

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

### Final Vote Release – CPT 2025

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 2025 cycle, the RUC convened meetings on April 26-29, 2023, September 27-30, 2023 and January 17-20, 2024 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2025 cycle, CMS will publish all the RUC recommendations for 2025 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.

<b>RUC Vote Totals – CPT 2025 Summary</b>		
<b>(Physician Work ONLY)</b>		
<b>Vote Total</b>	<b>Number of Vote Total Instances</b>	<b>Percentage of Vote Total Instances</b>
29-0	58	44%
28-1	20	15%
28-0*	15	11%
22-7	12	9%
25-4	7	5%
26-3	6	5%
21-8	3	2%
20-9	3	2%
27-2	3	2%
24-5	2	2%
25-3*	1	1%
23-6	1	1%
22-6*	1	1%
27-0*	1	1%

**56% of all RUC Recommendations to CMS for CPT 2025 were based on unanimous votes of the Committee**

\*Represents vote totals in which a RUC member either abstained from vote or was not present.

## RUC Vote Totals – CPT 2025

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
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less		Yes	No	No	Yes	No	29-0	29-0
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)		Yes	No	No	Yes	No	29-0	29-0
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin		Yes	No	No	Yes	No	29-0	29-0
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)		Yes	No	No	Yes	No	29-0	29-0
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less		Yes	No	No	Yes	Yes	29-0	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

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15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List seperately in addition to code for primary procedure)		Yes	No	No	Yes	Yes	29-0	29-0
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less		Yes	No	No	Yes	Yes	29-0	29-0
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List seperately in addition to code for primary procedure)		Yes	No	No	Yes	Yes	29-0	29-0
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon		Yes	No	Yes	No	No	26-3	29-0
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)		Yes	No	Yes	No	No	25-4	29-0

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25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed		Yes	No	Yes	No	No	22-7	29-0
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon		Yes	No	Yes	No	No	28-1	29-0
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed		Yes	No	Yes	No	No	28-1	N/A
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed		Yes	No	Yes	No	No	28-1	N/A
36514	Therapeutic apheresis; for plasma pheresis	1	N/A	N/A	N/A	N/A	N/A	N/A	28-0

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36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	1	N/A	N/A	N/A	N/A	N/A	N/A	28-0
36522	Photopheresis, extracorporeal	1	N/A	N/A	N/A	N/A	N/A	N/A	28-0
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A

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36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	3	N/A	N/A	N/A	N/A	N/A	28-0	N/A
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day		Yes	No	Yes	No	No	28-1	28-0
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)		Yes	No	Yes	No	No	26-3	28-0

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38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration		Yes	No	No	No	Yes	27-0	28-0
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous		Yes	No	Yes	No	No	22-6	28-0
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less		Yes	No	Yes	No	No	29-0	29-0
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm		Yes	No	Yes	No	No	29-0	29-0
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm		Yes	No	Yes	No	No	29-0	29-0

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49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm		Yes	No	Yes	No	No	26-3	29-0
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm		Yes	No	Yes	No	No	29-0	29-0
51721	Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed		Yes	No	No	Yes	Yes	29-0	29-0
53865	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;		Yes	No	No	Yes	No	22-7	29-0

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53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate		Yes	Yes	No	No	Yes	29-0	29-0
53866	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed		Yes	No	No	Yes	No	26-3	29-0
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate		Yes	Yes	No	No	Yes	25-4	29-0
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)		Yes	No	Yes	No	No	29-0	29-0
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency		Yes	Yes	No	No	Yes	29-0	29-0

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60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, with imaging guidance, radiofrequency (List separately in addition to code for primary service)		Yes	Yes	No	No	Yes	29-0	29-0
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed		Yes	No	Yes	No	No	29-0	29-0
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed		Yes	No	Yes	No	No	25-4	29-0
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed		Yes	No	Yes	No	No	29-0	29-0
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed		Yes	No	Yes	No	No	29-0	29-0

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64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed		Yes	No	Yes	No	No	29-0	29-0
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed		Yes	No	Yes	No	No	25-4	29-0
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed		Yes	No	Yes	No	No	29-0	29-0
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)		Yes	No	Yes	No	No	29-0	29-0
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)		Yes	No	Yes	No	No	29-0	29-0

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64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)		Yes	No	Yes	No	No	29-0	29-0
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)		Yes	No	Yes	No	No	29-0	29-0
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	1	N/A	N/A	N/A	N/A	N/A	N/A	28-0
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	1	N/A	N/A	N/A	N/A	N/A	N/A	28-0
66680	Repair of iris, ciliary body (as for iridodialysis).		Yes	No	Yes	No	No	28-1	28-0
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture).		Yes	No	Yes	No	No	26-3	28-0

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66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed.		Yes	No	Yes	No	No	28-0	28-0
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	1	N/A	N/A	N/A	N/A	N/A	N/A	29-0
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	1	N/A	N/A	N/A	N/A	N/A	N/A	29-0

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76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report		Yes	No	Yes	No	No	29-0	29-0
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report		Yes	No	Yes	No	No	29-0	29-0

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76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report		Yes	No	Yes	No	No	29-0	29-0
76019	MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report		Yes	No	Yes	No	No	29-0	29-0
76981	Ultrasound, elastography; parenchyma (eg, organ)		Yes	No	Yes	No	No	29-0	29-0
76982	Ultrasound, elastography; first target lesion		Yes	No	Yes	No	No	29-0	29-0

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76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	29-0	29-0
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose		Yes	No	Yes	No	No	28-1	29-0
92132	Computerized ophthalmic diagnostic imaging(eg, optical coherence tomography [OCT]),anterior segment, with interpretation and report, unilateral or bilateral.	4	Yes	No	Yes	No	No	29-0	29-0
92132	Computerized ophthalmic diagnostic imaging(eg, optical coherence tomography [OCT]),anterior segment, with interpretation and report, unilateral or bilateral		Yes	No	Yes	No	No	29-0	29-0

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92133	Computerized ophthalmic diagnostic imaging(eg, optical coherence tomography [OCT]),posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.	4	Yes	No	Yes	No	No	29-0	29-0
92133	Computerized ophthalmic diagnostic imaging(eg, optical coherence tomography [OCT]),posterior segment, with interpretation and report, unilateral or bilateral; optic nerve		Yes	No	Yes	No	No	29-0	29-0
92134	Computerized ophthalmic diagnostic imaging(eg, optical coherence tomography [OCT]),posterior segment, with interpretation and report, unilateral or bilateral; retina.	4	Yes	No	Yes	No	No	29-0	29-0
92134	Computerized ophthalmic diagnostic imaging(eg, optical coherence tomography [OCT]),posterior segment, with interpretation and report, unilateral or bilateral; retina		Yes	No	Yes	No	No	29-0	29-0
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina including OCT angiography	4	Yes	No	No	No	Yes	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

## RUC Vote Totals – CPT 2025

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
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina including OCT angiography		Yes	No	Yes	No	No	28-1	29-0
93886	Transcranial Doppler study of the intracranial arteries; complete study		Yes	No	No	No	Yes	29-0	29-0
93888	Transcranial Doppler study of the intracranial arteries; limited study		Yes	Yes	No	No	Yes	27-2	29-0
93892	Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection		Yes	No	Yes	No	No	28-1	29-0
93893	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection		Yes	No	Yes	No	No	29-0	29-0
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	29-0

### Notes Legend

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## RUC Vote Totals – CPT 2025

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93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	29-0
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	29-0	29-0
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional		Yes	No	Yes	No	No	28-0	29-0
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection		Yes	No	Yes	No	No	29-0	29-0
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	2	Yes	Yes	No	No	Yes	22-7	28-1

### Notes Legend

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96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	2	Yes	Yes	No	No	Yes	20-9	28-1
96922	Excimer laser treatment for psoriasis; over 500 sq cm	2	Yes	Yes	No	No	Yes	21-8	28-1
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact		Yes	Yes	No	No	Yes	28-1	29-0
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	29-0	29-0
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient		Yes	Yes	No	No	Yes	28-1	29-0

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97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	29-0	29-0
98000	Synchronous audio-video visit for the evaluation and management of a new 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, XX minutes must be met or exceeded.	4	Yes	No	No	Yes	No	29-0	26-2
98000	Synchronous audio-video visit for the evaluation and management of a new 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, 15 minutes must be met or exceeded.		Yes	No	Yes	No	No	25-4	29-0

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## RUC Vote Totals – CPT 2025

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
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	No	No	Yes	No	29-0	26-2
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low 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	25-4	29-0
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded	4	Yes	No	No	Yes	Yes	26-3	26-2

**Notes Legend**

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## RUC Vote Totals – CPT 2025

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98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate 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	22-7	29-0
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded. (For services XX minutes or longer, use prolonged services code 99417)	4	Yes	Yes	No	Yes	Yes	29-0	26-2
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)		Yes	No	Yes	No	No	20-9	29-0

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98004	Synchronous audio-video visit for the evaluation and management of an established 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, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	No	22-7	26-2
98004	Synchronous audio-video visit for the evaluation and management of an established 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	22-7	29-0
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	Yes	22-7	26-2

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98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.		Yes	No	Yes	No	No	24-5	29-0
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	Yes	22-7	26-2
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate 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	20-9	29-0

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98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded. (For services XX minutes or longer, use prolonged services code 99417)	4	Yes	Yes	No	Yes	Yes	22-7	26-2
98007	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	No	28-1	26-2
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417)		Yes	No	No	No	Yes	28-1	29-0

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98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded	4	Yes	Yes	No	Yes	No	21-8	26-2
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.		Yes	No	No	No	Yes	28-1	29-0
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Yes	No	No	No	Yes	28-1	29-0

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98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	Yes	29-0	26-2
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.		Yes	Yes	No	No	Yes	22-7	29-0
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded. (For services XX minutes or longer, use prolonged services code 99417)	4	Yes	Yes	No	Yes	Yes	28-1	26-2

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98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)		Yes	Yes	No	No	Yes	25-4	29-0
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met	4	Yes	Yes	No	Yes	No	28-1	26-2
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	No	28-1	26-2

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98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.		Yes	No	No	No	Yes	28-1	29-0
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.	4	Yes	Yes	No	Yes	No	22-7	26-2
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.		Yes	No	No	No	Yes	29-0	29-0

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98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded. (For services XX minutes or longer, use prolonged services code 99417) (Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s]) (Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489) (Do not report 9X087, 9X088, 9X089, 9X090 when performed during the service time of 99495, 99496)	4	Yes	Yes	No	Yes	Yes	23-6	26-2
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Yes	Yes	No	No	Yes	27-2	29-0

**Notes Legend**

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98015	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion. (Do not report 9X091 in conjunction with 9X075-9X090). (Do not report services of less than 5 minutes of medical discussion)	4	Yes	Yes	No	Yes	Yes	25-3	26-2

### Notes Legend

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98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417) (Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s]) (Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489) (Do not report 9X087, 9X088, 9X089, 9X090 when performed during the service time of 99495, 99496)		Yes	Yes	No	No	Yes	21-8	29-0

**Notes Legend**

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98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion. (Do not report 9X091 in conjunction with 9X075-9X090). (Do not report services of less than 5 minutes of medical discussion)		Yes	No	Yes	No	No	27-2	29-0
98016	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	1	N/A	N/A	N/A	N/A	N/A	N/A	29-0
9X034	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)		Yes	No	Yes	No	No	28-1	N/A

### Notes Legend

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9X035	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)		Yes	No	Yes	No	No	29-0	N/A
G0168	Wound closure utilizing tissue adhesive(s) only	1	N/A	N/A	N/A	N/A	N/A	N/A	28-0
G0442	Annual alcohol misuse screening, 5 to 15 minutes		Yes	No	Yes	No	No	28-0	28-0
G0442	Annual alcohol misuse screening, 5 to 15 minutes		Yes	No	Yes	No	No	29-0	28-1
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		Yes	No	Yes	No	No	28-0	28-0
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		Yes	No	Yes	No	No	22-7	28-1
G0444	Annual depression screening, 5 to 15 minutes		Yes	No	Yes	No	No	28-0	28-0

### Notes Legend

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G0444	Annual depression screening, 5 to 15 minutes		Yes	No	Yes	No	No	29-0	29-0
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Yes	No	Yes	No	No	28-0	28-0
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Yes	No	Yes	No	No	24-5	29-0
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes		Yes	No	Yes	No	No	28-0	28-0
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes		Yes	No	Yes	No	No	29-0	29-0
G0447	Face-to-face behavioral counseling for obesity, 15 minutes		Yes	No	Yes	No	No	28-0	28-0

### Notes Legend

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- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2025

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
G0447	Face-to-face behavioral counseling for obesity, 15 minutes		Yes	No	Yes	No	No	29-0	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