

RUC Vote Totals – CPT 2019

CPT Code	CPT Long Descriptor	Notes	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 RVU	Final RUC Vote: PE Direct Costs
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-1	28-0
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion		Yes	No	Yes	No	No	28-0	28-0
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		Yes	No	Yes	No	No	28-0	28-0
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-1	28-0
10009	Fine needle aspiration biopsy, including CT guidance; first lesion		Yes	No	Yes	No	No	28-0	28-0

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10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	2		N/A	N/A	N/A	N/A	28-0	N/A
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	2	Yes	N/A	N/A	N/A	N/A	28-0	28-0
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	2		N/A	N/A	N/A	N/A	28-0	N/A
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	2	Yes	N/A	N/A	N/A	N/A	28-0	28-0
10021	Fine needle aspiration, without imaging guidance; first lesion		Yes	No	Yes	No	No	28-0	28-0
11102	Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single lesion		Yes	Yes	No	Yes	Yes	26-1	22-6

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11103	Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each separate/additional lesion (List separately in addition to code for primary procedure)(Report 11X03 in conjunction with 11X02, 11X04, 11X06 when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used)		Yes	Yes	No	Yes	Yes	24-4	22-6
11104	Punch biopsy of skin, (including simple closure when performed), single lesion		Yes	Yes	No	Yes	Yes	22-6	22-6
11105	Punch biopsy of skin, (including simple closure when performed), each separate/additional lesion (List separately in addition to code for primary procedure)(Report 11X05 in conjunction with 11X04, 11X06 when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used).		Yes	Yes	No	Yes	Yes	22-6	22-6
11106	Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single lesion		Yes	Yes	No	Yes	Yes	22-6	22-6

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11107	Incisional biopsy of skin (eg, wedge), (including simple closure when performed), each separate/additional lesion (List separately in addition to code for primary procedure)(Report 11X07 in conjunction with 11X06)		Yes	Yes	No	Yes	Yes	22-6	22-6
20551	Injection(s); single tendon origin/insertion			No	Yes	No	No	23-5	28-0
20932	Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
20933	Allograft, includes templating, cutting, placement and internal fixation when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)(Do not report 209X4 in conjunction with 209X3, 209X5, 20955, 20956, 20957, 20962, 23146, 23156, 24116, 24126, 25126, 25136, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27638, 28103, 28107)		Yes	No	Yes	No	No	28-0	28-0

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20934	Allograft, includes templating, cutting, placement and internal fixation when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography			Yes	No	No	Yes	28-0	28-0
29105	Application of long arm splint (shoulder to hand)			No	Yes	No	No	27-1	27-0
31623	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings			No	Yes	No	No	28-0	28-0
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage			No	Yes	No	No	28-0	28-0
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed		Yes	Yes	No	No	Yes	28-0	28-0

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33275	Transcatheter removal of permanent leadless pacemaker, right ventricular		Yes	Yes	No	No	Yes	28-0	28-0
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming			Yes	No	No	Yes	28-0	28-0
33286	Removal, subcutaneous cardiac rhythm monitor			No	Yes	No	No	28-0	28-0
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed			No	Yes	Yes	No	26-2	28-0
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	4	Yes	N/A	N/A	N/A	N/A	26-2	N/A
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	4	Yes	N/A	N/A	N/A	N/A	26-2	N/A

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33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	4	Yes	N/A	N/A	N/A	N/A	26-2	N/A
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	4	Yes	N/A	N/A	N/A	N/A	26-2	N/A
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	4	Yes	N/A	N/A	N/A	N/A	26-2	N/A
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	4	Yes	N/A	N/A	N/A	N/A	26-2	N/A
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)			Yes	No	No	Yes	22-6	28-0

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33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	4		N/A	N/A	N/A	N/A	28-0	N/A
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	4		N/A	N/A	N/A	N/A	28-0	N/A
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	4		N/A	N/A	N/A	N/A	28-0	N/A
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	4		Yes	No	No	Yes	28-0	N/A
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	3		N/A	N/A	N/A	N/A	N/A	N/A

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36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age		Yes	Yes	No	No	Yes	26-2	28-0
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older		Yes	Yes	No	No	Yes	23-5	28-0
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age (For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, younger than 5 years of age, use 36555) (For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, without imaging guidance, younger than 5 years of age, use 36568)		Yes	Yes	No	No	Yes	27-1	28-0

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36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older(Do not report 36X72, 36X73 in conjunction with 76937, 77001)(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, age 5 years or older, use 36556) (For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, without imaging guidance, age 5 years or older, use 36569)		Yes	Yes	No	No	Yes	23-4	28-0
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement (Do not report 36584 in conjunction with 76937, 77001) (For replacement of a peripherally inserted central venous catheter (PICC) without subcutaneous port or pump, through same venous access, without imaging guidance, use 37799)		Yes	No	Yes	No	No	27-1	28-0

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38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s) (For bilateral procedure, report 3853X with modifier 50)			Yes	No	No	Yes	24-4	28-0
38792	Injection procedure; radioactive tracer for identification of sentinel node			No	Yes	No	No	28-0	28-0
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance		Yes	Yes	No	Yes	Yes	26-2	26-2
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract		Yes	No	Yes	No	No	28-0	28-0
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract		Yes	No	Yes	No	No	27-0	28-0
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)			No	Yes	No	No	26-2	27-1

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46500	Injection of sclerosing solution, hemorrhoids			Yes	No	No	Yes	24-4	27-1
49422	Removal of tunneled intraperitoneal catheter			No	No	No	Yes	28-0	28-0
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			No	Yes	No	No	28-0	28-0
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			No	Yes	No	No	28-0	28-0
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;			No	Yes	No	No	27-1	28-0

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50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system(For nephrostolithotomy, see 50080, 50081)(For retrograde percutaneous nephrostomy, use 52334)(For endoscopic surgery, see 50551-50561)(Do not report 50X39, 50X40 in conjunction with 50080, 50081, 50382, 50384, 50430, 50431, 50432, 50433, 52334, 74485)			No	Yes	No	No	28-0	28-0
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde (For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of percutaneous nephrostomy, see 50432, 50433 tract only, use 50395) (For cystourethroscopy, with ureteroscopy and/or pyeloscopy, see 52351-52356) (For cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves or obstructive hypertrophic mucosal folds, use 52400) (Do not report 52334 in conjunction with 52000, 52351, 50X40)			No	Yes	No	No	26-2	28-0

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53850	Transurethral destruction of prostate tissue; by microwave thermotherapy			Yes	No	Yes	Yes	28-0	28-0
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy			Yes	No	Yes	Yes	28-0	28-0
53854	Transurethral destruction of prostate tissue; by radio-frequency generated water vapor thermotherapy			Yes	No	Yes	Yes	27-1	28-0
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease			No	Yes	No	No	26-1	27-0
57160	Fitting and insertion of pessary or other intravaginal support device			No	Yes	No	No	26-1	27-0
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)			No	No	Yes	Yes	28-0	28-0

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58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)			No	No	Yes	No	28-0	28-0
64405	Injection, anesthetic agent; greater occipital nerve			No	Yes	No	No	27-0	27-0
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)			No	Yes	No	No	26-1	27-0
65205	Removal of foreign body, external eye; conjunctival superficial.			No	Yes	No	No	27-0	27-0
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating			No	Yes	No	No	27-0	27-0
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)			No	Yes	No	No	27-1	28-0
67505	Retrobulbar injection; alcohol			No	Yes	No	No	27-1	28-0

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67515	Injection of medication or other substance into Tenon's capsule			Yes	No	No	Yes	28-0	28-0
72020	Radiologic examination, spine, single view, specify level		Yes	No	Yes	No	No	28-0	28-0
72040	Radiologic examination, spine, cervical; 2 or 3 views		Yes	No	Yes	No	No	28-0	28-0
72050	Radiologic examination, spine, cervical; 4 or 5 views		Yes	No	Yes	No	No	28-0	28-0
72052	Radiologic examination, spine, cervical; 6 or more views		Yes	No	Yes	No	No	28-0	28-0
72070	Radiologic examination, spine; thoracic, 2 views		Yes	No	Yes	No	No	28-0	28-0
72072	Radiologic examination, spine; thoracic, 3 views		Yes	No	Yes	No	No	28-0	28-0
72074	Radiologic examination, spine; thoracic, minimum of 4 views		Yes	No	Yes	No	No	28-0	28-0

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72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		Yes	No	Yes	No	No	28-0	28-0
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		Yes	No	Yes	No	No	28-0	28-0
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		Yes	No	Yes	No	No	28-0	28-0
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		Yes	No	Yes	No	No	28-0	28-0
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		Yes	No	Yes	No	No	28-0	28-0
72200	Radiologic examination, sacroiliac joints; less than 3 views			No	Yes	No	No	27-0	27-0
72202	Radiologic examination, sacroiliac joints; 3 or more views			No	Yes	No	No	27-0	27-0

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72220	Radiologic examination, sacrum and coccyx, minimum of 2 views			No	Yes	No	No	28-0	27-0
73070	Radiologic examination, elbow; 2 views			No	Yes	No	No	28-0	28-0
73080	Radiologic examination, elbow; complete, minimum of 3 views			No	Yes	No	No	27-0	28-0
73090	Radiologic examination; forearm, 2 views			No	Yes	No	No	28-0	28-0
73650	Radiologic examination; calcaneus, minimum of 2 views			No	Yes	No	No	28-0	27-0
73660	Radiologic examination; toe(s), minimum of 2 views			No	Yes	No	No	28-0	28-0
74210	Radiologic examination; pharynx and/or cervical esophagus			No	Yes	No	No	26-1	27-0
74220	Radiologic examination; esophagus			No	Yes	No	No	28-0	27-0

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74230	Swallowing function, with cineradiography/videoradiography			No	Yes	No	No	27-1	27-0
74420	Urography, retrograde, with or without KUB			No	No	No	Yes	28-0	28-0
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation(Do not report 74485 in conjunction with 50X39, 50X40) (For dilation of ureter without radiological guidance, use 52341, 52344)(For change of nephrostomy or pyelostomy tube, use 50435)(For dilation of a nephrostomy tract for endourologic procedure, see 50X39, 50X40)			No	Yes	No	No	26-2	28-0
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)			No	Yes	No	No	27-1	27-0
76001	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	3		N/A	N/A	N/A	N/A	27-0	N/A

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76391	Magnetic resonance (e.g., vibration) elastography			No	Yes	No	No	28-0	28-0
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)			No	Yes	No	No	25-3	28-0
76870	Ultrasound, scrotum and contents			No	Yes	No	No	28-0	27-0
76942	Ultrasonic guidance is utilized for needle placement during a separately reported underlying procedure (eg, biopsy, aspiration, injection).		Yes	No	Yes	No	No	27-1	28-0
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion			Yes	No	Yes	Yes	28-0	28-0
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)			Yes	No	Yes	Yes	28-0	28-0

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76981	Ultrasound, elastography; parenchyma (eg, organ)			Yes	No	No	Yes	22-6	26-2
76982	Ultrasound, elastography; first target lesion			Yes	No	No	Yes	22-6	26-2
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)			Yes	No	No	Yes	25-2	26-2
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
77002	A 65-year-old male with hip pain and suspected joint effusion is referred for joint aspiration. Fluoroscopic guidance is used to advance a needle into the joint space, after which joint fluid is aspirated (needle aspiration is reported separately).		Yes	No	Yes	No	No	27-1	28-0

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77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation			No	Yes	No	No	26-2	28-0
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Yes	No	Yes	No	No	28-0	28-0
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation			Yes	No	No	Yes	26-2	28-0
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation			Yes	No	No	Yes	26-2	28-0
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, aspiration, injection, or placement of localization device) radiological supervision and interpretation	4	Yes	N/A	N/A	N/A	N/A	26-1	N/A

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77021	Magnetic resonance guidance for needle placement (eg, for biopsy, aspiration, injection, or placement of localization device) radiological supervision and interpretation	4	Yes	N/A	N/A	N/A	N/A	26-1	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral		Yes	No	Yes	No	No	28-0	28-0
77047	Magnetic resonance imaging, breast, without contrast material; bilateral		Yes	No	Yes	No	No	28-0	28-0
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral		Yes	No	Yes	No	No	28-0	28-0
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral		Yes	No	Yes	No	No	28-0	28-0

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77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)			No	Yes	No	No	26-1	27-1
85060	Blood smear, peripheral, interpretation by physician with written report			No	Yes	No	No	28-0	N/A
85097	Bone marrow, smear interpretation			No	Yes	No	No	28-0	28-0
85390	Fibrinolysins or coagulopathy screen, interpretation and report			No	Yes	No	No	27-1	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)			No	No	No	Yes	25-3	26-1
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)			No	No	No	Yes	28-0	26-1

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93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional			Yes	No	Yes	Yes	28-0	28-0
93279	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; single lead pacemaker system or leadless pacemaker system in one cardiac chamber		Yes	No	Yes	No	No	28-0	28-0
93285	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; subcutaneous cardiac rhythm monitor system			No	Yes	No	No	28-0	28-0

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93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system or leadless pacemaker system		Yes	No	Yes	No	No	28-0	28-0
93288	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; single, dual, or multiple lead pacemaker system or leadless pacemaker system		Yes	No	Yes	No	No	28-0	28-0
93290	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 cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular physiologic data elements from all internal and external sensors			No	Yes	No	No	28-0	28-0

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93291	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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis			No	Yes	No	No	28-0	28-0
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Yes	No	Yes	No	No	28-0	28-0
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	1	Yes	No	Yes	No	No	N/A	28-0

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93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional			No	Yes	No	No	28-0	28-0
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional			No	Yes	No	No	28-0	28-0
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	1		No	Yes	No	No	N/A	28-0
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (list separately in addition to code for primary procedure)			No	Yes	No	No	27-1	N/A

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93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output			No	Yes	No	No	28-0	N/A
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)			Yes	No	No	Yes	28-0	N/A
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)			Yes	No	No	Yes	28-0	N/A
93668	Peripheral arterial disease (PAD) rehabilitation, per session	1		N/A	N/A	N/A	N/A	N/A	28-0

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95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	1		N/A	N/A	Yes	N/A	N/A	28-0
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording			N/A	N/A	Yes	N/A	28-0	28-0
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report			N/A	N/A	Yes	N/A	28-0	28-0
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		Yes	No	Yes	No	No	26-1	28-0

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95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)		Yes	No	Yes	No	No	28-0	28-0
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)		Yes	Yes	No	No	Yes	27-1	28-0
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and report, up to 30 days.			No	Yes	No	No	25-3	N/A
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter, without programming		Yes	No	Yes	No	No	28-0	28-0

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95971	A 56-year-old patient with a condition that requires nerve stimulation returns for simple programming of the implanted neurostimulator pulse generator system in which three or fewer of the parameters are adjusted.		Yes	No	Yes	No	No	28-0	28-0
95972	A 56-year-old patient with a condition that requires nerve stimulation returns for complex programming of the implanted neurostimulator pulse generator system in which four or more parameters are adjusted.		Yes	No	Yes	No	No	28-0	28-0
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional.		Yes	No	Yes	No	No	25-3	28-0

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95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional.		Yes	No	Yes	No	No	28-0	28-0
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator /transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional.		Yes	No	Yes	No	No	28-0	28-0

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95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument	1		N/A	N/A	Yes	N/A	N/A	27-0
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour			Yes	No	Yes	Yes	27-0	27-0

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96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)			Yes	No	Yes	Yes	27-0	27-0
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour			No	No	Yes	No	28-0	27-0
96121	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional hour (List separately in addition to code for primary procedure) (Use 963X2 in conjunction with 96116)			No	No	Yes	No	28-0	27-0

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96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	1		N/A	N/A	Yes	N/A	N/A	27-0
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour			Yes	No	Yes	Yes	28-0	27-0
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)			No	No	Yes	No	27-1	27-0

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96X11	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	3	Yes	N/A	N/A	N/A	N/A	28-0	N/A
96X11	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 963X3, 963X4, 963X5, 963X6, 963X7, 963X8, 963X9, 96X10)	4		Yes	No	Yes	Yes	N/A	27-0
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 5-10 minutes of medical consultative discussion and review			No	Yes	No	No	27-1	N/A

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99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 11-20 minutes of medical consultative discussion and review			No	Yes	No	No	27-1	N/A
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 11-20 minutes of medical consultative discussion and review			No	Yes	No	No	27-1	N/A
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 31 minutes or more of medical consultative discussion and review			No	Yes	No	No	27-1	N/A

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99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patients treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time			Yes	No	No	Yes	20-8	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes			Yes	No	No	Yes	24-4	N/A
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	1		N/A	N/A	N/A	N/A	N/A	26-2
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	1		N/A	N/A	N/A	N/A	N/A	26-2

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RUC Vote Totals – CPT 2019

CPT Code	CPT Long Descriptor	Notes	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 RVU	Final RUC Vote: PE Direct Costs
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month			Yes	No	No	Yes	25-3	26-2
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, 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 / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)			No	No	Yes	Yes	27-1	27-1
G0166	External counterpulsation, per treatment session				No	No	Yes	26-1	26-2
G0168	Wound closure utilizing tissue adhesive(s) only.			No		No	Yes	25-3	26-1

Notes Legend

- 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

RUC Vote Totals – CPT 2019

CPT Code	CPT Long Descriptor	Notes	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 RVU	Final RUC Vote: PE Direct Costs
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing			No	Yes	No	No	27-0	28-0

Notes Legend

- 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