

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2026

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 2026 cycle, the RUC convened meetings on April 24-27, 2024, September 25-28, 2024 and January 15-18, 2025 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2026 cycle, CMS will publish all the RUC recommendations for 2026 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 2025 Summary (Physician Work ONLY)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
29-0	90	56%
26-3	17	11%
28-1	15	9%
27-2	9	6%
20-9	5	3%
28-0*	5	3%
23-6	4	2%
24-5	4	2%
25-4	3	2%
21-8	2	1%
22-7	2	1%
24-4*	1	1%
26-2*	1	1%
20-8*	1	1%
23-5*	1	1%
21-7*	1	1%

**59% of all RUC
Recommendations to CMS
for CPT 2026 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 2026

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
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement		Yes	No	Yes	No	No	26-3	29-0
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement		Yes	Yes	No	No	Yes	29-0	29-0
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	3	No	N/A	N/A	N/A	N/A	29-0	N/A
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	3	No	N/A	N/A	N/A	N/A	29-0	N/A
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	3	No	N/A	N/A	N/A	N/A	29-0	N/A
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	3	No	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

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27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device		Yes	No	Yes	No	No	29-0	29-0
27465	Osteoplasty, femur; shortening (excluding 64876)		Yes	No	Yes	No	No	29-0	29-0
27466	Osteoplasty, femur; lengthening		Yes	No	Yes	No	No	29-0	29-0
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	2, 3	Yes	N/A	N/A	N/A	N/A	29-0	29-0
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device		Yes	No	Yes	No	No	29-0	29-0

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27715	Osteoplasty tibia and fibula, lengthening or shortening		Yes	No	Yes	No	No	29-0	29-0
28750	Arthrodesis, great toe; metatarsophalangeal joint		Yes	No	Yes	No	No	20-9	29-0
28755	Arthrodesis, great toe; interphalangeal joint		Yes	Yes	No	No	Yes	21-8	29-0
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation		Yes	Yes	No	No	Yes	29-0	29-0
33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed		Yes	No	Yes	No	No	29-0	29-0

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33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery		Yes	No	Yes	No	No	29-0	29-0
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including preprocedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0

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33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed		Yes	No	Yes	No	No	29-0	29-0
33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation		Yes	No	Yes	No	No	29-0	29-0
35602	Bypass graft, with other than vein; carotid-contralateral carotid		Yes	No	Yes	No	No	29-0	29-0

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37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		Yes	No	Yes	Yes	No	28-1	29-0
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel, (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0

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37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0

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37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0

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37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0

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37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	No	Yes	Yes	No	22-7	29-0

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37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0

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37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0

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37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0

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37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0

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37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

Notes Legend

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37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

Notes Legend

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37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0

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37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0

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37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	Yes	No	Yes	Yes	29-0	29-0

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37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		Yes	No	Yes	Yes	No	29-0	29-0
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0

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37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		Yes	Yes	No	Yes	Yes	29-0	29-0
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	29-0	29-0
43889	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma coagulation, when performed		Yes	Yes	No	No	Yes	28-0	29-0

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47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous		Yes	Yes	No	No	Yes	28-1	N/A
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed.		Yes	Yes	No	No	Yes	29-0	28-1
52500	Transurethral resection of bladder neck (separate procedure)		Yes	No	Yes	No	No	29-0	29-0
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed (Do not report 52XX1 in conjunction with 52500, 52601, 52630, 76872)		Yes	No	Yes	No	No	29-0	29-0

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52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (For transurethral waterjet ablation of prostate, use 52XX1) (For other approaches, see 55801-55845) (52612, 52614, 52620 have been deleted. For first stage transurethral partial resection of prostate, use 52601. For second stage partial resection of prostate, use 52601 with modifier 58. For transurethral resection of residual or regrowth of obstructive prostate tissue, use 52630)		Yes	No	Yes	No	No	29-0	29-0
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (For resection of residual prostate tissue performed within the postoperative period of a related procedure performed by the same physician, append modifier 78) (For transurethral waterjet ablation of prostate, use 52XX1).		Yes	No	Yes	No	No	29-0	29-0

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52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		Yes	No	Yes	No	No	29-0	29-0
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) (Do not report 52649 in conjunction with 52000, 52276, 52281, 52601, 52647, 52648, 53020, 55250)		Yes	Yes	No	No	Yes	23-6	29-0
55705	Biopsy, prostate; any approach, nonimaging-guided		Yes	Yes	No	No	Yes	27-2	29-0
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance		Yes	Yes	No	No	Yes	22-7	29-0
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])		Yes	No	Yes	No	No	29-0	29-0

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55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion		Yes	No	Yes	No	No	29-0	29-0
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])		Yes	No	Yes	No	No	29-0	29-0
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion guidance biopsy, first targeted lesion		Yes	Yes	No	No	Yes	29-0	29-0
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion		Yes	Yes	No	No	Yes	26-3	29-0
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion		Yes	No	Yes	No	No	28-0	29-0
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion		Yes	No	Yes	No	No	23-6	29-0

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55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion		Yes	No	Yes	No	No	28-1	29-0
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)		Yes	No	Yes	No	No	27-2	29-0
55840	Prostatectomy, retropubic radical, with or without nerve sparing;		Yes	Yes	No	No	Yes	29-0	29-0
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		Yes	Yes	No	No	Yes	29-0	29-0
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes.		Yes	Yes	No	No	Yes	29-0	29-0

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55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; (Do not report 55866 in conjunction with 38571 if performed at the same session) (For open procedure, use see 55840, 55842, 55845) (For laparoscopy, surgical prostatectomy, simple subtotal, use 55867)		Yes	Yes	No	No	Yes	28-0	29-0
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. (For open subtotal prostatectomy, see 55821, 55831)		Yes	No	Yes	No	No	29-0	29-0
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)		Yes	Yes	No	No	Yes	29-0	29-0
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Yes	Yes	No	No	Yes	28-1	29-0

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55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous		Yes	Yes	No	No	Yes	28-1	N/A
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)		Yes	Yes	No	No	Yes	29-0	28-1
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)		Yes	Yes	No	No	Yes	27-2	28-1

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62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	3	Yes	N/A	N/A	N/A	N/A	N/A	29-0
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar		Yes	No	Yes	No	No	27-2	29-0
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-1	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	N/A

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63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone anchored annular closure device, including all image guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	29-0	N/A
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
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation		Yes	No	Yes	No	No	29-0	29-0
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming		Yes	No	Yes	No	No	28-1	29-0

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64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only		Yes	No	Yes	No	No	25-4	29-0
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only		Yes	No	Yes	No	No	25-4	29-0
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator		Yes	Yes	No	No	Yes	29-0	29-0
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only		Yes	Yes	No	No	Yes	29-0	29-0
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only		Yes	No	Yes	No	No	29-0	29-0
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance		Yes	Yes	No	No	Yes	27-2	29-0

Notes Legend

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70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		Yes	No	Yes	No	No	23-5	28-0
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	28-0	28-0
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy		Yes	No	Yes	No	No	26-2	28-0
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes	No	Yes	No	No	21-7	28-0
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes	No	Yes	No	No	20-8	28-0

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75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional		Yes	No	Yes	No	No	28-1	28-1
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation		Yes	No	Yes	No	No	25-4	28-1
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis		Yes	No	Yes	No	No	26-3	28-1
76872	Ultrasound, transrectal		Yes	No	Yes	No	No	27-2	29-0
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		Yes	No	Yes	No	No	28-1	28-1

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77402	Radiation treatment delivery; Level 1 (eg, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
77407	Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
77417	Therapeutic radiology port image(s)	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting (Do not report 77X05 in conjunction with 77261, 77262, 77280)		Yes	Yes	No	No	Yes	27-2	28-1

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77437	Surface radiation therapy; superficial, delivery, <150 kV, per fraction (eg, electronic brachytherapy)	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to the code for primary procedure) (Use 77X09 in conjunction with 77X07, 77X08)		Yes	No	Yes	No	No	28-1	28-1
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose		No	No	Yes	No	No	28-0	29-0
90481	Immunization administration by intramuscular injection, of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (List separately in addition to code for primary procedure)		No	No	Yes	No	No	29-0	29-0

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90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes		Yes	Yes	No	No	Yes	27-2	29-0
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes.		Yes	Yes	No	No	Yes	28-1	29-0
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes		Yes	Yes	No	No	Yes	28-1	29-0
90901	Biofeedback training by any modality	3	No	N/A	N/A	N/A	N/A	29-0	N/A
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	3	No	N/A	N/A	N/A	N/A	29-0	N/A

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90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	3	No	N/A	N/A	N/A	N/A	29-0	N/A
91124	Rectal sensation, tone, and compliance study (eg, barostat)		Yes	No	Yes	No	No	26-3	29-0
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed		Yes	No	Yes	No	No	24-5	29-0
92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-conebreakpoint), with interpretation and report		Yes	No	Yes	No	No	27-2	28-1
92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report		Yes	No	Yes	No	No	21-8	28-1
92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)		Yes	Yes	No	Yes	Yes	26-3	26-3

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92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)		Yes	Yes	No	Yes	Yes	26-3	26-3
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments		Yes	Yes	No	Yes	Yes	26-3	26-3
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, two or more distinct coronary lesions with two or more coronary stents deployed into two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch		Yes	No	Yes	Yes	No	26-3	26-3
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)		Yes	No	Yes	Yes	No	26-3	26-3

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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 major coronary artery and/its branches		Yes	No	Yes	Yes	No	26-3	26-3
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches		Yes	No	Yes	Yes	No	26-3	26-3
92943	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach		Yes	No	Yes	Yes	No	26-3	26-3

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92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches		Yes	No	Yes	Yes	No	26-3	26-3
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	26-3	26-3
92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	26-3	26-3
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming		Yes	No	Yes	No	No	23-6	29-0

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93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting		Yes	No	Yes	No	No	29-0	29-0
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	26-3	26-3
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)		Yes	No	Yes	Yes	No	26-3	26-3

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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	20-9	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	20-9	29-0
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection		Yes	No	Yes	No	No	20-9	29-0
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection		Yes	No	Yes	No	No	20-9	29-0
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1

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97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and pre-cooling period	1	Yes	N/A	N/A	N/A	N/A	N/A	27-2
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); 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, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period	1, 2	Yes	N/A	N/A	N/A	N/A	N/A	28-1

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98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, first 10 minutes		Yes	No	Yes	No	No	24-5	28-1
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, first 20 minutes		Yes	No	Yes	No	No	28-1	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 1 real-time interactive communication with the patient or caregiver during the calendar month, each additional 20 minutes		Yes	No	Yes	No	No	24-5	28-1
98984	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	1, 2	Yes	N/A	N/A	N/A	N/A	N/A	28-1
98985	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period		Yes	N/A	N/A	N/A	N/A	N/A	28-1

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99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days		Yes	No	Yes	No	No	24-4	28-1
99445	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1

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99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes (Report 99XX5, 99457 once per calendar month, regardless of the number of parameters monitored) (Do not report 99457 for services of less than 20 minutes) (Do not report 99XX5, 99457 in conjunction with 93264, 99091) (Do not report 99XX5, 99457 in the same calendar month as 99473, 99474)		Yes	No	Yes	No	No	28-1	28-1
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure) (Use 99458 in conjunction with 99457) (Do not report 99457, 99458 in conjunction with 99XX5) (For remote therapeutic monitoring treatment management services, see 98XX7, 98980, 98981) (Do not report 99458 for services of less than an additional increment of 20 minutes)		Yes	No	Yes	No	No	23-6	28-1

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99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes (do not report 99xx5 in conjunction with 99457, 99458) (do not report 99xx5 for services of less than 10 minutes or more than 19 minutes)		Yes	No	Yes	No	No	24-5	28-1
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	1	Yes	N/A	N/A	N/A	N/A	N/A	28-1
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient		Yes	No	Yes	No	No	28-1	28-1

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