

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 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.

- ▲ **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 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
- 99371** ~~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

- 01905** Anesthesia for myelography, discography, vertebroplasty
- ▲ **01931** intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic transcatheter porto-caval shunt[s] [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, chemosurgery, 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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<p>+▲ 20936 Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 20937 morselized (through separate skin or fascial incision) (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 20938 structural, bicortical or tricortical (through separate skin or fascial incision) (<u>List separately in addition to code for primary procedure</u>)</p> <p>+● 20985 Code added</p> <p>+● 20986 Code added</p> <p>+● 20987 Code added</p> <p>● 21073 Code added</p> <p>● 22206 Code added</p> <p>● 22207 Code added</p> <p>+● 22208 Code added</p> <p>+▲ 22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22841 Internal spinal fixation by wiring of spinous processes (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22843 7 to 12 vertebral segments (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22844 13 or more vertebral segments (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22845 Anterior instrumentation; 2 to 3 vertebral segments (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22846 4 to 7 vertebral segments (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22847 8 or more vertebral segments (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (<u>List separately in addition to code for primary procedure</u>)</p> <p>+▲ 22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (<u>List separately in addition to code for primary procedure</u>)</p>	<p>▲ 23515 Open treatment of clavicular fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u>, <u>with or without</u> includes repair of tuberosity(s), <u>when performed</u>;</p> <p>▲ 23616 with proximal humeral prosthetic replacement</p> <p>▲ 23630 Open treatment of greater humeral tuberosity fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>24350 Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);</p> <p>24351 <u>with extensor origin detachment</u></p> <p>24352 <u>with annular ligament resection</u></p> <p>24354 <u>with stripping</u></p> <p>24356 <u>with partial osteotomy</u></p> <p>● 24357 Code added</p> <p>● 24358 Code added</p> <p>● 24359 Code added</p> <p>▲ 24545 Open treatment of humeral supracondylar or transcondylar fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u>; without intercondylar extension</p> <p>▲ 24546 with intercondylar extension</p> <p>▲ 24575 Open treatment of humeral epicondylar fracture, medial or lateral, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 24579 Open treatment of humeral condylar fracture, medial or lateral, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 24635 Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 24665 Open treatment of radial head or neck fracture, <u>with or without</u> includes internal fixation or radial head excision, <u>when performed</u>;</p> <p>▲ 24666 with radial head prosthetic replacement</p> <p>▲ 24670 Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation</p> <p>▲ 24675 with manipulation</p> <p>▲ 24685 Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 25515 Open treatment of radial shaft fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 25525 Open treatment of radial shaft fracture, <u>includes with</u> internal <u>and/or external</u> fixation, <u>when performed</u>, and closed treatment of dislocation of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), <u>includes with or without</u> percutaneous skeletal fixation, <u>when performed</u></p> <p>▲ 25526 Open treatment of radial shaft fracture, <u>with includes</u> internal <u>and/or external</u> fixation, <u>when performed</u>, and open treatment <u>with or without</u> internal <u>or external</u> fixation of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), <u>includes internal fixation, when performed</u>, includes repair of triangular fibrocartilage complex</p> <p>▲ 25545 Open treatment of ulnar shaft fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p> <p>▲ 25574 Open treatment of radial AND ulnar shaft fractures, with internal <u>or external</u> fixation, <u>when performed</u>; of radius OR ulna</p> <p>▲ 25575 of radius AND ulna</p> <p>▲ 25628 Open treatment of carpal scaphoid (navicular) fracture, <u>with or without</u> includes internal <u>or external</u> fixation, <u>when performed</u></p>
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- ▲ **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, ~~with or 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~~, single
- ▲ **27248** Open treatment of greater trochanteric fracture, ~~with or 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 transcylar fracture without intercondylar extension, ~~with or without~~includes internal or external fixation, ~~when performed~~
- ▲ **27513** Open treatment of femoral supracondylar or transcylar 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, ~~with or without~~includes internal or external fixation, ~~when performed~~, medial and/or lateral malleolus; without fixation of posterior lip
- ▲ **27823** with fixation of posterior lip
- ▲ **27826** Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation, ~~when performed~~; of fibula only
- ▲ **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, ~~with or without~~includes internal or external fixation, ~~when performed~~, or with excision of proximal fibula
- ▲ **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~~

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▲ 28615	Open treatment of tarsometatarsal joint dislocation, with or without includes internal or external fixation, when performed	● 33864	Code added
▲ 28645	Open treatment of metatarsophalangeal joint dislocation, with or without includes internal or external fixation, when performed	+● 34806	Code added
▲ 28675	Open treatment of interphalangeal joint dislocation, with or without includes internal or external fixation, when performed	● 35523	Code added
● 29828	Code added	+▲ 35600	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
▲ 29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes with or without internal or external fixation, when performed (includes arthroscopy)	36540	Collection of blood specimen from a completely implantable venous access device
▲ 29856	bicondylar, includes with or without internal or external fixation, when performed (includes arthroscopy)	36550	Declothing by thrombolytic agent of implanted vascular access device or catheter
▲ 29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	● 36591	Code added
● 29904	Code added	● 36592	Code added
● 29905	Code added	● 36593	Code added
● 29906	Code added	▲ 36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy
● 29907	Code added	▲ 38792	for identification of sentinel node
32000	Thoracontesis, puncture of pleural cavity for aspiration, initial or subsequent	● 41019	Code added
32002	Thoracontesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)	43750	Percutaneous placement of gastrostomy tube, without imaging or endoscopic guidance
32005	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	▲ 43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance
32049	Insertion of indwelling tunneled pleural catheter with cuff	▲ 43761	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition
32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	▲ 43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band restrictive device (eg, gastric band and subcutaneous port components)
● 32421	Code added	▲ 43771	revision of adjustable gastric band restrictive device component only
● 32422	Code added	▲ 43772	removal of adjustable gastric band restrictive device component only
⊙● 32550	Code added	▲ 43773	removal and replacement of adjustable gastric band restrictive device component only
⊙● 32551	Code added	▲ 43774	removal of adjustable gastric band restrictive device and subcutaneous port components
● 32560	Code added	▲ 43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band restrictive device (separate procedure)
+● 33257	Code added	▲ 44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression or feeding) (separate procedure)
+● 33258	Code added	45190	Grammatical Change
+▲ 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)	47749	Anastomosis, choledochal cyst, without excision
+▲ 33518	two venous grafts (List separately in addition to code for arterial graft) (List separately in addition to code for primary procedure)	49200	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
+▲ 33519	three venous grafts (List separately in addition to code for arterial graft) (List separately in addition to code for primary procedure)	49204	extensive
+▲ 33521	four venous grafts (List separately in addition to code for arterial graft) (List separately in addition to code for primary procedure)	● 49203	Code added
+▲ 33522	five venous grafts (List separately in addition to code for arterial graft) (List separately in addition to code for primary procedure)	● 49204	Code added
+▲ 33523	six or more venous grafts (List separately in addition to code for arterial graft) (List separately in addition to code for primary procedure)	● 49205	Code added
		⊙● 49440	Code added
		⊙● 49441	Code added
		⊙● 49442	Code added
		⊙● 49446	Code added

- **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
- 54000** Aspiration of bladder by needle
- 54005** Aspiration of bladder, by trocar or intraeatheter
- 54040** with insertion of suprapubic catheter
- **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)
- 52540** 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
- 60004** 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 stripping
- **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 ~~(laser or xenon arc) single session~~
- **67229** Code added
- **68816** Code added

Radiology

- ▲ **70496** Computed tomographic angiography, head, ~~without contrast material(s), 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(s), 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 with vascular flow
- ▲ **78606** Brain imaging, ~~complete study~~ minimum 4 static views; static with vascular flow
- ▲ **78607** Brain imaging, tomographic (SPECT)
- ~~**78615** Cerebral vascular flow~~
- ▲ **78811** Tumor imaging, ~~p~~Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
- ▲ **78812** skull base to mid-thigh
- ▲ **78813** whole body
- ▲ **78814** Tumor imaging, ~~p~~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 (**82947**)
- 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
- ~~**86586** Unlisted antigen, each~~
- ▲ **86885** indirect, qualitative, each ~~antiserum~~ reagent red cell
- ▲ **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** Semen 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

- ▲ **90291** Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
- ▲ **90296** Diphtheria antitoxin, equine, any route
- ▲ **90371** Hepatitis B immune globulin (HBIG), human, for intramuscular use
- ▲ **90375** Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use
- ▲ **90376** Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use
- ▲ **90378** Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
- ▲ **90379** Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
- ▲ **90384** Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use
- ▲ **90385** Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use
- ▲ **90386** Rho(D) immune globulin (RhIGIV), human, for intravenous use
- ▲ **90389** Tetanus immune globulin (TIG), human, for intramuscular use
- ▲ **90393** Vaccinia immune globulin, human, for intramuscular use
- ▲ **90396** Varicella-zoster immune globulin, human, for intramuscular use
- ▲ **90399** Unlisted immune globulin
- ▲ **90476** Adenovirus vaccine, type 4, live, for oral use
- ▲ **90477** Adenovirus vaccine, type 7, live, for oral use
- ▲ **90581** Anthrax vaccine, for subcutaneous use
- ▲ **90585** Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
- ▲ **90586** Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
- ▲ **90632** Hepatitis A vaccine, adult dosage, for intramuscular use
- ▲ **90633** Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
- ▲ **90634** Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
- ▲ **90636** Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
- ▲ **90645** Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
- ▲ **90646** Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
- ▲ **90647** Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
- ▲ **90648** Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
- ▲ **90649** Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
- ▲ **90655** Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
- ▲ **90656** Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
- ▲ **90657** Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
- ▲ **90658** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
- ▲ **90660** Influenza virus vaccine, live, for intranasal use
- ✂ ● **90661** Code added
- ✂ ● **90662** Code added
- ✂ ● **90663** Code added
- ▲ **90665** Lyme disease vaccine, adult dosage, for intramuscular use
- ▲ **90669** Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use
- ▲ **90675** Rabies vaccine, for intramuscular use
- ▲ **90676** Rabies vaccine, for intradermal use
- ▲ **90680** Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
- ▲ **90690** Typhoid vaccine, live, oral
- ▲ **90691** Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
- ▲ **90692** Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
- ▲ **90693** Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)
- ✂ ▲ **90698** Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
- ▲ **90700** Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
- ▲ **90701** Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
- ▲ **90702** Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
- ▲ **90703** Tetanus toxoid adsorbed, for intramuscular use
- ▲ **90704** Mumps virus vaccine, live, for subcutaneous use
- ▲ **90705** Measles virus vaccine, live, for subcutaneous use
- ▲ **90706** Rubella virus vaccine, live, for subcutaneous use
- ▲ **90707** Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
- ▲ **90708** Measles and rubella virus vaccine, live, for subcutaneous use
- ▲ **90710** Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
- ▲ **90712** Poliovirus vaccine, (any type[s]) (OPV), live, for oral use
- ▲ **90713** Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
- ▲ **90714** Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
- ▲ **90715** Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
- ▲ **90716** Varicella virus vaccine, live, for subcutaneous use
- ▲ **90717** Yellow fever vaccine, live, for subcutaneous use
- ▲ **90718** Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
- ▲ **90719** Diphtheria toxoid, for intramuscular use

Appendix B—Summary of Additions, Deletions, and Revisions

- ▲ 90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-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 (tetravalent), 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 1-31 minutes 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
- ⊙▲ 93501 Right heart catheterization
- ⊙▲ 93505 Endomyocardial biopsy
- ⊙▲ 93508 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
- ⊙▲ 93510 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
- ⊙▲ 93511 by cutdown
- ⊙▲ 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

- **93982** Code added
- ▲ **95004** Percutaneous tests (scratch, puncture, prick) 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, eg, 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 (eg, 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
- **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)(CAP)² (EM)⁵
- ▲ **2014F** Mental status assessed (normal/mildly impaired/severely impaired)(CAP)¹ (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)⁴ (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
- **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)(CAP)² (EM)⁵
- ▲ **2014F** Mental status assessed (normal/mildly impaired/severely impaired)(CAP)¹ (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)⁴ (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

Appendix B—Summary of Additions, Deletions, and Revisions

● 3100F	Code added
3101F	Internal carotid stenosis 30–99% range (STR)⁵
3102F	Internal carotid stenosis below 30% (STR)⁵
● 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)⁵
● 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) (CAP) ¹ , (EM) ⁵
● 4046F	Code added
● 4047F	Code added
● 4048F	Code added
● 4049F	Code added
● 4051F	Code added
● 4052F	Code added
● 4053F	Code added
● 4054F	Code added
● 4055F	Code added
● 4056F	Code added
● 4058F	Code added
● 4060F	Code added
● 4062F	Code added
● 4064F	Code added
● 4065F	Code added
● 4066F	Code added
● 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
● 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 assay
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

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)
0153T	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)
0154T	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