

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2022

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

For the CPT 2022 cycle, the RUC convened meetings on April 22-25, 2020, October 7-10, 2020, January 13-16, 2021 and April 21-24, 2021 (four meeting tabs) and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2022 cycle, CMS will publish all the RUC recommendations for 2022 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 (or 29 votes following the RUC's addition of another voting member for April 2021 and beyond) for two reasons: 1) a voting member can abstain and/or 2) a voting member may not be present at the table during the vote. The RUC requires that at least 2/3 of the member voting must approve the recommendation in order for it to be submitted to CMS. A quorum, consisting of 16 member of the RUC, must be present to conduct any business.
- **Final RUC Vote- Direct Practice Expense:** This field indicates the final RUC vote total for each code's direct practice expense inputs (clinical labor, supplies and equipment) as recommended by the Practice Expense (PE) Subcommittee. As with the work RVU recommendations, direct PE input recommendations could have changed substantially from the original specialty societies' recommendation. The PE subcommittee meets for a full day prior to the RUC proceeding and reviews specialty society submissions for direct PE inputs and makes recommendations directly to the RUC. Following each vote on work RVUs, the RUC holds a separate vote to accept the direct PE inputs as modified and/or approved by the PE Subcommittee. The same voting protocol for work RVUs apply to direct PE inputs.

RUC Vote Totals – CPT 2022 Summary		
(Physician Work ONLY)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
28-0	63	41%
29-0**	9	6%
27-1	22	14%
26-2	16	10%
24-4	9	6%
25-3	6	4%
28-1**	5	3%
27-2**	5	3%
23-5	5	3%
21-7	3	2%
20-8	3	2%
26-1*	2	1%
19-9	2	1%
25-4**	1	1%
24-5**	1	1%
24-3*	1	1%
23-4*	1	1%
22-6	1	1%

46% of all RUC Recommendations to CMS for CPT 2022 were based on unanimous votes of the Committee

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

** The RUC added an additional voting member for April 2021 and beyond.

RUC Vote Totals – CPT 2022

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
00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation		Yes	No	Yes	No	No	21-7	28-0
01XX2	Anesthesia for percutaneous image guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic		Yes	No	Yes	No	No	28-0	28-0
01XX3	Anesthesia for percutaneous image guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral		Yes	No	Yes	No	No	28-0	28-0
01XX4	Anesthesia for image guided destruction procedures by neurolytic agent on the spine and spinal cord; cervical or thoracic		Yes	No	No	No	Yes	28-0	28-0
01XX5	Anesthesia for image guided destruction procedures by neurolytic agent on the spine and spinal cord; lumbar or sacral		Yes	No	Yes	No	No	28-0	28-0
01XX6	Anesthesia for image guided neuromodulation or intravertebral procedures (eg. kyphoplasty, vertebroplasty) in the spine and spinal cord; cervical or thoracic		Yes	No	No	No	Yes	23-5	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
- 5 - The RUC was unable to provide a recommendation due to the lack of clarity on the purpose, use of and reporting of the code.

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RUC Vote Totals – CPT 2022

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
01XX7	Anesthesia for image guided neuromodulation or intravertebral procedures (eg. kyphoplasty, vertebroplasty) in the spine and spinal cord; lumbar or sacral		Yes	Yes	No	No	Yes	27-1	28-0
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization		Yes	No	Yes	No	No	27-1	28-0
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization		Yes	No	Yes	No	No	28-0	28-0
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		Yes	No	Yes	No	No	28-1	29-0
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	4	Yes	No	No	No	Yes	24-4	N/A

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22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	29-0
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	4	Yes	No	No	No	Yes	24-4	N/A
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	4	Yes	No	No	No	Yes	24-4	N/A
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar		Yes	No	Yes	No	No	27-2	29-0

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22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	4	Yes	No	No	No	Yes	24-4	N/A
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	24-5	29-0
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		Yes	No	Yes	No	No	28-0	28-0
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	4	Yes	N/A	N/A	N/A	N/A	28-0	N/A

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28001	Incision and drainage, bursa, foot		Yes	No	No	Yes	Yes	28-0	28-0
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space		Yes	No	No	Yes	Yes	28-0	28-0
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas		Yes	No	Yes	Yes	No	28-0	28-0
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach		Yes	No	Yes	No	No	26-2	N/A
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		Yes	No	Yes	No	No	26-2	N/A
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		Yes	No	Yes	No	No	26-2	N/A

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33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		Yes	No	Yes	No	No	26-2	N/A
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)		Yes	No	Yes	No	No	26-2	N/A
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)		Yes	No	Yes	No	No	26-2	N/A
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	26-2	N/A
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	26-2	N/A

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33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	26-2	N/A
338X0	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta (Do not report 338X0 in conjunction with 33210, 34701, 34702, 34703, 34704, 34705, 34706, 36200, 37236, 37246, 75600, 75605, 75625, 93567, 93X3X, 93X4X, 93X5X) (Do not report 338X0 in conjunction with 338X1, 338X2 for balloon angioplasty of the aorta within the coarctation stent treatment zone) (For additional congenital right heart diagnostic catheterization performed in same setting as 338X0, see 93X1X, 93X2X) (For angioplasty and other transcatheter revascularization interventions of additional upper or lower extremity vessels in same setting, use the appropriate code from the Surgery/Cardiovascular System section)		Yes	No	No	No	Yes	28-0	N/A

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338X1	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches(Do not report 338X1, 338X2 in conjunction with 33210, 34701, 34702, 34703, 34704, 34705, 34706, 36200, 75600, 75605, 75625, 93567, 93X3X, 93X4X, 93X5X)(Do not report 338X1, 338X2 in conjunction with 37246, 37236, 338X0 for balloon angioplasty of the aorta within the coarctation stent treatment zone)(For additional atrial, ventricular, pulmonary, coronary or bypass graft angiography in the same setting, see 93563, 93564, 93565, 93566, 93568)(For angiography of other vascular structures, use the appropriate code from the Radiology/Diagnostic Radiology section)(For additional congenital right heart catheterization at same setting as 338X1, 338X2, see 93X1X, 93X2X)		Yes	No	No	No	Yes	26-1	N/A

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338X2	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches(Do not report 338X1, 338X2 in conjunction with 33210, 34701, 34702, 34703, 34704, 34705, 34706, 36200, 75600, 75605, 75625, 93567, 93X3X, 93X4X, 93X5X)(Do not report 338X1, 338X2 in conjunction with 37246, 37236, 338X0 for balloon angioplasty of the aorta within the coarctation stent treatment zone)(For additional atrial, ventricular, pulmonary, coronary or bypass graft angiography in the same setting, see 93563, 93564, 93565, 93566, 93568)(For angiography of other vascular structures, use the appropriate code from the Radiology/Diagnostic Radiology section)(For additional congenital right heart catheterization at same setting as 338X1, 338X2, see 93X1X, 93X2X)		Yes	No	No	No	Yes	28-0	N/A
33XX3	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)		Yes	No	Yes	No	No	28-0	28-0

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33XX4	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)		Yes	No	No	No	Yes	26-2	28-0
33XX5	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)		Yes	No	No	No	Yes	26-2	28-0
33XXX	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure) (Use 33xxx in conjunction with 33361, 33362, 33363, / 33364, 33365, 33366)		Yes	No	No	No	Yes	28-0	N/A
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open		Yes	No	Yes	No	No	26-2	N/A
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open		Yes	No	No	Yes	Yes	27-1	27-1

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35XX0	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic		Yes	No	No	Yes	Yes	27-1	27-1
35XX0	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic		Yes	No	Yes	No	No	26-2	N/A
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)		Yes	No	Yes	No	No	28-0	28-0
42XX0	Drug induced sleep endoscopy; with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep disordered breathing; flexible, diagnostic		Yes	No	No	No	Yes	25-3	28-0
42XXX	Drug induced sleep endoscopy; with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep disordered breathing; flexible, diagnostic			No	Yes	No	No	29-0	29-0
434XX	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])		Yes	No	Yes	No	No	27-1	28-0
46020	Placement of seton		Yes	No	Yes	No	No	27-1	28-0

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46030	Removal of anal seton, other marker		Yes	No	Yes	No	No	28-0	28-0
53XX1	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	2	Yes	No	Yes	No	No	28-0	N/A
53XX2	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	2	Yes	No	Yes	No	No	28-0	N/A
53XX3	Periurethral transperineal adjustable balloon continence device; removal, each balloon	2	Yes	No	Yes	No	No	28-0	N/A
53XX4	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	2	Yes	No	Yes	No	No	28-0	N/A
617X1	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion(Do not report 617X1, in conjunction with 20660, 617X2, 61781, 70551, 70552, 70553, 70557, 70558, 70559, 77021, 77022)		Yes	No	Yes	No	No	20-8	28-0

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617X2	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) (Do not report 617X2 in conjunction with 20660, 617X1, 61781, 70551, 70552, 70553, 70557, 70558, 70559, 77021, 77022)		Yes	No	Yes	No	No	26-2	28-0
630X1	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-2	29-0
630X1	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)(Use 630X1 in conjunction with 630XX)(Use 630XX, 630X1 in conjunction with 22630, 22632, 22633, 22634)	4	Yes	No	No	No	Yes	25-3	N/A

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630XX	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	29-0
630XX	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)(Use 630X1 in conjunction with 630XX)(Use 630XX, 630X1 in conjunction with 22630, 22632, 22633, 22634)	4	Yes	No	Yes	No	No	22-6	N/A
645X1	Open implantation of hypoglossal nerve neuromodulator array, pulse generator, and distal respiratory sensor electrode or electrode array		Yes	No	Yes	No	No	19-9	28-0
645X2	Revision or replacement of hypoglossal nerve neuromodulator array and distal respiratory sensor electrode or electrode array, including connection to an existing pulse generator		Yes	Yes	No	No	Yes	25-3	28-0

Notes Legend

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645X3	Removal of hypoglossal nerve neuromodulator array, pulse generator, and distal respiratory sensor electrode or electrode array		Yes	No	Yes	No	No	23-5	28-0
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		Yes	Yes	No	No	Yes	27-1	28-0
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	26-2	28-0
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		Yes	No	Yes	No	No	20-8	28-0
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	28-0

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646X0	Thermal destruction of intraosseous basivertebral nerve, inclusive of all imaging guidance; first two vertebral bodies, lumbar or sacral		Yes	No	No	Yes	Yes	28-0	28-0
646X1	Thermal destruction of intraosseous basivertebral nerve, inclusive of all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)(Do not report 646X0, 646X1 in conjunction with 77003, 77012)		Yes	No	Yes	Yes	No	28-0	28-0
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent		Yes	Yes	No	Yes	Yes	28-0	28-0
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent		Yes	No	Yes	Yes	No	28-0	28-0

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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 primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation		Yes	No	Yes	No	No	28-0	28-0
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	No	Yes	No	No	28-0	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	No	Yes	No	No	28-0	28-0

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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	No	Yes	No	No	28-0	28-0
669X1	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 insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more		Yes	No	Yes	No	No	28-0	28-0

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669X2	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more		Yes	Yes	No	No	Yes	27-1	28-0
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage;cryotherapy, diathermy		Yes	No	Yes	No	No	28-0	28-0
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage;photocoagulation		Yes	No	Yes	No	No	28-0	28-0
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle		Yes	Yes	No	No	Yes	28-0	28-0
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles		Yes	Yes	No	No	Yes	27-1	28-0

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67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)		Yes	Yes	No	No	Yes	28-0	28-0
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)		Yes	Yes	No	No	Yes	28-0	28-0
67318	Strabismus surgery, any procedure, superior oblique muscle		Yes	Yes	No	No	Yes	28-0	28-0
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-0	28-0
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-0	28-0

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67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	27-1	28-0
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-0	28-0
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)		Yes	Yes	No	No	Yes	28-0	28-0
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-0	28-0
68XXX	Insertion of drug-eluting implant, including punctal dilation, when performed, into lacrimal canaliculus, each		Yes	No	Yes	No	No	28-0	28-0

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69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	4	Yes	Yes	No	Yes	Yes	26-2	28-0
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	3		N/A	N/A	N/A	N/A	29-0	29-0
69717	Revision/replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	3		N/A	N/A	N/A	N/A	29-0	29-0
69717	Revision/replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	4	Yes	Yes	No	Yes	Yes	24-3	28-0
69X50	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	3		N/A	N/A	N/A	N/A	29-0	29-0

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69X50	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	4	Yes	Yes	No	Yes	Yes	27-1	28-0
69X51	Revision/replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	4	Yes	Yes	No	Yes	Yes	27-1	28-0
69X51	Revision/replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	3		N/A	N/A	N/A	N/A	29-0	29-0
69X52	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	3		N/A	N/A	N/A	N/A	29-0	29-0
69X52	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	4	Yes	Yes	No	Yes	Yes	27-1	28-0

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69X53	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	4	Yes	Yes	No	Yes	Yes	27-1	28-0
69X53	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	3		N/A	N/A	N/A	N/A	29-0	29-0
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation		Yes	No	Yes	No	No	28-0	N/A
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	N/A
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation		Yes	No	Yes	No	No	28-0	N/A
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation		Yes	No	Yes	No	No	28-0	N/A

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74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation		Yes	No	Yes	No	No	28-0	N/A
77X01	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture risk		Yes	No	Yes	No	No	28-0	28-0
77X02	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
77X03	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
77X04	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture risk only, by other qualified healthcare professional		Yes	No	Yes	No	No	28-0	28-0

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80XX0	Pathology clinical consultation; for a clinical problem with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation..		Yes	No	Yes	No	No	26-1	28-0
80XX1	Pathology clinical consultation; for a moderately complex clinical problem, with review of patients history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.		Yes	No	Yes	No	No	28-0	28-0
80XX2	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patients history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.		Yes	No	Yes	No	No	21-7	28-0
80XX3	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-1	28-0

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91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		Yes	No	Yes	No	No	28-0	28-0
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report		Yes	No	Yes	No	No	27-1	28-0
9111X	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report		Yes	Yes	Yes	No	No	28-0	28-0
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	3	Yes	N/A	N/A	N/A	N/A	28-0	N/A
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional		Yes	No	Yes	No	No	27-1	N/A

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93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	1	Yes	N/A	N/A	N/A	N/A	N/A	27-1
933X0	3D echocardiographic imaging and postprocessing during transesophageal echocardiography or transthoracic echocardiography for congenital cardiac anomalies for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, intratrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)		Yes	No	Yes	No	No	28-0	28-0
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	No PE

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93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	No PE
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)			Yes	No	No	Yes	28-0	N/A
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	24-4	N/A

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93653	Comprehensive electrophysiologic evaluation including with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording, and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry(Do not report 93653 in conjunction with 93600, 93602, 93603, 93610, 93612, 93613, 93618, 93619, 93620, 93621, 93642, 93654, 93656)		Yes	No	Yes	No	No	20-8	N/A

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93653	Comprehensive electrophysiologic evaluation including with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording, and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry(Do not report 93653 in conjunction with 93600, 93602, 93603, 93610, 93612, 93613, 93618, 93619, 93620, 93621, 93642, 93654, 93656)		Yes	No	Yes	No	No	27-2	No PE

Notes Legend

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- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting
- 5 - The RUC was unable to provide a recommendation due to the lack of clarity on the purpose, use of and reporting of the code.

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93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording, and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed (Do not report 93654 in conjunction with 93279-93284, 93286-93289, 93600-93603, 93609, 93610, 93612, 93613, 93618-93620, 93622, 93642, 93653, 93656)		Yes	No	Yes	No	No	28-1	No PE

Notes Legend

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93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording, and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed (Do not report 93654 in conjunction with 93279-93284, 93286-93289, 93600-93603, 93609, 93610, 93612, 93613, 93618-93620, 93622, 93642, 93653, 93656)		Yes	No	Yes	No	No	27-1	N/A
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure) (Use 93655 in conjunction with 93653, 93654, 93656)		Yes	No	No	No	Yes	25-3	N/A

Notes Legend

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RUC Vote Totals – CPT 2022

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
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure) (Use 93655 in conjunction with 93653, 93654, 93656)		Yes	No	Yes	No	No	25-4	No PE
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and his bundle recording, when performed (Do not report 93656 in conjunction with 93279, 93280, 93281, 93282, 93283, 93284, 93286, 93287, 93288, 93289, 93462, 93600, 93602, 93603, 93610, 93612, 93613, 93618, 93619, 93620, 93621, 93653, 93654, 93662)		Yes	No	Yes	No	No	28-1	No PE

Notes Legend

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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
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and his bundle recording, when performed(Do not report 93656 in conjunction with 93279, 93280, 93281, 93282, 93283, 93284, 93286, 93287, 93288, 93289, 93462, 93600, 93602, 93603, 93610, 93612, 93613, 93618, 93619, 93620, 93621, 93653, 93654, 93662)		Yes	No	No	No	Yes	27-1	N/A
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) (Use 93657 in conjunction with 93656)		Yes	No	Yes	No	No	27-2	No PE

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93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) (Use 93657 in conjunction with 93656)		Yes	No	No	No	Yes	27-1	N/A
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)		Yes	No		No		27-2	No PE
93X1X	Right heart catheterization or congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone for hemodynamic evaluation; normal or abnormal native connections.		Yes	No	Yes	Yes	No	28-0	N/A
93X2X	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections.		Yes	No	Yes	No	No	28-0	N/A

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93X3X	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed		Yes	No	Yes	Yes	No	28-0	N/A
93X4X	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s) for hemodynamic evaluation; normal native connections.		Yes	No	Yes	Yes	No	28-0	N/A
93X5X	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal connections		Yes	No	No	Yes	Yes	28-0	N/A

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93X6X	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects(List separately in addition to code for primary procedure)(Use 93x6x in conjunction with 93x1x, 93x2x, 93x3x, 93x4x, 93x5x)(Do not report 93x6x in conjunction with 93451-93461)(For pharmacologic agent administration during cardiac catheterization for congenital heart defect[s], use 93463)(For physiological exercise study with cardiac catheterization for congenital heart defect[s], use 93464)(For indicator dilution studies such as thermodilution for cardiac output measurement during cardiac catheterization for congenital heart defect[s], use 93x6x)(For contrast injections during cardiac catheterization for congenital heart defect[s], see 93563, 93564, 93565, 93566, 93567, 93568)(For angiography or venography not described in the 90000 series code section, see appropriate codes from the radiology and the medicine/vascular injection procedure subsection)(For transseptal or transapical access of the left atrium during cardiac catheterization for congenital heart defect[s], use 93462 in conjunction with 93x3x, 93x4x, 93x5x, as appropriate)		Yes	No	No	Yes	Yes	28-0	N/A

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946X1	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session).		Yes	No	Yes	No	No	28-0	28-0
946X2	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) / (do not report 946x1, 946x2 in conjunction with 94760, 94761).		Yes	No	Yes	No	No	28-0	28-0
989X1	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
989X2	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0

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989X3	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
989X4	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes		Yes	No	Yes	No	No	24-4	28-0
989X5	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month;each additional 20 minutes (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	25-3	28-0
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	3	Yes	N/A	N/A	N/A	N/A	27-1	N/A

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99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	3	Yes	N/A	N/A	N/A	N/A	27-1	N/A
99439	Chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored. each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	23-5	26-2

Notes Legend

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99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.		Yes	No	Yes	No	No	21-7	26-2
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	24-4	26-2

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99490	Chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.: first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.		Yes	No	Yes	No	No	23-5	26-2
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes, provided personally by a physician or other qualified health care professional, per calendar month.		Yes	No	Yes	No	No	25-3	26-2

Notes Legend

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99X21	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	23-5	26-2

Notes Legend

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99X22	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months,the condition places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development or revision of disease-specific care plan,the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities,ongoing communication and care coordination between all practitioners furnishing care;first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month		Yes	No	Yes	No	No	19-9	26-2

Notes Legend

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99X23	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and which places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,the condition requires development, monitoring, or revision of diseasespecific care plan,the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbiditiesongoing communication and care coordination between relevant practitioners furnishing care; additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month		Yes	No	Yes	No	No	23-4	26-2

Notes Legend

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99X24	Principal care management services, for a single high-risk disease, with the following required elements;one complex chronic condition expected to last at least 3 months, and which places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,the condition requires development, monitoring, or revision of disease-specific care plan,the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities,ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.		Yes	No	Yes	No	No	24-4	26-2

Notes Legend

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99X25	Principal care management services, for a single high-risk disease, with the following required elements;one complex chronic condition expected to last at least 3 months, and which places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,the condition requires development, monitoring, or revision of disease-specific care plan,the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities,ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month		Yes	Yes	No	No	Yes	24-4	26-2

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