n/a	n/a	January 1, 2024
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	No	Yes	No	n/a	n/a	January 1, 2024
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	No	Yes	No	n/a	n/a	January 1, 2024
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	No	Yes	No	n/a	n/a	January 1, 2024
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	No	Yes	No	n/a	n/a	January 1, 2024
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and o	No	Yes	No	n/a	n/a	January 1, 2024
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	No	Yes	No	n/a	n/a	January 1, 2024
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	No	Yes	No	n/a	n/a	January 1, 2024
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	No	Yes	No	n/a	n/a	January 1, 2024
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	No	Yes	No	n/a	n/a	January 1, 2024
92507	Treatment of speech, language, voice, communicat, and/or auditory processing disorder, individual	No	Yes	No	n/a	n/a	August 1, 2026
92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting	No	Yes	No	n/a	n/a	August 1, 2026
92521	Evaluation of speech continuity, smoothness, rate, and effort	No	Yes	No	n/a	n/a	August 1, 2026
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	No	Yes	No	n/a	n/a	August 1, 2026
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	No	Yes	No	n/a	n/a	August 1, 2026
92524	Behavioral and qualitative analysis of voice and resonance	No	Yes	No	n/a	n/a	August 1, 2026
92526	Treatment of swallowing and feeding disorder	No	Yes	No	n/a	n/a	August 1, 2026
92607	Evaluation with prescription of speech-generating and alternative communication device, first hour	No	Yes	No	n/a	n/a	August 1, 2026
92608	Evaluation with prescription of speech-generating and alternative communication device, each additional 30 min	No	Yes	No	n/a	n/a	August 1, 2026

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92609	Therapy service for use of speech-generating device with programming	No	Yes	No	n/a	n/a	August 1, 2026
92610	Evaluation of oral and pharyngeal swallow function	No	Yes	No	n/a	n/a	August 1, 2026
92626	Evaluation of hearing function related to surgically implanted hearing device, first hour	No	Yes	No	n/a	n/a	August 1, 2026
92627	Evaluation of hearing function related to surgically implanted hearing device, each additional 15 minutes	No	Yes	No	n/a	n/a	August 1, 2026
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	No	Yes	No	n/a	n/a	January 1, 2024
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	No	Yes	No	n/a	n/a	January 1, 2024
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	No	Yes	No	n/a	n/a	January 1, 2024
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	No	Yes	No	n/a	n/a	January 1, 2024
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	No	Yes	No	n/a	n/a	January 1, 2024
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	No	Yes	No	n/a	n/a	January 1, 2024
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	No	Yes	No	n/a	n/a	January 1, 2024
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuc	No	Yes	No	n/a	n/a	January 1, 2024
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	No	Yes	No	n/a	n/a	January 1, 2024
96105	Test to assess the loss of the ability to speak, write, and understand language	No	Yes	No	n/a	n/a	August 1, 2026
96110	Developmental screening, with interpretation and report, per standardized instrument form	No	Yes	No	n/a	n/a	August 1, 2026
96112	Administration of developmental test, first hour	No	Yes	No	n/a	n/a	August 1, 2026
96113	Administration of developmental test, each additional 30 minutes	No	Yes	No	n/a	n/a	August 1, 2026
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	No	Yes	No	n/a	n/a	January 1, 2024
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	No	Yes	No	n/a	n/a	January 1, 2024
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	Yes	Yes	No	n/a	n/a	January 1, 2024
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	No	Yes	No	n/a	n/a	January 1, 2024
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	No	Yes	No	n/a	n/a	January 1, 2024
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	No	Yes	No	n/a	n/a	January 1, 2024
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	No	Yes	No	n/a	n/a	January 1, 2024
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No	Yes	No	n/a	n/a	January 1, 2024
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	No	Yes	No	n/a	n/a	January 1, 2024
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	No	Yes	No	n/a	n/a	January 1, 2024
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	No	Yes	No	n/a	n/a	January 1, 2024
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	No	Yes	No	n/a	n/a	January 1, 2024
97129	Therapy procedure for a range of mental processes, initial 15 minutes	No	Yes	No	n/a	n/a	August 1, 2026
97130	Therapy procedure for a range of mental processes, each additional 15 minutes	No	Yes	No	n/a	n/a	August 1, 2026
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	No	Yes	No	n/a	n/a	January 1, 2024
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024

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97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	No	Yes	No	n/a	n/a	January 1, 2024
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No	Yes	No	n/a	n/a	January 1, 2024
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes	No	Yes	No	n/a	n/a	January 1, 2025
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes	No	Yes	No	n/a	n/a	January 1, 2025
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	No	Yes	No	n/a	n/a	January 1, 2025
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 mir	No	Yes	No	n/a	n/a	January 1, 2024
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
98966	(Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)	Yes	Yes	No	n/a	n/a	January 1, 2024
98967	(Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion)	Yes	Yes	No	n/a	n/a	January 1, 2024
98968	(Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion)	Yes	Yes	No	n/a	n/a	January 1, 2024
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	No	Yes	No	n/a	n/a	January 1, 2024
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	No	Yes	No	n/a	n/a	January 1, 2024
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	No	Yes	No	n/a	n/a	January 1, 2024
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	No	Yes	No	n/a	n/a	January 1, 2024
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	No	Yes	No	n/a	n/a	January 1, 2024
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	No	Yes	No	Yes (Eff. 10/01/2025)	n/a	January 1, 2024
99221	Initial hospital inpatient care. For Iowa Medicaid Telemedicine reimbursement, this code requires a medically appropriate history and physical examination using telemedicine equipment. Straightforward with low-level medical decision-making. A minimum of 40 minutes is required on the date of services.	No	No	Yes	n/a	n/a	May 1, 2026
99222	Initial hospital inpatient care. For Iowa Medicaid Telemedicine reimbursement, this code requires a medically appropriate history and physical examination using telemedicine equipment. Moderate medical decision-making. A minimum of 55 minutes is required on the date of services.	No	No	Yes	n/a	n/a	May 1, 2026
99223	Initial hospital inpatient care. For Iowa Medicaid Telemedicine reimbursement, this code requires a comprehensive history and detailed physical examination using telemedicine equipment. High-complexity medical decision-making. A minimum of 75 minutes is required on the date of services.	No	No	Yes	n/a	n/a	May 1, 2026
99231	Subsequent hospital inpatient care, used after the person has been admitted to hospital care. Follow-up visits with review of patient progress, response to therapy, treatment adjustments, and straightforward, low complexity medical decision-making. A minimum of 25 minutes is required on the date of services.	No	No	Yes	n/a	n/a	May 1, 2026
99232	Subsequent hospital inpatient care, used after the person has been admitted to hospital care. Follow-up mid-level visits with review of patient progress, response to therapy, treatment adjustments, and the patient is stable-but-complex. The patient is responding to therapy but requiring active adjustments. Moderate complexity medical decision-making. A minimum of 35 minutes is required on the date of services.	No	No	Yes	n/a	n/a	May 1, 2026
99233	Subsequent hospital inpatient care, used after the person has been admitted to hospital care. Follow-up high-level visits with review of patient progress, response to therapy, treatment adjustments, and the patient is requiring adjustments to care with a risk of complications. High level of complexity medical decision-making. A minimum of 50 minutes is required on the date of services.	No	No	Yes	n/a	n/a	May 1, 2026
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	No	Yes	No	n/a	n/a	January 1, 2024
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No	Yes	No	n/a	n/a	January 1, 2024
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	No	Yes	No	n/a	n/a	January 1, 2024
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time dur	No	Yes	No	n/a	n/a	January 1, 2024
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Yes	Yes	No	n/a	n/a	January 1, 2024 - December 31, 2024
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Yes	Yes	No	n/a	n/a	January 1, 2024 - December 31, 2024
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Yes	Yes	No	n/a	n/a	January 1, 2024 - December 31, 2024

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99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Yes	Yes	No	n/a	n/a	January 1, 2024
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Yes	Yes	No	n/a	n/a	July 1, 2023
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	No	Yes	No	n/a	n/a	January 1, 2024
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	No	Yes	No	n/a	n/a	January 1, 2024
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	No	Yes	No	n/a	n/a	January 1, 2024
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Yes	Yes	No	n/a	n/a	January 1, 2024
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter.	No	Yes	No	n/a	n/a	January 1, 2024
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	No	Yes	No	n/a	n/a	January 1, 2024
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	No	Yes	No	n/a	n/a	January 1, 2024
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	No	Yes	No	n/a	n/a	January 1, 2024
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	No	Yes	No	n/a	n/a	January 1, 2024
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Yes	Yes	No	n/a	n/a	January 1, 2024
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	Yes	No	n/a	n/a	January 1, 2024
99510	Home visit for counseling **Beginning August 1, 2024, only follow-up visits after hospitalization may be billed as telehealth.*	Yes	Yes	No	n/a	n/a	January 1, 2024
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	No	Yes	No	n/a	n/a	January 1, 2024
D9995	Teledentistry – synchronous; real time encounter	No	Yes	No	n/a	n/a	January 1, 2024
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	No	Yes	No	n/a	n/a	January 1, 2024
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15 to 30 minutes	No	Yes	No	n/a	n/a	January 1, 2025
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence	No	Yes	No	n/a	n/a	January 1, 2025
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
G0136	Admin SDOH risk assmt tool, 5-15 min	No	Yes	No	n/a	n/a	January 1, 2024

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G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	Yes	Yes	No	n/a	n/a	January 1, 2024
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 mi	No	Yes	No	n/a	n/a	January 1, 2024
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time.	Yes	Yes	No	n/a	n/a	January 1, 2024
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time	Yes	Yes	No	n/a	n/a	January 1, 2024
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time	Yes	Yes	No	n/a	n/a	January 1, 2024
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time	Yes	Yes	No	n/a	n/a	January 1, 2024
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT)	Yes	Yes	No	n/a	n/a	January 1, 2024
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT)	Yes	Yes	No	n/a	n/a	January 1, 2024
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	No	Yes	No	n/a	n/a	January 1, 2024
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	No	Yes	No	n/a	n/a	January 1, 2024
G0442	Annual alcohol misuse screening, 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
G0444	Annual depression screening, 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	No	Yes	No	n/a	n/a	January 1, 2024
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
G0463	Hospital outpatient clinic visit for assessment and management of a patient	No	Yes	No	n/a	n/a	January 1, 2024
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	No	Yes	No	n/a	n/a	January 1, 2024
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Yes	Yes	No	n/a	n/a	January 1, 2024 - December 31, 2024
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)	Yes	Yes	No	n/a	n/a	January 1, 2024
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)	Yes	Yes	No	n/a	n/a	January 1, 2024
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)	No	Yes	No	n/a	n/a	November 1, 2024
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)	No	Yes	No	n/a	n/a	January 1, 2024
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Requires initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded)	No	Yes	No	n/a	n/a	January 1, 2024

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G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded)	No	Yes	No	n/a	n/a	January 1, 2024
G9012	Other specified case management service not elsewhere classified	No	Yes	No	n/a	n/a	January 1, 2024
H0004	Behavioral health counseling and therapy, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	No	Yes	No	n/a	n/a	January 1, 2024
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per	No	Yes	No	n/a	n/a	January 1, 2024
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	No	Yes	No	n/a	n/a	January 1, 2024
H0031	Mental health assessment, by nonphysician	No	Yes	No	n/a	n/a	January 1, 2024
H0032	Mental health service plan development by nonphysician	No	Yes	No	n/a	n/a	January 1, 2024
H0034	Medication training and support, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H0038	Self-help/peer services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H0046	Mental health services, not otherwise specified	No	Yes	No	n/a	n/a	January 1, 2024
H0049	Alcohol and/or drug screening	Yes	Yes	No	n/a	n/a	January 1, 2024
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Yes	Yes	No	n/a	n/a	January 1, 2024
H1003	Prenatal care, at-risk enhanced service; education	No	Yes	No	n/a	n/a	January 1, 2024
H2010	Comprehensive medication services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2011	Crisis intervention service, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2014	Skills training and development, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2015	Comprehensive community support services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2016	Supported Community Living (SCL)- without day services, per diem	No	Yes	No	n/a	HI, U1, U2, U3, U4, U5, U6	January 1, 2024
H2016	Home Based Habilitation, per diem	No	Yes	No	n/a	UA, UB, UC, UD, U7, U8, U9	January 1, 2024
H2017	Psychosocial rehabilitation services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2019	Therapeutic behavioral services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2021	Community-based wrap-around services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
H2022	Community-based wrap-around services, per diem	No	Yes	No	n/a	n/a	August 1, 2026
H2025	Ongoing support to maintain employment, per 15 minutes	No	Yes	No	n/a	UC, U3, U4, U5, U7	January 1, 2024
Q3014	Telehealth originating site facility fee	No	Yes	No	n/a	n/a	January 1, 2024
S5136	Supported Community Living (SCL)- with day services, per diem	No	Yes	No	n/a	HI, U1, U2, U3, U4, U5, U6	January 1, 2024
S9152	Speech therapy, re-evaluation	No	Yes	No	n/a	n/a	January 1, 2024
S9480	Intensive outpatient psychiatric services, per diem	No	Yes	No	n/a	n/a	January 1, 2024
T1013	Sign language or oral interpretive services, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
T1015	Clinic visit/encounter, all-inclusive	No	Yes	No	n/a	n/a	January 1, 2024
T1016	Case management, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
T1017	Targeted case management, each 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
T1027	Family training and counseling for child development, per 15 minutes	No	Yes	No	n/a	n/a	January 1, 2024
T2018	Habilitation, supported employment, (Individual Employment), per diem	No	Yes	No	n/a	UC	January 1, 2024
T2018	Habilitation, supported employment, (Individual Placement and Support), per diem	No	Yes	No	n/a	U3, U4, U5, U6	January 1, 2024