AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2016

Every year, the RUC holds three meeting 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 CMS publication.

For the CPT 2016 cycle, the RUC convened meetings on September 18-20, 2014; January 29-31, 2015; and April 22-26, 2015, and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2016 cycle, CMS will publish the RUC recommendations from the September and January meetings in the Medicare Payment Schedule Proposed Rule and the recommendations from May in the Final Rule.

Further information about the RUC and its processes can be found at:

www.ama-assn.org/go/rucrecommendations

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 prefacilitation 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.
- 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 2016 Summary (Physician Work ONLY)											
Vote Total		0 -									
	Total Instances	of Vote Total									
		Instances									
28-0	112	59%									
27-1	25	13%									
27-0*	10	5%									
26-2	6	3%									
26-0**	15	8%									
25-3	6	3%									
25-1**	2	1%									
24-4	1	<1%									
24-3*	2	1%									
23-5	5	3%									
22-6	3	2%									
21-7	2	1%									
21-5**	1	<1%									

72% of all RUC Recommendations to CMS for CPT 2016 were based on unanimous votes of the Committee

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

^{**}At the September 2014 meeting, there was one day in which only 27 voting RUC members were present and one day in which only 26 voting RUC members were present.

CPT Code	CPT Long Descriptor	Notes		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
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion		No	No	Yes	No	No	27-1	28-0
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)		No	No	Yes	No	No	28-0	28-0
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)		No	No	Yes	No	No	27-1	25-3
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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1 - Reviewed for direct PE inputs only

- 2 RUC recommended carrier pricing
- 3 RUC recommended referral to CPT Editorial Panel
- 4 RUC recommended referral to next RUC meeting

CPT Code	CPT Long Descriptor	Notes		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
22305	Closed treatment of vertebral process fracture(s)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon		No	No	Yes	No	No	27-1	28-0
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon		No	No	Yes	No	No	23-5	28-0

Notes Legend

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

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26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon		No	No	Yes	No	No	28-0	28-0
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed		No	No	Yes	No	No	21-5	26-0
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	3	No	N/A	N/A	N/A	N/A	28-0	N/A
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	3	No	N/A	N/A	N/A	N/A	28-0	N/A
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31581	Laryngoplasty; for laryngeal stenosis, with graft, without stent placement	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	3	No	N/A	N/A	N/A	N/A	26-0	N/A
31583	Laryngoplasty; for laryngeal stenosis, with graft, with stent placement	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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31584	Laryngoplasty; with open reduction of fracture	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31587	Laryngoplasty, cricoid split	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31591	Laryngoplasty, medialization	3	No	N/A	N/A	N/A	N/A	28-0	N/A
31592	Laryngoplasty, cricoid split, without graft placement	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Yes	No	Yes	No	No	26-2	28-0
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Yes	No	Yes	No	No	26-1	28-0
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple		Yes	No	Yes	No	No	27-1	28-0
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Yes	No	Yes	No	No	24-4	28-0

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31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Yes	Yes	No	No	Yes	25-3	28-0
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0

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31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures(Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2) (For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 3160X1, 3160X2) (Report 3160X1, 3160X2, 3160X3 only once per session)		Yes	No	Yes	No	No	26-2	28-0
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures(Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2) (For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 3160X1, 3160X2) (Report 3160X1, 3160X2, 3160X3 only once per session)		Yes	No	Yes	No	No	26-2	28-0

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31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])(Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2) (For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 3160X1, 3160X2) (Report 3160X1, 3160X2, 3160X3 only once per session)		Yes	No	Yes	No	No	28-0	28-0
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed		No	No	No	No	Yes	28-0	28-0
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection		No	No	No	Yes	Yes	26-0	26-0

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37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection		No	No	No	Yes	Yes	26-0	26-0
37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)		No	No	Yes	No	No	27-1	28-0
37253	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)		No	No	Yes	No	No	27-1	28-0

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38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		No	No	Yes	No	No	27-0	27-0
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		No	No	No	No	Yes	27-0	27-0
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		No	No	Yes	No	No	24-3	27-0
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed		Yes	No	Yes	No	No	28-0	28-0
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)		Yes	No	Yes	No	No	28-0	28-0

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41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session		Yes	Yes	No	No	Yes	28-0	27-1
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed		No	No	Yes	No	No	25-3	28-0
46500	Injection of sclerosing solution, hemorrhoids		No	No	Yes	No	No	26-0	26-0
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age		No	No	Yes	No	No	25-1	26-0

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47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	4	Yes	No	Yes	No	No	23-5	28-0
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	4	Yes	No	No	No	Yes	22-6	28-0
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	4	Yes	No	No	No	Yes	25-3	28-0

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47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	4	Yes	No	No	Yes	Yes	28-0	28-0
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	4	Yes	No	Yes	Yes	No	28-0	28-0
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	4	Yes	No	Yes	Yes	No	28-0	28-0

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47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	4	Yes	No	Yes	Yes	No	28-0	28-0
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	4	Yes	No	No	Yes	Yes	28-0	28-0

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47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	4	Yes	No	No	Yes	Yes	28-0	28-0
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	4	Yes	No	Yes	Yes	No	28-0	28-0

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47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	4	Yes	No	No	Yes	Yes	28-0	28-0
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	4	Yes	No	No	Yes	Yes	28-0	28-0
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	4	Yes	No	No	Yes	Yes	28-0	28-0

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47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	4	Yes	No	No	Yes	Yes	28-0	28-0
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed		No	No	No	Yes	Yes	28-0	28-0
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	3	Yes	N/A	N/A	N/A	N/A	28-0	N/A

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50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access		Yes	No	Yes	No	No	28-0	27-1
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access		Yes	No	Yes	No	No	27-1	27-1
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		Yes	No	Yes	No	No	26-2	27-1

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50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access		Yes	No	Yes	No	No	21-7	27-1
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via preexisting nephrostomy tract	-	Yes	No	Yes	No	No	26-2	27-1
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		Yes	Yes	No	No	Yes	28-0	27-1

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50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		No	Yes	No	No	Yes	28-0	28-0
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract	i	Yes	No	Yes	No	No	21-7	27-1
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter		Yes	Yes	No	No	Yes	28-0	27-1

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50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter		Yes	No	Yes	No	No	28-0	27-1
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		No	Yes	No	No	Yes	28-0	28-0
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		No	Yes	No	No	Yes	28-0	28-0

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54437	Repair of traumatic corporeal tear(s)		No	No	No	Yes	Yes	28-0	28-0
54438	Replantation, penis, complete amputation		No	No	No	Yes	Yes	27-1	28-0
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed		No	No	No	No	Yes	27-1	27-1
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)		No	No	Yes	No	No	28-0	N/A

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61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory		No	No	Yes	No	No	27-1	N/A
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)		No	No	Yes	No	No	28-0	N/A
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical		No	No	Yes	No	No	27-0	27-0
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic		No	No	Yes	No	No	27-0	27-0

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64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)		No	No	Yes	No	No	28-0	28-0
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)		No	No	Yes	No	No	28-0	28-0
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)		No	No	Yes	No	No	28-0	28-0
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	3	No	Yes	No	No	Yes	28-0	N/A

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64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	3	No	Yes	No	No	Yes	28-0	N/A
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming		No	No	Yes	No	No	24-3	27-0
65778	Placement of amniotic membrane on the ocular surface; without sutures		No	No	No	Yes	Yes	28-0	28-0
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured		No	No	No	Yes	Yes	28-0	28-0
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers		No	No	No	No	Yes	27-0	27-0

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65785	Implantation of intrastromal corneal ring segments		No	No	No	Yes	Yes	28-0	28-0
65855	Trabeculoplasty by laser surgery		No	No	Yes	No	No	22-6	28-0
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery		No	No	Yes	No	No	23-5	27-1
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)		No	No	Yes	No	No	23-5	27-1
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent		No	N/A	N/A	N/A	N/A	28-0	N/A

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66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent		No	N/A	N/A	N/A	N/A	28-0	N/A
67101	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, including drainage of subretinal fluid, when performed	3	No	N/A	N/A	N/A	N/A	28-0	N/A
67105	Repair of retinal detachment, 1 or more sessions; photocoagulation, including drainage of subretinal fluid, when performed	3	No	N/A	N/A	N/A	N/A	28-0	N/A
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid		No	No	Yes	No	No	27-1	27-1

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67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique		No	No	Yes	No	No	25-3	27-1
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)		No	No	Yes	No	No	25-3	27-1
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens		No	Yes	No	No	Yes	25-3	27-1

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67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy		No	No	Yes	No	No	28-0	28-0
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation		No	No	Yes	No	No	27-1	28-0
68801	Dilation of lacrimal punctum, with or without irrigation		No	No	Yes	No	No	27-1	28-0
68810	Probing of nasolacrimal duct, with or without irrigation;		No	No	No	No	Yes	28-0	28-0
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		No	No	No	No	Yes	27-1	28-0

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68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		No	No	No	No	Yes	27-1	28-0
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation		No	No	No	No	Yes	27-1	28-0
69209	Removal of impacted cerumen using irrigation/lavage, unilateral	1	No	N/A	N/A	N/A	N/A	N/A	28-0
71100	Radiologic examination, ribs, unilateral; 2 views		No	No	Yes	No	No	26-0	26-0
72070	Radiologic examination, spine; thoracic, 2 views		No	No	Yes	No	No	25-1	26-0

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72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view		No	No	Yes	No	No	28-0	28-0
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		No	No	Yes	No	No	28-0	28-0
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views		No	No	Yes	No	No	28-0	28-0
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views		No	No	Yes	No	No	28-0	28-0

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72170	Radiologic examination, pelvis; 1 or 2 views		No	No	Yes	No	No	28-0	28-0
73060	Radiologic examination; humerus, minimum of 2 views		No	No	No	No	Yes	26-0	26-0
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view		No	No	No	No	Yes	26-2	28-0
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views		No	No	No	No	Yes	28-0	28-0
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views		No	No	No	No	Yes	28-0	28-0

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73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views		No	No	No	No	Yes	28-0	28-0
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views		No	No	No	No	Yes	28-0	28-0
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views		No	No	No	No	Yes	28-0	28-0
73551	Radiologic examination, femur; 1 view		No	No	No	No	Yes	28-0	28-0
73552	Radiologic examination, femur; minimum 2 views		No	No	No	No	Yes	28-0	28-0
73560	Radiologic examination, knee; 1 or 2 views		No	No	No	No	Yes	26-0	26-0

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73562	Radiologic examination, knee; 3 views	No	No	Yes	No	No	26-0	26-0
73564	Radiologic examination, knee; complete, 4 or more views	No	No	Yes	No	No	26-0	26-0
73565	Radiologic examination, knee; both knees, standing, anteroposterior	No	No	No	No	Yes	26-0	26-0
73590	Radiologic examination; tibia and fibula, 2 views	No	No	No	No	Yes	26-0	26-0
73600	Radiologic examination, ankle; 2 views	No	No	Yes	No	No	26-0	26-0
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	No	No	Yes	No	No	28-0	28-0

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74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)		No	No	Yes	No	No	27-1	28-0
75896	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation	3	No	N/A	N/A	N/A	N/A	28-0	N/A
75898	Angiography through existing catheter for follow- up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	3	No	N/A	N/A	N/A	N/A	28-0	N/A
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation		No	No	Yes	No	No	23-5	28-0

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77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	3	No	N/A	N/A	N/A	N/A	28-0	N/A
77055	Mammography; unilateral	3	No	N/A	N/A	N/A	N/A	28-0	N/A
77056	Mammography; bilateral	3	No	N/A	N/A	N/A	N/A	28-0	N/A
77057	Screening mammography, bilateral (2-view study of each breast)	3	No	N/A	N/A	N/A	N/A	28-0	N/A

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77295	3-dimensional radiotherapy plan, including dose- volume histograms		No	No	Yes	No	No	28-0	N/A
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	N/A
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	2	No	N/A	N/A	N/A	N/A	28-0	N/A
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non- coplanar geometry with blocking and/or wedge, and/or compensator(s)	2	No	N/A	N/A	N/A	N/A	28-0	N/A

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77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel		No	No	Yes	No	No	22-6	28-0
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions		No	No	Yes	No	No	27-1	28-0
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		No	No	Yes	No	No	27-1	28-0
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		No	No	Yes	No	No	27-1	28-0

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77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		No	No	Yes	No	No	27-1	28-0
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed		No	No	No	Yes	Yes	28-0	28-0
77790	Supervision, handling, loading of radiation source		No	No	No	Yes	Yes	28-0	28-0
78264	Gastric emptying imaging study (eg, solid, liquid, or both);		No	No	No	No	Yes	28-0	28-0
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit		No	No	No	No	Yes	27-1	28-0

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78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days		No	No	No	No	Yes	28-0	28-0
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	1	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	1	No	N/A	N/A	N/A	N/A	N/A	28-0
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	1	No	N/A	N/A	N/A	N/A	N/A	28-0

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88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	1	No	N/A	N/A	N/A	N/A	N/A	28-0
88160	Cytopathology, smears, any other source; screening and interpretation	1	No	N/A	N/A	N/A	N/A	N/A	28-0
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	1	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	1	No	N/A	N/A	N/A	N/A	N/A	28-0

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88346	Immunofluorescence, per specimen; initial single antibody stain procedure (do not report 88346 and 8835x0 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377) (88347 has been deleted. to report, see 88346 or 8835x0)		No	No	Yes	No	No	28-0	28-0
88347	Immunofluorescent study, each antibody; indirect method	3	No	N/A	N/A	N/A	N/A	26-0	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Do not use 88346 and 8835X0 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377)(88347 has been deleted. to report, see 88346 or 8835x0)		No	No	Yes	No	No	28-0	28-0

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88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure		No	No	Yes	No	No	26-0	N/A
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure		No	No	Yes	No	No	26-0	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		No	No	Yes	No	No	27-1	28-0
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)		Yes	No	Yes	No	No	28-0	28-0

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92537	Ambulatory continuous glucose monitoring of interstitial tissue fluid via patient –owned monitoring device utilizing subcutaneous sensor for a period of 6-30 days (termed "personal" or "real-time" continuous glucose monitoring); includes sensor placement, hook-up, calibration of monitor, and patient training.	3	No	N/A	N/A	N/A	N/A	27-0	N/A
92538	Ambulatory continuous glucose monitoring of interstitial tissue fluid via patient –owned monitoring device utilizing subcutaneous sensor for a period of 6-30 days (termed "personal" or "real-time" continuous glucose monitoring); includes downloading of data, data printout, interpretation and report	3	No	N/A	N/A	N/A	N/A	27-0	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)		Yes	No	Yes	No	No	28-0	28-0

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93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive		No	No	Yes	No	No	27-0	27-0
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral		No	N/A	N/A	N/A	N/A	28-0	N/A
95250	Ambulatory continuous glucose recording of interstitial tissue fluid via provider owned monitoring device utilizing subcutaneous sensor for minimum of 72 hours (termed "professional" or "retrospective" continuous glucose monitoring) including: sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, downloading of data and printout of recording	3	No	N/A	N/A	N/A	N/A	27-0	N/A

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95251	Ambulatory continuous glucose recording of interstitial tissue fluid via provider owned monitoring device utilizing subcutaneous sensor for minimum of 72 hours (termed "professional" or "retrospective" continuous glucose monitoring) including: sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, downloading of data and printout of recording; interpretation and report	3	No	N/A	N/A	N/A	N/A	27-0	N/A
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		No	No	Yes	No	No	27-1	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		No	No	Yes	No	No	27-1	28-0
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	4	No	No	No	No	Yes	28-0	28-0
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	4	No	No	No	No	Yes	28-0	28-0

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96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	4	No	No	No	No	Yes	28-0	28-0
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	4	No	No	No	No	Yes	28-0	28-0
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	4	No	No	No	No	Yes	28-0	28-0

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96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	4	No	No	No	No	Yes	28-0	28-0
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral	1	No	N/A	N/A	N/A	N/A	N/A	27-0
99177	Instrument-based ocular screening (eg, photoscreening, automated refraction), bilateral; with on-site analysis	1	No	N/A	N/A	N/A	N/A	N/A	27-0
99415	Prolonged clinical staff services during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour after initial 45 minutes of clinical staff time (List separately in addition to code for outpatient Evaluation and Management service)	1	No	N/A	N/A	N/A	N/A	N/A	27-0

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99416	Prolonged clinical staff services during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes	1	No	N/A	N/A	N/A	N/A	N/A	27-0
G0202	Screening mammography, producing direct digital image, bilateral, all views	3	No	N/A	N/A	N/A	N/A	28-0	N/A
G0204	Diagnostic mammography, producing direct 2-D digital image, bilateral, all views	3	No	N/A	N/A	N/A	N/A	28-0	N/A
G0206	Diagnostic mammography, producing direct 2-D digital image, unilateral, all views	3	No	N/A	N/A	N/A	N/A	28-0	N/A
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	4	No	No	No	No	Yes	28-0	28-0

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