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Appendix B

Summary of Additions, Deletions, and Revisions

Appendix B shows the actual changes that were made to the code descriptors. New codes appear with a bullet (●) and are indicated as “Code Added.” Revised codes are preceded with a triangle (▲). The symbol ○ precedes codes that are recycled or reinstated. 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**). The symbol # is used to identify codes that have been resequenced (see **Appendix N**). CPT add-on codes are annotated by the symbol + (see **Appendix D**). The symbol ⊕ is used to identify codes that are exempt from the use of modifier 51 (see **Appendix E**).

Evaluation and Management

- ▲ 99218 **Initial observation care**, per day, for the evaluation and management of a patient which requires these 3 key components:
 A detailed or comprehensive history;
 A detailed or comprehensive examination; and
 Medical decision making that is straightforward or of low complexity.
 Counseling and/or coordination of care with other 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 to “observation status” are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient’s hospital floor or unit.
- ▲ 99219 **Initial observation care**, per day, for the evaluation and management of a patient, which requires these 3 key components:
 A comprehensive history;
 A comprehensive examination; and
 Medical decision making of moderate complexity.
 Counseling and/or coordination of care with other 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 to “observation status” are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient’s hospital floor or unit.
- ▲ 99220 **Initial observation care**, per day, for the evaluation and management of a patient, which requires these 3 key components:
 A comprehensive history;

- ▲ 99354 Prolonged ~~physician~~-service in the office or other outpatient setting requiring direct ~~(face-to-face)~~ patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient **Evaluation and Management** service)
- ▲ 99355 each additional 30 minutes (List separately in addition to code for prolonged ~~physician~~-service)
- ▲ 99356 Prolonged ~~physician~~-service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient **Evaluation and Management** service)
- ▲ 99357 each additional 30 minutes (List separately in addition to code for prolonged ~~physician~~-service)
- ▲ 99358 **Prolonged evaluation and management service** before and/or after direct ~~(face-to-face)~~ patient care; first hour
- ▲ 99359 each additional 30 minutes (List separately in addition to code for prolonged ~~physician~~-service)

Surgery

- 11975 Insertion, implantable contraceptive capsules;
- 11977 Removal with reinsertion, implantable contraceptive capsules;
- ▲ 15150 Tissue cultured epidermal skin autograft, trunk, arms, legs; first 25 sq cm or less
- ▲ 15151 additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
- ▲ 15152 each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- ▲ 15155 Tissue cultured epidermal skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
- ▲ 15156 additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
- ▲ 15157 each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15170 Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- 15171 each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15175 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- 15176 each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15271 Code added

Appendix B—Summary of Additions, Deletions, and Revisions

+ ● 15272	Code added	15421	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
● 15273	Code added	15430	Acellular xenograft implant; first 100-sq cm or less, or 1% of body area of infants and children
+ ● 15274	Code added	15431	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
● 15275	Code added	+ ● 15777	Code added
+ ● 15276	Code added	● 20527	Code added
● 15277	Code added	⊙ ▲ 22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
+ ● 15278	Code added	⊙ ▲ 22521	lumbar
15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100-sq cm or less, or 1% of body area of infants and children	+ ▲ 22522	each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
15301	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	▲ 22610	thoracic (with or without lateral transverse technique, <u>when performed</u>)
15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100-sq cm or less, or 1% of body area of infants and children	▲ 22612	lumbar (with or without lateral transverse technique, <u>when performed</u>)
15321	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	● 22633	Code added
15330	Acellular dermal allograft, trunk, arms, legs; first 100-sq cm or less, or 1% of body area of infants and children	+ ● 22634	Code added
15331	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	● 26341	Code added
15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100-sq cm or less, or 1% of body area of infants and children	▲ 27096	Injection procedure for sacroiliac joint, anesthetic/steroid, <u>with image guidance (fluoroscopy or CT) including arthrography when performed</u> ;
15336	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	▲ 29581	Application of multi-layer venous wound-compression system; below knee; <u>leg (below knee), including ankle and foot</u>
15340	Tissue cultured allogeneic skin substitute; first 25-sq cm or less	● 29582	Code added
15341	each additional 25-sq cm, or part thereof (List separately in addition to code for primary procedure)	● 29583	Code added
15360	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100-sq cm or less, or 1% of body area of infants and children	● 29584	Code added
15361	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	+ ▲ 29826	decompression of subacromial space with partial acromioplasty, with coracoacromial or without <u>ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)</u>
15365	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100-sq cm or less, or 1% of body area of infants and children	▲ 29880	with meniscectomy (medial AND lateral, including any meniscal shaving) <u>including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</u>
15366	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	▲ 29881	with meniscectomy (medial OR lateral, including any meniscal shaving) <u>including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</u>
15400	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100-sq cm or less, or 1% of body area of infants and children	32095	Thoracotomy, limited, for biopsy of lung or pleura;
15401	each additional 100-sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	● 32096	Code added
15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100-sq cm or less, or 1% of body area of infants and children	● 32097	Code added
		● 32098	Code added
		▲ 32100	Thoracotomy, major; with exploration and biopsy
		▲ 32110	with control of traumatic hemorrhage and/or repair of lung tear for postoperative complications
		▲ 32120	
		▲ 32124	with open intrapleural pneumonolysis

Appendix B—Summary of Additions, Deletions, and Revisions

▲ 32140	with cyst(s) removal, with or without <u>includes</u> pleural procedure, <u>when performed</u>	● 32673	Code added
▲ 32141	with excision <u>resection</u> -plication of bullae, with or without <u>includes</u> any pleural procedure <u>when performed</u>	+ ● 32674	Code added
▲ 32150	with removal of intrapleural foreign body or fibrin deposit	▲ 33050	Excision <u>Resection</u> of pericardial cyst or tumor;
▲ 32151	with removal of intrapulmonary foreign body	⊖ ▲ 33206	Insertion of <u>new</u> or replacement of permanent pacemaker with transvenous electrode(s); atrial
▲ 32160	with cardiac massage	⊖ ▲ 33207	ventricular
32402	open	⊖ ▲ 33208	atrial and ventricular
⊖ ▲ 32405	Biopsy, lung or mediastinum, percutaneous needle;	⊖ ▲ 33212	Insertion or replacement of pacemaker pulse generator only; <u>single chamber, atrial or ventricular</u> <u>with existing single lead</u>
▲ 32440	Removal of lung, total pneumonectomy;	⊖ ▲ 33213	<u>with existing dual chamber leads</u>
▲ 32442	with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	⊖ # ● 33221	Code added
▲ 32445	extrapleural	⊖ ▲ 33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or <u>single chamber</u> -pacing cardioverter-defibrillator;
▲ 32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	⊖ ▲ 33220	Repair of 2 transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator;
▲ 32482	2 lobes (bilobectomy)	▲ 33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of <u>existing</u> generator);
▲ 32484	single segment (segmentectomy)	+ ▲ 33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system <u>and pocket revision</u>) (List separately in addition to code for primary procedure);
▲ 32486	with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	▲ 33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of <u>existing</u> generator);
▲ 32488	<u>with</u> all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	▲ 33233	Removal of permanent pacemaker pulse generator <u>only</u> ;
▲ 32491	excision <u>with resection</u> -plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without <u>includes</u> any pleural procedure, <u>when performed</u>	⊖ # ● 33227	Code added
32500	wedge resection, single or multiple	⊖ # ● 33228	Code added
● 32505	Code added	⊖ # ● 33229	Code added
+ ● 32506	Code added	⊖ ▲ 33240	Insertion of <u>single or dual chamber</u> -pacing cardioverter-defibrillator pulse generator <u>only</u> ; <u>with existing single lead</u>
+ ● 32507	Code added	⊖ # ● 33230	Code added
▲ 32601	Thoracoscopy, diagnostic (separate procedure); lungs and <u>pericardial sac, mediastinal or pleural space</u> , without biopsy	⊖ # ● 33231	Code added
32602	lungs and pleural space, with biopsy	⊖ ▲ 33241	Subcutaneous removal <u>Removal</u> of single or dual chamber-pacing cardioverter-defibrillator pulse generator <u>only</u> ;
32603	pericardial sac, without biopsy	⊖ # ● 33262	Code added
32605	mediastinal space, without biopsy	⊖ # ● 33263	Code added
● 32607	Code added	⊖ # ● 33264	Code added
● 32608	Code added	⊖ ▲ 33249	Insertion or <u>repositioning</u> <u>replacement</u> of electrode <u>permanent pacing cardioverter-defibrillator system with transvenous lead(s)-for,</u> single or dual chamber-pacing cardioverter-defibrillator and insertion of pulse generator;
● 32609	Code added	▲ 33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial <u>24 hours</u> <u>day</u>
▲ 32655	with excision <u>resection</u> -plication of bullae, including <u>includes</u> any pleural procedure <u>when performed</u>	▲ 33961	each additional 24 hours (List separately in addition to code for primary procedure) <u>subsequent day</u>
32657	with wedge resection of lung, single or multiple	35459	tibioperoneal trunk and branches
32660	with total pericardiectomy	35548	aortoiliofemoral, unilateral
▲ 32663	with lobectomy, total or segmental <u>(single lobe)</u>		
● 32666	Code added		
+ ● 32667	Code added		
+ ● 32668	Code added		
● 32669	Code added		
● 32670	Code added		
● 32671	Code added		
● 32672	Code added		

35549	aortoiliofemoral, bilateral	▲ 62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, <u>single utilizing needle based technique to remove disc material under fluoroscopic imaging or multiple levels other form of indirect visualization, lumbar (eg with the use of an endoscope, manual with discography and/or automated percutaneous discectomy/epidural injection(s) at the treated level(s), when performed, percutaneous laser discectomy) single or multiple levels, lumbar;</u>
35551	aortofemoral-popliteal	▲ 62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography)(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), <u>not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,</u> epidural or subarachnoid; cervical or thoracic lumbar; <u>or</u> sacral (caudal)
35651	aortofemoral-popliteal	▲ 62311	lumbar; <u>or</u> sacral (caudal)
⊙ ▲ 36200	Introduction of catheter, aorta;	▲ 62318	Injection(s), including <u>indwelling catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed,</u> epidural or subarachnoid; cervical or thoracic lumbar; <u>or</u> sacral (caudal)
⊙ ▲ 36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	▲ 62319	lumbar; <u>or</u> sacral (caudal)
⊙ ▲ 36246	initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	▲ 62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming <u>or refill</u>
⊙ ▲ 36247	initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	● 62369	Code added
⊙ ▲ 36248	additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	● 62370	Code added
⊙ ● 36251	Code added	▲ 63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, <u>including open and endoscopically-assisted approaches;</u> 1 interspace, cervical
⊙ ● 36252	Code added	▲ 63030	1 interspace, lumbar
⊙ ● 36253	Code added	⊕ 63035	each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
⊙ ● 36254	Code added	▲ 64553	Percutaneous implantation of neurostimulator electrodes <u>array;</u> cranial nerve
⊙ ● 37191	Code added	▲ 64555	peripheral nerve (excludes sacral nerve)
⊙ ● 37192	Code added	64560	<u>autonomic nerve</u>
⊙ ● 37193	Code added	▲ 64561	sacral nerve (transforaminal placement)
● 37619	Code added	▲ 64565	neuromuscular
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device);	▲ 64575	Incision for implantation of neurostimulator electrodes <u>array;</u> peripheral nerve (excludes sacral nerve)
▲ 38208	thawing of previously frozen harvest, without washing, <u>per donor</u>	64577	<u>autonomic nerve</u>
▲ 38209	thawing of previously frozen harvest, with washing, <u>per donor</u>	▲ 64580	neuromuscular
▲ 38230	Bone marrow harvesting for transplantation; <u>allogeneic</u>	▲ 64581	sacral nerve (transforaminal placement)
● 38232	Code added	▲ 64585	Revision or removal of peripheral neurostimulator electrodes, <u>array;</u>
⊕ ▲ 38746	Thoracic lymphadenectomy, <u>regional by thoracotomy, including mediastinal and peritracheal nodes regional lymphadenectomy</u> (List separately in addition to code for primary procedure);	64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
▲ 38792	<u>radioactive tracer</u> for identification of sentinel node	64623	lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
▲ 39200	Excision <u>Resection</u> of mediastinal cyst;	64626	cervical or thoracic, single level
▲ 39220	Excision <u>Resection</u> of mediastinal tumor;		
▲ 39400	Mediastinoscopy, <u>with or without biopsy includes biopsy(ies), when performed;</u>		
⊙ ▲ 47000	Biopsy of liver, needle; percutaneous		
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial		
49081	subsequent		
● 49082	Code added		
● 49083	Code added		
● 49084	Code added		
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary		

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64627	cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
# ● 64633	Code added
✚# ● 64634	Code added
# ● 64635	Code added
✚# ● 64636	Code added
69802	with mastoidectomy

Radiology

▲ 70355	Orthopantomogram (eg, panoramic x-ray);
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation;
▲ 72114	complete, including bending views, <u>minimum of 6 views</u>
▲ 72120	<u>bending views only, 2 or 3 views</u>
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation;
● 74174	Code added
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation;
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation;
75940	Percutaneous placement of IVC filter, radiological supervision and interpretation;
▲ 75962	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation;
✚▲ 75964	Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, than renal, or other visceral artery, iliac and/or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure);
▲ 77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, subarachnoid, or sacroiliac joints subarachnoid), including neurolytic agent destruction;
77079	appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites;
# ● 77424	Code added
# ● 77425	Code added
● 77469	Code added
▲ 77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative endocavitary irradiation);
78220	Liver function study with hepatobiliary agents, with serial images;
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function;
● 78226	Code added
● 78227	Code added
● 78579	Code added

▲ 78580	Pulmonary perfusion imaging (eg, particulate);
● 78582	Code added
● 78597	Code added
● 78598	Code added
78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath
78586	Pulmonary ventilation imaging, aerosol; single projection
78587	multiple projections (eg, anterior, posterior, lateral views)
78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, 1 or multiple projections;
78591	Pulmonary ventilation imaging, gaseous, single breath, single projection;
78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	multiple projections (eg, anterior, posterior, lateral views)
78596	Pulmonary quantitative differential function (ventilation/perfusion) study;

Pathology and Laboratory

● 81200	Code added
● 81205	Code added
● 81206	Code added
● 81207	Code added
● 81208	Code added
● 81209	Code added
● 81210	Code added
● 81211	Code added
● 81212	Code added
● 81213	Code added
● 81214	Code added
● 81215	Code added
● 81216	Code added
● 81217	Code added
● 81220	Code added
● 81221	Code added
● 81222	Code added
● 81223	Code added
● 81224	Code added
● 81225	Code added
● 81226	Code added
● 81227	Code added
● 81228	Code added
● 81229	Code added
● 81240	Code added
● 81241	Code added

● 81242	Code added	● 81331	Code added
● 81243	Code added	● 81332	Code added
● 81244	Code added	● 81340	Code added
● 81245	Code added	● 81341	Code added
● 81250	Code added	● 81342	Code added
● 81251	Code added	● 81350	Code added
● 81255	Code added	● 81355	Code added
● 81256	Code added	● 81370	Code added
● 81257	Code added	● 81371	Code added
● 81260	Code added	● 81372	Code added
● 81261	Code added	● 81373	Code added
● 81262	Code added	● 81374	Code added
● 81263	Code added	● 81375	Code added
● 81264	Code added	● 81376	Code added
● 81265	Code added	● 81377	Code added
+ ● 81266	Code added	● 81378	Code added
● 81267	Code added	● 81379	Code added
● 81268	Code added	● 81380	Code added
● 81270	Code added	● 81381	Code added
● 81275	Code added	● 81382	Code added
● 81280	Code added	● 81383	Code added
● 81281	Code added	● 81400	Code added
● 81282	Code added	● 81401	Code added
● 81290	Code added	● 81402	Code added
● 81291	Code added	● 81403	Code added
● 81292	Code added	● 81404	Code added
● 81293	Code added	● 81405	Code added
● 81294	Code added	● 81406	Code added
● 81295	Code added	● 81407	Code added
● 81296	Code added	● 81408	Code added
● 81297	Code added	● 86386	Code added
● 81298	Code added	▲ 86703	HIV-1 and HIV-2, single <u>assay result</u>
● 81299	Code added	● 87389	Code added
● 81300	Code added	88107	smears and simple filter preparation with interpretation
● 81301	Code added	▲ 88312	Special stains <u>including interpretation and report</u> ; Group I for microorganisms (eg, Gridley, acid fast, methenamine silver); including interpretation and report, each
● 81302	Code added	▲ 88313	Group II, all other (eg, iron, trichrome), except <u>immunocytochemistry and immunoperoxidase stain for microorganisms, stains for enzyme constituents, including interpretation or immunocytochemistry and report, each immunohistochemistry</u>
● 81303	Code added	+▲ 88314	histochemical staining with <u>on frozen section(s), including interpretation and report tissue block</u> (List separately in addition to code for primary procedure)
● 81304	Code added	88318	Determinative histochemistry to identify chemical components (eg, copper, zinc);
● 81310	Code added	▲ 88319	<u>Group III, for enzyme constituents</u>
● 81315	Code added		
● 81316	Code added		
● 81317	Code added		
● 81318	Code added		
● 81319	Code added		
● 81330	Code added		

Medicine

- ▲ 90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine/ or toxoid component administered
- +▲ 90461 each additional vaccine/ or toxoid component administered (List separately in addition to code for primary procedure)
- 90470 H1N1 immunization administration (intramuscular, intranasal); including counseling when performed;
- ▲ 90581 Anthrax vaccine, for subcutaneous or intramuscular use;
- ▲ 90644 Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT) (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use;
- 90654 Code added
- 90663 Influenza virus vaccine, pandemic formulation, H1N1;
- ▲ 90867 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; planning initial, including cortical mapping, motor threshold determination, delivery and management
- ▲ 90868 subsequent delivery and management, per session
- 90869 Code added
- ▲ 91010 Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; 2-dimensional data;
- 91012 with acid perfusion studies
- +▲ 91013 with stimulation or perfusion during 2-dimensional data study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
- 92070 Fitting of contact lens for treatment of disease; including supply of lens;
- 92071 Code added
- 92072 Code added
- 92120 Tonography for measurement of aqueous humor outflow facility; with interpretation and report;
- 92130 Tonography with water provocation;
- #● 92558 Code added
- ▲ 92587 ~~Evoked Distortion product evoked~~ otoacoustic emissions; limited evaluation (single stimulus level to confirm the presence or absence of hearing disorder, either 3-6 frequencies) or transient or distortion products evoked otoacoustic emissions, with interpretation and report
- ▲ 92588 comprehensive or diagnostic evaluation (comparison quantitative analysis of transient and/or distortion product otoacoustic emissions at multiple levels and outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
- ▲ 92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
- +/#● 92618 Code added
- +▲ 92621 each additional 15 minutes (List separately in addition to code for primary procedure)
- ▲ 93561 Indicator dilution studies such as dye or ~~thermal dilution~~ thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
- ▲ 93562 subsequent measurement of cardiac output
- 93720 Plethysmography, total body; with interpretation and report
- 93721 tracing only, without interpretation and report
- 93722 interpretation and report only
- 93875 Noninvasive physiologic studies of extracranial arteries; complete bilateral study (eg, periorbital flow direction with arterial compression; ocular pneumoplethysmography, Doppler ultrasound spectral analysis);
- 93998 Code added
- 94240 Functional residual capacity or residual volume; helium method, nitrogen open circuit method, or other method;
- 94260 Thoracic gas volume;
- 94350 Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time;
- 94360 Determination of resistance to airflow, oscillatory or plethysmographic methods;
- 94370 Determination of airway closing volume, single breath tests;
- 94720 Carbon monoxide diffusing capacity (eg, single breath, steady state);
- 94725 Membrane diffusion capacity;
- 94726 Code added
- 94727 Code added
- 94728 Code added
- +● 94729 Code added
- 94780 Code added
- +● 94781 Code added
- +/#● 95885 Code added
- +/#● 95886 Code added
- +/#● 95887 Code added
- #● 95938 Code added
- #● 95939 Code added
- ▲ 95970 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, ~~autonomic~~ sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
- ▲ 95971 simple spinal cord, or peripheral (ie, peripheral nerve, ~~autonomic~~ sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
- ▲ 95972 complex spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour

- +▲ **95973** complex spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
- ▲ **95974** complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
- +▲ **95975** complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
- ▲ **95990** Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;
- ▲ **95991** administered by requiring physician's skill
- ▲ **96110** Developmental testingscreening, with interpretation and report, per standardized instrument form; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
- ▲ **96111** Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
- +▲ **96367** additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

Category II Codes

- **0550F** Code added
- **0551F** Code added
- **0555F** Code added
- **0556F** Code added
- **0557F** Code added
- **1010F** Code added
- **1011F** Code added
- **1012F** Code added
- **1031F** Code added
- **1032F** Code added
- **1033F** Code added
- ▲ **1128F** Subsequent episode for condition (ML)⁵;
- ▲ **1127F** New episode for condition (NMA-No Measure Associated);
- ▲ **1128F** Subsequent episode for condition (NMA-No Measure Associated);
- **1175F** Code added
- **1181F** Code added
- **1182F** Code added
- **1183F** Code added

- **1450F** Code added
- **1451F** Code added
- **1460F** Code added
- **1461F** Code added
- **1490F** Code added
- **1491F** Code added
- **1493F** Code added
- **1494F** Code added
- **2015F** Code added
- **2016F** Code added
- **3019F** Code added
- **3055F** Code added
- **3056F** Code added
- ▲ **3111F** CT or MRI of the brain performed in the hospital within 24 hours of arrival OR performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR)⁵;
- ▲ **3112F** CT or MRI of the brain performed greater than 24 hours after arrival to the hospital OR performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)⁵;
- **3115F** Code added
- **3117F** Code added
- **3118F** Code added
- **3119F** Code added
- **3125F** Code added
- **3267F** Code added
- **3394F** Code added
- **3395F** Code added
- **3725F** Code added
- ▲ **4004F** Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV)(PV, CAD)¹;
- **4008F** Code added
- **4010F** Code added
- **4013F** Code added
- **4086F** Code added
- **4140F** Code added
- **4144F** Code added
- **4145F** Code added
- **4275F** Hepatitis B vaccine injection administered or previously received (HIV)⁵;
- **4322F** Code added
- **4350F** Code added
- **4450F** Code added
- **4470F** Code added
- **4480F** Code added
- **4481F** Code added

Appendix B—Summary of Additions, Deletions, and Revisions

- **4500F** Code added
- **4510F** Code added
- **4525F** Code added
- **4526F** Code added
- **5250F** Code added
- **6100F** Code added
- **6101F** Code added
- **6102F** Code added
- **6110F** Code added

Category III Codes

- ▲ **0080T** Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac and/or renal); using fenestrated modular bifurcated prosthesis (2 docking limbs artery[s]), radiological supervision and interpretation;
- 0143T** Laparoscopy, surgical; pancreatic islet cell transplantation through portal vein;-
- 0155T** Laparoscopy, surgical; implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)
- 0156T** revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)
- 0157T** Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity);-
- 0158T** Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity);-
- 0161T** Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session;-
- 0166T** Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass
- 0167T** with cardiopulmonary bypass
- 0168T** Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral;-
- ▲ **0240T** Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with ~~3-dimensional~~ high resolution esophageal pressure topography
- +▲ **0241T** with stimulation or perfusion during ~~3-dimensional~~ high resolution esophageal pressure topography study; (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
- **0260T** Code added
- **0261T** Code added
- **0262T** Code added
- **0263T** Code added
- **0264T** Code added
- **0265T** Code added
- **0266T** Code added
- **0267T** Code added
- **0268T** Code added
- **0269T** Code added

- **0270T** Code added
- **0271T** Code added
- **0272T** Code added
- **0273T** Code added
- **0274T** Code added
- **0275T** Code added
- ⊙ ● **0276T** Code added
- ⊙ ● **0277T** Code added
- **0278T** Code added
- **0279T** Code added
- **0280T** Code added
- **0281T** Code added
- ⊙ ● **0282T** Code added
- ⊙ ● **0283T** Code added
- ⊙ ● **0284T** Code added
- **0285T** Code added
- **0286T** Code added
- **0287T** Code added
- **0288T** Code added
- + ● **0289T** Code added
- + ● **0290T** Code added