



## 2022 CPT® Updates

Copyright © 2018 AAPC

## CPT® Disclaimer

CPT® copyright 2021 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or, related components are not assigned by the AMA, are not part of CPT® and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT® is a registered trademark of the American Medical Association.

## Objectives

- Overview of the New, Revised, and Deleted CPT® codes for 2022
- Review documentation requirements for the new codes

## Code Changes — Now What?

- Review 2022 CPT® code changes.
- Order 2022 codebooks.
- Review all changes to guidelines, notes, and instructions in your book.
- Highlight changes in the book's index pertinent to your specialty and review those changes.

## Code Changes — Now What?

- Highlight changes in the tabular section pertinent to your specialty
- Create a “reference sheet” of 2022 updates that must be documented differently to capture the needed information, and distribute it to clinicians
- Review and update superbills, chargemasters, etc.

## Code Changes — Now What?

- Upload software change.
- Train coding and billing staff on changes.
- Check for addenda or errata.
- Communicate with payer/provider reps regarding reimbursement and coverage issues.
- Archive last year’s books.

# Unchanged

- Modifiers – no modifier changes for 2022

# Evaluation and Management

★▲99211      **Office or other outpatient visit** for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. ~~Usually, the presenting problem(s) are minimal.~~

# Evaluation and Management

▲ **99483** Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements:

- Cognition-focused evaluation including a pertinent history and examination<sub>1</sub>;
- Medical decision making of moderate or high complexity<sub>1</sub>;
- Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity<sub>1</sub>;
- Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR])<sub>1</sub>;
- Medication reconciliation and review for high-risk medications<sub>2</sub>;
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s)<sub>1</sub>;

# Evaluation and Management

- Evaluation of safety (eg, home), including motor vehicle operation<sub>1</sub>;
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks<sub>1</sub>;
- Development, updating or revision, or review of an Advance Care Plan<sub>1</sub>;
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support.

Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.

# Evaluation and Management

#▲99490 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored;

first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

# Evaluation and Management

#+▲99439 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored;

each additional 20 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)

# Evaluation and Management

#▲99491 Chronic care management services, ~~provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month,~~ 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

# Evaluation and Management

#+●99437 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored,

each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

# Evaluation and Management

## ▲ 99487

elements:

Complex chronic care management services with the following required

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored,
- moderate or high complexity medical decision making;

first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

# Evaluation and Management

## +▲ 99489

elements:

Complex chronic care management services with the following required

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored,
- 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)



# Evaluation and Management

**#●99424** Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

# Evaluation and Management

**#+●99425** Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

# Evaluation and Management

#●99426 Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.

# Evaluation and Management

#+●99427 Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

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)

# Evaluation and Management

▲ **99492**      **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<sub>1</sub>;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan<sub>4</sub>;

# Evaluation and Management

- review by the psychiatric consultant with modifications of the plan if recommended<sub>1</sub>;
- 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<sub>1</sub>; and
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

# Evaluation and Management

▲ **99493**      **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<sub>1</sub>;
- participation in weekly caseload consultation with the psychiatric consultant<sub>2</sub>;
- ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers<sub>3</sub>;

# Evaluation and Management

- additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant<sub>1</sub>;
  - provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies<sub>2</sub>;
  - monitoring of patient outcomes using validated rating scales<sub>3</sub>; and
- relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

# Evaluation and Management

#▲99484 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- initial assessment or follow-up monitoring, including the use of applicable validated rating scales<sub>1</sub>;
  - behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes<sub>2</sub>;
  - facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation<sub>3</sub>; and
- continuity of care with a designated member of the care team.

# Anesthesia

~~01935~~ Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic

~~01936~~ Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic

●01937 Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic

●01938 lumbar or sacral

# Anesthesia

- **01939** Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
- **01940** lumbar or sacral
- **01941** Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
- **01942** lumbar or sacral

# Surgery

- Revision of simple closure guideline
  - Chemical cauterization, electrocauterization, or wound closure utilizing adhesive strips as the sole repair material are included in E/M

# Surgery

- ▲ **11981** Insertion, ~~non-biodegradable~~-drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
- ~~21310~~ Closed treatment of nasal bone fracture without manipulation
- ▲ **21315** Closed treatment of nasal bone fracture with manipulation; without stabilization
- ▲ **21320** with stabilization

# Surgery

- ▲ **22600** Arthrodesis, posterior or posterolateral technique, single ~~level~~interspace; cervical below C2 segment
- ▲ **22610** thoracic (with lateral transverse technique, when performed)
- ▲ **22612** lumbar (with lateral transverse technique, when performed)
- + ▲ **22614** each additional ~~vertebral segment~~interspace (List separately in addition to code for primary procedure)

# Surgery

**▲ 22633** Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace ~~and segment~~; lumbar

**+▲ 22634** each additional interspace and segment (List separately in addition to code for primary procedure)

# Surgery

**#● 33267** Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)

**#+● 33268** Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)

**#● 33269** Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)

**+● 33370** Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)



# Surgery

~~33470~~ Valvotomy, pulmonary valve, closed heart; transventricular

▲33471 Valvotomy, pulmonary valve, closed heart; via pulmonary artery

⊖●33509 Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic

~~33722~~ Closure of aortico-left ventricular tunnel

# Surgery

●33894 Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches

●33895 not across major side branches

●33897 Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta

⊖+▲35600 Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open (List separately in addition to code for primary procedure)

# Surgery

- **42975** Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
- **43497** Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
- 43850** ————— Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
- 43855** ————— with vagotomy

# Surgery

- **53451** Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
- **53452** unilateral insertion, including cystourethroscopy and imaging guidance
- **53453** removal, each balloon
- **53454** percutaneous adjustment of balloon(s) fluid volume

# Surgery

- ▲ **54340**      Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
- ▲ **54344**                      requiring mobilization of skin flaps and urethroplasty with flap or patch graft
- ▲ **54348**                      requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including ~~es~~ urinary diversion, when performed)

# Surgery

- ▲ **54352**      Revision of prior hypospadias repair~~Repair of hypospadias cripple~~ requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
- ~~59135~~      ~~Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy~~

# Surgery

- **61736** Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
- **61737** multiple trajectories for multiple or complex lesion(s)

# Surgery

- +▲ 63048** Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
- #+● 63052** Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
- #+● 63053** each additional segment (List separately in addition to code for primary procedure)

# Surgery

- ~~63194~~ ——— Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
- ~~63195~~ ——— Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
- ~~63196~~ ——— Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical

# Surgery

- ▲ **63197** Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic
- ~~63198~~ ——— Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical
- ~~63199~~ ——— Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical
- ▲ **64568** Incision for Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

# Surgery

- ▲ **64575**      ~~Incision for~~ Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- ▲ **64580**      neuromuscular
- ▲ **64581**      sacral nerve (transforaminal placement)
- **64582**      Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
- **64583**      Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator

# Surgery

- **64584**      Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
- #● **64628**      Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
- #+● **64629**      each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)

# Surgery

#●66989 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

# Surgery

#●66991 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

▲67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, ~~1 or more sessions~~; cryotherapy, diathermy

▲67145 photocoagulation ~~(laser or xenon arc)~~

# Surgery

● **68841** Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each

# ▲ **69714** Implantation, osseointegrated implant, ~~temporal bone~~ skull, with percutaneous attachment to external speech processor/cochlear stimulator; ~~without mastoidectomy~~ with percutaneous attachment to external speech processor

~~69715~~ Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; ~~with mastoidectomy~~

# Surgery

# ● **69716** Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with magnetic transcutaneous attachment to external speech processor

**69717** Revision or rReplacement (including removal of existing device), osseointegrated implant, ~~temporal bone~~ skull, with ~~percutaneous attachment to external speech processor/cochlear stimulator~~; with percutaneous attachment to external speech processor ~~without mastoidectomy~~

# ● **69719** with magnetic transcutaneous attachment to external speech processor



# Surgery

~~69718~~ ——— Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

# • **69726** Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor

# • **69727** with magnetic transcutaneous attachment to external speech processor

# Radiology

~~72275~~ ——— Epidurography, radiological supervision and interpretation

▲ **75573** Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of ~~venous~~ vascular structures, if performed)

~~76101~~ ——— Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral

~~76102~~ ——— Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral

# Radiology

- **77089** Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
- **77090** technical preparation and transmission of data for analysis to be performed elsewhere
- **77091** technical calculation only
- **77092** interpretation and report on fracture-risk only by other qualified health care professional

# Pathology and Laboratory

- #● **80220** Hydroxychloroquine
  - 80550** Clinical pathology consultation; limited, without review of patient's history and medical records
  - 80502** Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records
  - **80503** Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making
- When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.

## Pathology and Laboratory

- **80504** Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making

When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.

- **80505** Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making

When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.

- + ● **80506** Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)

## Pathology and Laboratory

- # ● **86408** Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen

- # ● **86409** titer

- # ● **86413** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative

# Pathology and Laboratory

▲ **87301** Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, ~~multiple-step method~~; adenovirus enteric types 40/41

▲ **87426** severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])

#● **87428** severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B

# Pathology and Laboratory

▲ **87449** not otherwise specified, each organism

▲ **87451** polyvalent for multiple organisms, each polyvalent antiserum

~~**87450** Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single-step method, not otherwise specified, each organism~~

# Pathology and Laboratory

● **87636** Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

● **87637** Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

# Pathology and Laboratory

#● **87811** Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

# Pathology and Laboratory

PLA codes

New – 82

Deleted – 5

Revised – 3

# Medicine

● **0001A**            Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose

● **0002A**                            second dose

● **0003A**                            third dose

● **0004A**                            booster dose

# Medicine

- **0011A**            Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose
- **0012A**                            second dose
- **0013A**                            third dose

# Medicine

- **0021A**            Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5 mL dosage; first dose
- **0022A**                            second dose

# Medicine

- **0031A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5 mL dosage; single dose
- **0034A** booster dose

# Medicine

- **0041A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose
- **0042A** second dose



# Medicine

#●0051A      Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose

#●0052A      second dose

#●0053A      third dose

#●0054A      booster dose

# Medicine

#●0064A      Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose

#●0071A      Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

#●0072A      second dose

# Medicine

#●**91300** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use

Used with admin codes 0001A-0004A

#●**91301** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use

Used with admin codes 0011A-0013A

# Medicine

#↻●**91302** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5 mL dosage, for intramuscular use

Used with admin codes 0021A-0022A

#●**91303** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5 mL dosage, for intramuscular use

Used with admin codes 0031A-0034A

# Medicine

#⚡●**91304** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use

Used with admin codes 0041A-0042A

#⚡●**91305** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

Used with admin codes 0051A-0054A

# Medicine

#⚡●**91306** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use

Used with admin code 0064A

#⚡●**91307** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

Used with admin codes 0071A-0072A

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days  Booster: Refer to FDA/CDC Guidance
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose

Source

<https://www.ama-assn.org/system/files/covid-19-immunizations-appendix-q-table.pdf>

## Medicine

 **90671** Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use

**# 90677** Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use

**#  90626** Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use

**#  90627** 0.5 mL dosage, for intramuscular use

# Medicine

- #⚡●90759 Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
- #●90758 Zaire ebolavirus vaccine, live, for intramuscular use
- #●91113 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report

# Medicine

- ▲92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
- 92559 Audiometric testing of groups
- 92560 Bekesy audiometry; screening
- 92561 Bekesy audiometry; diagnostic
- 92564 Short increment sensitivity index (SISI)

# Medicine

**#+•93319** 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)

**93530** ————— Right heart catheterization, for congenital cardiac anomalies

# Medicine

**93531** ————— Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies

**93532** ————— Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies

**93533** ————— Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies

# Medicine

**93561** Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)

~~Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)~~

**93562** Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output

# Medicine

● **93593** Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections

● **93594** abnormal native connections native connections

● **93595** Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections

# Medicine

- **93596** Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
- **93597** abnormal native connections
- + ● **93598** Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)

# Medicine

- ▲ **93653** Comprehensive electrophysiologic evaluation ~~including with~~ insertion and repositioning of multiple electrode catheters, ~~with~~ induction or attempted induction of an arrhythmia with right atrial pacing and recording ~~and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording (when necessary), left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed (when necessary) with intracardiac catheter ablation of arrhythmogenic focus;~~ with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-atrial junction or other single atrial focus or source of atrial re-entry



# Medicine

▲ 93654

with treatment of ventricular tachycardia or focus of ventricular ectopy including ~~intracardiac electrophysiologic 3D mapping, when performed, and~~ left ventricular pacing and recording, when performed

# Medicine

▲ 93656

Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording ~~when necessary,~~ right ventricular pacing/recording ~~when necessary,~~ and His bundle recording, when necessary performed with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation

# Medicine

- **94625** Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
- **94626** with continuous oximetry monitoring (per session)
- ~~● **95943** Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change~~

# Medicine

- **98975** Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
- **98976** device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- **98977** device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

# Medicine

● **98980** Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes

+ ● **98980** each additional 20 minutes (List separately in addition to code for primary procedure)

# Medicine

● **99072** Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

## Category III Codes

**▲0101T** Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, ~~high energy~~

**▲0102T** Extracorporeal shock wave, ~~high energy~~, performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle

**#▲0512T** Extracorporeal shock wave for integumentary wound healing, ~~high energy~~, including topical application and dressing care; initial wound

**#+▲0513T** Extracorporeal shock wave for integumentary wound healing, ~~high energy~~, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)

## Category III Codes

**0191T** ~~Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion~~

**0376T** ~~Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)~~

**#●0671T** Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more

**0290T** ~~Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)~~

## Category III Codes

**0355T** — Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report

**0356T** — Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each

**0423T** — Secretory type II phospholipase A2 (sPLA2-IIA)

**0451T** — Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)

## Category III Codes

**0452T** — 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

**0453T** — 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

## Category III Codes

~~0454T~~ Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode

~~0455T~~ Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)

~~0456T~~ Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal

## Category III Codes

~~0457T~~ Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface

~~0458T~~ Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode

~~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

## Category III Codes

**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 Codes

**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

▲ **0493T**                      Contact Nnear-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)

## Category III Codes

#●**0640T** Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO<sub>2</sub>]); image acquisition, interpretation and report, each flap or wound

#●**0641T** image acquisition only, each flap or wound

#●**0642T** interpretation and report only, each flap or wound

## Category III Codes

#●**0643T** Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach

~~**0548T** Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy~~

~~**0549T** Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy~~

~~**0550T** Transperineal periurethral balloon continence device; removal, each balloon~~

~~**0551T** Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume~~



## Category III Codes

- #●**0646T** Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed
- 0644T** Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed
- 0645T** Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed

## Category III Codes

- 0647T** Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report
- ▲**0649T** Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ

## Category III Codes

**+▲0649T** Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)

**#●0697T** multiple organs

## Category III Codes

**●0650T** Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional

**●0651T** Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report

## Category III Codes

- **0652T** Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- **0653T** with biopsy, single or multiple
- **0654T** with insertion of intraluminal tube or catheter
  
- **0655T** Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging

## Category III Codes

- **0656T** Vertebral body tethering, anterior; up to 7 vertebral segments
- **0657T** 8 or more vertebral segments
- **0658T** Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score
- **0659T** Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation
- **0660T** Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach

## Category III Codes

- **0661T** Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant
- **0662T** Scalp cooling, mechanical; initial measurement and calibration of cap
- **+0663T** placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
- **0664T** Donor hysterectomy (including cold preservation); open, from cadaver donor
- **0665T** open, from living donor
- **0666T** laparoscopic or robotic, from living donor

## Category III Codes

- **0667T** recipient uterus allograft transplantation from cadaver or living donor
- **0668T** Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary
- **0669T** Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each
- **0670T** Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each

## Category III Codes

- **0672T** Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence
- **0673T** Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance

## Category III Codes

- **0674T** Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)
- **0675T** Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead
- + ● **0676T** each additional lead (List separately in addition to code for primary procedure)

## Category III Codes

- **0677T** Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead
- + ● **0678T** each additional repositioned lead (List separately in addition to code for primary procedure)

## Category III Codes

- **0679T** Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
- **0680T** Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)

## Category III Codes

- **0681T** Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads
- **0682T** Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
- **0683T** Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function

## Category III Codes

- **0684T** Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
- **0685T** Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function

## Category III Codes

- **0686T**      Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance

## Category III Codes

- **0687T**      Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session
- **0688T**      device assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month, educational set-up, and initial session
- **0689T**      Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)



## Category III Codes

- **0690T** Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
- **0691T** Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
- **0692T** Therapeutic ultrafiltration
- **0693T** Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report

## Category III Codes

- **0694T** 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative
- **0695T** Body surface–activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement
- **0696T** at time of follow-up interrogation or programming device evaluation

## Category III Codes

- **0699T** Injection, posterior chamber of eye, medication
- **0700T** Molecular fluorescent imaging of suspicious nevus; first lesion
- **0701T** each additional lesion (List separately in addition to code for primary procedure)

## Category III Codes

- **0702T** Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
- **0703T** management services by physician or other qualified health care professional, per calendar month

## Category III Codes

- **0704T** Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
- **0705T** surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
- **0706T** interpretation and report by physician or other qualified health care professional, per calendar month
- **0707T** Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization

## Category III Codes

- **0708T** Intradermal cancer immunotherapy; preparation and initial injection
- + ● **0709T** each additional injection (List separately in addition to code for primary procedure)

## Category III Codes

- **0710T** Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
- **0711T** data preparation and transmission
- **0712T** quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability
- **0713T** data review, interpretation and report