

Complimentary Online Training:

**2024 CPT Code
Changes: Accurately
Meet Jan. 1 Deadline**



Presented by:

**Kim Huey, MJ, CHC, CPC, CCS-P,
PCS, CPCO**

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About Your Experts



Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO

Coding & Reimbursement Consultant, KGG Coding & Reimbursement Consulting, LLC

Kim is an independent coding and reimbursement consultant, providing audit, training and oversight of coding and reimbursement functions for physicians. Kim completed three years of pre-medical education at the University of Alabama before she decided that she preferred the business side of medicine.

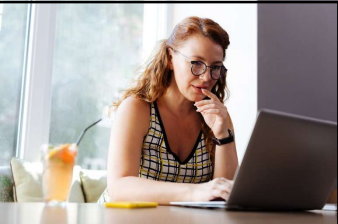
She completed a bachelor's degree in health care management and went on to obtain certification through the American Academy of Professional Coders and the American Health Information Management Association.


Recognizing the important position of compliance in today's world, she has also obtained certification as a Certified Healthcare Compliance Consultant and a Certified Healthcare Audit Professional. Kim is also an AHIMA-approved ICD-10-CM trainer and has recently earned a Master of Jurisprudence in Health Law.

For over twenty-five years, Kim has worked with providers in virtually all specialties, from General Surgery to Obstetrics/Gynecology to Oncology to Internal Medicine and beyond. She has spoken at the national conference for numerous organizations.


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Expert: Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO







Mute
All attendee lines are muted.




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2024 CPT Update

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for

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	New	Deleted	Revised	Total
Evaluation and Management	1	26	50	157
Anesthesia	0	0	0	276
Surgery	33	19	20	5860
Radiology	1	0	5	657
Pathology and Laboratory	12	0	4	1666
Medicine	38	0	9	1122
Category II	0	0	0	565
Category III	70	23	1	482
PLA	70	7	4	378
Total	225	75	93	11163

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Evaluation and Management Update

Revisions to guidelines on multiple E/M services on the same day

- Time never counted twice
- Inter-facility transfer of care does not constitute a new stay
- Time in ED may count toward total time when billing another E/M service
- CPT guidelines allow billing office visit and initial inpatient or observation care same day – CMS does not
 - If choose to bill only one, can choose which one and can count time spent in both in one code
 - Prolonged services can be billed – code should match base code

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Evaluation and Management Update

- Threshold times for initial and subsequent nursing facility care increased
 - 99306 – 50 minutes
 - 99308 – 20 minutes
- For office and other outpatient codes, time range replaced with threshold time
- CPT time rule of “midpoint” does not apply to codes for which the E/M guidelines apply

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CPT Split/Shared Guidelines

May vary from CMS guidelines -

- If coding by time, the professional who documents the majority of time reports the service.
- If coding by MDM, the individual who approves the care plan for the problems addressed and takes responsibility related to management risk performs the substantive portion of the visit and reports the service
- If Data is used to select the MDM level, only the person who performs an independent interpretation or discussion of management or test interpretation may use those categories
- No specificity as to site of service
- No requirement for a modifier

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Pelvic Examination

- #+99459 - Pelvic examination

Practice expense only code to account for the additional practice expense associated with a pelvic examination

Appended to a preventive medicine or E/M code.

Not to be reported with a procedure that requires pelvic examination such as colposcopy

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Vertebral Body Tethering

- #22836 – Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
- #22837 - 8 or more vertebral segments
- #22838 - Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
- #0790T - Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed

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Sacroiliac Joint Arthrodesis

- 27278 – Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft(s), synthetic device(s)), without placement of transfixation device

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Revisions to Bunion Codes

- Corrective measures in codes 28292, 28295-28299 include removal of the bunion by excision or resection
- Use existing code 28740 if the distal medial prominence (bunion) is not removed.
 - 28740 - Arthrodesis, midtarsal or tarsometatarsal, single joint

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Insertion Calcium-Based Implant — Femur

- 0814T - Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral

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Posterior Nasal Nerve Ablation

Treat vasomotor rhinitis – chronic “runny nose”

- #31242 – Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
- #31243 - with destruction by cryoablation, posterior nasal nerve

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Phrenic Nerve Stimulation System

- #33276 - Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
- #+33277 - Insertion of phrenic nerve stimulator transvenous sensing lead
- #33278 - Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)

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Phrenic Nerve Stimulation System, continued

- #33279 - transvenous stimulation or sensing lead(s) only
- #33280 - pulse generator only
- #33281 - Repositioning of phrenic nerve stimulator transvenous lead(s)
- #33287 - Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator
- #33288 - transvenous stimulation or sensing lead(s)

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Phrenic Nerve Stimulation System - Activation

- #93150 - Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
- #93151 - Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
- #93152 - Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
- #93153 - Interrogation without programming of implanted phrenic nerve stimulator system

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Dilation of Male Urethral Stricture

- 52284 - Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed

0499T deleted

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Tibial Neurostimulator for Bladder Dysfunction

- 0816T - Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous
- 0817T – subfascial
- 0818T - Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous
- 0819T - subfascial

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Uroflowmetry

- 0811T - Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment
- 0812T - device supply with automated report generation, up to 10 days

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Low-intensity ESWT-Corpus Cavernosum

- 0864T - Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy

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Transcervical Radiofrequency (RF) Ablation of Uterine Fibroids

- 58580 - Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

Previously 0404T

Distinguished from laparoscopic ablation

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Clarification

58661, *Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)* is a unilateral code

- Append modifier 50 if performed on both sides.

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Skull-Mounted Cranial Neurostimulator

- 61889 - Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
- 61891 - Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
- 61892 - Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed

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Revisions to Neurostimulator Services

Distinguish between systems with separate components versus integrated system

- ▲ 63685 – Insertion or replacement of spinal neurostimulator pulse generator, *requiring pocket creation and connection between electrode array and pulse generator or receiver*
- ▲ 63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver, *with detachable connection to electrode array*
- ▲ 64590 - Insertion or replacement of peripheral, *sacral*, or gastric neurostimulator pulse generator or receiver, *requiring pocket creation and connection between electrode array and pulse generator or receiver*
- ▲ 64595 - Revision or removal of peripheral, *sacral*, or gastric neurostimulator pulse generator or receiver, *with detachable connection to electrode array*

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Peripheral Neurostimulator

- 64596 – Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
- +64597 - each additional electrode array (List separately in addition to code for primary procedure)
- 64598 - Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator

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Spinal Neurostimulator

- 0784T - Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
- 0785T - Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
- 0786T - Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed
- 0787T - Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator

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- 0788T - Electronic analysis with simple programming of implanted integrated neurostimulation ... spinal cord or sacral nerve, 1-3 parameters
- 0789T - Electronic analysis with complex programming of implanted integrated neurostimulation system ...spinal cord or sacral nerve, 4 or more parameters

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Electrophysiological Focused Magnetic Stimulation

- 0858T - Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report

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Suprachoroidal Injection

- 67516 - Suprachoroidal space injection of pharmacologic agent (separate procedure)
Code medication separately.

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Subretinal Drug-Delivery Injection

- 0810T - Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies

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Fractional Flow Reserve - CT

- 75580 - Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional

Distinguished from existing code

- +0523T - Intraoperative coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)

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Intraoperative Epi-aortic Ultrasound

- 76984 - Ultrasound, intraoperative thoracic aorta (eg, epi-aortic), diagnostic
- 76987 - Intraoperative epicardial cardiac ultrasound (eg, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report
- 76988 - placement, manipulation of transducer, and image acquisition only
- 76989 - interpretation and report only

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Pulmonary Tissue Ventilation Analysis

- 0807T – Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
- 0808T - in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report

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Ultrasound-based Radiofrequency Echographic Multi-Spectrometry (REMS) Axial Bone Density Study

- 0815T - Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine

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Opto-Acoustic Imaging for Breast Masses

- +0857T - Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report

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Quantitative Magnetic Resonance Imaging (MRI) Analysis of Brain with Comparison

- 0865T - Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session
- +0866T - Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain

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Spectroscopy Study – Wound or Flap

▲ 0640T - Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), *other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site*

- +0859T - each additional anatomic site

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Pathology and Laboratory

- Changes in code descriptions: “mental retardation” to “intellectual disability”
- Revised guidelines for Genomic Sequencing Procedures (GSP) and Other Molecular Multianalyte Assays
- Several new codes for GSPs
- New code for Multianalyte Assay with Algorithmic Analyses (MAAA)
- Revised guidelines for unlisted codes in various laboratory sections
- Parenthetical notes added to Pathology codes to guide addition of codes for digitization of slides
- 70 new PLA codes

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Pathology and Laboratory

Chemistry

- 82166 - Anti-müllerian hormone (AMH)

Immunology

- #86041 - Acetylcholine receptor (AChR); binding antibody
- #86042 - blocking antibody
- #86043 - modulating antibody
- 86366 - Muscle-specific kinase (MuSK) antibody

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Pathology and Laboratory

Microbiology

- 87523 – Infectious agent detection by nucleic acid (DNA or RNA; hepatitis D (delta), quantification, including reverse transcription, when performed
- 87593 - Orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each

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COVID-19

After the 2024 CPT book was printed, the AMA deleted 64 codes and Appendix Q –

See this link for correct COVID-19 vaccine coding:

<https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes>

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COVID-19 Vaccines

Administration

- 90480 - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

Vaccine Product

- 91318 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (6 months to 4 years) *Pfizer*
- 91319 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (5-11 years) *Pfizer*

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COVID-19 Vaccines, continued

- 91320 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (*12 years and older*) *Pfizer*
- 91321 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use (*6 months – 11 years*) *Moderna*
- 91322 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use (*12 years and older*) *Moderna*

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Other New Vaccines

- ⚡ 90589 - Chikungunya virus vaccine, live attenuated, for intramuscular use
- ⚡ 90623 - Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use

<https://www.ama-assn.org/practice-management/cpt/category-i-immunization-codes>

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Respiratory Syncytial Virus (RSV) – Pediatric Seasonal

- 90380 - Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
- 90831 - 1 mL dosage, for intramuscular use
- #96380 - Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
- #96381 - Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

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Other New RSV Vaccines

- 90679 - Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
- # ⚡ 90683 - Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use

Both used in adults 60+

Existing code 90678 – bivalent, preF, subunit used in adults 60+ and pregnant patients 32-36 weeks

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Auditory Osseointegrated Device Services

- 92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
- +92623 - each additional 15 minutes

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Coronary Lithotripsy

- #+92972 - Percutaneous transluminal coronary lithotripsy

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Venography for Congenital Heart Defects

- #+93584 - Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart
- #+93585 - azygos/hemiazygos venous system
- #+93586 – coronary sinus
- #+93587 - venovenous collaterals originating at or above the heart (eg, from innominate vein)
- #+93588 - venovenous collaterals originating below the heart (eg, from the inferior vena cava)

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Transcatheter Pulmonary Artery Denervation

- 0793T - Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance

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Dual-Chamber Leadless Pacemaker

- 0795T - Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)
- 0796T - right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)
- 0797T - right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)

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Dual-Chamber Leadless Pacemaker, continued

- 0798T - Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)
- 0799T - right atrial pacemaker component
- 0800T - right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)

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Dual-Chamber Leadless Pacemaker, continued

- 0701T - Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)
- 0802T - right atrial pacemaker component
- 0803T - right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)

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Dual-Chamber Leadless Pacemaker, continued

- 0804T - Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers

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Right Atrial Leadless Pacemaker

- 0823T - Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
- 0824T - Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed
- 0825T - Transcatheter removal and replacement of permanent single chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
- 0826T - 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, leadless pacemaker system in single-cardiac chamber

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SVC-IVC Prosthetic Valve Insertion

- 0805T - Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach
- 0806T - open femoral vein approach

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Near Infrared Spectroscopy (NIRS) for Peripheral Arterial Disease (PAD)

- #0860T - Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities

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Wireless Cardiac Stimulation System for LV Pacing

- #0861T - Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)
- #0862T - Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only
- #0862T - transmitter component only

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Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

- +96547 - Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes
- +96548 - each additional 30 minutes

▲ 96466 - Chemotherapy administration into the peritoneal cavity via indwelling implanted port or catheter

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Post-Operative Low-Level Laser Therapy

- 97037 - Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction

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Caregiver Training

- 97550 - Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes
- +97551 - each additional 15 minutes
- 97552 - Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers

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Virtual Reality (VR)-facilitated Motor Cognitive Training

- +0791T - Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes

To be used in conjunction with 97116, Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

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Pharmaco-oncologic Algorithmic Treatment Ranking

- 0794T - Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately

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Psychedelic Drug Monitoring Services

- 0820T - Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour
- +0821T - second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour
- +0822T - clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour

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- 0792T - Application of silver diamine fluoride 38%, by a physician or other qualified health care professional

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Revisions to Appendix S – Artificial Intelligence Taxonomy

- Augmentative: The work performed by the machine for the physician or other QHP is augmentative when the machine analyzes and/or quantifies data *to yield* clinically meaningful *output*. Requires physician or other QHP interpretation and report.
- Autonomous: The work performed by the machine for the physician or other QHP is autonomous when the machine automatically interprets data and independently generates clinically meaningful conclusions ...
 - Level III. The autonomous AI draws conclusions and initiates management, which requires physician or other QHP *initiative* to contest the process.

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Revisions to Appendices P and T

New specific criteria for inclusion into:

- Appendix P – synchronous audio-video – modifier 95
- Appendix T – synchronous audio-only – modifier 93

The overall goal is to ensure that services included in the appendices can effectively be performed vis synchronous telemedicine.

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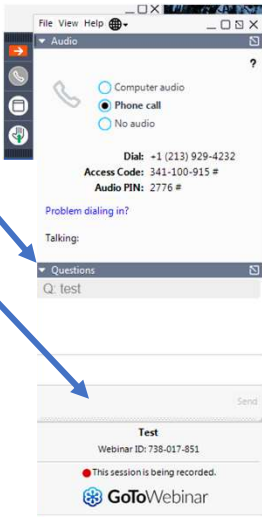
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