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Appendix B

Summary of Additions, Deletions, and Revisions

Appendix B shows the actual changes that were made to the code descriptors. New codes appear with a bullet (●) and are indicated as “Code Added.” Revised codes are preceded with a triangle (▲). Within revised codes, the deleted language appears with a ~~strike through~~, while new text is underlined. Codes with which moderate sedation would not be separately reported when performed at the same session by the same individual are denoted with the bullseye (⊙). The symbol ✎ is used to identify codes for vaccines that are pending FDA approval (see **Appendix K**). The symbol # is used to identify codes that have been resequenced (see **Appendix N**). CPT add-on codes are annotated by the symbol + (see **Appendix D**). The symbol ⊕ is used to identify codes that are exempt from the use of modifier 51 (see **Appendix E**).

Evaluation and Management

- ▲ 99201 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires these 3 key components:
- **A problem focused history;**
 - **A problem focused examination;**
 - **Straightforward medical decision making.**
- Counseling and/or coordination of care with other physicians, ~~other providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.
- Usually, the presenting problem(s) are self-limited or minor. ~~Physicians typically spend~~Typically, 10 minutes are spent face-to-face with the patient and/or family.
- ▲ 99202 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires these 3 key components:
- **An expanded problem focused history;**
 - **An expanded problem focused examination;**
 - **Straightforward medical decision making.**
- Counseling and/or coordination of care with other physicians, ~~other providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.
- Usually, the presenting problem(s) are of low to moderate severity. ~~Physicians typically spend~~Typically, 20 minutes are spent face-to-face with the patient and/or family.
- ▲ 99203 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires these 3 key components:
- **A detailed history;**
 - **A detailed examination;**
 - **Medical decision making of low complexity.**

Counseling and/or coordination of care with other physicians, ~~other providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.

Usually, the presenting problem(s) are of moderate severity. ~~Physicians typically spend~~Typically, 30 minutes are spent face-to-face with the patient and/or family.

- ▲ 99204 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires these 3 key components:
- **A comprehensive history;**
 - **A comprehensive examination;**
 - **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, ~~other providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.

Usually, the presenting problem(s) are of moderate to high severity. ~~Physicians typically spend~~Typically, 45 minutes are spent face-to-face with the patient and/or family.

- ▲ 99205 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires these 3 key components:
- **A comprehensive history;**
 - **A comprehensive examination;**
 - **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, ~~other providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.

Usually, the presenting problem(s) are of moderate to high severity. ~~Physicians typically spend~~Typically, 60 minutes are spent face-to-face with the patient and/or family.

- ▲ 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. Typically, 5 minutes are spent performing or supervising these services.

- ▲ 99212 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A problem focused history;**
- **A problem focused examination;**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, ~~other providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.

Usually, the presenting problem(s) are self-limited or minor. ~~Physicians typically spend~~Typically, 10 minutes are spent face-to-face with the patient and/or family.

Appendix B—Summary of Additions, Deletions, and Revisions

▲ **99213** **Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **An expanded problem focused history;**
- **An expanded problem focused examination;**
- **Medical decision making of low complexity.**

Counseling and coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. ~~Physicians typically spend~~Typically, 15 minutes are spent face-to-face with the patient and/or family.

▲ **99214** **Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A detailed history;**
- **A detailed examination;**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. ~~Physicians typically spend~~Typically, 25 minutes are spent face-to-face with the patient and/or family.

▲ **99215** **Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination;**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. ~~Physicians typically spend~~Typically, 40 minutes are spent face-to-face with the patient and/or family.

▲ **99217** **Observation care discharge** day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]

▲ **99218** **Initial observation care**, per day, for the evaluation and management of a patient which requires these 3 key components:

- **A detailed or comprehensive history;**
- **A detailed or comprehensive examination; and**
- **Medical decision making that is straightforward or of low complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission to "observation status" are of low severity. ~~Physicians typically spend~~Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

▲ **99219** **Initial observation care**, per day, for the evaluation and management of a patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission to "observation status" are of moderate severity. ~~Physicians typically spend~~Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

▲ **99220** **Initial observation care**, per day, for the evaluation and management of a patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission to "observation status" are of high severity. ~~Physicians typically spend~~Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

#▲ **99224** **Subsequent observation care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- **Problem focused interval history;**
- **Problem focused examination;**
- **Medical decision making that is straightforward or of low complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering, or improving. ~~Physicians typically spend~~Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

#▲ **99225** **Subsequent observation care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- **An expanded problem focused interval history;**
- **An expanded problem focused examination;**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

- Usually, the patient is responding inadequately to therapy or has developed a minor complication. ~~Physicians typically spend Typically, 25 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- #▲ 99226 **Subsequent observation care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- **A detailed interval history;**
 - **A detailed examination;**
 - **Medical decision making of high complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the patient is unstable or has developed a significant complication or a significant new problem. ~~Physicians typically spend Typically, 35 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99221 **Initial hospital care**, per day, for the evaluation and management of a patient, which requires these 3 key components:
- **A detailed or comprehensive history;**
 - **A detailed or comprehensive examination; and**
 - **Medical decision making that is straightforward or of low complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the problem(s) requiring admission are of low severity. ~~Physicians typically spend Typically, 30 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99222 **Initial hospital care**, per day, for the evaluation and management of a patient, which requires these 3 key components:
- **A comprehensive history;**
 - **A comprehensive examination; and**
 - **Medical decision making of moderate complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the problem(s) requiring admission are of moderate severity. ~~Physicians typically spend Typically, 50 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99223 **Initial hospital care**, per day, for the evaluation and management of a patient, which requires these 3 key components:
- **A comprehensive history;**
 - **A comprehensive examination; and**
 - **Medical decision making of high complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the problem(s) requiring admission are of high severity. ~~Physicians typically spend Typically, 70 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99231 **Subsequent hospital care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- **A problem focused interval history;**
 - **A problem focused examination;**
 - **Medical decision making that is straightforward or of low complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the patient is stable, recovering or improving. ~~Physicians typically spend Typically, 15 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99232 **Subsequent hospital care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- **An expanded problem focused interval history;**
 - **An expanded problem focused examination;**
 - **Medical decision making of moderate complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the patient is responding inadequately to therapy or has developed a minor complication. ~~Physicians typically spend Typically, 25 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99233 **Subsequent hospital care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- **A detailed interval history;**
 - **A detailed examination;**
 - **Medical decision making of high complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the patient is unstable or has developed a significant complication or a significant new problem. ~~Physicians typically spend Typically, 35 minutes are spent~~ at the bedside and on the patient's hospital floor or unit.
- ▲ 99234 **Observation or inpatient hospital care**, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components:
- **A detailed or comprehensive history;**
 - **A detailed or comprehensive examination; and**
 - **Medical decision making that is straightforward or of low complexity.**
- Counseling and/or coordination of care with other physicians, other ~~providers~~qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

- ▲ 99235 **Observation or inpatient hospital care**, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

- ▲ 99236 **Observation or inpatient hospital care**, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

- ▲ 99241 **Office consultation** for a new or established patient, which requires these 3 key components:

- **A problem focused history;**
- **A problem focused examination; and**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend Typically, 15 minutes are spent face-to-face with the patient and/or family.

- ▲ 99242 **Office consultation** for a new or established patient, which requires these 3 key components:

- **An expanded problem focused history;**
- **An expanded problem focused examination; and**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity. Physicians typically spend Typically, 30 minutes are spent face-to-face with the patient and/or family.

- ▲ 99243 **Office consultation** for a new or established patient, which requires these 3 key components:

- **A detailed history;**
- **A detailed examination; and**
- **Medical decision making of low complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend Typically, 40 minutes are spent face-to-face with the patient and/or family.

- ▲ 99244 **Office consultation** for a new or established patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend Typically, 60 minutes are spent face-to-face with the patient and/or family.

- ▲ 99245 **Office consultation** for a new or established patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend Typically, 80 minutes are spent face-to-face with the patient and/or family.

- ▲ 99251 **Inpatient consultation** for a new or established patient, which requires these 3 key components:

- **A problem focused history;**
- **A problem focused examination; and**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.

- ▲ 99252 **Inpatient consultation** for a new or established patient, which requires these 3 key components:

- **An expanded problem focused history;**
- **An expanded problem focused examination; and**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

- Usually, the presenting problem(s) are of low severity. Physicians typically spend typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- ▲ 99253 **Inpatient consultation** for a new or established patient, which requires these 3 key components:
- **A detailed history;**
 - **A detailed examination; and**
 - **Medical decision making of low complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate severity. Physicians typically spend typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- ▲ 99254 **Inpatient consultation** for a new or established patient, which requires these 3 key components:
- **A comprehensive history;**
 - **A comprehensive examination; and**
 - **Medical decision making of moderate complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
- ▲ 99255 **Inpatient consultation** for a new or established patient, which requires these 3 key components:
- **A comprehensive history;**
 - **A comprehensive examination; and**
 - **Medical decision making of high complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.
- ▲ 99281 **Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components:
- **A problem focused history;**
 - **A problem focused examination; and**
 - **Straightforward medical decision making.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are self limited or minor.
- ▲ 99282 **Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components:
- **An expanded problem focused history;**
 - **An expanded problem focused examination; and**
 - **Medical decision making of low complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of low to moderate severity.
- ▲ 99283 **Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components:
- **An expanded problem focused history;**
 - **An expanded problem focused examination; and**
 - **Medical decision making of moderate complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate severity.
- ▲ 99284 **Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components:
- **A detailed history;**
 - **A detailed examination; and**
 - **Medical decision making of moderate complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other health care professionals but do not pose an immediate significant threat to life or physiologic function.
- ▲ 99285 **Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:
- **A comprehensive history;**
 - **A comprehensive examination; and**
 - **Medical decision making of high complexity.**
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
- ▲ 99286 **Physician direction of other qualified health care professional direction of** emergency medical systems (EMS) emergency care, advanced life support;
- ▲ 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:
- **A detailed or comprehensive history;**
 - **A detailed or comprehensive examination; and**
 - **Medical decision making that is straightforward or of low complexity.**

Appendix B—Summary of Additions, Deletions, and Revisions

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of low severity. Physicians typically spend Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99305

Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99306

Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of high severity. Physicians typically spend Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99307

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- **A problem focused interval history;**
- **A problem focused examination; and**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering, or improving. Physicians typically spend Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99308

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- **An expanded problem focused interval history;**
- **An expanded problem focused examination; and**
- **Medical decision making of low complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99309

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- **A detailed interval history;**
- **A detailed examination;**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99310

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- **A comprehensive interval history;**
- **A comprehensive examination;**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99318

Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components:

- **A detailed interval history;**
- **A comprehensive examination; and**
- **Medical decision making that is of low to moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering, or improving. Physicians typically spend Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

▲ 99324

Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components:

- **A problem focused history;**
- **A problem focused examination; and**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

- Usually, the presenting problem(s) are of low severity. Physicians typically spend Typically, 20 minutes are spent with the patient and/or family or caregiver
- ▲ 99325 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components:
- An expanded problem focused history;
 - An expanded problem focused examination; and
 - Medical decision making of low complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate severity. Physicians typically spend Typically, 30 minutes are spent with the patient and/or family or caregiver
- ▲ 99326 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components:
- A detailed history;
 - A detailed examination; and
 - Medical decision making of moderate complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend Typically, 45 minutes are spent with the patient and/or family or caregiver
- ▲ 99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components:
- A comprehensive history;
 - A comprehensive examination; and
 - Medical decision making of moderate complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of high severity. Physicians typically spend Typically, 60 minutes are spent with the patient and/or family or caregiver
- ▲ 99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components:
- A comprehensive history;
 - A comprehensive examination; and
 - Medical decision making of high complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend Typically, 75 minutes are spent with the patient and/or family or caregiver
- ▲ 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- A problem focused interval history;
 - A problem focused examination;
 - Straightforward medical decision making.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend Typically, 15 minutes are spent with the patient and/or family or caregiver
- ▲ 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- An expanded problem focused interval history;
 - An expanded problem focused examination;
 - Medical decision making of low complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend Typically, 25 minutes are spent with the patient and/or family or caregiver
- ▲ 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- A detailed interval history;
 - A detailed examination;
 - Medical decision making of moderate complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend Typically, 40 minutes are spent with the patient and/or family or caregiver
- ▲ 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- A comprehensive interval history;
 - A comprehensive examination;
 - Medical decision making of moderate to high complexity.
- Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
- Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend Typically, 60 minutes are spent with the patient and/or family or caregiver
- ▲ 99341 Home visit for the evaluation and management of a new patient, which requires these 3 key components:
- A problem focused history;
 - A problem focused examination; and
 - Straightforward medical decision making.

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity. Physicians typically spend Typically, 20 minutes are spent face-to-face with the patient and/or family

▲ 99342 **Home visit** for the evaluation and management of a new patient, which requires these 3 key components:

- **An expanded problem focused history;**
- **An expanded problem focused examination; and**
- **Medical decision making of low complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend Typically, 30 minutes are spent face-to-face with the patient and/or family

▲ 99343 **Home visit** for the evaluation and management of a new patient, which requires these 3 key components:

- **A detailed history;**
- **A detailed examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend Typically, 45 minutes are spent face-to-face with the patient and/or family

▲ 99344 **Home visit** for the evaluation and management of a new patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high severity. Physicians typically spend Typically, 60 minutes are spent face-to-face with the patient and/or family

▲ 99345 **Home visit** for the evaluation and management of a new patient, which requires these 3 key components:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend Typically, 75 minutes are spent face-to-face with the patient and/or family

▲ 99347

Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A problem focused interval history;**
- **A problem focused examination;**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend Typically, 15 minutes are spent face-to-face with the patient and/or family

▲ 99348

Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **An expanded problem focused interval history;**
- **An expanded problem focused examination;**
- **Medical decision making of low complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend Typically, 25 minutes are spent face-to-face with the patient and/or family

▲ 99349

Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A detailed interval history;**
- **A detailed examination;**
- **Medical decision making of moderate complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend Typically, 40 minutes are spent face-to-face with the patient and/or family

▲ 99350

Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A comprehensive interval history;**
- **A comprehensive examination;**
- **Medical decision making of moderate to high complexity.**

Counseling and/or coordination of care with other physicians, other providers, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend Typically, 60 minutes are spent face-to-face with the patient and/or family.

▲ 99360

Physician standby **Standby service**, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)

- ▲ **99374** **Physician supervision**Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician-development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- ▲ **99375** 30 minutes or more
- ▲ **99377** **Physician supervision**Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician-development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- ▲ **99378** 30 minutes or more
- ▲ **99379** **Physician supervision**Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician-development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- ▲ **99380** 30 minutes or more
- ▲ **99441** Telephone evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- ▲ **99442** 11-20 minutes of medical discussion
- ▲ **99443** 21-30 minutes of medical discussion
- ▲ **99444** Online evaluation and management service provided by a physician or other qualified health care professional who may report an evaluation and management services provided to an established patient; or guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
- ▲ **99464** Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
- ▲ **99466** **Critical care** services delivered by a physician, face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
- +▲ **99467** each additional 30 minutes (List separately in addition to code for primary service)
- #● **99485** Code added
- +#● **99486** Code added
- **99487** Code added
- **99488** Code added
- +● **99489** Code added
- **99495** Code added
- **99496** Code added
- ## Anesthesia
- ▲ **01991** Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider/physician or other qualified health care professional); other than the prone position
- ▲ **01992** prone position
- ## Surgery
- ▲ **15740** Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
- ▲ **20665** Removal of tongs or halo applied by another physician/individual
- +⊙▲ **22522** each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
- **22586** Code added
- **23473** Code added
- **23474** Code added
- **24370** Code added
- **24371** Code added
- ▲ **28890** Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
- **29590** Denis-Browne splint strapping
- ⊙● **31647** Code added
- ⊙● **31648** Code added
- +⊙● **31649** Code added
- +⊙● **31651** Code added
- **31656** with injection of contrast material for segmental bronchography (fiberscope only)
- ⊙● **31660** Code added
- ⊙● **31661** Code added
- **31715** Transtracheal injection for bronchography
- **32420** Pneumocentesis, puncture of lung for aspiration
- **32421** Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- **32422** Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)

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|-----------------|--|
| 75680 | Angiography, carotid, cervical, bilateral, radiological supervision and interpretation |
| 75685 | Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation |
| ▲ 75896 | Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary) for thrombolysis, radiological supervision and interpretation |
| ▲ 75898 | Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, <u>other than for thrombolysis</u> |
| 75900 | Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation |
| 75961 | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation |
| ▲ 76000 | Fluoroscopy (separate procedure), up to 1 hour physician or other <u>qualified health care professional</u> time, other than 71023 or 71034 (eg, cardiac fluoroscopy) |
| ▲ 76001 | Fluoroscopy, physician or other <u>qualified health care professional</u> time more than 1 hour, assisting a nonradiologic physician or other <u>qualified health care professional</u> (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) |
| ▲ 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality <u>with image postprocessing under concurrent supervision</u> ; not requiring image postprocessing on an independent workstation |
| ▲ 76377 | requiring image postprocessing on an independent workstation |
| ▲ 76885 | Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other <u>qualified health care professional</u> manipulation) |
| ▲ 76886 | limited, static (not requiring physician or other <u>qualified health care professional</u> manipulation) |
| +▲ 77051 | Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) |
| +▲ 77052 | screening mammography (List separately in addition to code for primary procedure) |
| ▲ 77071 | Manual application of stress performed by physician or other <u>qualified health care professional</u> for joint radiography, including contralateral joint if indicated |
| 78000 | Thyroid uptake; single determination |
| 78001 | multiple determinations |
| 78003 | stimulation, suppression or discharge (not including initial uptake studies) |
| 78006 | Thyroid imaging, with uptake; single determination |
| 78007 | multiple determinations |
| 78010 | Thyroid imaging; only |
| 78011 | with vascular flow |
| ● 78012 | Code added |
| ● 78013 | Code added |
| ● 78014 | Code added |

| | |
|----------------|---|
| ▲ 78070 | Parathyroid <u>planar imaging (including subtraction, when performed)</u> |
| ● 78071 | Code added |
| ● 78072 | Code added |

Pathology and Laboratory

| | |
|----------------|--|
| ● 81201 | Code added |
| ● 81202 | Code added |
| ● 81203 | Code added |
| ● 81235 | Code added |
| ● 81252 | Code added |
| ● 81253 | Code added |
| ● 81254 | Code added |
| ● 81321 | Code added |
| ● 81322 | Code added |
| ● 81323 | Code added |
| ● 81324 | Code added |
| ● 81325 | Code added |
| ● 81326 | Code added |
| ▲ 81400 | Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) (<u>eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis</u>) <i>ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), F1388del variant</i> <i>ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant</i> <i>ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant</i> <i>ACE (angiotensin-converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant</i> <i>ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant</i> <i>AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant</i> <i>AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant</i> <i>CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794-825del32 deletion</i> <i>CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794-825del32 deletion</i> <i>CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant</i> <i>DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant</i> <i>DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant</i> <i>F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant</i> <i>F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant</i> <i>F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant</i> <i>F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant</i> |

F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant [*Coagulation factor VII [serum prothrombin conversion accelerator]*] (eg, hereditary hypercoagulability), R353Q variant

F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant [*F13B (coagulation factor XIII, B polypeptide)*] (eg, hereditary hypercoagulability), V34L variant

FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant [*FGB (fibrinogen beta chain)*] (eg, hereditary ischemic heart disease), -455G>A variant

FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant

Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) [*Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P)

Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) [*Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M)

Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (R43S) [*Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (R43S)

Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) [*Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q)

Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) [*Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E)

Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) [*Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q)

Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) [*Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb])*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M)

Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) [*Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule)*] (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y)

IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant

SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant [*SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1)*] (eg, thrombophilia), 4G variant

SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant

MN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion

SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis

TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant

▲ 81401

Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)

ABL (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant

ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H)

ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) [*APQB (apolipoprotein B)*] (eg, familial hypercholesterolemia type B), common variants (eg, R350Q, R350V)

APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4)

AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status)

ATN1 (atrophin 1) (eg, dentatorubral-pallidolusian atrophy), evaluation to detect abnormal (eg, expanded) alleles

CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed

CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S)

CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed

CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2])

CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6)

CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6)

DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles

F2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed

EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis

ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed

EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed

EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed

F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I])

FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G)

FIP1L1/PDGFR4 (del(4q12)) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed

FOXO1/PAX3 (t(1;13)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed

FOXO1/PAX7 (t(2;13)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed

FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles

GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D)

H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis

HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE)

HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, Huntington disease), evaluation to detect abnormal-expanded alleles [expanded]

KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis

MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis

MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed

MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed

MT-RNR1 (mitochondrially encoded 12S rRNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T)

MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D)

MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C)

MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C)

MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C)

MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1

MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A)

MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S rRNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G)

NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis

PAX8/PPARG (t(2;3)(q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis

PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H)

PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S)

RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed

SEPT9 (Septin 9) (eg, colon cancer), methylation analysis

SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing)

TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3)

TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant

VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)

▲ 81402

Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])

Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity)

CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant)

ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer)

KIT (*v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog*) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F)

MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H)

MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, *TPOR*) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R)

TCD@ (*T cell antigen receptor, delta*) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population

Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis

▲ 81403 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)

ABL1 (*c-abl oncogene 1, receptor tyrosine kinase*) (eg, acquired imatinib tyrosine kinase inhibitor resistance), variants in the kinase domain

ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence

CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence

CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT)

DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd)

F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A

FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7)

(For targeted sequence analysis of multiple FGFR3 exons, use 81404)

GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence

HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis

HRAS (*v-Ha-ras Harvey rat sarcoma viral oncogene homolog*) (eg, Costello syndrome), exon 2 sequence

IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C)

IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M)

JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed

Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon

(For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code)

KRAS (*v-Ki-ras2 Kirsten rat sarcoma viral oncogene*) (eg, carcinoma), gene analysis, variant(s) in exon 23 (eg, codon 61)

MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, *TPOR*) (eg, myeloproliferative disorder), exon 10 sequence

MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence

MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence

SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s)

VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis

VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)

▲ 81404 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)

ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6)

AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence

ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence

BTD (biotinidase) (eg, biotinidase deficiency sequence gene full)

CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence

CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence

CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence

CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence

CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence

DMPK (dystrophin myotonic-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles

EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence

FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10)

FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13)

FKRP (Fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence

FOXP1 (forkhead box G1) (eg, Rett syndrome), full gene sequence

FSHMD1A (facioscapulohumeral muscular dystrophy 1A)(eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles

FSHMD1A (facioscapulohumeral muscular dystrophy 1A)(eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes)

FXN (frataxin)(eg, Friedreich ataxia), full gene sequence

HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia), duplication/deletion analysis

(For common deletion variants of alpha globin 1 and alpha globin 2 genes, use B1257)

HBB (hemoglobin, beta, Beta-Globin)(eg, thalassemia), full gene sequence

HNF1B (HNF1 homeobox B)(eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis

HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog)(eg, Costello syndrome), full gene sequence

KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10)(eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence

KIT (C-kit) (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog)(eg, GIST, acute myeloid leukemia, melanoma), targeted gene analysis (eg, exons 8, 11, 13, 17, 18)

LITAF (lipopolysaccharide-induced TNF factor)(eg, Charcot-Marie-Tooth), full gene sequence

MEFV (Mediterranean fever)(eg, familial Mediterranean fever), full gene sequence

MEN1 (multiple endocrine neoplasia 1)(eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis

NRAS (neuroblastoma RAS viral oncogene homolog)(eg, colorectal carcinoma), exon 1 and exon 2 sequences

PDGFRA (platelet-derived growth factor receptor alpha polypeptide)(eg, gastrointestinal stromal tumor), targeted sequence analysis (eg, exons 12, 18)

PDX1 (pancreatic and duodenal homeobox 1)(eg, maturity-onset diabetes of the young [MODY]), full gene sequence

PRNP (prion protein)(eg, genetic prion disease), full gene sequence

PRSS1 (protease, serine, 1 [trypsin 1])(eg, hereditary pancreatitis), full gene sequence

RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1)(eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17)

RET (ret proto-oncogene)(eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F)

SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein)(eg, hereditary paraganglioma), full gene sequence

SLC25A4 (solute carrier family 25 [mitochondrial carrier, adenine nucleotide translocator, member 4])(eg, progressive external ophthalmoplegia), full gene sequence

TP53 (tumor protein 53)(eg, tumor samples), targeted sequence analysis of 2-5 exons

TTR (transthyretin)(eg, familial transthyretin amyloidosis), full gene sequence

TYR (tyrosinase [oculocutaneous albinism IA])(eg, oculocutaneous albinism IA), full gene sequence

USH1G (Usher syndrome 1G [autosomal recessive])(eg, Usher syndrome, type 1), full gene sequence

VHL (von Hippel-Lindau tumor suppressor)(eg, von Hippel-Lindau familial cancer syndrome), full gene sequence

VWF (von Willebrand factor)(eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37)

▲ 81405

Molecular pathology procedure, Level 6*Molecular pathology procedure, Level 6*(eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)

ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1)(eg, adrenoleukodystrophy), full gene sequence

ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain)(eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence

ACTC1 (actin, alpha, cardiac muscle 1)(eg, familial hypertrophic cardiomyopathy), full gene sequence

APTX (aprataxin)(eg, ataxia with oculomotor apraxia 1), full gene sequence

AR (androgen receptor)(eg, androgen insensitivity syndrome), full gene sequence

CHRNA4 (cholinergic receptor, nicotinic, alpha 4)(eg, nocturnal frontal lobe epilepsy), full gene sequence

CHRN2 (cholinergic receptor, nicotinic, beta 2 [neuronal])(eg, nocturnal frontal lobe epilepsy), full gene sequence

CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2)(eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence

DFNB59 (deafness, autosomal recessive 59)(eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence

DHCR7 (7-dehydrocholesterol reductase)(eg, Smith-Lemli-Opitz syndrome), full gene sequence

EYA1 (eyes absent homolog 1 [Drosophila])(eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis

F9 (coagulation factor IX)(eg, hemophilia B), full gene sequence

FH (fumarate hydratase)(eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence

FKTN (fukutin)(eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence

GFAP (glial fibrillary acidic protein)(eg, Alexander disease), full gene sequence

GLA (galactosidase, alpha)(eg, Fabry disease), full gene sequence

HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, thalassemia), full gene sequence

HNF1A (HNF1 homeobox A)(eg, maturity-onset diabetes of the young [MODY]), full gene sequence

HNF1B (HNF1 homeobox B)(eg, maturity-onset diabetes of the young [MODY]), full gene sequence

KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog)(eg, Noonan syndrome), full gene sequence

LAMP2 (lysosomal-associated membrane protein 2)(eg, Danon disease), full gene sequence

MEN1 (multiple endocrine neoplasia 1)(eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence

MPZ (myelin protein zero)(eg, Charcot-Marie-Tooth), full gene sequence

MYL2 (myosin, light chain 2, regulatory, cardiac, slow)(eg, familial hypertrophic cardiomyopathy), full gene sequence

MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow)(eg, familial hypertrophic cardiomyopathy), full gene sequence

MYOT (myotilin)(eg, limb-girdle muscular dystrophy), full gene sequence

NEFL (neurofilament, light polypeptide)(eg, Charcot-Marie-Tooth), full gene sequence

NF2 (neurofibromin 2 [merlin])(eg, neurofibromatosis, type 2), duplication/deletion analysis

NSD1 (nuclear receptor binding SET domain protein 1)(eg, Sotos syndrome), duplication/deletion analysis

OTC (ornithine carbamoyltransferase)(eg, ornithine transcarbamylase deficiency), full gene sequence

PDHB (pyruvate dehydrogenase [lipoamide] beta)(eg, lactic acidosis), full gene sequence

PSEN1 (presenilin 1)(eg, Alzheimer disease), full gene sequence

RET (ret proto-oncogene)(eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16)

SDHB (succinate dehydrogenase complex, subunit B, iron sulfur)(eg, hereditary paraganglioma), full gene sequence

SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa)(eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence

SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein])(eg, limb-girdle muscular dystrophy), full gene sequence

SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein])(eg, limb-girdle muscular dystrophy), full gene sequence

SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein])(eg, limb-girdle muscular dystrophy), full gene sequence

SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein])(eg, limb-girdle muscular dystrophy), full gene sequence

SHOC2 (soc-2 suppressor of clear homolog)(eg, Noonan-like syndrome with loose anagen hair), full gene sequence

SMN1 (survival of motor neuron 1, telomeric)(eg, spinal muscular atrophy), full gene sequence

SPRED1 (sprouty-related, EVH1 domain containing 1)(eg, Legius syndrome), full gene sequence

TGFBR1 (transforming growth factor, beta receptor 1)(eg, Marfan syndrome), full gene sequence

TGFBR2 (transforming growth factor, beta receptor 2)(eg, Marfan syndrome), full gene sequence

THRB (thyroid hormone receptor, beta)(eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons

TNNI3 (troponin I, type 3 [cardiac])(eg, familial hypertrophic cardiomyopathy), full gene sequence

▲ 81406

TP53 (tumor protein 53)(eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons

TPM1 (tropomyosin 1 [alpha])(eg, familial hypertrophic cardiomyopathy), full gene sequence

TSC1 (tuberous sclerosis 1)(eg, tuberous sclerosis), duplication/deletion analysis

VWF (von Willebrand factor)(eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25)

Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)

ACADVL (acyl-CoA dehydrogenase, very long chain)(eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence

ACTN4 (actinin, alpha 4)(eg, focal segmental glomerulosclerosis), full gene sequence

ANO5 (anoctamin 5)(eg, limb-girdle muscular dystrophy), full gene sequence

APP (amyloid beta [A4] precursor protein)(eg, Alzheimer disease), full gene sequence

ATP7B (ATPase, Cu++ transporting, beta polypeptide)(eg, Wilson disease), full gene sequence

BRAF (v-raf murine sarcoma viral oncogene homolog B1)(eg, Noonan syndrome), full gene sequence

CAPN3 (Calpain 3)(eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence

CBS (cystathionine-beta-synthase)(eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence

CDH1 (cadherin 1, type 1, E-cadherin [epithelial])(eg, hereditary diffuse gastric cancer), full gene sequence

CDKL5 (cyclin-dependent kinase-like 5)(eg, early infantile epileptic encephalopathy), full gene sequence

Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis)

DLAT (dihydrolipoamide S-acetyltransferase)(eg, pyruvate dehydrogenase E2 deficiency), full gene sequence

DLD (dihydrolipoamide dehydrogenase)(eg, maple syrup urine disease, type III), full gene sequence

EYA1 (eyes absent homolog 1 [Drosophila])(eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence

F8 (coagulation factor VIII)(eg, hemophilia A), duplication/deletion analysis

GAA (glucosidase, alpha; acid)(eg, glycogen storage disease type II [Pompe disease]), full gene sequence

GALT (galactose-1-phosphate uridylyltransferase)(eg, galactosemia), full gene sequence

GCDH (glutaryl-CoA dehydrogenase)(eg, glutaricacidemia type 1), full gene sequence

GCK (glucokinase [hexokinase 4])(eg, maturity-onset diabetes of the young [MODY]), full gene sequence

- HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit)*(eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence
- HEXA (hexosaminidase A, alpha polypeptide)*(eg, Tay-Sachs disease), full gene sequence
- HNF4A (hepatocyte nuclear factor 4, alpha)*(eg, maturity-onset diabetes of the young [MODY]), full gene sequence
- IVD (isovaleryl-CoA dehydrogenase)*(eg, isovaleric acidemia), full gene sequence
- JAG1 (jagged 1)*(eg, Alagille syndrome), duplication/deletion analysis
- LDB3 (LIM domain binding 3)*(eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence
- LMNA (lamin A/C)*(eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence
- MAP2K1 (mitogen-activated protein kinase 1)*(eg, cardiofaciocutaneous syndrome), full gene sequence
- MAP2K2 (mitogen-activated protein kinase 2)*(eg, cardiofaciocutaneous syndrome), full gene sequence
- MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta])*(eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence
- MUTYH (mutY homolog [E. coli])*(eg, MYH-associated polyposis), full gene sequence
- NF2 (neurofibromin 2 [merlin])*(eg, neurofibromatosis, type 2), full gene sequence
- NOTCH3 (notch 3)*(eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23)
- NSD1 (nuclear receptor binding SET domain protein 1)*(eg, Sotos syndrome), full gene sequence
- OPA1 (optic atrophy 1)*(eg, optic atrophy), duplication/deletion analysis
- PAH (phenylalanine hydroxylase)*(eg, phenylketonuria), full gene sequence
- PALB2 (partner and localizer of BRCA2)*(eg, breast and pancreatic cancer), full gene sequence
- PAX2 (paired box 2)*(eg, renal coloboma syndrome), full gene sequence
- PC (pyruvate carboxylase)*(eg, pyruvate carboxylase deficiency), full gene sequence
- PCCB (propionyl CoA carboxylase, beta polypeptide)*(eg, propionic acidemia), full gene sequence
- PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1)*(eg, lactic acidosis), full gene sequence
- PDHX (pyruvate dehydrogenase complex, component X)*(eg, lactic acidosis), full gene sequence
- POLG (polymerase [DNA directed], gamma)*(eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence
- POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase)*(eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence
- POMT1 (protein-O-mannosyltransferase 1)*(eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence
- POMT2 (protein-O-mannosyltransferase 2)*(eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndromesequence gene full)
- PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit)*(eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glyco-gen storage disease of heart), full gene sequence
- PSEN2 (presenilin 2 [Alzheimer disease 4])*(eg, Alzheimer disease), full gene sequence
- PTPN11 (protein tyrosine phosphatase, non-receptor type 11)*(eg, Noonan syndrome, LEOPARD syndrome), full gene sequence
- PYGM (phosphorylase, glycogen, muscle)*(eg, glycogen storage disease type V, McArdle disease), full gene sequence
- RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1)*(eg, LEOPARD syndrome), full gene sequence
- RET (ret proto-oncogene)*(eg, Hirschsprung disease), full gene sequence
- RYR1 (ryanodine receptor 1, skeletal)*(eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations
- SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger] member 6)*(eg, Christianson syndrome), full gene sequence
- SLC26A4 (solute carrier family 26, member 4)*(eg, Pendred syndrome), full gene sequence
- SQS1 (son of sevenless homolog 1)*(eg, Noonan syndrome, gingival fibromatosis), full gene sequence
- TAZ (tafazzin)*(eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence
- TNNT2 (troponin T, type 2 [cardiac])*(eg, familial hypertrophic cardiomyopathy), full gene sequence
- TSC1 (tuberous sclerosis 1)*(eg, tuberous sclerosis), full gene sequence
- TSC2 (tuberous sclerosis 2)*(eg, tuberous sclerosis), duplication/deletion analysis
- UBE3A (ubiquitin protein ligase E3A)*(eg, Angelman syndrome), full gene sequence
- VWF (von Willebrand factor)*(von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52)
- ▲ **81407** Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)
- ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8)*(eg, familial hyperinsulinism), full gene sequence
- CHD7 (chromodomain helicase DNA binding protein 7)*(eg, CHARGE syndrome), full gene sequence
- F8 (coagulation factor VIII)*(eg, hemophilia A), full gene sequence
- JAG1 (jagged 1)*(eg, Alagille syndrome), full gene sequence
- MYBPC3 (myosin binding protein C, cardiac)*(eg, familial hypertrophic cardiomyopathy), full gene sequence
- MYH6 (myosin, heavy chain 6, cardiac muscle, alpha)*(eg, familial dilated cardiomyopathy), full gene sequence

Appendix B—Summary of Additions, Deletions, and Revisions

| | | | |
|----------------|---|------------------|---|
| | <u>MYH7 (myosin, heavy chain 7, cardiac muscle, beta)</u> (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence | ● 82777 | Code added |
| | <u>MYO7A (myosin VIIA)</u> (eg, Usher syndrome, type 1), full gene sequence | ● 83890 | Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA) |
| | <u>NOTCH1 (notch 1)</u> (eg, aortic valve disease), full gene sequence | ● 83891 | isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA) |
| | <u>OPA1 (optic atrophy 1)</u> (eg, optic atrophy), full gene sequence | ● 83892 | enzymatic digestion, each enzyme treatment |
| | <u>PCDH15 (protocadherin-related 15)</u> (eg, Usher syndrome, type 1), full gene sequence | ● 83893 | dot/slot blot production, each nucleic acid preparation |
| | <u>SCN1A (sodium channel, voltage-gated, type 1, alpha subunit)</u> (eg, generalized epilepsy with febrile seizures), full gene sequence | ● 83894 | separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation |
| | <u>SCN5A (sodium channel, voltage-gated, type V, alpha subunit)</u> (eg, familial dilated cardiomyopathy), full gene sequence | ● 83896 | nucleic acid probe, each |
| | <u>TSC2 (tuberous sclerosis 2)</u> (eg, tuberous sclerosis), full gene sequence | ● 83897 | nucleic acid transfer (eg, Southern, Northern), each nucleic acid preparation |
| | <u>USH1C (Usher syndrome 1C [autosomal recessive, severe])</u> (eg, Usher syndrome, type 1), full gene sequence | ● 83898 | amplification, target, each nucleic acid sequence |
| ▲ 81408 | Molecular pathology procedure, Level 9 (eg, analysis of > 50 exons in a single gene by DNA sequence analysis) | ● 83900 | amplification, target, multiplex, first 2 nucleic acid sequences |
| | <u>ATM (ataxia telangiectasia mutated)</u> (eg, ataxia telangiectasia), full gene sequence | ● 83901 | amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure) |
| | <u>CDH23 (cadherin-related 23)</u> (eg, Usher syndrome, type 1), full gene sequence | ● 83902 | reverse transcription |
| | <u>COL1A1 (collagen, type I, alpha 1)</u> (eg, osteogenesis imperfecta, type I), full gene sequence | ● 83903 | mutation scanning, by physical properties (eg, single strand conformational polymorphisms [SSCP], heteroduplex, denaturing gradient gel electrophoresis [DGGE], RNAase A), single segment, each |
| | <u>COL1A2 (collagen, type I, alpha 2)</u> (eg, osteogenesis imperfecta, type II), full gene sequence | ● 83904 | mutation identification by sequencing, single segment, each segment |
| | <u>DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive])</u> (eg, limb-girdle muscular dystrophy), full gene sequence | ● 83905 | mutation identification by allele specific transcription, single segment, each segment |
| | <u>FBN1 (fibrillin 1)</u> (eg, Marfan syndrome), full gene sequence | ● 83906 | mutation identification by allele specific translation, single segment, each segment |
| | <u>NF1 (neurofibromin 1)</u> (eg, neurofibromatosis, type 1), full gene sequence | ● 83907 | lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), each specimen |
| | <u>RYR1 (ryanodine receptor 1, skeletal)</u> (eg, malignant hyperthermia), full gene sequence | ● 83908 | amplification, signal, each nucleic acid sequence |
| | <u>USH2A (Usher syndrome 2A [autosomal recessive, mild])</u> (eg, Usher syndrome, type 2), full gene sequence | ● 83909 | separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation |
| | <u>VWF (von Willebrand factor)</u> (eg, von Willebrand disease types 1 and 3), full gene sequence; | ● 83912 | interpretation and report |
| ● 81479 | Code added | ● 83913 | RNA stabilization |
| ● 81500 | Code added | ● 83914 | Mutation identification by enzymatic ligation or primer extension, single segment, each segment (eg, oligonucleotide ligation assay [OLA], single base chain extension [SBCE], or allele-specific primer extension [ASPE]); |
| ● 81503 | Code added | # ● 86152 | Code added |
| ● 81506 | Code added | # ● 86153 | Code added |
| ● 81508 | Code added | ● 86711 | Code added |
| ● 81509 | Code added | ● 86828 | Code added |
| ● 81510 | Code added | ● 86829 | Code added |
| ● 81511 | Code added | ● 86830 | Code added |
| ● 81512 | Code added | ● 86831 | Code added |
| ● 81599 | Code added | ● 86832 | Code added |
| ▲ 82009 | Acetone or other ketone bodiesKetone body(s) (eg, acetone, acetoacetic acid, serumbeta-hydroxybutyrate); qualitative | ● 86833 | Code added |
| ▲ 82010 | quantitative | ● 86834 | Code added |
| | | ● 86835 | Code added |
| | | ▲ 87498 | enterovirus, reverse transcription and amplified probe technique |
| | | ▲ 87521 | hepatitis C, reverse transcription and amplified probe technique |

| | | | |
|-----------------|---|-------|---|
| ▲ 87522 | hepatitis C, <u>reverse transcription and</u> quantification | 90806 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; |
| ▲ 87535 | HIV-1, <u>reverse transcription and</u> amplified probe technique | 90807 | with medical evaluation and management services |
| ▲ 87536 | HIV-1, <u>reverse transcription and</u> quantification | 90808 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; |
| ▲ 87538 | HIV-2, <u>reverse transcription and</u> amplified probe technique | 90809 | with medical evaluation and management services |
| ▲ 87539 | HIV-2, <u>reverse transcription and</u> quantification | 90810 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; |
| ● 87631 | Code added | 90811 | with medical evaluation and management services |
| ● 87632 | Code added | 90812 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; |
| ● 87633 | Code added | 90813 | with medical evaluation and management services |
| #● 87910 | Code added | 90814 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; |
| ▲ 87901 | HIV-1, reverse transcriptase and protease regions | 90815 | with medical evaluation and management services |
| #● 87912 | Code added | 90816 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; |
| ● 88375 | Code added | 90817 | with medical evaluation and management services |
| 88384 | Array-based evaluation of multiple molecular probes; 11 through 50 probes | 90818 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; |
| 88385 | 51 through 250 probes | 90819 | with medical evaluation and management services |
| 88386 | 251 through 500 probes | 90821 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; |
| | | 90822 | with medical evaluation and management services |
| | | 90823 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; |
| | | 90824 | with medical evaluation and management services |
| | | 90826 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; |
| | | 90827 | with medical evaluation and management services |
| | | 90828 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; |
| | | 90829 | with medical evaluation and management services |
| Medicine | | | |
| ▲● 90653 | Code added | | |
| ▲ 90655 | Influenza virus vaccine, <u>trivalent</u> , split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use | | |
| ▲ 90656 | Influenza virus vaccine, <u>trivalent</u> , split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use | | |
| ▲ 90657 | Influenza virus vaccine, <u>trivalent</u> , split virus, when administered to children 6-35 months of age, for intramuscular use | | |
| ▲ 90658 | Influenza virus vaccine, <u>trivalent</u> , split virus, when administered to individuals 3 years of age and older, for intramuscular use | | |
| ▲ 90660 | Influenza virus vaccine, <u>trivalent</u> , live, for intranasal use | | |
| #● 90672 | Code added | | |
| 90665 | Lyme disease vaccine, adult dosage, for intramuscular use | | |
| 90701 | Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use | | |
| 90718 | Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use; | | |
| ▲● 90739 | Code added | | |
| ▲ 90746 | Hepatitis B vaccine, adult dosage (<u>3 dose schedule</u>), for intramuscular use | | |
| +● 90785 | Code added | | |
| ● 90791 | Code added | | |
| ● 90792 | Code added | | |
| 90801 | Psychiatric diagnostic interview examination; | | |
| 90802 | Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication | | |
| 90804 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient | | |
| 90805 | with medical evaluation and management services | | |

Appendix B—Summary of Additions, Deletions, and Revisions

| | | | |
|----------|--|--------------|---|
| ● 90832 | Code added | ▲ 90957 | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month |
| +● 90833 | Code added | ▲ 90958 | with 2-3 face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month |
| ● 90834 | Code added | ▲ 90959 | with 1 face-to-face <u>visit by a physician visitor or other qualified health care professional</u> per month |
| +● 90836 | Code added | ▲ 90960 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month |
| ● 90837 | Code added | ▲ 90961 | with 2-3 face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month |
| +● 90838 | Code added | ▲ 90962 | with 1 face-to-face <u>visit by a physician visitor or other qualified health care professional</u> per month |
| ● 90839 | Code added | ▲ 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with <u>physician-interpretation and report</u> |
| +● 90840 | Code added | ▲ 91111 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with <u>physician-interpretation and report</u> |
| 90857 | Interactive group psychotherapy- | ● 91112 | Code added |
| 90862 | Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy- | ▲ 92286 | Special anterior Anterior segment photography <u>imaging</u> with interpretation and report; with specular endothelial <u>microscopy</u> and <u>endothelial cell count analysis</u> |
| +● 90863 | Code added | ▲ 92287 | with fluorescein angiography |
| ▲ 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes | ▲ 92613 | physician-interpretation and report only |
| ▲ 90876 | approximately 45-50 minutes | ▲ 92615 | physician-interpretation and report only |
| ▲ 90889 | Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other <u>physicians</u> <u>individuals</u> , agencies, or insurance carriers | ▲ 92617 | physician-interpretation and report only |
| ▲ 90935 | Hemodialysis procedure with single <u>evaluation by a physician evaluation or other qualified health care professional</u> | 92980 | Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel |
| ▲ 90945 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single <u>evaluation by a physician evaluation or other qualified health care professional</u> | 92981 | each additional vessel (List separately in addition to code for primary procedure) |
| ▲ 90947 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated <u>evaluation by a physician evaluation or other qualified health care professional</u> , with or without substantial revision of dialysis prescription | 92982 | Percutaneous transluminal coronary balloon angioplasty; single vessel |
| ▲ 90951 | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month | 92984 | each additional vessel (List separately in addition to code for primary procedure) |
| ▲ 90952 | with 2-3 face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month | 92995 | Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel |
| ▲ 90953 | with 1 face-to-face <u>visit by a physician visitor or other qualified health care professional</u> per month | 92996 | each additional vessel (List separately in addition to code for primary procedure) |
| ▲ 90954 | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month | ⊙ # ● 92920 | Code added |
| ▲ 90955 | with 2-3 face-to-face <u>visits by a physician visitor or other qualified health care professional</u> per month | +⊙ # ● 92921 | Code added |
| ▲ 90956 | with 1 face-to-face <u>visit by a physician visitor or other qualified health care professional</u> per month | ⊙ # ● 92924 | Code added |
| | | +⊙ # ● 92925 | Code added |
| | | ⊙ # ● 92928 | Code added |
| | | +⊙ # ● 92929 | Code added |
| | | ⊙ # ● 92933 | Code added |
| | | +⊙ # ● 92934 | Code added |
| | | ⊙ # ● 92937 | Code added |

| | | | |
|-------------------|--|------------------|--|
| +⊖#● 92938 | Code added | ▲ 93288 | Interrogation device evaluation (in person) with <u>physician-analysis, review and report by a physician or other qualified health care professional</u> , includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system |
| ⊖#● 92941 | Code added | ▲ 93289 | single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements |
| ⊖#● 92943 | Code added | ▲ 93290 | implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors |
| +⊖#● 92944 | Code added | ▲ 93291 | implantable loop recorder system, including heart rhythm derived data analysis |
| +⊖#▲ 92973 | Percutaneous transluminal coronary thrombectomy <u>mechanical</u> (List separately in addition to code for primary procedure) | ▲ 93292 | wearable defibrillator system |
| ▲ 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with <u>physician-supervision, with-interpretation and report</u> | ▲ 93293 | Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with <u>physician-analysis, review and report(s) by a physician or other qualified health care professional</u> , up to 90 days |
| ▲ 93016 | <u>physician-supervision only, without interpretation and report</u> | ▲ 93294 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim <u>physician-analysis, review(s) and report(s) by a physician or other qualified health care professional</u> |
| ▲ 93224 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, <u>physician-review and interpretation by a physician or other qualified health care professional</u> | ▲ 93295 | single, dual, or multiple lead implantable cardioverter-defibrillator system with interim <u>physician-analysis, review(s) and report(s) by a physician or other qualified health care professional</u> |
| ▲ 93227 | <u>physician-review and interpretation by a physician or other qualified health care professional</u> | ▲ 93297 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, <u>physician-analysis, review(s) and report(s) by a physician or other qualified health care professional</u> |
| ▲ 93228 | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; <u>physician-review and interpretation with report by a physician or other qualified health care professional</u> | ▲ 93298 | implantable loop recorder system, including analysis of recorded heart rhythm data, <u>physician-analysis, review(s) and report(s) by a physician or other qualified health care professional</u> |
| ▲ 93229 | technical support for connection and patient instructions for use, attended surveillance, analysis and <u>physician-prescribed-transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional</u> | ▲ 93351 | including performance of continuous electrocardiographic monitoring, with <u>supervision by a physician supervisor or other qualified health care professional</u> |
| ▲ 93268 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, <u>physician-review and interpretation by a physician or other qualified health care professional</u> | 93651 | Intracardiac catheter ablation of arrhythmogenic focus; for-treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination |
| ▲ 93272 | <u>physician-review and interpretation by a physician or other qualified health care professional</u> | 93652 | for-treatment-of-ventricular tachycardia |
| ▲ 93279 | 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 <u>physician-analysis, review and report by a physician or other qualified health care professional</u> ; single lead pacemaker system | ⊖● 93653 | Code added |
| ▲ 93280 | dual lead pacemaker system | ⊖● 93654 | Code added |
| ▲ 93281 | multiple lead pacemaker system | +⊖● 93655 | Code added |
| ▲ 93282 | single lead implantable cardioverter-defibrillator system | ⊖● 93656 | Code added |
| ▲ 93283 | dual lead implantable cardioverter-defibrillator system | +⊖● 93657 | Code added |
| ▲ 93284 | multiple lead implantable cardioverter-defibrillator system | ▲ 93745 | Initial set-up and programming by a <u>physician or other qualified health care professional</u> of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events |
| ▲ 93285 | implantable loop recorder system | ▲ 93750 | Interrogation of ventricular assist device (VAD), in person, with <u>physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report</u> |
| ▲ 93286 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with <u>physician-analysis, review and report by a physician or other qualified health care professional</u> ; single, dual, or multiple lead pacemaker system | | |
| ▲ 93287 | single, dual, or multiple lead implantable cardioverter-defibrillator system | | |

Appendix B—Summary of Additions, Deletions, and Revisions

| | | | |
|----------|---|----------|--|
| ▲ 93790 | physician-review with interpretation and report | ▲ 95131 | 2 stinging insect venoms |
| ▲ 93797 | Physician <u>or other qualified health care professional</u> services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) | ▲ 95132 | 3 stinging insect venoms |
| ▲ 93798 | with continuous ECG monitoring (per session) | ▲ 95133 | 4 stinging insect venoms |
| ▲ 94014 | Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and <u>physician-review and interpretation by a physician or other qualified health care professional</u> | ▲ 95134 | 5 stinging insect venoms |
| ▲ 94016 | <u>physician-review and interpretation only by a physician or other qualified health care professional</u> | ▲ 95808 | Polysomnography; <u>any age</u> , sleep staging with 1-3 additional parameters of sleep, attended by a technologist |
| ▲ 94452 | High altitude simulation test (HAST), with <u>physician-interpretation and report by a physician or other qualified health care professional</u> | ▲ 95810 | <u>age 6 years or older</u> , sleep staging with 4 or more additional parameters of sleep, attended by a technologist |
| ▲ 94453 | with supplemental oxygen titration | ▲ 95811 | <u>age 6 years or older</u> , sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist |
| ○▲ 94610 | Intrapulmonary surfactant administration by a <u>physician or other qualified health care professional</u> through endotracheal tube | #● 95782 | Code added |
| ▲ 94774 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, <u>physician-review, interpretation, and preparation of a report by a physician or other qualified health care professional</u> | #● 95783 | Code added |
| ▲ 94777 | <u>physician-review, interpretation and preparation of report only by a physician or other qualified health care professional</u> | ▲ 95830 | Insertion by <u>physician or other qualified health care professional</u> of sphenoidal electrodes for electroencephalographic (EEG) recording; |
| ▲ 95004 | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician , specify number of tests | 95900 | Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study |
| 95010 | Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests | 95903 | motor, with F-wave study |
| 95015 | Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests | 95904 | sensory |
| ● 95017 | Code added | ● 95907 | Code added |
| ● 95018 | Code added | ● 95908 | Code added |
| ▲ 95024 | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician , specify number of tests | ● 95909 | Code added |
| ▲ 95027 | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician , specify number of tests | ● 95910 | Code added |
| 95075 | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite) | ● 95911 | Code added |
| ● 95076 | Code added | ● 95912 | Code added |
| +● 95079 | Code added | ● 95913 | Code added |
| ▲ 95120 | Professional services for allergen immunotherapy in <u>prescribing-physician's</u> the office or institution <u>of the prescribing physician or other qualified health care professional</u> , including provision of allergenic extract; single injection | 95920 | Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure) |
| ▲ 95125 | 2 or more injections | +● 95940 | Code added |
| ▲ 95130 | single stinging insect venom | +● 95941 | Code added |
| | | ● 95924 | Code added |
| | | #● 95943 | Code added |
| | | 95934 | H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle |
| | | 95936 | record muscle other than gastrocnemius/soleus muscle |
| | | ▲ 95954 | Pharmacological or physical activation requiring <u>physician or other qualified health care professional</u> attendance during EEG recording of activation phase (eg, thiopental activation test) |
| | | ▲ 95961 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of <u>attendance by a physician or other qualified health care professional</u> |
| | | +▲ 95962 | each additional hour of <u>attendance by a physician or other qualified health care professional</u> (List separately in addition to code for primary procedure) |
| | | ▲ 95991 | requiring <u>skill of a physician's skill or other qualified health care professional</u> |

- ▲ **96004** Physician ~~review~~Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
- ▲ **96020** Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report
- ▲ **97530** Therapeutic activities, direct (one-on-one) patient contact ~~by the provider~~ (use of dynamic activities to improve functional performance), each 15 minutes
- ▲ **97532** Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact ~~by the provider~~, each 15 minutes
- ▲ **97533** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact ~~by the provider~~, each 15 minutes
- ▲ **97535** Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact ~~by provider~~, each 15 minutes
- ▲ **97537** Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact ~~by provider~~, each 15 minutes
- ▲ **97755** Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact ~~by provider~~, with written report, each 15 minutes
- ▲ **98969** Online assessment and management service provided by a qualified nonphysician health care professional to an established patient; ~~or guardian, or health care provider~~ not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
- ▲ **99000** Handling and/or conveyance of specimen for transfer from the ~~physician's~~ office to a laboratory
- ▲ **99001** Handling and/or conveyance of specimen for transfer from the patient in other than a ~~physician's~~ office to a laboratory (distance may be indicated)
- ▲ **99002** Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional
- ▲ **99070** Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
- ▲ **99071** Educational supplies, such as books, tapes, and pamphlets, ~~provided by the physician~~ for the patient's education at cost to physician or other qualified health care professional
- ▲ **99078** Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
- ▲ **99091** Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time
- ⊖▲ **99143** Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time
- ⊖▲ **99144** age 5 years or older, first 30 minutes intra-service time
- +▲ **99145** each additional 15 minutes intra-service time (List separately in addition to code for primary service)
- ▲ **99148** Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time
- ▲ **99149** age 5 years or older, first 30 minutes intra-service time
- +▲ **99150** each additional 15 minutes intra-service time (List separately in addition to code for primary service)
- ▲ **99174** ~~Ocular photoscreening with interpretation and report~~Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral
- ▲ **99183** Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

Category II Codes

- ▲ **1005F** Asthma symptoms evaluated (includes ~~physician~~ documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA –No Measure Associated)
- **1052F** Code added
- ▲ **2060F** Patient interviewed directly ~~by evaluating clinician~~ on or before date of diagnosis of major depressive disorder (MDD ADOL)¹;
- **3517F** Code added
- **3520F** Code added
- **3750F** Code added
- **4009F** Angiotensin-converting enzyme (ACE) inhibitor or angiotensin-receptor blocker (ARB) therapy prescribed (HF, CAD, CKD)PCPI- (DM)NGQA-HEDIS
- **4069F** Code added
- **4142F** Code added
- ▲ **4240F** Instruction in therapeutic exercise with follow-up ~~by the physician~~ provided to patients during episode of back pain lasting longer than 12 weeks (BkP)²;
- ▲ **5010F** Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)⁵;

Appendix B—Summary of Additions, Deletions, and Revisions

| | | | |
|---------|--|-----------|------------|
| ▲ 5020F | Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC) ¹ ; | +⊙● 0294T | Code added |
| ▲ 5100F | Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED) ¹ ; | ● 0295T | Code added |
| ● 6150F | Code added | ● 0296T | Code added |
| | | ● 0297T | Code added |
| | | ● 0298T | Code added |
| | | ● 0299T | Code added |
| | | +● 0300T | Code added |

Category III Codes

| | | | |
|-----------|--|----------|------------|
| 0030T | Antithrombin (phospholipid cofactor) antibody, each Ig class; | ⊙● 0301T | Code added |
| 0048T | Implantation of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation; | ⊙● 0302T | Code added |
| 0050T | Removal of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation; | ⊙● 0303T | Code added |
| 0173T | Monitoring of intraocular pressure during vitrectomy surgery (List separately in addition to code for primary procedure) | ⊙● 0304T | Code added |
| ▲ 0195T | Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, including without instrumentation, imaging (when performed) with image guidance, and discectomy to prepare interspace, lumbar includes bone graft when performed; single L5-S1 interspace | ● 0305T | Code added |
| +▲ 0196T | each additional L4-L5 interspace (List separately in addition to code for primary procedure) | ● 0306T | Code added |
| ▲ 0206T | Algorithmic computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of electrocardiographic-derived data multiple nonlinear mathematical transformations, with computer probability assessment, including report coronary artery obstruction severity assessment | ⊙● 0307T | Code added |
| 0242T | Gastrointestinal tract transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report | ⊙● 0308T | Code added |
| 0250T | Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure) | +● 0309T | Code added |
| 0251T | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe | ● 0310T | Code added |
| 0252T | with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure) | ● 0311T | Code added |
| 0256T | Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach | ● 0312T | Code added |
| 0257T | open thoracic approach (eg, transapical, transventricular) | ● 0313T | Code added |
| 0258T | Trans thoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; without cardiopulmonary bypass | ● 0314T | Code added |
| 0259T | with cardiopulmonary bypass | ● 0315T | Code added |
| 0276T | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe | ● 0316T | Code added |
| 0277T | with bronchial thermoplasty, 2 or more lobes | ● 0317T | Code added |
| 0279T | Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood) | ● 0318T | Code added |
| 0280T | interpretation and report | | |
| +⊙● 0291T | Code added | | |
| +⊙● 0292T | Code added | | |
| ⊙● 0293T | Code added | | |