### AMA/Specialty Society Relative Value Update Committee (RUC)

#### Final Vote Release – CPT 2020

<u>Every year, the RUC holds three meetings</u> 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 2020 cycle, the RUC convened meetings on April 25-28, 2018, October 3-6, 2018 and January 16-19, 2019 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2020 cycle, CMS will publish all the RUC recommendations for 2020 in the Medicare Physician Payment Schedule Proposed Rule.

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

#### www.ama-assn.org/about-us/ruc

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

- **CPT Code and Long Descriptor:** These first two columns simply state each individual CPT codes and Long Descriptor.
- **Pre-Facilitation (Yes/No):** Prior to each meeting, RUC members undergo a rigorous review of each CPT code's recommendation as submitted by the specialty society(ies). If significant concerns are raised by either the reviewing RUC members or the specialty society(ies) a request for pre-facilitation may occur. Pre-facilitation meetings are assigned to a specific subset of RUC members and Advisors called a facilitation committee (*described below*) and can occur either by phone or on site, prior to the presentation of the code(s) during the RUC meeting. During the pre-facilitation meetings, issues are discussed and the specialty society(ies) have the opportunity (but have no obligation) to revise their recommendations.
- Specialty Work RVU modified prior to or during 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 during the presentation of 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 process (Yes/No): This field indicates if, for any reason, the specialty society(ies) RVU recommendations from initial submissions were modified by the RUC process. 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.

	Totals – CPT 20 nysician Work C	
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
28-0	119	48%
27-0*	55	22%
27-1	20	8%
25-3	8	3%
26-2	8	3%
26-1*	6	2%
26-0*	1	0%
25-2*	2	1%
24-4	2	1%
24-3*	2	1%
24-2*	1	0%
23-5	1	0%
23-4*	2	1%
23-3*	1	0%
22-6	5	2%
22-5*	4	2%
21-7	4	2%
21-6*	1	0%
20-8	3	1%
20-6*	1	0%
19-9	2	1%

70% of all RUC Recommendations to CMS for CPT 2020 were based on unanimous votes of the Committee

\*Represents vote totals in which a RUC member abstained from vote.

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)		Yes	No	Yes	No	No	27-0	28-0
11981	Insertion, non-biodegradable drug delivery implant		Yes	No	Yes	No	No	25-3	28-0
11982	Removal, non-biodegradable drug delivery implant		Yes	No	Yes	No	No	28-0	28-0
11983	Removal with reinsertion, non-biodegradable drug delivery implant		Yes	No	Yes	No	No	28-0	28-0
15769	grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)			No	Yes	No	No	26-2	28-0
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate			No	Yes	No	No	28-0	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

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CPT Code	CPT Long Descriptor	Notes	 Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50cc injectate, or part thereof (list separately in addition to code for primary procedure)		No	Yes	No	No	28-0	28-0
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25cc or less injectate		No	Yes	No	No	28-0	28-0
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25cc injectate, or part thereof (list separately in addition to code for primary procedure)		No	Yes	No	No	28-0	28-0
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)		No	Yes	No	No	20-6	27-0
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)		No	Yes	No	No	27-0	27-0

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20700	Manual preparation and insertion of drug delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)		Yes	Yes	Yes	No	Yes	28-0	N/A
20701	Removal of drug delivery device, deep(s) (eg, subfascial) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	N/A
20702	Manual preparation and insertion of drug delivery device(s), intramedullary (List separately in addition to code for primary procedure)		Yes	Yes	Yes	No	Yes	28-0	N/A
20703	Removal of drug delivery device, intramedullary (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	N/A
20704	Manual preparation and insertion of drug delivery device(s), intra-articular (List separately in addition to code for primary procedure)		Yes	Yes	Yes	No	Yes	28-0	N/A
20705	Removal of drug delivery device(s), intra-articular (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-0	N/A

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22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing			No	Yes	No	No	23-3	28-0
26020	Drainage of tendon sheath, digit and/or palm, each			No	Yes	No	No	24-4	28-0
26055	Tendon sheath incision (eg, for trigger finger)			No	Yes	No	No	23-4	28-0
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger			No	No	No	Yes	24-2	28-0
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation			No	Yes	No	No	23-5	27-0
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device		Yes	Yes	No	No	Yes	27-0	27-0
33016	Pericardiocentesis, including imaging guidance, when performed		Yes	No	Yes	No	No	19-9	N/A

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33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly		Yes	No	Yes	No	No	26-2	N/A
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age, or any age with congenital cardiac anomaly		Yes	No	No	No	Yes	28-0	N/A
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance		Yes	No	Yes	No	No	28-0	N/A
33020	Pericardiotomy for removal of clot or foreign body			Yes	Yes	No	Yes	28-0	28-0
33025	Creation of Pericardial Window or partial resection for drainage			No	Yes	No	No	27-1	28-0
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach		Yes	Yes	Yes	No	Yes	27-0	27-0

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33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		Yes	Yes	Yes	No	Yes	27-1	27-0
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		Yes	Yes	Yes	No	Yes	27-0	27-0
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		Yes	Yes	Yes	No	Yes	28-0	27-0
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)		Yes	Yes	Yes	No	Yes	28-0	27-0
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)		Yes	Yes	Yes	No	Yes	27-0	27-0
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection		Yes	No	Yes	No	No	27-0	27-0
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3 - RUC recommended referral to CPT Editorial Panel

4 - RUC recommended referral to next RUC meeting

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33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)		Yes	No	Yes	No	No	28-0	27-0
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	3		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)	3		No	Yes	No	No	28-0	N/A
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)		Yes	No	Yes	No	No	26-1	27-0
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub procedure)		Yes	No	Yes	No	No	27-1	27-0

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33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub procedure)	3		No	Yes	No	No	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)(Use 33X01 for aortic hemiarch graft when performed in conjunction with the ascending aortic graft codes 338XX, 338X1, 33863, 33864)(Do not report 33X01 in conjunction with 338X2)	3		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)(Use 33X01 for aortic hemiarch graft when performed in conjunction with the ascending aortic graft codes 338XX, 338X1, 33863, 33864)(Do not report 33X01 in conjunction with 338X2)		Yes	Yes	Yes	No	Yes	26-1	27-0
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1 - Review	red for direct PE inputs only								
2 - RUC re	ecommended carrier pricing								
	ecommended referral to CPT Editorial Panel								
	accommended referred to next DUC meeting								

4 - RUC recommended referral to next RUC meeting

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33870	Transverse arch graft, with cardiopulmonary bypass	3		N/A	N/A	N/A	N/A	28-0	N/A
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)		Yes	No	Yes	No	No	28-0	27-0
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)			No	No	No	Yes	28-0	28-0

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

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34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral			No	Yes	No	No	28-0	28-0
35701	Exploration of artery not followed by surgical repair; neck (eg, carotid, subclavian)			Yes	No	No	Yes	28-0	28-0
35702	Exploration of artery not followed by surgical repair; upper extremity (eg, axillary, brachial, radial, ulnar)			No	No	No	Yes	27-0	28-0

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35703	Exploration of artery not followed by surgical repair; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)			No	No	No	Yes	28-0	28-0
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel			No	Yes	No	No	21-7	27-0
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)			No	Yes	No	No	27-1	27-0
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions		Yes	Yes	Yes	No	Yes	28-0	28-0
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions		Yes	Yes	Yes	No	Yes	28-0	28-0
40808	Biopsy, vestibule of mouth		No	No	No	Yes	Yes	27-1	28-0

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46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance			No	Yes	No	No	27-1	27-0
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance			No	Yes	No	No	27-1	27-0
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy when performed			No	Yes	No	No	27-1	27-0
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration			No	Yes	No	No	25-3	27-0
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing including repacking, when performed			No	Yes	No	No	28-0	27-0
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Yes	No	Yes	No	No	27-1	27-0

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52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-0	27-0
54640	Orchiopexy, inguinal or scrotal approach (For inguinal hernia repair performed in conjunction with inguinal orchiopexy, see 49495-49525)			No	Yes	No	No	28-0	27-0
62270	Spinal puncture, lumbar, diagnostic		Yes	Yes	Yes	No	Yes	25-3	27-0
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);		Yes	No	Yes	No	No	27-1	27-0
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance		Yes	No	Yes	No	No	28-0	27-0
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance		Yes	No	Yes	No	No	26-2	27-0

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62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	1	N/A	N/A	N/A	N/A	N/A	28-0
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	1	N/A	N/A	N/A	N/A	N/A	28-0
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	1	N/A	N/A	N/A	N/A	N/A	28-0
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	1	N/A	N/A	N/A	N/A	N/A	28-0
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1 - Review	ed for direct PE inputs only							
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64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)		Yes	Yes	No	Yes	Yes	27-1	28-0
64405	Injection, anesthetic agent; greater occipital nerve		Yes	No	Yes	Yes	No	28-0	28-0
64408	Injection, anesthetic agent; vagus nerve		Yes	Yes	Yes	Yes	Yes	27-0	28-0
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single		Yes	No	Yes	Yes	No	26-2	28-0
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)		Yes	No	Yes	Yes	No	28-0	28-0
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve		Yes	No	Yes	Yes	No	20-8	28-0
64418	Injection, anesthetic agent; suprascapular nerve		Yes	No	Yes	Yes	No	28-0	28-0

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64420	Injection(s), anesthetic agent(s), and/or steroid; intercostal nerve, single level		Yes	Yes	Yes	Yes	Yes	22-6	28-0
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	28-0	28-0
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		Yes	No	Yes	Yes	No	28-0	28-0
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve		Yes	No	Yes	Yes	No	22-5	28-0
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		Yes	No	Yes	Yes	No	28-0	28-0
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single		Yes	Yes	Yes	Yes	Yes	27-0	28-0
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)		Yes	Yes	No	Yes	Yes	21-7	28-0

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64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, single		Yes	Yes	No	Yes	Yes	28-0	28-0
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter replacement)		Yes	Yes	No	Yes	Yes	28-0	28-0
64449	injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)		Yes	Yes	No	Yes	Yes	28-0	28-0
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Yes	No	No	Yes	Yes	28-0	28-0
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Yes	No	No	Yes	Yes	28-0	28-0
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch			No	No	No	Yes	27-0	27-0
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch			No	No	No	Yes	27-0	27-0

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64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)			No	No	No	Yes	27-1	28-0
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed	4	Yes	Yes	Yes	Yes	Yes	28-0	28-0
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed			Yes	Yes	No	Yes	27-0	27-0
64624	Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)	4	Yes	Yes	No	Yes	Yes	28-0	28-0
64624	Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)			Yes	No	No	Yes	22-5	27-0
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)			Yes	No	No	Yes	28-0	28-0
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64640	Destruction by neurolytic agent; other peripheral nerve or branch	4	Yes	No	Yes	Yes	No	28-0	28-0
64640	Destruction by neurolytic agent; other peripheral nerve or branch			No	Yes	No	No	27-0	27-0
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens		Yes	Yes	No	No	Yes	28-0	28-0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primaryposterior capsulorrhexis) or performed on patients in the amblyogenic developmentalstage; without endoscopic cyclophotocoagulation		Yes	Yes	Yes	No	Yes	20-8	28-0
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	2	Yes	No	Yes	No	Yes	28-0	28-0

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66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation		Yes	Yes	No	No	Yes	25-3	28-0
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation		Yes	Yes	Yes	No	Yes	25-3	28-0
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation		Yes	Yes	Yes	No	Yes	28-0	28-0
70210	Radiologic examination, sinuses, paranasal, less than 3 views			No	Yes	No	No	28-0	28-0

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70210	Radiologic examination, sinuses, paranasal, less than 3 views		No	Yes	No	No	22-5	27-0
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views		No	Yes	No	No	28-0	28-0
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views		No	Yes	No	No	27-0	27-0
70250	Radiologic examination, skull; less than 4 views		Yes	Yes	No	Yes	28-0	28-0
70250	Radiologic examination, skull; less than 4 views		No	Yes	No	No	27-0	27-0
70260	Radiologic examination, skull; complete, minimum of 4 views		No	Yes	No	No	23-4	27-0
70260	Radiologic examination, skull; complete, minimum of 4 views		Yes	Yes	No	Yes	28-0	28-0
70360	Radiologic examination; neck, soft tissue	1	N/A	N/A	N/A	N/A	N/A	27-0

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70360	Radiologic examination; neck, soft tissue			No	Yes	No	No	28-0	28-0
70360	Radiologic examination; neck, soft tissue			No	Yes	No	No	24-3	27-0
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		Yes	No	Yes	No	No	27-0	28-0
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)		Yes	No	Yes	No	No	28-0	28-0
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections		Yes	No	Yes	No	No	28-0	28-0
72020	Radiologic examination, spine, single view, specify level		Yes	No	Yes	No	No	27-0	27-0
72040	Radiologic examination, spine, cervical; 2 or 3 views		Yes	No	Yes	No	No	27-0	27-0

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72050	Radiologic examination, spine, cervical; 4 or 5 views		Yes	No	Yes	No	No	27-0	27-0
72052	Radiologic examination, spine, cervical; 6 or more views		Yes	Yes	Yes	No	Yes	27-0	27-0
72070	Radiologic examination, spine; thoracic, 2 views		Yes	Yes	Yes	No	Yes	27-0	27-0
72072	Radiologic examination, spine; thoracic, 3 views		Yes	No	Yes	No	No	27-0	27-0
72074	Radiologic examination, spine; thoracic, minimum of 4 views		Yes	No	Yes	No	No	27-0	27-0
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		Yes	Yes	Yes	No	Yes	27-0	27-0
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		Yes	No	Yes	No	No	27-0	27-0
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		Yes	No	Yes	No	No	27-0	27-0

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72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		Yes	Yes	Yes	No	Yes	27-0	27-0
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		Yes	No	Yes	No	No	27-0	27-0
72125	Computed tomography, cervical spine; without contrast material			No	Yes	No	No	26-1	27-0
72126	Computed tomography, cervical spine; with contrast material			No	Yes	No	No	27-1	27-0
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections			No	Yes	No	No	27-1	27-0
72128	An 85-year-old female complains of back pain after fall. A CT scan of the thoracic spine is requested.			No	Yes	No	No	28-0	27-0
72129	Computed tomography, thoracic spine; with contrast material.			No	Yes	No	No	28-0	27-0

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72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections		No	Yes	No	No	28-0	27-0
72131	Computed tomography, lumbar spine; without contrast material		No	Yes	No	No	28-0	27-0
72132	Computed tomography, lumbar spine; with contrast material		No	Yes	No	No	28-0	27-0
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections		No	Yes	No	No	28-0	27-0
72170	Radiologic examination, pelvis; 1 or 2 views		No	Yes	No	No	28-0	28-0
72170	Radiologic examination, pelvis; 1 or 2 views		Yes	Yes	No	Yes	27-0	27-0
72190	Radiologic examination, pelvis; complete, minimum of 3 views		No	Yes	No	No	28-0	28-0

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72190	Radiologic examination, pelvis; complete, minimum of 3 views			No	Yes	No	No	22-5	27-0
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	26-1	27-0
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views			No	Yes	No	No	27-0	27-0
73000	Radiologic examination; clavicle, complete			No	Yes	No	No	28-0	28-0
73000	Radiologic examination; clavicle, complete	1		N/A	N/A	N/A	N/A	N/A	28-0
73010	Radiologic examination; scapula, complete	1		N/A	N/A	N/A	N/A	N/A	28-0
73010	Radiologic examination; scapula, complete			No	Yes	No	No	28-0	28-0

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73020	Radiologic examination, shoulder; 1 view	1	N/A	N/A	N/A	N/A	N/A	28-0
73020	Radiologic examination, shoulder; 1 view		No	Yes	No	No	28-0	28-0
73030	Radiologic examination, shoulder; complete, minimum of 2 views	1	N/A	N/A	N/A	N/A	N/A	28-0
73030	Radiologic examination, shoulder; complete, minimum of 2 views		No	Yes	No	No	28-0	28-0
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	1	N/A	N/A	N/A	N/A	N/A	28-0
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction		No	Yes	No	No	28-0	28-0
73070	Radiologic examination, elbow; 2 views		No	Yes	No	No	27-0	27-0
73080	Radiologic examination, elbow; complete, minimum of 3 views		No	Yes	No	No	27-0	27-0

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73090	Radiologic examination; forearm, 2 views			No	Yes	No	No	27-0	27-0
73650	Radiologic examination; calcaneus, minimum of 2 views			Yes	Yes	No	Yes	26-0	27-0
73660	Radiologic examination; toe(s), minimum of 2 views	i		Yes	Yes	No	Yes	25-2	27-0
73700	Computed tomography, lower extremity; without contrast material			No	Yes	No	No	28-0	28-0
73701	Computed tomography, lower extremity; with contrast material(s)			No	Yes	No	No	28-0	28-0
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections			No	Yes	No	No	28-0	28-0
74210	Radiologic examination; pharynx and/or cervical esophagus		Yes	No	Yes	No	No	27-1	28-0

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74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study		Yes	Yes	Yes	No	Yes	27-0	28-0
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study		Yes	No	Yes	No	No	28-0	28-0
74230	Swallowing function, with cineradiography/videoradiography		Yes	No	Yes	No	No	28-0	28-0
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study		Yes	No	Yes	No	No	28-0	28-0
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double- contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered		Yes	No	Yes	No	No	28-0	28-0

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74248	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-0	28-0
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study			No	Yes	No	No	27-0	27-0
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered			No	Yes	No	No	27-0	27-0
74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study			No	Yes	No	No	27-0	27-0

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74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered			No	Yes	No	No	27-0	27-0
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation			No	Yes	No	No	27-0	28-0
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation			No	Yes	No	No	28-0	28-0
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation			No	Yes	No	No	28-0	28-0
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation			No	Yes	No	No	26-1	28-0

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75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)			No	Yes	No	No	27-0	28-0
76098	Radiological examination, surgical specimen			Yes	Yes	No	Yes	28-0	27-0
76098	Radiological examination, surgical specimen		Yes	No	Yes	No	No	27-1	28-0
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation			No	Yes	No	No	28-0	28-0
76604	Ultrasound, chest (includes mediastinum), real time with image documentation			No	No	No	Yes	22-6	28-0
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	4	Yes	No	Yes	Yes	No	28-0	28-0

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77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	4	Yes	No	Yes	Yes	No	28-0	28-0
77073	Bone length studies (orthoroentgenogram, scanogram)			No	Yes	No	No	28-0	28-0
77074	Radiologic examination, osseous survey; limited (eg, for metastases)			Yes	Yes	No	Yes	27-1	28-0
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)			No	Yes	No	No	28-0	28-0
77076	Radiologic examination, osseous survey, infant			No	Yes	No	No	28-0	28-0
77077	Joint survey, single view, 2 or more joints (specify)			No	Yes	No	No	28-0	28-0

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2 - RUC recommended carrier pricing

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4 - RUC recommended referral to next RUC meeting

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CPT Code	CPT Long Descriptor	Notes	-	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study; with concurrently acquired computed tomography transmission scan(For CT coronary calcium scoring, use 75571)(CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)	4	Yes	No	Yes	No	No	N/A	27-0
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study; with concurrently acquired computed tomography transmission scan(For CT coronary calcium scoring, use 75571)(CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)			No	Yes	No	No	27-0	28-0
78430	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan			No	Yes	No	No	27-0	28-0
	red for direct PE inputs only ecommended carrier pricing							Pag	e 34 of 61
3 - RUC re	commended referral to CPT Editorial Panel								
4 - KUU IE	ecommended referral to next RUC meeting								

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78430	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	4	Yes	No	Yes	No	No	N/A	27-0
78431	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed);multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan			Yes	Yes	No	Yes	28-0	28-0
78431	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed);multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	4	Yes	Yes	Yes	No	Yes	N/A	27-0

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78432	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);	4	Yes	No	Yes	No	No	N/A	27-0
78432	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);			No	Yes	No	No	28-0	28-0
78433	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan (CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)(For myocardial imaging by planar or SPECT, see 78451, 78452, 78453, 78454)(For CT coronary calcium scoring, use 75571)			Yes	Yes	No	Yes	28-0	28-0
2 - RUC re 3 - RUC re	eend ed for direct PE inputs only commended carrier pricing commended referral to CPT Editorial Panel commended referral to next RUC meeting							Pag	e 36 of 61

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<b>RUC Vote Totals – CPT</b>	2020
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CPT Code	CPT Long Descriptor	Notes		Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
78433	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan (CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)(For myocardial imaging by planar or SPECT, see 78451, 78452, 78453, 78454)(For CT coronary calcium scoring, use 75571)	4	Yes	Yes	Yes	No	Yes	N/A	27-0
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and pharmacologic stress (List separately in addition to code for primary procedure)(Use 78X35 in conjunction with 78492, 78X32)			No	Yes	No	No	27-1	28-0
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and pharmacologic stress (List separately in addition to code for primary procedure)(Use 78X35 in conjunction with 78492, 78X32)	4	Yes	No	Yes	No	No	N/A	27-0

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78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study;	4	Yes	No	Yes	No	No	N/A	27-0
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study;			No	Yes	No	No	28-0	28-0
78491	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic)			No	Yes	No	No	28-0	28-0
78491	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic)	4	Yes	No	Yes	No	No	N/A	27-0

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78492	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); multiple studies at rest and stress (exercise or pharmacologic)	4	Yes	No	Yes	No	No	N/A	27-0
78492	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); multiple studies at rest and stress (exercise or pharmacologic)			No	Yes	No	No	28-0	28-0
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar single area (eg, head, neck, chest or pelvis), single day of imaging			No	Yes	No	No	19-9	28-0
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days of imaging or single area imaging over 2 or more days			No	Yes	No	No	21-6	28-0
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	ecommended carrier pricing								
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78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar whole body, single day of imaging		No	Yes	No	No	28-0	28-0
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), single area (eg, head, neck, chest or pelvis), single day of imaging		No	Yes	No	No	28-0	28-0
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, whole body, requiring 2 or more days of imaging		No	Yes	No	No	28-0	28-0

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78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging			No	Yes	No	No	28-0	28-0
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days			No	Yes	No	No	28-0	28-0

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78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging(For cerebrospinal fluid studies that require injection procedure, see 61055, 61070, 62320-62323)		No	Yes	No	No	28-0	28-0
78835	Radiopharmaceutical quantification measurement(s) single area(Use 788X3 in conjunction with 788X0, 788X2)(Report multiple units of 788X3 if quantitation is more than 1 area or more than 1 day imaging)		No	No	No	Yes	28-0	28-0
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician		No	Yes	No	No	28-0	28-0
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry		N/A	N/A	N/A	N/A	28-0	N/A

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90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact			No	Yes	No	No	25-3	27-0
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)			No	Yes	No	No	26-1	27-0
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report			No	No	No	Yes	22-6	28-0
92201	Ophthalmoscopy, extended, with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral			No	Yes	No	No	27-0	28-0

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92202	Ophthalmoscopy, extended, with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral			No	Yes	No	No	27-0	28-0
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;			No	Yes	No	No	24-3	27-0
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)			No	Yes	No	No	28-0	27-0
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	2, 3	Yes	No	No	Yes	Yes	28-0	28-0

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92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	2, 3	Yes	No	No	Yes	Yes	28-0	28-0
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	1		N/A	N/A	N/A	N/A	N/A	26-1
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	1		N/A	N/A	N/A	N/A	N/A	26-1
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		N/A	N/A	N/A	N/A	N/A	26-1

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93356	Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)(Use 933X0 in conjunction with 93303, 93304, 93306, 93307, 93308, 93350, 93351)(Report 933X0 once per session)			No	Yes	No	No	28-0	28-0
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report			No	Yes	No	No	28-0	28-0
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	1		N/A	N/A	N/A	N/A	N/A	28-0
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	1		N/A	N/A	N/A	N/A	N/A	28-0

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93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn for 24 hours or longer; review with interpretation and report			No	Yes	No	No	21-7	28-0
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study			No	Yes	No	No	27-0	27-0
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study			No	No	No	Yes	27-0	27-0
94200	Maximum breathing capacity, maximal voluntary ventilation			Yes	No	Yes	Yes	26-2	28-0
95700	Electroencephalogram (EEG) continuous recording, with video when performed, set-up, patient education, and take down when performed, administered in-person by EEG technologist, minimum of 8 channels	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0

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95705	Electroencephalogram (EEG) without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95706	Electroencephalogram (EEG) without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95707	Electroencephalogram (EEG) without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real- time monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95708	Electroencephalogram (EEG) without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95709	Electroencephalogram (EEG) without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0

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95710	Electroencephalogram (EEG) without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring, and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0

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95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
95717	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, 2-12 hours of EEG recording; without video		Yes	No	Yes	No	No	27-0	28-0
95718	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, 2-12 hours of EEG recording; with video (VEEG)		Yes	Yes	Yes	No	Yes	27-0	28-0

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95719	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24- hour period; without video		Yes	No	Yes	No	No	27-0	28-0
95720	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24- hour period; with video (VEEG)		Yes	No	No	No	Yes	20-8	28-0
95721	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video		Yes	No	Yes	No	No	28-0	28-0

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95722	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)		Yes	No	Yes	No	No	28-0	28-0
95723	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video		Yes	No	Yes	No	No	27-0	28-0
95724	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)		Yes	No	Yes	No	No	24-4	28-0

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95725	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video		Yes	No	No	No	Yes	27-1	28-0
95726	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)		Yes	No	Yes	No	No	22-6	28-0
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Yes	No	Yes	No	No	28-0	28-0
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Yes	No	Yes	No	No	27-0	28-0

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95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time- frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	-		N/A	N/A	N/A	N/A	28-0	N/A
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less			No	No	No	Yes	28-0	28-0

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97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		No	Yes	No	No	26-2	28-0
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.		No	Yes	Yes	No	26-2	N/A

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99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of low to moderate severity.			No	Yes	Yes	No	28-0	N/A
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.			No	Yes	Yes	No	28-0	N/A

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99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.			No	No	Yes	Yes	28-0	N/A
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.			No	No	Yes	Yes	28-0	N/A

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99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes			No	Yes	No	No	25-3	28-0
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes			No	Yes	No	No	26-2	28-0
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes			No	Yes	No	No	25-3	28-0
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month			No	Yes	No	No	27-1	27-1

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99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes			No	Yes	No	No	25-2	27-1
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	1		N/A	N/A	N/A	N/A	N/A	28-0
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self- measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient			No	Yes	No	No	28-0	28-0

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99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; Medical decision making of at least moderate complexity during the service period; Face-to-face visit, within 14 calendar days of discharge		No	Yes	No	No	21-7	27-1
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge		No	Yes	No	No	22-6	27-1
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician		No	Yes	No	No	28-0	28-0
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician		No	Yes	No	No	28-0	28-0
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P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician		No	Yes	No	No	28-0	28-0

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