

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2024

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 2024 cycle, the RUC convened meetings on April 27-30, 2022, September 21-24, 2022 and January 11-14, 2023 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2024 cycle, CMS will publish all the RUC recommendations for 2024 in the Medicare Physician Payment Schedule Proposed Rule.

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

<https://www.ama-assn.org/about/rvs-update-committee-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 2024 Summary		
(Physician Work ONLY)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
29-0	25	26%
28-0*	10	10%
28-1	8	8%
27-0*	26	27%
N/A	14	14%
27-1*	4	4%
26-1*	3	3%
26-2*	3	3%
25-3*	3	3%
25-4	1	1%
20-7*	1	1%

73% of all RUC Recommendations to CMS for CPT 2024 were based on unanimous votes of the Committee

*Represents vote totals in which a RUC member either abstained from vote or was not present. Due to the Covid-19 Public Health Emergency (PHE), the April 2022 and September 2022 RUC meetings only had 27 and 28 voting RUC members present, respectively.

RUC Vote Totals – CPT 2024

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
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments		No	No	Yes	No	No	29-0	29-0
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments		No	No	Yes	No	No	29-0	29-0
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed		No	No	Yes	No	No	29-0	29-0
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar		Yes	No	Yes	No	No	28-0	28-0
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)		Yes	No	Yes	No	No	27-1	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 2024

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27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device		Yes	Yes	No	No	Yes	28-1	N/A
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach		Yes	No	Yes	No	No	29-0	29-0
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)		Yes	No	Yes	No	No	29-0	29-0
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve		Yes	No	Yes	No	No	29-0	29-0
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve		Yes	No	Yes	No	No	29-0	29-0
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]) including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation when performed		Yes	Yes	No	No	Yes	28-0	29-0

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33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-0	29-0
33278	Removal of phrenic nerve stimulator including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)		Yes	Yes	No	No	Yes	28-0	29-0
33279	Removal of phrenic nerve stimulator including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only(use 3x011 once for removal of one or more lead[s])		Yes	Yes	No	No	Yes	27-1	29-0
33280	Removal of phrenic nerve stimulator including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only		Yes	Yes	No	No	Yes	28-0	29-0
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)		Yes	Yes	No	No	Yes	29-0	29-0

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33287	Removal and replacement of phrenic nerve stimulator including vessel catheterization, all imaging guidance, and interrogation and programming when performed; pulse generator		Yes	Yes	No	No	Yes	29-0	29-0
33288	Removal and replacement of phrenic nerve stimulator including vessel catheterization, all imaging guidance, and interrogation and programming when performed; transvenous stimulation or sensing lead		Yes	Yes	No	No	Yes	29-0	29-0
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed		Yes	No	Yes	No	No	25-4	29-0
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency		Yes	No	Yes	No	No	28-1	29-0

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61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)		Yes	No	Yes	No	No	26-2	27-1
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)		Yes	No	Yes	No	No	28-0	27-1
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed		Yes	No	Yes	No	No	27-0	27-1
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver		Yes	N/A	N/A	N/A	N/A	27-0	N/A
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver		Yes	No	Yes	No	No	26-1	28-0

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63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array.		Yes	N/A	N/A	N/A	N/A	27-0	N/A
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array		Yes	Yes	No	No	Yes	28-0	28-0
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver direct or inductive coupling, requiring pocket creation and connection between electrode array and pulse generator or receiver		Yes	No	Yes	Yes	No	27-0	27-0
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array		Yes	No	No	Yes	Yes	27-0	27-0
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; initial electrode array		Yes	N/A	N/A	N/A	N/A	27-0	N/A

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64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; initial electrode array	2	Yes	No	Yes	No	No	25-3	N/A
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; each additional electrode array (List separately in addition to primary procedure)		Yes	N/A	N/A	N/A	N/A	27-0	N/A
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; each additional electrode array (List separately in addition to primary procedure)	2	Yes	No	Yes	No	No	25-3	N/A
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator		Yes	N/A	N/A	N/A	N/A	27-0	N/A
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	2	Yes	No	Yes	No	No	25-3	N/A

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65778	Placement of amniotic membrane on the ocular surface; without sutures		Yes	No	No	No	Yes	26-2	28-0
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured		Yes	No	Yes	No	No	28-0	28-0
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers		Yes	No	Yes	No	No	28-0	28-0
67516	6X000, Suprachoroidal space injection of pharmacologic agent (separate procedure)		Yes	No	Yes	No	No	27-1	28-0
75580	Noninvasive estimate of coronary fractional flow reserve derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional		Yes	Yes	No	No	Yes	29-0	29-0
76881	Ultrasound, complete joint (ie, joint space and periarticular soft-tissue structures), real-time with image documentation	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0

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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	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
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	1	Yes	N/A	N/A	N/A	N/A	N/A	28-0
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	26-1	27-0
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic		Yes	No	Yes	No	No	28-0	N/A

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76987	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report		Yes	No	Yes	No	No	26-1	N/A
76988	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only		Yes	No	Yes	No	No	27-0	N/A
76989	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; interpretation and report only		Yes	No	Yes	No	No	27-0	N/A
76998	Ultrasonic guidance, intraoperative		Yes	No	Yes	No	No	26-2	N/A
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A

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92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A

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92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A
92972	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	3	Yes	No	No	No	Yes	28-1	N/A
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	N/A	N/A
93150	Therapy activation of implanted phrenic nerve stimulator system including all interrogation and programming		Yes	Yes	No	No	Yes	29-0	29-0
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system		Yes	Yes	No	No	Yes	29-0	29-0

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93152	Interrogation and programming of implanted phrenic nerve stimulator system during a polysomnography		Yes	Yes	No	No	Yes	29-0	29-0
93153	Interrogation, without programming of implanted phrenic nerve stimulator system		Yes	Yes	No	No	Yes	29-0	29-0
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional		Yes	No	Yes	No	No	28-1	29-0
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional		Yes	No	Yes	No	No	28-1	29-0

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93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)		Yes	No	No	No	Yes	28-1	N/A
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemi-azygos venous system(list separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A

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RUC Vote Totals – CPT 2024

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93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemi-azygos venous system(list separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-1	N/A
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	29-0	N/A
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A

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93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	28-1	N/A
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	N/A
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A

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93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections		Yes	No	Yes	No	No	29-0	N/A
93594	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	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93594	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	29-0	N/A
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections		Yes	No	Yes	No	No	29-0	N/A

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93596	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); normal native connections	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93596	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); normal native connections		Yes	No	Yes	No	No	29-0	N/A
93597	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 native connections	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
93597	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 native connections		Yes	No	Yes	No	No	29-0	N/A
93598	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)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A

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93598	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)		Yes	No	Yes	No	No	29-0	N/A
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	2	Yes	No	Yes	No	No	29-0	N/A
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	2	Yes	No	Yes	No	No	29-0	N/A
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A

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96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
99459	Pelvic exam (List separately in addition to code for primary procedure)	1	Yes	N/A	N/A	N/A	N/A	N/A	29-0
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.		Yes	Yes	No	No	Yes	27-0	27-0

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99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate		Yes	No	Yes	No	No	27-1	26-1
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	20-7	26-1
9X001	Venography for congenital heart defect(s), radiological supervision and interpretation; inferior vena cava (List separately in addition to code for primary procedure)	3	Yes	N/A	N/A	N/A	N/A	27-0	N/A
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1	No	N/A	N/A	N/A	N/A	N/A	28-0

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G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	1	Yes	N/A	N/A	N/A	N/A	N/A	29-0

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