

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2015

[Every year, the RUC holds three meetings](#) to review CPT codes that are either new, revised or considered potentially misvalued by either the Centers for Medicare and Medicaid Services (CMS) or the RUC's own process of identification performed by the Relativity Assessment Workgroup (RAW). In April 2012, the RUC approved a measure to release the final total RUC voting counts for each code reviewed during the most recently completed cycle. The release of these voting records will occur each year following the CMS publication of the Medicare Payment Schedule Final Rule in November.

For the CPT 2015 cycle, the RUC convened meetings on October 3-5, 2013; January 30- February 2, 2014; and April 24-27, 2014, and the Committee's final recommendations were submitted to CMS in May of 2014 for consideration in the Medicare Payment Schedule – Final Rule for 2015. CMS released the Final Rule on October 31, 2014. Further information about the RUC and its processes can be found at:

www.ama-assn.org/go/rbrvs

Below is a list of definitions and descriptions of RUC processes to help in the understanding the voting information published on the following pages:

- **CPT Code and Long Descriptor:** These first two columns simply state each individual CPT codes and Long Descriptor.
- **Pre-Facilitation (Yes/No):** Prior to each meeting, RUC members undergo a rigorous review of each CPT code's recommendation as submitted by the specialty society(ies). If significant concerns are raised by either the reviewing RUC members or the specialty society(ies) a request for pre-facilitation may occur. Pre-facilitation meetings are assigned to a specific subset of RUC members and Advisors called a facilitation committee (*described below*) and can occur either by phone or on site, prior to the presentation of the code(s) during the RUC meeting. During the pre-facilitation meetings, issues are discussed and the specialty society(ies) have the opportunity (but have no obligation) to revise their recommendations.
- **Specialty Work RVU modified prior to Presentation (Yes/No):** This field indicates whether or not the specialty society(ies) involved in surveying a specific code have revised their work RVU recommendation prior to presenting the code to the RUC. These modifications are typically made after review of pre-facilitation committee discussion (see above) or after consideration of RUC reviewer comments.
- **Specialty Work RVU passed by RUC (Yes/No):** This field indicates whether or not the initially presented work RVU recommendation, as presented to the RUC by the specialty society(ies), was approved.
- **Specialty Work RVU facilitated by RUC (Yes/No):** Each meeting, three facilitation committees are established. Each committee consists of a subset of RUC members, specialty society Advisors and a member of the non-MD/DO Health Care Professional Advisory Committee (HCPAC) who, when a code does not meet the required two-third vote for approval, meet with the appropriate specialty society(ies) to reach consensus on a revised work RVU and direct practice expense. At the conclusion of a facilitation committee meeting, a report is written providing a rationale for the revised recommendations and the RUC again votes to either approve or disapprove these work RVU recommendations.

- **Specialty Work RVU modified by RUC (Yes/No):** This field indicates if, for any reason, the specialty society(ies) RVU recommendations from initial submissions were modified by the RUC. Modifications can happen for any number of reasons: 1) a pre-facilitation committee meeting could offer alternative suggestions that the specialties include; 2) comments made during the review process or at the table during the presentation of the code could result in modifications; 3) a facilitation committee meeting can reach consensus on revised work RVUs.
- **Final RUC Vote- work RVU:** This field indicates the final RUC vote total for each code. These vote totals represent the final RUC determinations on each code. CPT code RVU recommendations could have changed substantially from the original specialty societies' recommendation through any of the mechanisms laid out in the fields listed in the table and described above. [There are 28 voting members on the RUC.](#) A vote total may not add up to 28 for two reasons: 1) a voting member can abstain and/or 2) a voting member may not be present at the table during the vote. The RUC requires that at least 2/3 of the member voting must approve the recommendation in order for it to be submitted to CMS. A quorum, consisting of 16 member of the RUC, must be present to conduct any business. When a vote is less than 28, a footnote will state the reason.
- **Final RUC Vote- Direct Practice Expense:** This field indicates the final RUC vote total for each code's direct practice expense inputs (clinical labor, supplies and equipment) as recommended by the Practice Expense (PE) Subcommittee. As with the work RVU recommendations, direct PE input recommendations could have changed substantially from the original specialty societies' recommendation. The PE subcommittee meets for a full day prior to the RUC proceeding and reviews specialty society submissions for direct PE inputs and makes recommendations directly to the RUC. Following each vote on work RVUs, the RUC holds a separate vote to accept the direct PE inputs as modified and/or approved by the PE Subcommittee. The same voting protocol for work RVUs apply to direct PE inputs.

RUC Vote Totals – CPT 2015 Summary (Physician Work Only)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
28-0	120	45%
27-0*	16	6%
27-1	40	15%
26-2	29	11%
26-1*	5	2%
25-3	45	17%
24-4	3	1%
22-6	7	3%
21-7	1	<1%
20-8	2	1%
19-9	1	<1%

Just over half of all RUC Recommendations to CMS for 2015 were based on unanimous votes of the Committee

*Represents vote totals in which a RUC member was out of the room

RUC Vote Totals – CPT 2015

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
10021*	Fine needle aspiration; without imaging guidance	No	N/A	N/A	N/A	N/A	N/A	27-0
11760	Repair of nail bed	No	N/A	N/A	N/A	N/A	N/A	27-0
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	No	No	No	Yes	Yes	28-0	
12005*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12006*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0

*Reviewed for direct PE inputs only

**RUC recommended carrier pricing

***A RUC member was out of the room during the vote

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12007*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12013*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12014*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12015*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	No	N/A	N/A	N/A	N/A	N/A	27-0

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12016*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12041*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	No	N/A	N/A	N/A	N/A	N/A	27-0
12054*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12055*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0
12057*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	No	N/A	N/A	N/A	N/A	N/A	27-0

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20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	No	No	No	No	Yes	28-0	28-0
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	No	No	No	No	Yes	28-0	28-0
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	No	No	No	No	Yes	28-0	28-0
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	No	No	No	Yes	Yes	28-0	28-0

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21805	Open treatment of rib fracture without fixation, each	No	No	Yes	No	No	28-0	N/A
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	No	No	Yes	No	No	27-1	28-0
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	No	No	Yes	No	No	27-1	28-0
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	No	No	Yes	No	No	27-1	28-0

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22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	No	No	No	Yes	Yes	28-0	28-0
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	No	No	No	Yes	Yes	28-0	28-0
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	No	No	No	Yes	Yes	28-0	28-0

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22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	No	No	No	Yes	Yes	28-0	28-0
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	No	No	No	Yes	Yes	28-0	28-0
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	No	No	No	Yes	Yes	28-0	28-0

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22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	No	No	Yes	No	No	27-1	28-0
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	No	No	Yes	No	No	27-1	28-0
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	No	No	Yes	No	No	28-0	28-0
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	No	N/A	N/A	N/A	N/A	28-0	28-0

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27370	Injection of contrast for knee arthrography	No	No	Yes	No	No	28-0	N/A
30300*	Removal foreign body, intranasal; office type procedure	No	N/A	N/A	N/A	N/A	N/A	27-0
30903*	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	No	N/A	N/A	N/A	N/A	N/A	27-0
30905*	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	No	N/A	N/A	N/A	N/A	N/A	27-0
30906*	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	No	N/A	N/A	N/A	N/A	N/A	27-0

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31295*	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	No	N/A	N/A	N/A	N/A	N/A	27-0
31296*	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	No	N/A	N/A	N/A	N/A	N/A	27-0
31297*	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	No	N/A	N/A	N/A	N/A	N/A	27-0
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])	No	No	No	No	Yes	28-0	28-0

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31627*	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	No	N/A	N/A	N/A	N/A	N/A	28-0
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	No	No	No	Yes	Yes	28-0	28-0
33271	Insertion of subcutaneous implantable defibrillator electrode	No	No	No	Yes	Yes	28-0	28-0
33272	Removal of subcutaneous implantable defibrillator electrode	No	No	No	Yes	Yes	28-0	28-0

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33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	No	No	No	Yes	Yes	28-0	28-0
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	No	No	Yes	No	No	22-6	28-0
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	No	No	Yes	No	No	25-3	28-0
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Yes	No	Yes	No	No	26-2	28-0

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33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Yes	No	Yes	No	No	28-0	28-0
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Yes	No	Yes	No	No	28-0	28-0
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Yes	No	Yes	No	No	28-0	28-0
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	26-2	28-0

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33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	26-2	28-0
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Yes	No	Yes	No	No	26-2	28-0
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Yes	No	Yes	No	No	26-2	28-0

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33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Yes	No	Yes	No	No	27-1	28-0
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Yes	No	Yes	No	No	27-1	28-0
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	28-0	28-0

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33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	28-0	28-0
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	28-0	28-0
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	28-0	28-0

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33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	28-0	28-0
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Yes	No	Yes	No	No	28-0	28-0
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Yes	No	Yes	No	No	28-0	28-0

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33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Yes	No	Yes	No	No	28-0	28-0
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Yes	No	Yes	No	No	28-0	28-0
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Yes	No	Yes	No	No	28-0	28-0
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Yes	No	Yes	No	No	28-0	28-0

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33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Yes	No	Yes	No	No	28-0	28-0
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Yes	No	Yes	No	No	28-0	28-0
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Yes	No	Yes	No	No	28-0	28-0
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Yes	No	Yes	No	No	28-0	28-0

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34839**	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	No	N/A	N/A	N/A	N/A	25-3	N/A
34841**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	No	N/A	N/A	N/A	N/A	25-3	N/A
34842**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	25-3	N/A

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34843**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	25-3	N/A
34844**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	25-3	N/A

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34845**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	No	N/A	N/A	N/A	N/A	25-3	N/A
34846**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	25-3	N/A

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34847**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	25-3	N/A
34848**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	25-3	N/A

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36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	No	No	Yes	No	No	26-2	27-1
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	No	No	No	No	Yes	27-1	28-0
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	No	No	Yes	No	No	26-2	27-1

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36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	No	No	No	No	Yes	27-1	28-0
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	No	No	Yes	No	No	28-0	28-0
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	No	No	Yes	No	No	28-0	28-0
36820	Arteriovenous anastomosis, open; by forearm vein transposition	No	No	No	Yes	Yes	28-0	28-0

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36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	No	No	Yes	No	No	20-8	28-0
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	No	No	Yes	No	No	28-0	28-0
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	No	No	No	Yes	Yes	28-0	28-0
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	No	No	Yes	No	No	25-3	28-0

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36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	No	No	Yes	No	No	28-0	28-0
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	No	No	No	No	Yes	28-0	28-0
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	No	No	No	Yes	Yes	28-0	28-0
40804*	Removal of embedded foreign body, vestibule of mouth; simple	No	N/A	N/A	N/A	N/A	N/A	27-0

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41530*	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	No	N/A	N/A	N/A	N/A	N/A	27-0
42809*	Removal of foreign body from pharynx	No	N/A	N/A	N/A	N/A	N/A	27-0
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	No	No	Yes	No	No	24-4	28-0
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	Yes	No	No	26-2	28-0
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	Yes	No	Yes	No	No	28-0	28-0

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44382	Ileoscopy, through stoma; with biopsy, single or multiple	Yes	No	Yes	No	No	28-0	28-0
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	No	Yes	No	No	28-0	28-0
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	Yes	No	No	27-1	28-0
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	Yes	No	Yes	No	No	27-1	28-0

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44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	No	No	Yes	26-2	28-0
44389	Colonoscopy through stoma; with biopsy, single or multiple	Yes	No	No	No	Yes	26-2	28-0
44390	Colonoscopy through stoma; with removal of foreign body(s)	Yes	No	No	No	Yes	26-2	28-0
44391	Colonoscopy through stoma; with control of bleeding, any method	Yes	No	Yes	No	No	28-0	28-0
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	No	No	No	Yes	26-2	28-0

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44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	No	No	No	Yes	26-2	28-0
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	Yes	No	No	No	Yes	28-0	28-0
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Yes	No	No	No	Yes	26-2	28-0
44403	Colonoscopy through stoma; with endoscopic mucosal resection	Yes	No	No	No	Yes	26-2	28-0
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	Yes	No	No	No	Yes	26-2	28-0

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44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Yes	No	No	No	Yes	26-2	28-0
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Yes	No	No	No	Yes	26-2	28-0
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Yes	No	No	No	Yes	26-2	28-0
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	No	Yes	No	No	28-0	28-0

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45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	No	No	Yes	28-0	28-0
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Yes	Yes	No	No	Yes	28-0	28-0
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	Yes	Yes	No	No	Yes	27-1	28-0
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	No	No	Yes	27-1	28-0
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	Yes	No	Yes	No	No	27-1	28-0

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45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	Yes	Yes	No	No	Yes	27-1	28-0
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	No	Yes	No	No	27-1	28-0
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	No	No	Yes	27-1	28-0
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	Yes	Yes	No	No	Yes	27-1	28-0
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	Yes	No	Yes	No	No	28-0	28-0

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45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Yes	No	Yes	No	No	28-0	28-0
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	No	No	Yes	27-1	28-0
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	No	No	Yes	27-1	28-0
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	No	No	Yes	No	No	28-0	28-0
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	No	No	Yes	No	No	28-0	28-0

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45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	No	Yes	Yes	26-2	28-0
45379	Colonoscopy, flexible; with removal of foreign body(s)	Yes	No	No	Yes	Yes	25-3	28-0
45380	Colonoscopy, flexible; with biopsy, single or multiple	Yes	No	No	Yes	Yes	25-3	28-0
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	Yes	No	No	Yes	Yes	25-3	28-0
45382	Colonoscopy, flexible; with control of bleeding, any method	Yes	No	No	Yes	Yes	25-3	28-0

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45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	No	No	Yes	Yes	25-3	28-0
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	No	No	Yes	Yes	25-3	28-0
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	Yes	No	No	Yes	Yes	25-3	28-0
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	No	No	Yes	Yes	25-3	28-0
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Yes	No	No	Yes	Yes	25-3	28-0

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45390	Colonoscopy, flexible; with endoscopic mucosal resection	Yes	No	No	Yes	Yes	25-3	28-0
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	Yes	No	No	Yes	Yes	25-3	28-0
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	Yes	No	No	Yes	Yes	25-3	28-0
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	No	No	Yes	Yes	25-3	28-0

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45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	Yes	No	No	Yes	No	25-3	28-0
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	No	No	Yes	No	No	28-0	28-0
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	No	No	Yes	No	No	28-0	28-0
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	No	No	Yes	No	No	28-0	28-0

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52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	No	No	No	No	Yes	22-6	28-0
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	No	No	No	No	Yes	22-6	28-0
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	No	No	No	Yes	Yes	28-0	28-0
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	No	No	No	Yes	Yes	28-0	28-0

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55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	No	No	No	Yes	No	28-0	28-0
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	No	No	No	No	Yes	28-0	N/A
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Yes	No	No	Yes	Yes	28-0	28-0
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	No	No	Yes	Yes	28-0	28-0

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58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Yes	No	No	Yes	Yes	28-0	28-0
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	No	No	Yes	Yes	28-0	28-0
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Yes	No	No	Yes	Yes	28-0	28-0
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	No	No	Yes	Yes	28-0	28-0
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Yes	No	No	Yes	Yes	28-0	28-0

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58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	No	No	Yes	Yes	28-0	28-0
62284	Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)	No	No	Yes	No	No	27-1	28-0
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	No	No	No	No	Yes	28-0	28-0
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	No	No	No	No	Yes	28-0	28-0
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	No	No	No	No	Yes	28-0	28-0

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62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	No	No	No	No	Yes	28-0	28-0
64412	Injection, anesthetic agent; spinal accessory nerve	No	No	Yes	No	No	28-0	N/A
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	No	No	No	Yes	Yes	28-0	28-0
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	No	No	No	Yes	Yes	28-0	28-0

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64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	No	No	No	Yes	Yes	28-0	28-0
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	No	No	No	Yes	Yes	28-0	28-0
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	No	No	No	Yes	Yes	28-0	28-0
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	No	No	No	No	Yes	22-6	28-0

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66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	No	No	No	No	Yes	24-4	28-0
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	No	N/A	N/A	N/A	N/A	28-0	28-0
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	No	No	Yes	No	No	26-2	28-0
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	No	No	No	No	Yes	26-2	28-0
67036	Vitrectomy, mechanical, pars plana approach;	No	No	No	Yes	Yes	25-3	28-0

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67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	No	No	No	Yes	Yes	25-3	28-0
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	No	No	No	Yes	Yes	25-3	28-0
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	No	No	No	Yes	Yes	25-3	28-0
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	No	No	No	Yes	Yes	25-3	28-0

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67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	No	No	No	Yes	Yes	25-3	28-0
67255	Scleral reinforcement (separate procedure); with graft	No	No	No	No	Yes	26-2	28-0
69200*	Removal foreign body from external auditory canal; without general anesthesia	No	N/A	N/A	N/A	N/A	N/A	27-0
69220*	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	No	N/A	N/A	N/A	N/A	N/A	27-0
70486	Computed tomography, maxillofacial area; without contrast material	No	No	No	No	Yes	28-0	28-0

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70487	Computed tomography, maxillofacial area; with contrast material(s)	No	No	Yes	No	No	28-0	28-0
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	No	No	Yes	No	No	28-0	28-0
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	Yes	No	No	26-2	28-0
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	Yes	No	No	26-2	28-0

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71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	No	Yes	Yes	28-0	28-0
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	Yes	No	No	27-1	28-0
72192*	Computed tomography, pelvis; without contrast material	No	N/A	N/A	N/A	N/A	N/A	28-0
72193*	Computed tomography, pelvis; with contrast material(s)	No	N/A	N/A	N/A	N/A	N/A	28-0

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72194*	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	No	N/A	N/A	N/A	N/A	N/A	28-0
72240	Myelography, cervical, radiological supervision and interpretation	No	No	Yes	No	No	27-1	28-0
72255	Myelography, thoracic, radiological supervision and interpretation	No	No	Yes	No	No	27-1	28-0
72265	Myelography, lumbosacral, radiological supervision and interpretation	No	No	Yes	No	No	27-1	28-0
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	No	No	Yes	No	No	27-1	28-0

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74150*	Computed tomography, abdomen; without contrast material	No	N/A	N/A	N/A	N/A	N/A	28-0
74160*	Computed tomography, abdomen; with contrast material(s)	No	N/A	N/A	N/A	N/A	N/A	28-0
74170*	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	No	N/A	N/A	N/A	N/A	N/A	28-0
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	Yes	No	No	22-6	28-0
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	No	Yes	Yes	27-1	28-0

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74176*	Computed tomography, abdomen and pelvis; without contrast material	No	N/A	N/A	N/A	N/A	N/A	28-0
74177*	Computed tomography, abdomen and pelvis; with contrast material(s)	No	N/A	N/A	N/A	N/A	N/A	28-0
74230	Swallowing function, with cineradiography/videoradiography	No	No	Yes	No	No	28-0	28-0
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	No	No	Yes	No	No	28-0	N/A
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	No	No	No	No	Yes	27-1	28-0

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76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	No	No	No	No	Yes	27-1	28-0
76700***	Ultrasound, abdominal, real time with image documentation; complete	No	No	Yes	No	No	27-0	27-0
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	No	No	Yes	No	No	27-0	27-0
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	No	No	Yes	No	No	27-0	27-0
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	No	No	Yes	No	No	27-0	27-0

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76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	No	No	Yes	No	No	27-0	27-0
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	No	No	Yes	No	No	26-1	27-0
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	No	No	Yes	No	No	26-2	
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	No	No	Yes	No	No	26-2	
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	No	No	No	No	Yes	20-8	28-0

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77014	Computed tomography guidance for placement of radiation therapy fields	No	N/A	N/A	N/A	N/A	N/A	28-0
77061	Digital breast tomosynthesis; unilateral	No	No	No	No	Yes	27-1	28-0
77062	Digital breast tomosynthesis; bilateral	No	No	No	No	Yes	27-1	28-0
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	No	No	No	No	Yes	27-1	28-0
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	No	No	Yes	No	No	27-1	28-0

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77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	No	No	Yes	No	No	27-1	28-0
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	No	No	Yes	No	No	27-1	28-0
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	No	No	Yes	No	No	28-0	28-0
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	No	No	Yes	No	No	28-0	28-0

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77307***	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	No	No	Yes	No	No	27-0	28-0
77316***	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	No	No	Yes	No	No	26-1	28-0
77317***	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	No	No	Yes	No	No	27-0	28-0
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	No	No	No	No	Yes	28-0	28-0

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77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	No	N/A	N/A	N/A	N/A	N/A	28-0
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	No	N/A	N/A	N/A	N/A	N/A	28-0
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	No	No	Yes	No	No	28-0	28-0
77402	Radiation treatment delivery, >= 1 MeV; simple	No	N/A	N/A	N/A	N/A	N/A	28-0
77407	Radiation treatment delivery, >= 1 MeV; intermediate	No	N/A	N/A	N/A	N/A	N/A	28-0

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77412	Radiation treatment delivery, >= 1 MeV; complex	No	N/A	N/A	N/A	N/A	N/A	28-0
88104*	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	No	N/A	N/A	N/A	N/A	N/A	28-0
88106*	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	No	N/A	N/A	N/A	N/A	N/A	28-0
88108*	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	No	N/A	N/A	N/A	N/A	N/A	28-0
88160*	Cytopathology, smears, any other source; screening and interpretation	No	N/A	N/A	N/A	N/A	N/A	28-0

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88161*	Cytopathology, smears, any other source; preparation, screening and interpretation	No	N/A	N/A	N/A	N/A	N/A	28-0
88162*	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	No	N/A	N/A	N/A	N/A	N/A	28-0
88182*	Flow cytometry, cell cycle or DNA analysis	No	N/A	N/A	N/A	N/A	N/A	28-0
88184*	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	No	N/A	N/A	N/A	N/A	N/A	28-0
88185*	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	No	N/A	N/A	N/A	N/A	N/A	28-0

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CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
88321*	Consultation and report on referred slides prepared elsewhere	No	N/A	N/A	N/A	N/A	N/A	28-0
88323*	Consultation and report on referred material requiring preparation of slides	No	N/A	N/A	N/A	N/A	N/A	28-0
88325*	Consultation, comprehensive, with review of records and specimens, with report on referred material	No	N/A	N/A	N/A	N/A	N/A	28-0
88329*	Pathology consultation during surgery;	No	N/A	N/A	N/A	N/A	N/A	28-0
88331*	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	No	N/A	N/A	N/A	N/A	N/A	28-0

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88332*	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	No	N/A	N/A	N/A	N/A	N/A	28-0
88333*	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	No	N/A	N/A	N/A	N/A	N/A	28-0
88334*	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	No	N/A	N/A	N/A	N/A	N/A	28-0
88341***	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	No	Yes	No	No	Yes	27-0	

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88342***	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	No	Yes	No	No	Yes	26-1	
88344***	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	No	Yes	No	No	Yes	26-1	
88348	Electron microscopy, diagnostic	No	N/A	N/A	N/A	N/A	N/A	28-0
88355*	Morphometric analysis; skeletal muscle	No	N/A	N/A	N/A	N/A	N/A	28-0
88356	Morphometric analysis; nerve	No	No	Yes	No	No	28-0	28-0

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88360*	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	No	N/A	N/A	N/A	N/A	N/A	28-0
88361*	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	No	N/A	N/A	N/A	N/A	N/A	28-0
88362*	Nerve teasing preparations	No	N/A	N/A	N/A	N/A	N/A	28-0
88364***	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	No	Yes	No	No	Yes	27-0	

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88365***	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	No	Yes	No	No	Yes	27-0	
88366***	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	No	Yes	No	No	Yes	27-0	
88367***	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	No	Yes	No	No	Yes	27-0	
88368***	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	No	Yes	No	No	Yes	27-0	

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88369***	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	No	Yes	No	No	Yes	27-0	
88373***	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	No	Yes	No	No	Yes	27-0	
88374***	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	No	Yes	No	No	Yes	27-0	
88377***	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	No	Yes	No	No	Yes	26-1	

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88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	No	No	Yes	No	No	27-1	28-0
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	No	No	Yes	No	No	28-0	28-0
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	No	No	Yes	No	No	27-1	28-0
92511*	Nasopharyngoscopy with endoscope (separate procedure)	No	N/A	N/A	N/A	N/A	N/A	27-0
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	Yes	No	No	Yes	Yes	28-0	28-0

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92542	Positional nystagmus test, minimum of 4 positions, with recording	Yes	No	No	Yes	Yes	28-0	28-0
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	Yes	No	No	Yes	Yes	28-0	28-0
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	Yes	No	No	Yes	Yes	28-0	28-0
92545	Oscillating tracking test, with recording	Yes	No	No	Yes	Yes	28-0	28-0

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93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	No	No	No	Yes	No	28-0	28-0
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	No	No	No	Yes	Yes	28-0	28-0
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	No	No	No	Yes	Yes	28-0	28-0

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93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	No	No	No	Yes	No	28-0	28-0
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	No	No	No	Yes	No	28-0	28-0
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	No	No	No	Yes	Yes	28-0	28-0
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	No	No	No	Yes	No	28-0	28-0

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93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	No	No	No	Yes	No	28-0	28-0
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	No	No	No	Yes	No	28-0	28-0
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	No	No	Yes	No	No	28-0	28-0

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93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	No	No	Yes	No	No	28-0	28-0
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	No	No	Yes	No	No	28-0	28-0
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	No	No	No	Yes	No	24-4	

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93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	No	No	No	Yes	Yes	28-0	28-0
93702*	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	No	N/A	N/A	N/A	N/A	N/A	28-0
93880	Duplex scan of extracranial arteries; complete bilateral study	No	No	Yes	No	No	27-1	28-0
93882	Duplex scan of extracranial arteries; unilateral or limited study	No	No	Yes	No	No	25-3	28-0

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93886	Transcranial Doppler study of the intracranial arteries; complete study	No	No	Yes	No	No	28-0	28-0
93888	Transcranial Doppler study of the intracranial arteries; limited study	No	No	Yes	No	No	28-0	28-0
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	No	No	Yes	No	No	25-3	27-1
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	No	No	No	No	Yes	25-3	28-0
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	No	No	Yes	No	No	25-3	28-0

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93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	No	No	Yes	No	No	25-3	28-0
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	No	No	Yes	No	No	25-3	28-0
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	No	No	Yes	No	No	25-3	28-0
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	No	No	Yes	No	No	25-3	28-0
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	No	No	Yes	No	No	25-3	28-0

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93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	No	No	Yes	No	No	25-3	28-0
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	No	No	Yes	No	No	25-3	28-0
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	No	No	Yes	No	No	25-3	28-0
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	No	No	Yes	No	No	28-0	28-0
95812*	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	No	N/A	N/A	N/A	N/A	N/A	28-0

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95813*	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	No	N/A	N/A	N/A	N/A	N/A	28-0
95863*	Needle electromyography; 3 extremities with or without related paraspinal areas	No	N/A	N/A	N/A	N/A	N/A	28-0
95864*	Needle electromyography; 4 extremities with or without related paraspinal areas	No	N/A	N/A	N/A	N/A	N/A	28-0
95869*	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	No	N/A	N/A	N/A	N/A	N/A	28-0
95870*	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	No	N/A	N/A	N/A	N/A	N/A	28-0

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95923*	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	No	N/A	N/A	N/A	N/A	N/A	28-0
95928*	Central motor evoked potential study (transcranial motor stimulation); upper limbs	No	N/A	N/A	N/A	N/A	N/A	28-0
95929*	Central motor evoked potential study (transcranial motor stimulation); lower limbs	No	N/A	N/A	N/A	N/A	N/A	28-0
95933*	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	No	N/A	N/A	N/A	N/A	N/A	28-0

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95956*	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	No	N/A	N/A	N/A	N/A	N/A	28-0
95971	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	Yes	No	Yes	No	No	19-9	28-0

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95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, up to 1 hour	Yes	No	Yes	No	No	21-7	28-0
96127*	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No	N/A	N/A	N/A	N/A	N/A	28-0
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	No	No	Yes	No	No	28-0	28-0

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97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	No	No	Yes	No	No	25-3	28-0
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	No	No	Yes	No	No	22-6	28-0
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	No	No	Yes	No	No	25-3	28-0

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99174	Instrument-based ocular screening (eg, photostereotyping, automated-refraction), bilateral	No	No	Yes	No	No	28-0	N/A
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Yes	Yes	No	No	Yes	22-6	28-0
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	No	No	Yes	No	No	27-1	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	No	No	Yes	No	No	27-1	28-0

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CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
99490	Chronic care management services, 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: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Yes	Yes	No	No	Yes	28-0	23-5
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	No	No	No	Yes	No	26-2	28-0

*Reviewed for direct PE inputs only

**RUC recommended carrier pricing

***A RUC member was out of the room during the vote

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RUC Vote Totals – CPT 2015

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
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)	No	No	No	Yes	No	26-2	28-0

*Reviewed for direct PE inputs only

**RUC recommended carrier pricing

***A RUC member was out of the room during the vote

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