

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2023

[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 2023 cycle, the RUC convened meetings on April 21-24, 2021, October 6-9, 2021 and January 12-15, 2022 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2023 cycle, CMS will publish all the RUC recommendations for 2023 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 29 voting members on the RUC.](#) A vote total may not add up to 29 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 17 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 2023 Summary		
(Physician Work ONLY)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
29-0	75	43%
28-0*	6	3%
28-1	31	18%
27-2	33	19%
27-1*	2	1%
26-3	6	3%
26-2*	4	2%
25-4	3	2%
25-3*	1	1%
24-5	4	2%
24-4*	1	1%
23-6	1	1%
23-5*	2	1%
22-7	1	1%
21-8	1	1%
20-9	3	2%

46% of all RUC Recommendations to CMS for CPT 2023 were based on unanimous votes of the Committee

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

RUC Vote Totals – CPT 2023

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
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma		Yes	No	No	Yes	Yes	29-0	29-0
15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)		Yes	No	No	Yes	Yes	29-0	29-0
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	1	Yes	N/A	N/A	N/A	N/A	N/A	29-0
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	1	Yes	N/A	N/A	N/A	N/A	N/A	29-0
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

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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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
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
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
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	4	Yes	N/A	N/A	N/A	N/A	29-0	29-0

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22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	2, 4	Yes	N/A	N/A	N/A	N/A	29-0	N/A
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		Yes	No	Yes	No	No	26-3	29-0
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	29-0
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Yes	No	Yes	No	No	28-1	29-0

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27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Yes	No	Yes	No	No	29-0	29-0
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)		Yes	No	Yes	No	No	29-0	28-1
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling		Yes	No	Yes	No	No	25-4	28-1
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral		Yes	No	Yes	No	No	27-2	N/A
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral		Yes	No	Yes	No	No	28-1	N/A
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral		Yes	No	Yes	No	No	20-9	N/A

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33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral		Yes	No	Yes	No	No	28-1	N/A
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-0	N/A
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0

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42975	Drug induced sleep endoscopy; with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep disordered breathing; flexible, diagnostic		No	No	Yes	No	No	29-0	29-0
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Yes	No	Yes	No	No	29-0	29-0
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon		Yes	Yes	No	No	Yes	29-0	29-0
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)		Yes	No	Yes	No	No	29-0	29-0
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	1	Yes	N/A	N/A	N/A	N/A	N/A	29-0

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49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial including placement of mesh or other prosthesis, when performed total length of defect(s); less than 3 cm, reducible		Yes	No	Yes	Yes	No	26-3	29-0
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial including placement of mesh or other prosthesis, when performed total length of defect(s); less than 3 cm, incarcerated or strangulated		Yes	No	Yes	Yes	No	27-2	29-0
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial including placement of mesh or other prosthesis, when performed total length of defect(s); 3 cm to 10 cm, reducible		Yes	No	Yes	Yes	No	28-1	29-0

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49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial including placement of mesh or other prosthesis, when performed total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated		Yes	No	No	Yes	Yes	29-0	29-0
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial including placement of mesh or other prosthesis, when performed total length of defect(s); greater than 10 cm, reducible		Yes	No	No	Yes	Yes	29-0	29-0
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial including placement of mesh or other prosthesis, when performed total length of defect(s); greater than 10 cm, incarcerated or strangulated		Yes	No	No	Yes	Yes	29-0	29-0

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49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed total length of defect(s); less than 3 cm, reducible		Yes	No	Yes	Yes	No	29-0	29-0
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed total length of defect(s); less than 3 cm, incarcerated or strangulated		Yes	No	Yes	Yes	No	27-2	29-0
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed total length of defect(s); 3 cm to 10 cm, reducible		Yes	No	Yes	Yes	No	28-1	29-0

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49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated		Yes	No	No	Yes	Yes	29-0	29-0
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed total length of defect(s); greater than 10 cm, reducible		Yes	No	No	Yes	Yes	29-0	29-0
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed total length of defect(s); greater than 10 cm, incarcerated or strangulated		Yes	No	No	Yes	Yes	29-0	29-0

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49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including placement of mesh or other prosthesis, when performed; reducible		Yes	No	No	Yes	Yes	29-0	29-0
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including placement of mesh or other prosthesis, when performed; incarcerated or strangulated		Yes	No	No	Yes	Yes	29-0	29-0
49623	Removal of mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)		Yes	No	No	No	Yes	28-1	29-0

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50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)		Yes	No	Yes	No	No	23-6	29-0
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages		Yes	No	Yes	Yes	No	29-0	29-0
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal		Yes	No	Yes	Yes	No	29-0	29-0
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed		Yes	No	No	Yes	Yes	29-0	29-0

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55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed		Yes	No	No	Yes	Yes	29-0	29-0
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical		Yes	No	Yes	No	No	29-0	29-0
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar		Yes	No	Yes	No	No	29-0	29-0
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	N/A

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63052	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
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)		Yes	No	Yes	No	No	27-2	29-0
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve		Yes	No	Yes	No	No	27-2	29-0
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve		Yes	No	Yes	No	No	27-2	29-0
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed		Yes	No	Yes	No	No	20-9	29-0

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RUC Vote Totals – CPT 2023

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
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement) including imaging guidance, when performed		Yes	No	Yes	No	No	27-2	29-0
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed		Yes	No	Yes	No	No	23-5	29-0
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve		Yes	No	Yes	No	No	27-2	29-0
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level		Yes	No	Yes	No	No	27-2	29-0
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-2	29-0
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		Yes	No	Yes	No	No	27-2	29-0

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64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve		Yes	No	Yes	No	No	27-2	29-0
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		Yes	No	Yes	No	No	27-2	29-0
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed		Yes	No	Yes	No	No	24-5	29-0
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement) including imaging guidance, when performed		Yes	No	Yes	No	No	26-3	29-0
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed		Yes	No	Yes	No	No	23-5	29-0
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement) including imaging guidance, when performed		Yes	No	Yes	No	No	26-3	29-0

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64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)		Yes	No	Yes	No	No	27-2	29-0
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Yes	No	Yes	No	No	27-2	29-0
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		Yes	No	Yes	No	No	27-2	29-0
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed		Yes	No	Yes	No	No	27-2	29-0
64455	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)		Yes	No	Yes	No	No	27-2	29-0
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor		Yes	No	Yes	No	No	28-1	29-0

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69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex		Yes	No	Yes	No	No	29-0	29-0
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor		Yes	No	Yes	No	No	29-0	29-0
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex		Yes	No	Yes	No	No	29-0	29-0
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor		Yes	No	Yes	No	No	20-9	29-0

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69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex		Yes	No	Yes	No	No	29-0	29-0
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Yes	No	Yes	No	No	29-0	29-0
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Yes	No	Yes	No	No	29-0	29-0

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69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Yes	No	Yes	No	No	29-0	29-0
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation		Yes	No	Yes	No	No	29-0	29-0
76881	Ultrasound, complete joint (ie, joint space and periarticular soft-tissue structures), real-time with image documentation		Yes	No	Yes	No	No	22-7	29-0

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76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft tissue mass[es]), real-time with image documentation(Do not report 76882 in conjunction with 76XX0)		Yes	No	Yes	No	No	24-5	29-0
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity		Yes	No	Yes	No	No	29-0	29-0
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	29-0

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77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	29-0
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered		Yes	No	No	Yes	No	27-2	29-0
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)		Yes	No	No	Yes	No	28-1	29-0
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)		Yes	No	No	Yes	No	29-0	29-0

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90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)		Yes	No	No	Yes	No	29-0	29-0
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)		Yes	No	No	Yes	No	29-0	29-0
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)		Yes	No	No	Yes	No	29-0	29-0
92065	Orthoptic training; performed by a physician or other qualified health care professional (Donot report 92065 in conjunction with 920XX, 058XT, 059XT, when performed on the same day)		Yes	No	Yes	No	No	29-0	26-3
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	1	Yes	N/A	N/A	N/A	N/A	N/A	26-3

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92284	Dark adaptation examination with interpretation and report		Yes	Yes	No	No	Yes	29-0	29-0
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography		Yes	No	Yes	No	No	27-2	29-0
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (list separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	N/A
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (list separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	N/A

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93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	N/A
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (list separately in addition to code for primary procedure) (use 93566 in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93x1x, 93x2x, 93x3x, 93x4x, 93x5x, 93582) (do not report 93566 in conjunction with 33274 for right ventriculography performed during leadless pacemaker insertion) (do not report 93566 in conjunction with 0545t for right ventricular or right atrial angiography procedures intrinsic to the annulus reconstruction procedure)		Yes	No	Yes	No	No	29-0	N/A

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93567	injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (list separately in addition to code for primary procedure) (use 93567 in conjunction with 93451-93461, 93x1x, 93x2x, 93x3x, 93x4x, 93x5x) (for non-supra-avalvular thoracic aortography or abdominal aortography performed at the time of cardiac catheterization, use the appropriate radiological supervision and interpretation codes [36221, 75600-75630])		Yes	No	Yes	No	No	29-0	N/A
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (list separately in addition to code for primary procedure) (use 93568 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33419, 33477, 33741, 33745, 338x1, 338x2, 338x3, 338x4, 338x5, 338x6, 338x7, 37187, 37188, 37236, 37237, 37238, 37246, 37248, 92997, 92998, 93451, 93453, 93456, 93457, 93460, 93461, 93x1x, 93x2x, 93x3x, 93x4x, 93x5x, 93580, 93581, 93582, 93583) (for selective unilateral or bilateral pulmonary arterial angiography, use 93xx0, 93xx1, which include catheter placement, injection, and radiologic supervision and interpretation)		Yes	No	Yes	No	No	29-0	N/A

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93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	N/A
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	N/A
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization. (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	N/A
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, each distinct vessel		Yes	No	Yes	No	No	28-1	N/A

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93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	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	No	Yes	No	No	28-1	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	N/A

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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	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	Yes	No	No	25-4	N/A

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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	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	N/A

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93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-2	N/A
95919	Quantitative pupillometry with physician or qualified health care professional interpretation and report, unilateral or bilateral		Yes	No	Yes	No	No	26-3	28-1
96202	Multiple-family group behavior modification/management training for guardians/caregivers of a patient with a mental or physical health diagnosis, administered by physician or other qualified nonphysician health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; initial 60 minutes		Yes	Yes	No	No	Yes	28-1	28-1

Notes Legend

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96203	Multiple-family group behavior modification/management training for guardians/caregivers of a patient with a mental or physical health diagnosis, administered by physician or other qualified nonphysician health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; each additional 15 minutes (List separately in addition to code for primary service)		Yes	Yes	No	No	Yes	28-1	28-1
98975	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	28-1
98976	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 respiratory system, each 30 days	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1

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98977	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	28-1
98978	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, cognitive behavioral therapy, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	1, 2	Yes	N/A	N/A	N/A	N/A	N/A	28-1
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes		Yes	No	Yes	No	No	29-0	28-1

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98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	28-1
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or lowlevel medical decision making.		Yes	No	No	No	Yes	28-0	N/A
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	Yes	No	No	Yes	28-0	N/A
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	No	No	No	Yes	27-1	N/A

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99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.		Yes	No	Yes	No	No	28-0	N/A
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	No	Yes	No	No	28-1	N/A
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	No	Yes	No	No	28-1	N/A
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.		Yes	Yes	No	No	Yes	28-0	N/A

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99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	No	Yes	No	No	26-2	N/A
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	No	Yes	No	No	27-1	N/A
99238	Hospital inpatient or observation discharge day management; 30 minutes or less.		Yes	No	Yes	No	No	26-2	28-0
99239	Hospital inpatient or observation discharge day management; more than 30 minutes.		Yes	No	Yes	No	No	26-2	28-0
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.		Yes	No	Yes	Yes	No	27-2	27-2

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99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making		Yes	No	Yes	Yes	No	27-2	27-2
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making		Yes	No	No	Yes	Yes	27-2	27-2
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making		Yes	No	Yes	Yes	No	27-2	27-2
99252	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making		Yes	No	Yes	No	No	29-0	N/A
99253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making		Yes	No	Yes	No	No	29-0	N/A

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99254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	No	No	No	Yes	28-1	N/A
99255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	No	No	No	Yes	24-5	N/A
99281	Emergency department visit for the evaluation and management of a patient, that may not require the presence of a physician or other qualified health care professional.		Yes	No	No	Yes	No	28-1	N/A
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.		Yes	No	No	Yes	No	27-2	N/A
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making.		Yes	No	No	Yes	No	26-2	N/A

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99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	No	No	Yes	Yes	28-1	N/A
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	No	No	Yes	No	28-1	N/A
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.		Yes	Yes	No	No	Yes	28-1	28-1
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.		Yes	No	Yes	No	No	29-0	28-1

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99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.		Yes	No	Yes	No	No	28-1	28-1
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.		Yes	No	Yes	No	No	29-0	28-1
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.		Yes	No	Yes	No	No	28-1	28-1

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99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Yes	No	Yes	No	No	28-1	28-1
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.		Yes	No	Yes	No	No	28-1	28-1
99315	Nursing facility discharge day management, 30 minutes or less		Yes	No	Yes	Yes	No	27-2	27-2
99316	Nursing facility discharge day management; more than 30 minutes		Yes	No	Yes	Yes	No	27-2	27-2

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99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.		Yes	Yes	No	No	Yes	27-2	28-1
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination straightforward medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1

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99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.		Yes	Yes	No	No	Yes	29-0	28-1
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour		Yes	No	Yes	No	No	21-8	29-0

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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)(Use 99359 in conjunction with 99358)(Do not report 99358, 99359 on the same date of service as 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99483, 993X0, 99417)		Yes	No	No	No	Yes	24-4	29-0
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	1	Yes	N/A	N/A	N/A	N/A	N/A	27-2

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99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	1	Yes	N/A	N/A	N/A	N/A	N/A	27-2
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management services)(Use 99417 in conjunction with 99205, 99215, 99245, 99345, 99350, 99483)(Do not report 99417 on the same date of service as 90833, 90836, 90838, 99358, 99359, 99415, 99416)(Do not report 99417 for any time unit less than 15 minutes)		Yes	No	Yes	No	No	26-3	29-0

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99418	Prolonged inpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient Evaluation and Management services)(Use 993X0 in conjunction with 99223, 99233, 99236, 99255, 99306, 99310) (Do not report 993X0 on the same date of service as 90833, 90836, 90838, 99358, 99359)(Do not report 993X0 for any time unit less than 15 minutes)(For prolonged psychotherapy services, use 908X0)		Yes	No	Yes	No	No	27-2	N/A

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99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; - Medical decision making of moderate or high complexity,-Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, -Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]),-Medication reconciliation and review for high-risk medications,-Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s),-Evaluation of safety (eg, home), including motor vehicle operation,-Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks,-Development, updating or revision, or review of an Advance Care Plan,-Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter		Yes	Yes	No	No	Yes	25-4	29-0

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G0008	Administration of influenza virus vaccine		Yes	No	No	Yes	No	29-0	29-0
G0009	Administration of pneumococcal vaccine		Yes	No	No	Yes	No	29-0	29-0
G0010	Administration of hepatitis b vaccine		Yes	No	No	Yes	No	29-0	29-0
x	CPT Desc Times - Outpatient Consults		Yes	N/A	N/A	N/A	N/A	29-0	N/A
x	CPT Desc Times - Home and Residence Services		Yes	N/A	N/A	N/A	N/A	29-0	N/A
x	CPT Desc Times - Inpatient and Obs Services		Yes	N/A	N/A	N/A	N/A	28-0	N/A
x	Extend Inpatient and Obs Recs to Bundled Visits in Surgical Global Periods		Yes	N/A	N/A	N/A	N/A	25-3	N/A
x	CPT Desc Times - Inpatient Consults		Yes	N/A	N/A	N/A	N/A	29-0	N/A

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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