Summary

- New - 149
- Revised - 498
- Deleted - 81

Appendix G – codes that include Moderate Sedation - archived

 Modifier 95

Appendix P – summary of CPT codes that may be used for Synchronous Telemedicine Services

Editorial Updates

What’s new for 2017......

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Evaluation and Management

Preventive Medicine
- 99420 Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)

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Evaluation and Management

Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services

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Evaluation and Management

Non-Face-To-Face Prolonged E/M Services - Update
- 99358 Prolonged evaluation and management service before and/or after direct patient care; first hour – 2.10 RVU
- 99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service) - 1.00
Evaluation and Management

Chronic Care Management - Update

- 99487 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month – 2.61

- 99489 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) – 1.31

Evaluation and Management

Comprehensive Assessment & Care Planning

G0506 Comprehensive assessment of and care planning by the physician or other qualified health care professional for patients requiring chronic care management services, including assessment during the provision of a face-to-face service (billed separately from monthly care management services) (Add-on code, list separately in addition to primary service) -.087

Evaluation and Management

Mobility Assistive Technology

G0501 Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lifts, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient evaluation and management visit (Add-on code, list separately in addition to primary procedure) - Bundled
Surgery – Integumentary System

Nails
- 11752 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx

Surgery – Musculoskeletal System

General
- 20240 Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
- 20245 Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)

Head
- 21495 Open treatment of hyoid fracture

Spine
- 22305 Closed treatment of vertebral process fracture(s)
- 22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
Surgery - Musculoskeletal System

Spine

- 22853 Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

- 22854 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

- 22859 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

- 22867 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

- 22868 second level (List separately in addition to code for primary procedure)

- 22869 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

- 22870 second level (List separately in addition to code for primary procedure)

Pelvis and Hip Joint

- 27193 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation

- 27194 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
Surgery – *Musculoskeletal System*

**Pelvis and Hip Joint**

- 27197 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
- 27198 ; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)

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**Foot and Toes**

- 28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
  - 28290 Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
- 28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

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**Foot and Toes**

- 28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
  - 28293 Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant ; resection of joint with implant
  - 28294 ; with tendon transplants (eg, Joplin type procedure)
Surgery – Musculoskeletal System

Foot and Toes
- ▲28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
- ●#28295 ; with proximal metatarsal osteotomy, any method
- ▲28297 ; with first metatarsal and medial cuneiform joint arthrodesis, any method
- ▲28298 ; with proximal phalanx osteotomy, any method
- ▲28299 ; with double osteotomy, any method

Surgery – Respiratory System

Larynx
- ▲31575 Laryngoscopy, flexible; diagnostic
- ▲31576 ; with biopsy(ies)
- ▲51577 ; Laryngoscopy, flexible; with removal of foreign body(s)
- ▲31578 ; with removal of lesion(s), non-laser

Surgery – Respiratory System

Larynx
- ●#31572 Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
- ●#31573 ; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
- ●#31574 ; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
Surgery – *Respiratory System*

**Larynx**

- 31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy
- 31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
- 31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy

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Surgery – *Respiratory System*

**Larynx**

- #31551 Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age
- #31552 ; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older
- #31553 ; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
- #31554 ; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

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Surgery – *Respiratory System*

**Larynx**

- 31584 Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed
- 31587 Laryngoplasty, cricoid split, without graft placement
- 31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
Surgery – Respiratory System

Larynx
- 31591 Laryngoplasty, medialization, unilateral
- 31592 Cricotracheal resection

Surgery – Cardiovascular System

Heart and Pericardium
- 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
- 33390 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)
- 33391 ; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)

- 33400 Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
- 33401 ; open, with inflow occlusion
- 33403 ; using transventricular dilation, with cardiopulmonary bypass
- ▲33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
- ▲33406 ; with allograft valve (freehand)
- ▲33410 ; with stentless tissue valve
Surgery – Cardiovascular System

Heart and Pericardium
- 35450 Transluminal balloon angioplasty, open; renal or other visceral artery
- 35452 ; aortic
- 35458 ; brachiocephalic trunk or branches, each vessel
- 35460 ; venous
- 35471 ; renal or visceral artery
- 35472 ; aortic

Surgery – Cardiovascular System

Heart and Pericardium
- 35458 ; brachiocephalic trunk or branches, each vessel
- 35458 ; aortic
- 35471 ; renal or visceral artery
- 35472 ; aortic

Surgery – Cardiovascular System

Arteries and Veins
- 36456 Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn
- 36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
- +36474 ; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Arteries and Veins

36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)

36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report

36902 ; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

36903 ; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)

36905 ; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

36906 ; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
Surgery – Cardiovascular System

Arteries and Veins

- +36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure)
- +36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (list separately in addition to code for primary procedure)
- +36909 Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure)

- 37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
- 37247 ; each additional artery (list separately in addition to code for primary procedure)
- 37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
- 37249 ; each additional vein (list separately in addition to code for primary procedure)

Surgery – Digestive System

Esophagus

- 43284 Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
- 43285 Removal of esophageal sphincter augmentation device
Surgery – Digestive System

Biliary Tract

▲47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter changer(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access

▲47539; new access, without placement of separate biliary drainage catheter

▲47540; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)

Surgery – Female Genital System

Oviduct/Ovary

●58674 Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency

Surgery – Nervous System

Spine and Spinal Cord

▲62287 Decompression procedure, 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
Surgery – Nervous System

Spine and Spinal Cord

- 62310 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62311 : lumbar or sacral (caudal)
- 62318 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62319 : lumbar or sacral (caudal)

Surgery – Nervous System

Spine and Spinal Cord

- 62320 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
- 62321 : with imaging guidance (ie, fluoroscopy or CT)
- 62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
- 62323 : with imaging guidance (ie, fluoroscopy or CT)

Surgery – Nervous System

Spine and Spinal Cord

- 62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
- 62325 : with imaging guidance (ie, fluoroscopy or CT)
- 62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
- 62327 : with imaging guidance (ie, fluoroscopy or CT)
Surgery – Nervous System

Spine and Spinal Cord

- 62380  Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar

Surgery – Eye and Ocular Adnexa

Anterior Segment

- 67101  Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
- 67105  Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation

Radiology – Diagnostic Radiology

Vascular Procedures

- 75791  Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation
Radiology – *Diagnostic Radiology*

**Vascular Procedures**
- 75962 Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
- 75964 Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 75966 Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
- 75968 Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 75978 Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation

Radiology – *Diagnostic Ultrasound*

**Abdomen and Retroperitoneum**
- 76706 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

Radiology – *Radiologic Guidance*

**Fluoroscopic Guidance**
- +77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
- +77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
Radiology – Breast Mammography
- +77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)
- +77052 ; screening mammography (List separately in addition to code for primary procedure)
- 77055 Mammography; unilateral
- 77056 Mammography; bilateral
- 77057 Screening mammography, bilateral (2-view study of each breast)

Radiology - Breast Mammography
- 77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral – G0206
- 77066 Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral – G0204
- 77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed – G0202

Pathology and Laboratory – Drug Assay
Presumptive Drug Class Screening
- 80300 Drug screen, any number of drug classes from Drug Class List A, any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service
- 80301 ; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service -
- 80302 Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC Chromatography without mass spectrometry (eg, GC, HPLC), each procedure
- 80303 Drug screen, any number of drug classes, presumptive, single or multiple drug class method, thin layer chromatography procedure(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service
- 80304 ; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDI, DESI, DART), each procedure
Pathology and Laboratory – Drug Assay

Presumptive Drug Class Screening

- **80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
- **80306 ; read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
- **80307 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

Pathology and Laboratory – Drug Assay

Presumptive Drug Class Screening

- **80305 direct optical observation
- **80306 instrument assisted direct optical observation
- **80307 traditional instrument chemistry analyzers

Pathology and Laboratory – Molecular Pathology

Tier 1 Molecular Pathology Procedures

- 81280 Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCNSA, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK(2); full sequence analysis
- 81281 ; known familial sequence variant
- 81282 ; duplication/deletion variants
Pathology and Laboratory – Molecular Pathology

Tier 1 Molecular Pathology Procedures

- 81327  SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis

Pathology and Laboratory – Molecular Pathology

Tier 1 Molecular Pathology Procedures

- 81401  "SEPT9 (septin9) (eg, colon cancer), methylation analysis" was removed from the 2017 description.
- 81403  " or identified during a genomic sequencing procedure" was added to the 2017 description.
- 81406  "Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280"; and "Do not report 81406 for KCNQ1 full gene sequence with 81280" was removed from the 2017 description.

Pathology and Laboratory – GSP and Other MMA’s

Genomic Sequencing Procedures and Other MMA’s

- 81413  Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
- 81414  Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
- 81422  Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
- 81429  Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN
Pathology and Laboratory – MAAA

- 81539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score

Pathology and Laboratory – Chemistry

- 83015 Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes
- 83018 ; quantitative, each, not elsewhere specified
- 83704 Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed

Pathology and Laboratory – Chemistry

- 84410 Testosterone; bioavailable, direct measurement (eg, differential precipitation)
- 87483 Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
Medicine – Vaccines, Toxoids

- 90655 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 90656 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90657 Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
- 90658 Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
- 90659 Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
- 90661 Influenza virus vaccine, trivalent (IIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.25 mL dosage, for intramuscular use
- 90674 Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90684 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 90685 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
- 90687 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
- 90688 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
- 90689 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
- 90690 Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCV), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
- 90692 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use

Medicine – Psychiatry

Psychotherapy

- 90832 Psychotherapy, 30 minutes with patient
- 90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90834 Psychotherapy, 45 minutes with patient
- 90835 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90837 Psychotherapy, 60 minutes with patient
- 90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
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<tr>
<td>● <strong>90846</strong> Family psychotherapy (without the patient present), 50 minutes</td>
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<tr>
<td>● <strong>90847</strong> Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes</td>
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<td>● <strong>G0502</strong> Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies – 1.70 RVU</td>
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<tr>
<td>● <strong>G0503</strong> Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient’s mental health care with the treating physician or other qualified health care professional; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge – 1.53 RVU</td>
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<tr>
<td>● <strong>G0504</strong> Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure) – 0.82 (use g0504 in conjunction with g0502, g0503)</td>
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</tr>
</tbody>
</table>
Cognitive Impairment Assessment and Care Plan Services

- G0505 Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, by the physician or other qualified health care professional in office or other outpatient setting or home or domiciliary or rest home.

Medicine – Ophthalmology

- 92140 Provocative tests for glaucoma, with interpretation and report, without tonography
- 92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
- 92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
- 92242 Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

Medicine – Special Otorhinolaryngologic

**Evalutive and Therapeutic Services**

- 92612 Flexible endoscopic evaluation of swallowing by cine or video recording
- 92613 Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
- 92614 Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording
- 92615 Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
- 92616 Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording
- 92617 Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording, interpretation and report only
Medicine - Cardiovascular

Coronary Therapeutic services and Procedures

#192978  Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)

#192979  ; each additional vessel (List separately in addition to code for primary procedure)

Medicine - Cardiovascular

Transcatheter Closure of Paravalvular Leak

- 93590  Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
- 93591  ; initial occlusion device, aortic valve
- +93592  ; each additional occlusion device (List separately in addition to code for primary procedure)

Medicine – Noninvasive Vascular Diagnostic Studies

Extremity Venous Studies (Including Digits)

- 93965  Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
Medicine – Central Nervous System Assessments/Tests

**Health and Behavior Assessment/Intervention**

- **96160** Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
- **96161** Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Medicine – Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions

- **96377** Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

Medicine – Physical Therapy Evaluations

- **97161** Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
- **97162** Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
Medicine – Physical Therapy Evaluations

- #97163 Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

- #97164 Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Medicine - Occupational Therapy Evaluations

- #97165 Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychological skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

- #97166 Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychological history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychological skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

- #97167 Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychological history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychological skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.

- #97168 Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
Medicine - Athletic Training Evaluation

- 97169  Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.

- 97170  Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.

- 97171  Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

- 97172  Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient’s current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Medicine – Physical Medicine and Rehabilitation

- 97001  Physical therapy evaluation
- 97002  Physical therapy re-evaluation
- 97003  Occupational therapy evaluation
- 97004  Occupational therapy re-evaluation
- 97005  Athletic training evaluation
- 97006  Athletic training re-evaluation
Medicine – Active Wound Care Management

▲97602  Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

Medicine – Moderate (Conscious) Sedation

- 99143  Moderate sedation services (other than those services described by codes 00100-01999), provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time
- 99144  ; age 5 years or older, first 30 minutes intra-service time
- 99145  ; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
- 99148  Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time
- 99149  ; age 5 years or older, first 30 minutes intra-service time
- 99150  ; each additional 15 minutes intra-service time (List separately in addition to code for primary service)

Medicine – Moderate (Conscious) Sedation

- 99151  Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age
- 99152  ; initial 15 minutes of intra-service time, patient age 5 years or older – 60950
- 99153  ; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
- 99155  Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient younger than 5 years of age
- 99156  ; initial 15 minutes of intra-service time, patient age 5 years or older
- 99157  ; each additional 15 minutes intra-service time
Medicine – Moderate (Conscious) Sedation

● G0500 - Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)

Category III

● G065T Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training

● G064T Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision

● G066T Insertion of subcutaneous pocket with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor; including system activation

● G067T Insertion of subcutaneous pocket with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor; including system activation

● G068T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)

● G069T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal

● G070T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface

● G071T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode

● G072T Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)

● G073T Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)

● G074T Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal

● G075T Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface

● G076T Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode
Category III

- 0459T Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
- 0460T Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
- 0461T Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
- 0462T Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day
- 0463T Interrogation device evaluation (in person) with analysis, review, and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day

Category III

- 0464T Visual evoked potential, testing for glaucoma, with interpretation and report
- 0465T Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
- 0466T Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
- 0467T Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
- 0468T Removal of chest wall respiratory sensor electrode or electrode array
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