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 strikethrough, while new text appears underlined. Codes with which conscious sedation would not be separately reported when performed at the same session by the same provider are denoted with the bullseye (⊙). The symbol ♦ is used to identify codes for vaccines that are pending FDA approval (see Appendix K).

Revisions to the headings, notes, introductory paragraphs, and cross-references are not included in this Appendix, but are identified in the main text of the book with the “►” symbols and presented in green.

Evaluation and Management

▲ 99296 Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less

▲ 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.

Counseling and/or coordination of care with other providers 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 25 minutes with the patient and/or family or caregiver.

▲ 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 providers 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 35 minutes with the patient and/or family or caregiver.

▲ 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 providers 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 45 minutes with the patient and/or family or caregiver.

▲ 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;
■ Straightforward medical decision making.

Counseling and/or coordination of care with other providers 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 10 minutes with the patient and/or family or caregiver.

▲ 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;
■ Medical decision making of low complexity.

Counseling and/or coordination of care with other providers 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 15 minutes with the patient and/or family or caregiver.

▲ 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 providers 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 25 minutes with the patient and/or family or caregiver.
Appendix B—Summary of Additions, Deletions, and Revisions

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 providers 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 35 minutes with the patient and/or family or caregiver.

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 providers 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 30 minutes with the patient and/or family or caregiver.

99361 Medical conference by a physician with an interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present), approximately 30 minutes.

99362 approximately 60 minutes.

99366 Code added

99367 Code added

99368 Code added

99373 Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists), simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy).

99372 Intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care).

99373 Complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan).

99406 Code added

99407 Code added

99408 Code added

99409 Code added

99441 Code added

99442 Code added

99443 Code added

99444 Code added

99477 Code added

Anesthesia

01906 Anesthesia for myelography, discography, vertebroplasty.

01931 intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic transvenous porto-caval shunt [TIPS]).

01935 Code added

01936 Code added

Surgery

11008 Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure).

17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemoablation, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions.

20555 Code added

20660 Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure).

20690 Application of a uniplane (pins or wires in one plane), unilateral, external fixation system.

20692 Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type).

20900 Bone graft, any donor area; minor or small (eg, dowel or button).

20902 major or large.

20910 Cartilage graft; costochondral.

20912 nasal septum.

20920 Fascia lata graft; by stripper.

20922 by incision and area exposure, complex or sheet.

20924 Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris).

20926 Tissue grafts, other (eg, paratenon, fat, dermis).

20930 Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure).

20931 structural (List separately in addition to code for primary procedure).

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### Appendix B—Summary of Additions, Deletions, and Revisions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20936</td>
<td>Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>20937</td>
<td>Morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>20938</td>
<td>Structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>20985</td>
<td>Code added</td>
</tr>
<tr>
<td>20986</td>
<td>Code added</td>
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<tr>
<td>20987</td>
<td>Code added</td>
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<tr>
<td>21073</td>
<td>Code added</td>
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<td>2206</td>
<td>Code added</td>
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<tr>
<td>2207</td>
<td>Code added</td>
</tr>
<tr>
<td>2208</td>
<td>Code added</td>
</tr>
<tr>
<td>22840</td>
<td>Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22841</td>
<td>Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22842</td>
<td>Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22843</td>
<td>7 to 12 vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22844</td>
<td>13 or more vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22845</td>
<td>Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22846</td>
<td>4 to 7 vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22847</td>
<td>8 or more vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22848</td>
<td>Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22851</td>
<td>Application of intervertebral biomechanical device(s) (eg, synthetic cages, threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>23501</td>
<td>Code added</td>
</tr>
<tr>
<td>23502</td>
<td>Code added</td>
</tr>
<tr>
<td>23503</td>
<td>Code added</td>
</tr>
<tr>
<td>23504</td>
<td>Code added</td>
</tr>
<tr>
<td>23660</td>
<td>Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>24360</td>
<td>Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis), with extensor origin detachment</td>
</tr>
<tr>
<td>24361</td>
<td>with annular ligament resection</td>
</tr>
<tr>
<td>24364</td>
<td>with stripping</td>
</tr>
<tr>
<td>24366</td>
<td>with partial osteotomy</td>
</tr>
<tr>
<td>24357</td>
<td>Code added</td>
</tr>
<tr>
<td>24358</td>
<td>Code added</td>
</tr>
<tr>
<td>24359</td>
<td>Code added</td>
</tr>
<tr>
<td>24545</td>
<td>Open treatment of humeral supracondylar or trancondylar fracture, with or without includes internal or external fixation, when performed; without intercondylar extension</td>
</tr>
<tr>
<td>24546</td>
<td>with intercondylar extension</td>
</tr>
<tr>
<td>24575</td>
<td>Open treatment of humeral epicondylar fracture, medial or lateral, with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>24579</td>
<td>Open treatment of humeral condylar fracture, medial or lateral, with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>24635</td>
<td>Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>24665</td>
<td>Open treatment of radial head or neck fracture, with or without includes internal fixation or radial head excision, when performed</td>
</tr>
<tr>
<td>24666</td>
<td>with radial head prosthetic replacement</td>
</tr>
<tr>
<td>24670</td>
<td>Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)), without manipulation</td>
</tr>
<tr>
<td>24675</td>
<td>with manipulation</td>
</tr>
<tr>
<td>24685</td>
<td>Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)), with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>25515</td>
<td>Open treatment of radial shaft fracture, with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>25525</td>
<td>Open treatment of radial shaft fracture, includes with internal and/or external fixation, when performed; and closed treatment of dislocation of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes with or without percutaneous skeletal fixation, when performed</td>
</tr>
<tr>
<td>25526</td>
<td>Open treatment of radial shaft fracture, with or without includes internal and/or external fixation, when performed; and open treatment with or without internal or external fixation of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes internal fixation, when performed; includes repair of triangular fibrocartilage complex</td>
</tr>
<tr>
<td>25545</td>
<td>Open treatment of ulnar shaft fracture, with or without includes internal or external fixation, when performed</td>
</tr>
<tr>
<td>25574</td>
<td>Open treatment of radial AND ulnar shaft fractures, with internal or external fixation, when performed, of radius OR ulna</td>
</tr>
<tr>
<td>25575</td>
<td>of radius AND ulna</td>
</tr>
<tr>
<td>25628</td>
<td>Open treatment of carpal scaphoid (navicular) fracture, with or without includes internal or external fixation, when performed</td>
</tr>
</tbody>
</table>
Appendix B—Summary of Additions, Deletions, and Revisions

- 26615 Open treatment of metacarpal fracture, single, with or without includes internal or external fixation, when performed, each bone
- 26650 Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, without external fixation
- 26665 Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without includes internal or external fixation, when performed
- 26685 Open treatment of carpometacarpal dislocation, other than thumb, with or without includes internal or external fixation, when performed, each joint
- 26715 Open treatment of metacarpophalangeal dislocation, single, with or without includes internal or external fixation, when performed
- 26735 Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without includes internal or external fixation, when performed, each
- 26746 Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without includes internal or external fixation, when performed, each
- 26765 Open treatment of distal phalangeal fracture, finger or thumb, with or without includes internal or external fixation, when performed, each
- 26785 Open treatment of interphalangeal joint dislocation, with or without includes internal or external fixation, when performed
- 27248 Open treatment of greater trochanteric fracture, without includes internal or external fixation, when performed
- 27267 Code added
- 27268 Code added
- 27269 Code added
- 27416 Code added
- 27511 Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without includes internal or external fixation, when performed
- 27513 Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without includes internal or external fixation, when performed
- 27514 Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without includes internal or external fixation, when performed
- 27519 Open treatment of distal femoral epiphyseal separation, with or without includes internal or external fixation, when performed
- 27535 Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without includes internal or external fixation, when performed
- 27540 Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without includes internal or external fixation, when performed
- 27556 Open treatment of knee dislocation, with or without includes internal or external fixation, when performed, without primary ligamentous repair or augmentation/reconstruction
- 27557 with primary ligamentous repair
- 27558 with primary ligamentous repair, with augmentation/reconstruction
- 27726 Code added
- 27766 Open treatment of medial malleolus fracture, with or without includes internal or external fixation, when performed
- 27767 Code added
- 27768 Code added
- 27769 Code added
- 27784 Open treatment of proximal fibula or shaft fracture, with or without includes internal or external fixation, when performed
- 27792 Open treatment of distal fibular fracture (lateral malleolus), with or without includes internal or external fixation, when performed
- 27808 Closed treatment of bimalleolar ankle fracture (including Pottseg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli), without manipulation
- 27810 with manipulation
- 27814 Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), with or without includes internal or external fixation, when performed
- 27822 Open treatment of trimalleolar ankle fracture, without includes internal or external fixation, when performed, each
- 27823 with fixation of posterior lip
- 27826 Open treatment of fracture of weight bearing articular surface/pportion of distalibia (eg, pilon or tibial plateau), with internal or external fixation, when performed, each
- 27827 of tibia only
- 27828 of both tibia and fibula
- 27829 Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without includes internal or external fixation, when performed
- 27832 Open treatment of proximal tibiofibular joint dislocation, without includes internal or external fixation, when performed, each
- 27845 Open treatment of talus fracture, with or without includes internal or external fixation, when performed
- 27846 Code added
- 27846 Open treatment of talus fracture, with or without includes internal or external fixation, when performed, each
- 28415 Open treatment of calcaneal fracture, with or without includes internal or external fixation, when performed
- 28420 with primary iliac or other autogenous bone graft (includes obtaining graft)
- 28445 Open treatment of talus fracture, with or without includes internal or external fixation, when performed
- 28446 Code added
- 28465 Open treatment of tarsal bone fracture (except talus and calcaneus), with or without includes internal or external fixation, when performed, each
- 28485 Open treatment of metatarsal fracture, with or without includes internal or external fixation, when performed, each
- 28505 Open treatment of fracture, great toe, phalanx or phalanges, with or without includes internal or external fixation, when performed
- 28525 Open treatment of fracture, phalanx or phalanges, other than great toe, with or without includes internal or external fixation, when performed, each
- 28555 Open treatment of tarsal bone dislocation, with or without includes internal or external fixation, when performed
- 28585 Open treatment of talotarsal joint dislocation, with or without includes internal or external fixation, when performed
Appendix B—Summary of Additions, Deletions, and Revisions

- **28615** Open treatment of tarsometatarsal joint dislocation, with or without includes internal or external fixation, when performed
- **28645** Open treatment of metatarsophalangeal joint dislocation, with or without includes internal or external fixation, when performed
- **28675** Open treatment of interphalangeal joint dislocation, with or without includes internal or external fixation, when performed
- **29828** Code added
- **29855** Arthroscopically aided treatment of tibial fracture, proximal (plateau), unicondylar, includes without internal or external fixation, when performed (includes arthroscopy)
- **29856** bicondylar, includes with or without internal or external fixation, when performed (includes arthroscopy)
- **29866** Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaico) includes harvesting of the autograft(s)
- **29904** Code added
- **29905** Code added
- **29906** Code added
- **29907** Code added
- **32000** Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- **32002** Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)
- **32006** Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
- **32018** Insertion of indwelling tunneled pleural catheter with cuff
- **32020** Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)
- **32421** Code added
- **32422** Code added
- **32550** Code added
- **32551** Code added
- **32560** Code added
- **33257** Code added
- **33258** Code added
- **33259** Code added
- **33517** Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)(List separately in addition to code for primary procedure)
- **33518** two venous grafts (List separately in addition to code for arterial graft)(List separately in addition to code for primary procedure)
- **33519** three venous grafts (List separately in addition to code for arterial graft)(List separately in addition to code for primary procedure)
- **33521** four venous grafts (List separately in addition to code for arterial graft)(List separately in addition to code for primary procedure)
- **33522** five venous grafts (List separately in addition to code for arterial graft)(List separately in addition to code for primary procedure)
- **33523** six or more venous grafts (List separately in addition to code for arterial graft)(List separately in addition to code for primary procedure)
- **3364** Code added
- **33906** Code added
- **35523** Code added
- **35600** Harvest of upper extremity artery, one segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
- **35640** Collection of blood specimen from a completely implantable venous access device
- **35650** Declotting by thrombolytic agent of implanted vascular access device or catheter
- **35691** Code added
- **35692** Code added
- **35693** Code added
- **36660** Catheterization, umbilical artery, newborn, for diagnosis or therapy
- **38792** for identification of sentinel node
- **41019** Code added
- **42360** Percutaneous placement of gastrostomy tube, without imaging or endoscopic guidance
- **43760** Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance
- **43761** Repositioning of the gastric feeding tube, any method, through the duodenum for entenic nutrition
- **43770** Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band restrictive device (eg, gastric band and subcutaneous port components)
- **43771** revision of adjustable gastric band restrictive device component only
- **43772** removal of adjustable gastric band restrictive device component only
- **43773** removal and replacement of adjustable gastric band restrictive device component only
- **43774** removal of adjustable gastric band restrictive device and subcutaneous port components
- **43848** Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band restrictive device (separate procedure)
- **43900** Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression or feeding) (separate procedure)
- **4510** Grammatical Change
- **47310** Anastomosis, choledochal cyst, without excision
- **49200** Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas
- **49201** 
- **49203** Code added
- **49204** Code added
- **49205** Code added
- **49440** Code added
- **49441** Code added
- **49442** Code added
- **49446** Code added

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Appendix B—Summary of Additions, Deletions, and Revisions

- 49450  Code added
- 49451  Code added
- 49452  Code added
- 49460  Code added
- 49465  Code added
- 49568  Implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
- 50385  Code added
- 50386  Code added
- 50593  Code added
- 51100  Code added
- 51101  Code added
- 51102  Code added
- 51797  intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
- 52510  Transurethral balloon dilation of the prostatic urethra
- 52649  Code added
- 55920  Code added
- 57284  Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse if performed); open abdominal approach
- 57285  Code added
- 57423  Code added
- 57500  Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
- 58570  Code added
- 58571  Code added
- 58572  Code added
- 58573  Code added
- 60001  Aspiration and/or injection, thyroid cyst
- 60300  Code added
- 61210  for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
- 62284  Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
- 64834  Suture of one nerve, hand or foot; common sensory nerve
- 64835  median motor thenar
- 64836  ulnar motor
- 67038  with epiretinal membrane peeling
- 67041  Code added
- 67042  Code added
- 67043  Code added
- 67113  Code added
- 67227  Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy
- 67228  Treatment of extensive or progressive retinopathy, one or more sessions (eg, diabetic retinopathy); photocoagulation (argon and/or xenon arc) single session
- 67229  Code added
- 68816  Code added

Radiology

- 70496  Computed tomographic angiography, head, without contrast material, followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 70498  Computed tomographic angiography, neck, without contrast material, followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 71275  Computed tomographic angiography, chest (noncoronary), without contrast material(s), followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 72191  Computed tomographic angiography, pelvis, without contrast material(s), followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 73206  Computed tomographic angiography, upper extremity, without contrast material(s), followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 73706  Computed tomographic angiography, lower extremity, without contrast material(s), followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 74175  Computed tomographic angiography, abdomen, without contrast material(s), followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 74350  Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
- 75552  Cardiac magnetic resonance imaging for morphology, without contrast material
- 75553  with contrast material
- 75554  Cardiac magnetic resonance imaging for function, with or without morphology; complete study
- 75555  limited study
- 75556  Cardiac magnetic resonance imaging for velocity flow mapping
- 75557  Code added
- 75558  Code added
- 75559  Code added
- 75560  Code added
Appendix B—Summary of Additions, Deletions, and Revisions

- 75561 Code added
- 75562 Code added
- 75563 Code added
- 75564 Code added
- 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by with contrast material(s) and further sections, including noncontrast images, if performed, and image postprocessing
- 75984 Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation
- 76506 Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
- 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
- 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral cranial lesion(s) consisting of 1 session; linear accelerator based
- 77432 Stereotactic radiation treatment management of cerebral cranial lesion(s) (complete course of treatment consisting of one session)
- 78600 Brain imaging, limited procedure less than 4 static views; static with vascular flow
- 78601 Brain imaging, complete study minimum 4 static views; static with vascular flow
- 78605 Brain imaging, complete study minimum 4 static views; static
- 78606 Brain imaging, tomographic (SPECT)
- 78616 Cerebral vascular flow
- 78611 Tumor imaging, Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
- 78811 Tumor imaging, Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
- 78812 skull base to mid-thigh
- 78813 whole body
- 78814 Tumor imaging, Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
- 78815 skull base to mid-thigh
- 78816 whole body

Pathology and Laboratory
- 80047 Code added
- 80048 Basic metabolic panel (Calcium, total)
  This panel must include the following:
  Calcium (82310)
  Carbon dioxide (82374)
  Chloride (82435)
  Creatinine (82565)
  Glucose (82547)
  Potassium (84132)
  Sodium (84295)
  Urea nitrogen (BUN) (84520)
- 82272 Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single specimen (eg, from digital rectal exam), 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
- 82610 Code added
- 83898 amplification, target of patient nucleic acid, each nucleic acid sequence
- 83900 amplification, target of patient nucleic acid, multiplex, first two nucleic acid sequences
- 83901 amplification, target of patient nucleic acid, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)
- 83908 signal amplification of patient nucleic acid amplification, signal, each nucleic acid sequence
- 83993 Code added
- 84704 Code added
- 86356 Code added
- 86486 Code added
- 86886 Unlisted antigen, each
- 86885 indirect, qualitative, each antiserum/antibody titer
- 86886 indirect, titer, each antiserum/antibody titer
- 87500 Code added
- 87809 Code added
- 88380 Microdissection (ie, sample preparation of microscopically identified target)(eg, mechanical, laser capture)
- 88381 Code added
- 89320 complete (volume, count, motility, and differential)
- 89321 Sperm analysis, sperm presence and/or motility of sperm, if performed (not including Huhner test)
- 89322 Code added
- 89331 Code added

Medicine
- 90281 Immune globulin (Ig), human, for intramuscular use
- 90283 Immune globulin (IgIV), human, for intravenous use
- 90284 Code added
- 90287 Botulinum antitoxin, equine, any route
- 90288 Botulism immune globulin, human, for intravenous use
Appendix B—Summary of Additions, Deletions, and Revisions

△ 90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib), for intramuscular use
△ 90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
△ 90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
△ 90725 Cholera vaccine for injectable use
△ 90727 Plague vaccine, for intramuscular use
△ 90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
△ 90733 Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
△ 90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (Tetavalent), for intramuscular use
△ 90735 Japanese encephalitis virus vaccine, for subcutaneous use
△ 90736 Zoster (shingles) vaccine, live, for subcutaneous injection
△ 90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
△ 90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
△ 90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
△ 90746 Hepatitis B vaccine, adult dosage, for intramuscular use
△ 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
△ 90748 Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
△ 90749 Unlisted vaccine/toxoid
△ 90760 Intravenous infusion, hydration; initial, up to 1 hour
• 90769 Code added
• 90770 Code added
• 90771 Code added
• 90776 Code added
△ 92135 Scanning computerized ophthalmic diagnostic imaging, posterior segment (eg, scanning laser) with interpretation and report, unilateral
△ 93001 Right heart catheterization
△ 93005 Endomyocardial biopsy
△ 93006 Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization
△ 93501 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
△ 93514 Left heart catheterization by left ventricular puncture
△ 93524 Combined transseptal and retrograde left heart catheterization
△ 93526 Combined right heart catheterization and retrograde left heart catheterization
△ 93527 Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)
△ 93528 Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)
△ 93529 Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)
△ 93530 Right heart catheterization, for congenital cardiac anomalies
△ 93531 Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
△ 93532 Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
△ 93533 Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
△ 93541 for pulmonary angiography
△ 93542 for selective right ventricular or right atrial angiography
△ 93543 for selective left ventricular or left atrial angiography
△ 93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
△ 93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
△ 93624 Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
△ 93640 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
△ 93641 with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
△ 93642 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
△ 93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
△ 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
△ 93652 for treatment of ventricular tachycardia
△ 93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
Appendix B—Summary of Additions, Deletions, and Revisions

- 93982 Code added
- 95004 Percutaneous tests (scratch, puncture, pricking) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
- 95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
- 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
- 95980 Code added
- 95981 Code added
- 95982 Code added
- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist(RQ)s or physician(RQ)s time, both face-to-face time administering tests to with the patient and time interpreting these test results and preparing the report
- 96118 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist(RQ)s or physician(RQ)s time, both face-to-face time administering tests to with the patient and time interpreting these test results and preparing the report
- 96125 Code added
- 98966 Code added
- 98967 Code added
- 98968 Code added
- 98969 Code added
- 99148 Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician 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
- 99174 Code added
- 99605 Code added
- 99606 Code added
- 99607 Code added

Category II Codes
- 0505F Code added
- 0507F Code added
- 0509F Code added
- 1040F Code added
- 1050F Code added
- 1055F Code added
- 1060F Code added
- 1061F Code added
- 1065F Code added
- 1066F Code added
- 1070F Code added
- 1071F Code added
- 1080F Code added
- 1090F Code added
- 1091F Code added
- 1100F Code added
- 1101F Code added
- 1110F Code added
- 1111F Code added
- 2010F Vital signs recorded (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (includes at minimum: temperature, pulse, respiration, and blood pressure) (EM)5
- 2014F Mental status assessed (normal/mildly impaired/severely impaired) (EM)5
- 2019F Code added
- 2020F Code added
- 2021F Code added
- 2027F Code added
- 2029F Code added
- 2030F Code added
- 2031F Code added
- 3044F Code added
- 3045F Code added
- 3047F Most recent hemoglobin A1c level (LE) 9.0% (DM)4
- 3073F Code added
- 3074F Code added
- 3075F Code added
- 3076F Most recent systolic blood pressure (LT) 140 mm Hg (HTN)1 (DM)4
- 3082F Code added
- 3083F Code added
- 3084F Code added
- 3085F Code added
- 3088F Code added
- 3089F Code added
- 3090F Code added
- 3091F Code added
- 3092F Code added
- 3093F Code added
- 3095F Code added
- 3096F Code added

Category II Codes
- 0505F Code added
- 0507F Code added
- 0509F Code added
- 1040F Code added
- 1050F Code added
- 1055F Code added
- 1060F Code added
Appendix B—Summary of Additions, Deletions, and Revisions

3100F Code added
3101F Internal carotid stenosis 30–99% range (STR)
3102F Internal carotid stenosis below 30% (STR)

3110F Code added
3111F Code added
3112F Code added
3120F Code added
3130F Code added
3132F Code added
3140F Code added
3141F Code added
3142F Code added
3143F Documentation of order for barium swallow test (GERD)

3150F Code added
3155F Code added
3160F Code added
3170F Code added
3200F Code added
3210F Code added

4005F Code added
4007F Code added
4019F Code added
4041F Code added
4042F Code added
4043F Code added
4044F Code added

4045F Appropriate empiric antibiotic prescribed (See measure developer’s Web site for definition of appropriate antibiotic)

4067F Code added
4070F Code added
4073F Code added
4075F Code added
4077F Code added
4079F Code added
4084F Code added
4090F Code added
4095F Code added
4100F Code added
4110F Code added
4115F Code added
4120F Code added
4124F Code added
4125F Code added
5005F Code added
5010F Code added
5015F Code added
6010F Code added
6015F Code added
6020F Code added

Category III Codes

0024T Non-surgical septal reduction therapy (eg, alcohol ablation), for hypertrophic obstructive cardiomyopathy, with coronary arteriograms, with or without temporary pacemaker

0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)

0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)

0056T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, image-less (List separately in addition to code for primary procedure)

0065T Ocular photoscreening, with interpretation and report, bilateral

0068T Acoustic heart sound recording and computer analysis; with interpretation and report (List separately in addition to codes for electrocardiography)

0069T Acoustic heart sound recording and computer analysis only (List separately in addition to codes for electrocardiography)

0070T Interpretation and report only (List separately in addition to codes for electrocardiography)

0074T Online evaluation and management service, per encounter, provided by a physician, using the Internet or similar electronic communications network, in response to a patient’s request, established patient

0087T Sperm evaluation, Hyaluronan sperm binding test

0115T Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided, initial encounter

0116T Subsequent encounter
Appendix B—Summary of Additions, Deletions, and Revisions

0117T each additional 15 minutes (List separately in addition to code for primary service)

0133T Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with injection of implant material into and along the muscle of the lower esophageal sphincter (eg, for treatment of gastroesophageal reflux disease)

0135T Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

0145T Computed tomography, heart, without contrast material followed by with contrast material(s) and further sections, including noncontrast images, if performed, cardiac gating and 3D image postprocessing, cardiac structure and morphology

0146T computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium

0147T computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium

0148T cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium

0149T cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium

0150T cardiac structure and morphology in congenital heart disease

0151T Computed tomography, heart, without contrast material followed by with contrast material(s) and further sections, including noncontrast images, if performed, cardiac gating and 3D image postprocessing, function evaluation (left and right ventricular function, ejection-fraction and segmental wall motion) (List separately in addition to code for primary procedure)

0152T Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation and instrument calibration (List separately in addition to code for primary procedure)

0153T Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report

0171T Code added

0172T Code added

0173T Code added

0174T Code added

0175T Code added

0176T Code added

0177T Code added

0178T Code added

0179T Code added

0180T Code added

0181T Code added

0182T Code added

0183T Code added