

CPT/HCPCS Codes 2024

Added | Revised | Deleted

BONUS: ICD-10 Codes for 2024



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Helpful Tips

Here are some helpful articles to assist you in updating these codes in AdvancedMD. You must be logged into your office key to access these articles below.

Annual CPT / HCPCS Code Updates

Updating a Charge Slip with annual CPT/HCPCS changes

Updating Form Templates with annual CPT/HCPCS changes

2024 CPT Codes

Below are the 2024 CPT code updates. This list includes new CPT codes, revised codes and deleted codes.

Added CPT Codes for 2024

Category III

0788T

nerve, 1-3 parameters

Speciality	CPT Code	Description	
Proprietary Laboratory Ana	llyses		
Proprietary Laboratory Analyses	0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	
Proprietary Laboratory Analyses	0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	
Proprietary Laboratory Analyses	0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	
Proprietary Laboratory Analyses	0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	
Proprietary Laboratory Analyses	0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	
Proprietary Laboratory Analyses	0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	
Proprietary Laboratory Analyses	0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	
Proprietary Laboratory Analyses	0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	
Proprietary Laboratory Analyses	0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) and of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangemen microsatellite instability, and tumor mutation burden	
Proprietary Laboratory Analyses	0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	
Proprietary Laboratory Analyses	0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	
Proprietary Laboratory Analyses	0431U	Glycine receptor alpha1 lgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	
Proprietary Laboratory Analyses	0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	
Proprietary Laboratory Analyses	0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	
Proprietary Laboratory Analyses	0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes wit reported phenotypes	
Proprietary Laboratory Analyses	0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	
Proprietary Laboratory Analyses	0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	
Proprietary Laboratory Analyses	0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	
Proprietary Laboratory Analyses	0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysi of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted genedrug interactions	
Category III	•		
Category III	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	
Category III	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	
Category III	0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	
Category III	0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	
		Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver) including contact group(s) amplitude, pulse width frequency (Hz), on/off cycling, burst, dose lockout	

and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout,

patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral

Speciality	CPT Code	Description	
Category III	0789Т	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	
Category III	0790Т	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	
Category III	0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	
Category III	0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	
Category III	0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	
Category III	0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	
Category III	0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	
Category III	0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg. array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	
Category III	0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	
Category III	0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	
Category III	0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	
Category III	0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	
Category III	0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	
Category III	0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	
Category III	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	
Category III	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	
Category III	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	
Category III	0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	
Category III	0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	
Category III	0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	
Category III	0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	
Category III	0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	
Category III	0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	
Category III	0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	
Category III	0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	

Speciality	CPT Code	Description	
Category III	0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	
Category III	0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	
Category III	0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	
Category III	0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)	
Category III	0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	
Category III	0839Т	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)	
Category III	0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)	
Category III	0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)	
Category III	0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	
Category III	0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	
Category III	0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	
Category III	0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)	
Category III	0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	
Category III	0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)	
Category III	0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	
Category III	0849Т	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	
Category III	0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	
Category III	0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	
Category III	0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	
Category III	0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	
Category III	0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)	
Category III	0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	
Category III	0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	
Category III	0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	
Category III	0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	
Category III	0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	
Category III	0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	
Category III	0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	
Category III	0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	

Speciality	CPT Code	Description	
Category III	0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	
Category III	0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	
Category III	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/ or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	
Category III	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (M study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagno	

Surgery

Surgery			
Surgery	22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	
Surgery	22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	
Surgery	22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	
Surgery	27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	
Surgery	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	
Surgery	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	
Surgery	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	
Surgery	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	
Surgery	33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	
Surgery	33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	
Surgery	33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	
Surgery	33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	
Surgery	33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	
Surgery	33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	
Surgery	52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	
Surgery	58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	
Surgery	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	
Surgery	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	
Surgery	61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	
Surgery	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	
Surgery	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	
Surgery	64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	
Surgery	67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	

Radiology

Radiology	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional
Radiology	76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic
Radiology	76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report
Radiology	76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only

Speciality	CPT Code	Description
Radiology		Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only

Pathology and Laboratory

Pathology and Laboratory	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	
Pathology and Laboratory	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	
Pathology and Laboratory	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	
Pathology and Laboratory	81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	
Pathology and Laboratory	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	
Pathology and Laboratory	81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequent variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	
Pathology and Laboratory	81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	
Pathology and Laboratory	82166	Anti-mullerian hormone (AMH)	
Pathology and Laboratory	86041	Acetylcholine receptor (AChR); binding antibody	
Pathology and Laboratory	86042	Acetylcholine receptor (AChR); blocking antibody	
Pathology and Laboratory	86043	Acetylcholine receptor (AChR); modulating antibody	
Pathology and Laboratory	86366	Muscle-specific kinase (MuSK) antibody	
Pathology and Laboratory	87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed	

Medicine Services and Procedures

Medicine Services and Procedures	90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	
Medicine Services and Procedures	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular usew	
Medicine Services and Procedures	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	
Medicine Services and Procedures	92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	
Medicine Services and Procedures	92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	
Medicine Services and Procedures	93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	
Medicine Services and Procedures	93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	
Medicine Services and Procedures	93153	Interrogation without programming of implanted phrenic nerve stimulator system	
Medicine Services and Procedures	93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	
Medicine Services and Procedures	96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	

Speciality	CPT Code	Description	
Medicine Services and Procedures	97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	
Medicine Services and Procedures	97550	regiver training in strategies and techniques to facilitate the patient's functional performance in the home or mmunity (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallow eding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	
Medicine Services and Procedures	97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg. activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	
Medicine Services and Procedures	97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	

Evaluation and Management

Evaluation and Management	99459	Pelvic examination (List separately in addition to code for primary procedure)
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Speciality	CPT Code	2024 Description	2023 Description		
Proprietary Laboratory Analyses					
Proprietary Laboratory Analyses	0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection		
Proprietary Laboratory Analyses	0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence		
Category III					
Category III	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only		
Category III	0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	Removal of only pulse generator component(s) (battery and/ or transmitter) of wireless cardiac stimulator for left ventricular pacing		
Category III	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/ or transmitter)		
Category III	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode		
Category III	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve		
Category III	0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve		
Category III	0589Т	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters		
Category III	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters		
Category III	0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]; image acquisition, interpretation and report, each flap or wo		
Category III	0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	Vertebral body tethering, anterior; up to 7 vertebral segments		
Category III	0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	Vertebral body tethering, anterior; 8 or more vertebral segments		
Category III	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve		

Speciality	CPT Code	2024 Description	2023 Description
Category III	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)

Category II

Category II	1119F	Initial evaluation for condition (HEP C) (EPI, DSP)	Initial evaluation for condition (HEP C)(EPI, DSP)
Category II	1121F	Subsequent evaluation for condition (HEP C) (EPI)	Subsequent evaluation for condition (HEP C)(EPI)

Surgery

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Surgery	28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
Surgery	28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
Surgery	28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
Surgery	28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
Surgery	28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
Surgery	28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
Surgery	3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OP) (IBD)	Central dual-energy X-ray absorptiometry (DXA) results documented (OP)(IBD)
Surgery	3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OP) (IBD)	Central dual-energy X-ray absorptiometry (DXA) ordered (OP)(IBD)
Surgery	3216F	Patient has documented immunity to Hepatitis B (HEP-C) (IBD)	Patient has documented immunity to Hepatitis B (HEP-C)(IBD)
Surgery	3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC)	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size ≤ 1 cm) documented (ONC)
Surgery	3496F	CD4+ cell count >=500 cells/mm3 (HIV)	CD4+ cell count >/=500 cells/mm3 (HIV)
Surgery	3498F	CD4+ cell percentage >=15% (HIV)	CD4+ cell percentage >/=15% (HIV)
Surgery	4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)	Patient receiving >/=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)
Surgery	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
Surgery	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
Surgery	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
Surgery	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

Radiology

Radiology	77402	Radiation treatment delivery, >=1 MeV; simple	Radiation treatment delivery, >/=1 MeV; simple
Radiology	77407	Radiation treatment delivery, >=1 MeV; intermediate	Radiation treatment delivery, >/=1 MeV; intermediate
Radiology	77412	Radiation treatment delivery, >=1 MeV; complex	Radiation treatment delivery, >/=1 MeV; complex

Speciality	CPT Code 2024 Description	2023 Description
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Pathology and Laboratory

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Pathology and Laboratory	81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg. fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg. expanded) alleles	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles+A32:C47+C36
Pathology and Laboratory	81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
Pathology and Laboratory	81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Pathology and Laboratory	81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)
Pathology and Laboratory	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis CEL (carboxy) ester lipase [bile salt-stimulated lipase) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88KDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) BPCAM (eghthelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII (Hageman factor) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, S.C.14A1 (Kidd blood group), BCAM [Lutheran blood group], eg, scila desae, th	Molecular pathology procedure, Level 4 (eg., analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)ANG (angiogenin, ribonuclease, RNase A family, 5) (eg., amyotrophic lateral sclerosis), full gene sequenceARX (aristaless-related homeobox) (eg., X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysisCEL (carboxy) ester lipase [bile salt-stimulated lipase]) (eg., maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg., c.1785delC, c.1686delT) CTNNB1 (caterin [cadeherin-associated protein], beta 1, 88kDa) (eg., desmoid tumors), targeted sequence analysis (eg., exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg., male infertility), common deletions (eg., AZFa, AZFb, AZFc, AZFd)DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg., acute myeloid leukemia), targeted sequence analysis (eg., exon 23)EPCAM (epithelial cell adhesion molecule) (eg., Lynch syndrome), duplication/deletion analysis; intron 1 and intron 22AF12 (coagulation factor XIII) (eg., hemophilia A), inversion analysis, intron 1 and intron 22AF12 (coagulation factor XIII (Hageman factor)) (eg., angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9FGFR3 (fibroblast growth factor receptor 3) (eg., isolated craniosynostosis), targeted sequence analysis (eg., exon 7)(For targeted sequence analysis of multiple FGFR3 exons, use 81404)GJBI (gap junction protein, beta 1) (eg., Charcot-Marie-Tooth X-linked), full gene sequenceGNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg., uveal melanoma), common variants (eg., R183, Q2O9)Human erythrocyte antigen gene analyses (eg., SCL1441 (Kidd blood group), BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], GYPA, GYPB, GYPE [MNS blood group], AQP1 [Cotton blood group], GYPA, GYPB, GYPE [MNS blood g

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Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory (continued)	81403	(eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D14 (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)	hypertrophic cardiomyopathy), full gene sequenceRHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene)RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood(For human erythrocyte gene analysis of RHD, use a separate unit of 81403)SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysisTWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysisUBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15)VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysisVWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)
Pathology and Laboratory	81404	Molecular pathology procedure, Level 5 (eg. analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg. short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg. exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg. nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg. X-linked issencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg. nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedd syndrome), full gene sequence BTD (biotinidase) (eg., biotinidase deficiency), full gene sequence ETD (biotinidase) (eg., biotinidase deficiency), full gene sequence ETD (biotinidase) (eg., biotinidase deficiency), full gene sequence COord-Cord-Cord-Cord-Cord-Cord-Cord-Cord-C	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/friplet repeat by Southern blot analysis/ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6)AOP2 (aquaporin 2 (collecting duct)) (eg, nephrogenic diabetes insipidus), full gene sequenceANZ (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequenceAVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequenceBS10 (Bardet-Biedl syndrome), full gene sequenceCBTD (biotinidase) (eg, biotinidase deficiency), full gene sequenceCTOor12 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequenceCAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequenceCDAUG (CD40 ligand) (eg, X-linked hyper 1gM syndrome), full gene sequenceCDKN2A (cyClindependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequenceCCN812 (cyClindependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequenceCCN8B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequenceCCN812 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequenceCFR2 (carly growth response 2) (eg, Charcot-Marie-Tooth), full gene sequenceCFR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequenceEFR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequenceEFR2 (early growth factor receptor 3) (eg, achandroplasia), typochondroplasia),

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory (continued)	81404	[potassium inwardly-rectifying channel, subfamily J, member 10 (eg. SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence META (more) sensorineural hearing loss), full gene sequence META (more) sensorineural hearing loss), full gene sequence META (mottible endocrine neoplasia 1) (eg. multiple endocrine) (eg. Leigh syndrome), duplication/deletion analysis NDP (Norrie disease (pseudoglioma)) (eg. Norrie disease), full gene sequence NDUFAR (eg. Leigh syndrome, multiple endocrine), full gene sequence NDUFAR (ADH dehydrogenase (bubliquinone)) (eg. Leigh syndrome, multiple endocrine), full gene sequence NDUFAR (ADH dehydrogenase) (bubliquinone) (eg. Leigh syndrome, multiple endocrine), full gene sequence NDUFAR (Mach Helydrogenase) (bubliquinone) (eg. Leigh syndrome, multiple endocrine), full gene sequence NDUFAR (Mach Helydrogenase) (bubliquinone) (eg. Leigh syndrome), full gene sequence NDUFAR (Mach Helydrogenase) (bubliquinone) (eg. Leigh syndrome), full gene sequence NDUFAR (Mach Helydrogenase) (bubliquinone) (eg. Leigh syndrome), full gene sequence NDUFAR (full endocrine), full gene	lgotassium inwardly-rectifying channel, subfamily J, member (I) (eg. SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequenceELTAF (lipopolysaccharide-induced TNF factor) (eg. Charcot-Marie-Tooth), full gene sequenceMEFV (Mediterranean fever), full gene sequenceMEVT (Mediter

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory	81405	Molecular pathology procedure, Level 6 (eg. analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCDI (ATP-binding cassette, sub-family of [ALD], member 1) (eg. adrenoleukodystophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg. short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTAS (actin, alpha 2, smooth muscle, onta) (eg. thoracic aortic aneurysms and aortic dissections), full gene sequence ACTAS (anipha, cardiac muscle 1) (eg. familial hypertrophic cardiomyopathy), full gene sequence ANKRDI (ankyrin repeat domain 1) (eg. dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg. diatais with oculomotor apraxia 1), full gene sequence APTX (aprataxin) (eg. ataxia with oculomotor apraxia 1), full gene sequence BCSTL (BCST-like IS). (Eg. Cardiomyopathy), full gene sequence BCSL (BCST-like IS). (Eg. Cardiomyopathy), full gene sequence BCSL (BCST-like IS). (Eg. Cardiomyopathy), full gene sequence BCSL (BCST-like IS). (Eg. Cardiomyopathy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II (serine/threonine kinase) (eg. heritable pulmonary arterial hypertension), duplication/ deletion analysis CASO2 (calsequestria [cardiac muscle)) (eg. catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg. hypocalcemia), full gene sequence CXES (calcium-sensing receptor) (eg. hypocalcemia), full gene sequence CXES (colliderion), full gene sequence CXIO (CXIO homolog, cytochrome coxidase assembly protein) (eg. mitochondrial respiratory chain complex IV deficiency), full gene sequence CXIO (CXIO homolog, cytochrome coxidase assembly protein) (eg. mitochondrial respiratory chain complex IV deficiency), full gene sequence CXIO (CXIS homolog, cytochrome coxidase assembly protein) (eg., mitochondrial respiratory chain complex IV deficiency), full gene sequence CXII (eg., oragential adrenal hyp	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis/ABCD1 (ATP-binding cassette, sub-family of JRLD), member 1) (eg, adrenoleukodystrophy), full gene sequenceACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequenceACTA2 (actin, alpha 2, smooth muscle 1) (eg, familial protection aneurysms and aortic dissections), full gene sequenceACTA2 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequenceAPTX (aprataxin) (eg, dilated cardiomyopathy), full gene sequenceAPTX (aprataxin) (eg, dilated cardiomyopathy), full gene sequenceAPTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequenceBCSTA (arylsulfatase A) (eg, anylsulfatase A) deficiency), full gene sequenceBCSTA (arylsulfatase A) (eg, anylsulfatase A) deficiency, full gene sequenceBCSTA (arylsulfatase A) (eg, anylsulfatase A) deficiency, full gene sequenceBCSTA (arylsulfatase A) (eg, maple syrupurine disease, type 1A), full gene sequenceBCSTA (grantaxin) (eg, teritable pulmonary arterial hypertension), duplication/ deletion analysisCASQ (calsequestria C) (calsequestria C) (ardiac muscle)) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequenceCASR (aclicium-sensing receptor) (eg, hypocalcemia), full gene sequenceCCASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequenceCCASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequenceCCYBCNG (cyclin-dependent kinase-like 5) (eg, carly infantile epilepto, nicotinic, beta 2 (neuronal) (eg, nocturnal frontal lobe epilepsy), full gene sequenceCCYBCNG (cyclin-dependent kinase-like 5) (eg, carly infantile epilepsy), full gene sequenceCCYBCNG (cyclin-dependent kinase-like 5) (eg, carly infantile epilepsy), full gene sequenceCYBCNG (cyclin-dependent), full gene sequenceCYBCNG (cyclin-dependent), full gene se

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory (continued)	81405	(eg, autosomal dominant dopar-esponsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (gilai fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHAP (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRPR (growth hormone releasing hormone receptor) (eg, growth hormone releasing hormone receptor), full gene sequence HNF18 (HNF1 hormobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HrA serine peptidase 1) (eg, macular degeneration), full gene sequence ISDS (duronate 2-sulfatase) (eg, mucopolysacchridosis, type III), full gene sequence ESPO (soprenoid synthase domain containing) (eg, Mill gene sequence SPO (soprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence ESPO (soprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence LAMP2 (yesosmal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (we density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia 1) (eg, multiple endocrine neoplasia 1) (eg, g. MMAA-related methylmalonic acidemia), full gene sequence MMAA (methylmalonic acideria) (eg, congenital disorder of glycosylation 1b), full gene sequence MPZ (myelin protein zero) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPC (eg, MMAA-related methylmalonic acidemia), full gene sequence MPC (eg, MMAA-related methylmalonic acidemia), full gene sequence MPC (eg, mill in pertu	gene sequenceGCH1 (GTP cyclohydrolase 1) (eg., autosomal dominant dopa-responsive dystonia), full gene sequenceGDAP1 (ganglioside-induced differentiation-associated protein 1) (eg., Charcot-Marie-Tooth disease), full gene sequenceGFAP (gllaf fibrillar) acidic protein (eg., Alexander disease), full gene sequenceGHR (growth hormone receptor) (eg., Laron syndrome), full gene sequenceGHRHR (growth hormone deficiency), full gene sequenceGLA (galactosidase, alpha) (eg., Fabry disease), full gene sequenceGLA (galactosidase, alpha) (eg., Fabry disease), full gene sequenceGLA (galactosidase, alpha) (eg., Fabry disease), full gene sequenceHNF18 (HNF1 homeobox A) (eg., maturity-onset diabetes of the young (MODY), full gene sequenceHNF18 (HNF1 homeobox B) (eg., muclar degeneration), full gene sequenceIDS (iduronate 2-sulfatase) (eg., mucopy)syacchridosis, type II), full gene sequenceIL2RG (interleukin 2 receptor, gamma) (eg., X-linked severe combined immunodeficiency), full gene sequenceISP0 (isoprenoid synthase domain containing) (eg., muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequenceELRR (Kirsten rat sarcoma viral oncogene homolog) (eg., Noonan syndrome), full gene sequenceLDR (low density lipoprotein receptor) (eg., familial hypercholesterolemia), duplication/deletion analysisMEN1 (multiple endocrine neoplasia) (eg., multiple endocrine neoplasia) (eg., multiple endocrine neoplasia), full gene sequenceMMAA (methylmalonic aciduria (cobalamine deficiency), fup eA) (eg., MMAA-related methylmalonic acidemia), full gene sequenceMMAB (methylmalonic aciduria (cobalamine deficiency), full gene sequenceMPVI (mylony) (eg., Charcot-Marie-Tooth), full gene sequenceMPVI (eg., Charcot-Marie-Tooth), full gene sequenceMPVI (eg., Charcot-Marie-Tooth), full gene sequencePNDUFS7 (NADH dehydrogenase (ublquinone) fe-S protein 7, 20ka (NADH-coen

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory (continued)	81405	protein 1) (eg., Renpenning syndrome), full gene sequence RABTA (RABTA, member RAS oncogene family) (eg., Charcot-Marie-Tooth disease), full gene sequence RABTA (RABTA, member RAS oncogene family) (eg., Charcot-Marie-Tooth disease), full gene sequence RAII (retinoic acid induced 1) (eg., Smith-Magenis syndrome), full gene sequence REEPI (receptor accessory protein 1) (eg., spastic parapleiga), full gene sequence RET (ret proto-oncogene) (eg., multiple endocrine neoplasia, type 2A and familial medularly thyroid carcinoma), targeted sequence analysis (eg. exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg., Diamond-Blackfan anemia), full gene sequence RRMZB (ribonucleotide reductase M2 B [TPS5] inducible) (eg., mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg., mitochondrial CNA depletion), full gene sequence SCDH (succinate dehydrogenase complex, subunit 6, iron sulfur) (eg., hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [Sokha dystrophin-associated glycoprotein) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, alpha [Sokha dystrophin-associated glycoprotein) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, epsilon) (eg., myocionic dystonia), duplication/deletion analysis SGCG (sarcoglycan, agamma [35kDa dystrophin-associated glycoprotein) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, epsilon) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, epsilon) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, epsilon) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, epsilon) (eg., limb-girdle muscular dystrophy), full gene sequence SGCB (solute carrier family 2) (eg., full dystrophin-associated glycoprotein) (eg., full dystr	periaxin) (eg. Charcot-Marie-Tooth disease), full gene sequencePOBP1 (polyglutamine binding protein 1) (eg., Renpenning syndrome), full gene sequenceRABTA (RAB7A, member RAS oncogene family) (eg., Charcot-Marie-Tooth disease), full gene sequenceRABTA (Resport), full gene sequenceRABTA (Resport), full gene sequenceREPI (receptor accessory protein 1) (eg., spasif), full gene sequenceREEPI (receptor accessory protein 1) (eg., spasif), full gene sequenceRET (et proto-oncogene) (eg., multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg. exons 10, 11, 13-16)RPS19 (ribosomal protein S19) (eg., Diamond-Blackfan anemia), full gene sequenceRRMZB (ribonucleotide reductase M2 B [TP53 inducible)) (eg., mitochondrial respiratory chain complex IV deficiency), full gene sequenceSDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg., hereditary paraganglioma), full gene sequenceSDHB (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg., hereditary paraganglioma)-pheochromocytoma syndrome), full gene sequenceSCA (sarcoglycan, alpha [SokDa dystrophin-associated glycoprotein) (eg., limb-girdle muscular dystrophy), full gene sequenceSGCB (sarcoglycan, eplah) (eg., motorolini), eg., limb-girdle muscular dystrophy), full gene sequenceSGCB (sarcoglycan, eplah) (eg., motorolini), dystrophin-associated glycoprotein) (eg., limb-girdle muscular dystrophy), full gene sequenceSGCB (sarcoglycan, eplah) (eg., motorolini), dystrophin-associated glycoprotein) (eg., mb-girdle muscular dystrophy), full gene sequenceSHOC2 (soc-2 suppressor of clear homolog) (eg., Noonan-like syndrome with loose anagen hair), full gene sequenceSHOC3, epselfolic, ge., motorolini, dystrophy), full gene sequenceSHOC3, foliotic carrier family 2 (facilitated glucose transporter), member 1) (eg., glucose transporter), per jaxia, full gene sequenceSHOC3, foliotic carrier family 2 (facilitated glucose transporter), member 1) (eg., glucose transporter), member 1) (eg., gluc

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory	81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVI (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTM4 (actinin, alpha 4) (eg, focal segmental glomeruloscierosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 (S. cerevisiae)) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7AI (aldehyde dehydrogenase 7 family, member 41) (eg, pyridoxine-dependent epilepsy), full gene sequence ANOS (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASSI (argininosuccinate synthase 1) (eg, citrullinemia type 1), full gene sequence ATL1 (Atzheimer disease), full gene sequence ASSI (argininosuccinate synthase 1) (eg, cy, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP3 (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBSSI (Bardet-Biedl syndrome), full gene sequence BSSC (BAGMB) (franched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BSSTI (Bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BSCAPHB (Pranched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BSCAPHB (Pranched-Chain gene sequence BRAF (BAR proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCAPHB (Prached), full gene sequence BRAF (BAR proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCAPHB (Prached), full gene sequence BRAF (BAR) proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), fu	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain oxyl-coazyme A dehydrogenase deficiency), full gene sequenceACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequenceAFG3L2 (AFG3 ATPase family gene 3-like 2 [S. creevisiae]) (eg, spinocerobellar ataxia), full gene sequenceARE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequenceALDHZAI (aldehyde dehydrogenase 7 family, member AI) (eg, pyridoxine-dependent epilepsy), full gene sequenceANOS (anosmin-1) (eg, Kallmann syndrome 1), full gene sequenceANPG2 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequenceANPG2 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequenceAPP (amyloid beta [A4] precursor prottein) (eg, Alzheimer disease), full gene sequenceATS7 (argininosuccinate synthase 1) (eg, transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequenceATPT8 (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequenceBSS1 (Bardet-Biedl syndrome), full gene sequenceENTP8 (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequenceBSS1 (Bardet-Biedl syndrome), full gene sequenceENTP8 (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequenceBEST1 (bestrophin 1) (eg, vitelliform macular dystophy), full gene sequenceEEST1 (bestrophin 1) (eg, vitelliform macular dystophy), full gene sequenceEEST1 (bestrophin 1) (eg, vitelliform macular dystophy), full gene sequenceEEST1 (bestrophin 1) (eg, vitelliform macular dystophy), full gene sequenceEEST1 (bestrophin 1) (eg, heritable pulmonary arterial hypertension), full gene sequenceBEST1 (bestrophin 1) (eg, Berardinelli-Sejo congenital lipodystrophy, full gene sequenceBEST1 (bestrophin 1), full gene sequenceBEST1 (bestrophin 1), full gene sequenceBEST1 (bestrophin 1), full

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory (continued)	81406	(FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid plosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTS.11 (Fts JRNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAL (glactosylceramidase) (eg, Krabbe disease), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (glactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (glatosylceramidase) (eg, Krabbe disease), full gene sequence GALT (glutaryl-Co4 dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCRC (glutaricacidemia type 1), full gene sequence GRE (glucosinase [Inexokinase 4) (eg, maturity-onset disbetes of the young [MODY), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GRE (glucosamine [UDP-N-acetyl-2-e-pierresse/N-acetylimannosamine kinase) (eg, inclusion body myopathy 2 (IBM2). Nonaka myopathy, full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolass/enoyl-CoA hydratase [trifunctional protein] plata subunit) (eg, inon chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA dehydrogenase/3-ketoacyl-CoA dehydroge	(FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequenceFIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae] (eg, Charcot-Marie-Tooth disease), full gene sequenceFISJ (FISJ RNA methyttransferase homolog 1 [E. Coli]) (eg, X-linked mental retardation 9), full gene sequenceFUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequenceGAL (galactosylceramidase) (eg, Arabbe disease), full gene sequenceGALC (galactosylceramidase) (eg, Krabbe disease), full gene sequenceGALC (galactosylceramidase) (eg, Krabbe disease), full gene sequenceGALC (galactosylceramidase) (eg, Litaricacidemia type 1), full gene sequenceGCK (glucokinase) [hexokinase 4] (eg, mutrity-onset diabetes of the young [MODY]), full gene sequenceGCU (glutaricacidemia type 1), full gene sequenceGCK (glucokinase) (leg, diutaricacidemia type 1), full gene sequenceGCK (glucokinase) (eg, diutaricacidemia type 1), full gene sequenceGCK (glucokinase) (eg, diutaricacidemia type 1), full gene sequenceGCK (glucokinase) (eg, dimilial hyperinsulinism), full gene sequenceGNE (glucosamine (UDPN-acety)-2-cpimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 (glM2), konaka myopathy, full gene sequenceHADHA (hydroxyacyl-CoA dehydrogenase)-7-ketoacyl-CoA thiolase/enoyl-CoA hydratase (trifunctional protein) alpha subunit) (eg, fon totemporal dementia), full gene sequenceHADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase) (eg, holocarboxylase synthetase deficiency), full gene sequenceHEXA (hexosaminidase A, alpha polypeptibel) (eg, Tay-Sacha disease), full gene sequenceHNG (liquentidase), full gene sequenceH

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory (continued)	81406	argeted sequence analysis (eg. exons 1-23) NPC1 (Niemann-Pick disease, bype C1) (eg. Niemann-Pick disease), full gene sequence NPHPI nephronophiths is flipveniel (eg. Joubet styndrome), full gene sequence OPA1 (polic atrophy) f. (eg. optic atrophy) (eg. optic atroph	fuuclear receptor binding SET domain protein 1) (eg. Sotos syndrome), full gene sequence/DAI (optic atrophy 1) (eg. optic atrophy), duplication/ deletion analysis/DFI (opticum) (eg. amyorophic lateral sclerosis), full gene sequence/PAI-HISI (platelet-activating factor aceylhydrotase 1b. regulatory subunt 11 (45/DA) (eg. Issence/paiky, Miller-Delet-syndrome), full gene sequence/PAI (phenylatanine hydroxylase) (eg. phenylketonuria), full gene sequence/PAI (phenylatanine hydroxylase) (eg. phenylketonuria), full gene sequence/PAI (phenylatanine hydroxylase) (eg. phruvate carboxylase) (eg. pyruvate carboxylase), full gene sequence/PCC (pyruvate carboxylase), full gene sequence/PCCA (propioryl CoA carboxylase), beta polypeptide) (eg. propionic actidemia, full gene sequence/PCHAI (pyruvate dehydrogenase correctoriemia), full gene sequence/PCHAI (pyruvate dehydrogenase correctoriemia), full gene sequence/PDHAI (pyruvate dehydrogenase), full gene sequence/PDHAI (pyruvate dehydrogenase) (pyrophosphateriem circlest), full gene sequence/PDHAI (pyruvate dehydrogenase), full gene sequence/PDHAI (pyruvate), full gene sequence/PHAI (pyruvate

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C (CFTR/MRP), member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated (Drosophila) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type V, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type VI, alpha 5) (eg, Alport syndrome), full gene sequence COL6A3 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence ERGEGEMP (eg, Rubinstein-Taybi syndrome), full gene sequence KDM5C (lysine demethylase 5C) (eg, X-linked intellectual disability, full gene sequence KDM5C (lysine demethylase 5C) (eg, X-linked intellectual disability, full gene sequence KDM5C (lygine demethylase 5C) (eg, S-linked intellectual gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYHG (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial hypertrophic cardiomyopathy), full gene sequence PCH16 (protocadherinrelated 15) (eg, Usher syndrome, type 1), full gene sequence PCH16 (protocadherinrelated 15) (eg, Usher syndrome), full gene sequence PCH16 (protocadhe	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform/ABCC8 (ATP-binding cassette, sub-family C (CFTR/MRP), member 8) (eg, familial hyperinsulinism), full gene sequenceAGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequenceAHI (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequenceAPOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequenceASPM (asp (abnormal spindle) homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequenceCOL476 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequenceCOL445 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequenceCOL445 (collagen, type VI, alpha 5) (eg, Alport syndrome), full gene sequenceCOL642 (collagen, type VI, alpha 5) (eg, collagen type VI-related disorders), full gene sequenceCOL642 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequenceCOL643 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequenceCOL643 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequenceCN6462 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequenceCN6463 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequenceCN6464 (collagen, type VI, alpha 5) (eg, collagen), full gene sequenceCN6466 (collagen), full gene sequenceCN6476 (collagen), full gene sequenceCN6476 (collagen), full gene sequenceCN6476 (c
Pathology and Laboratory	81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
Pathology and Laboratory	81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg. ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis

Speciality	CPT Code	2024 Description	2023 Description
Pathology and Laboratory	81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
Pathology and Laboratory	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
Pathology and Laboratory	81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
Pathology and Laboratory	81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
Pathology and Laboratory	87467	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg), quantitative	Hepatitis B surface antigen (HBsAg), quantitative

Medicine Services and Procedures

Medicine Services and Procedures	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use
Medicine Services and Procedures	96446	Chemotherapy administration into the peritoneal cavity via implanted port or catheter	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
Medicine Services and Procedures	96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
Medicine Services and Procedures	96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
Medicine Services and Procedures	96922	Excimer laser treatment for psoriasis; over 500 sq cm	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

Evaluation and Management

Evaluation and Management	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	
Evaluation and Management	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	
Evaluation and Management	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	

Speciality	CPT Code	2024 Description	2023 Description
Evaluation and Management	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
Evaluation and Management	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
Evaluation and Management	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
Evaluation and Management	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
Evaluation and Management	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
Evaluation and Management	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
Evaluation and Management	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

Deleted CPT Codes for 2024

Speciality	CPT Code	Description
Multianalyte Assa	ау	
Multianalyte Assay	0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years
Category III		
Category III	0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
Category III	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
Category III	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only
Category III	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only
Category III	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only
Category III	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
Category III	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only
Category III	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only
Category III	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
Category III	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
Category III	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only
Category III	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
Category III	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
Category III	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study
Category III	0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
Category III	0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
Category III	0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
Category III	0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
Category III	0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
Category III	0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
Category III	0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia
Category III	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report
Category III	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor
Category III	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
Category III	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
Category III	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound
Category III	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound
Category III	0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
Category III	0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
Category III	0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)

Deleted CPT Codes for 2024

Speciality	CPT Code	Description
Category III	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])
Category III	0809Т	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)

Radiology

Radiology	74710	Pelvimetry, with or without placental localization

2024 HCPCS Codes

Below are the 2024 HCPCS code updates. This list includes new HCPCS codes, revised codes and deleted codes.

Speciality	HCPCS Code	Description			
Medical And Surgical Sup	Medical And Surgical Supplies				
Medical and Surgical Supplies	A4287	Disposable collection and storage bag for breast milk, any size, any type, each			
Medical and Surgical Supplies	A4457	Enema tube, with or without adapter, any type, replacement only, each			
Medical and Surgical Supplies	A4468	Exsufflation belt, includes all supplies and accessories			
Medical and Surgical Supplies	A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm			
Medical and Surgical Supplies	A4541	Monthly supplies for use of device coded at e0733			
Medical and Surgical Supplies	A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist			
Medical and Surgical Supplies	A6520	Gradient compression garment, glove, padded, for nighttime use, each			
Medical and Surgical Supplies	A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each			
Medical and Surgical Supplies	A6522	Gradient compression garment, arm, padded, for nighttime use, each			
Medical and Surgical Supplies	A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each			
Medical and Surgical Supplies	A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each			
Medical and Surgical Supplies	A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each			
Medical and Surgical Supplies	A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each			
Medical and Surgical Supplies	A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each			
Medical and Surgical Supplies	A6528	Gradient compression garment, bra, for nighttime use, each			
Medical and Surgical Supplies	A6529	Gradient compression garment, bra, for nighttime use, custom, each			
Medical and Surgical Supplies	A6552	Gradient compression stocking, below knee, 30-40 mmhg, each			
Medical and Surgical Supplies	A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each			
Medical and Surgical Supplies	A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each			
Medical and Surgical Supplies	A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each			
Medical and Surgical Supplies	A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each			
Medical and Surgical Supplies	A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each			
Medical and Surgical Supplies	A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each			
Medical and Surgical Supplies	A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each			
Medical and Surgical Supplies	A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each			
Medical and Surgical Supplies	A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each			
Medical and Surgical Supplies	A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each			
Medical and Surgical Supplies	A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each			
Medical and Surgical Supplies	A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each			
Medical and Surgical Supplies	A6565	Gradient compression gauntlet, custom, each			
Medical and Surgical Supplies	A6566	Gradient compression garment, neck/head, each			
Medical and Surgical Supplies	A6567	Gradient compression garment, neck/head, custom, each			
Medical and Surgical Supplies	A6568	Gradient compression garment, torso and shoulder, each			
Medical and Surgical Supplies	A6569	Gradient compression garment, torso/shoulder, custom, each			
Medical and Surgical Supplies	A6570	Gradient compression garment, genital region, each			
Medical and Surgical Supplies	A6571	Gradient compression garment, genital region, custom, each			
Medical and Surgical Supplies	A6572	Gradient compression garment, toe caps, each			
Medical and Surgical Supplies	A6573	Gradient compression garment, toe caps, custom, each			
Medical and Surgical Supplies	A6574	Gradient compression arm sleeve and glove combination, custom, each			
Medical and Surgical Supplies	A6575	Gradient compression arm sleeve and glove combination, each			
Medical and Surgical Supplies	A6576	Gradient compression arm sleeve, custom, medium weight, each			
Medical and Surgical Supplies	A6577	Gradient compression arm sleeve, custom, heavy weight, each			
Medical and Surgical Supplies	A6578	Gradient compression arm sleeve, each			
Medical and Surgical Supplies	A6579	Gradient compression glove, custom, medium weight, each			

Speciality	HCPCS Code	Description
Medical and Surgical Supplies	A6580	Gradient compression glove, custom, heavy weight, each
Medical and Surgical Supplies	A6581	Gradient compression glove, each
Medical and Surgical Supplies	A6582	Gradient compression gauntlet, each
Medical and Surgical Supplies	A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each
Medical and Surgical Supplies	A6584	Gradient compression wrap with adjustable straps, not otherwise specified
Medical and Surgical Supplies	A6585	Gradient pressure wrap with adjustable straps, above knee, each
Medical and Surgical Supplies	A6586	Gradient pressure wrap with adjustable straps, full leg, each
Medical and Surgical Supplies	A6587	Gradient pressure wrap with adjustable straps, foot, each
Medical and Surgical Supplies	A6588	Gradient pressure wrap with adjustable straps, arm, each
Medical and Surgical Supplies	A6589	Gradient pressure wrap with adjustable straps, bra, each
Medical and Surgical Supplies	A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified
Medical and Surgical Supplies	A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
Medical and Surgical Supplies	A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
Medical and Surgical Supplies	A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
Medical and Surgical Supplies	A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each
Medical and Surgical Supplies	A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
Medical and Surgical Supplies	A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
Medical and Surgical Supplies	A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
Medical and Surgical Supplies	A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
Medical and Surgical Supplies	A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
Medical and Surgical Supplies	A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
Medical and Surgical Supplies	A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
Medical and Surgical Supplies	A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
Medical and Surgical Supplies	A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
Medical and Surgical Supplies	A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each
Medical and Surgical Supplies	A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
Medical and Surgical Supplies	A6609	Gradient compression bandaging supply, not otherwise specified
Medical and Surgical Supplies	A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each
Medical and Surgical Supplies	A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical

Administrative, Miscellaneous and Investigational

Administrative, Miscellaneous and Investigational	A9608	Flotufolastat f 18, diagnostic, 1 millicurie
Administrative, Miscellaneous and Investigational	A9609	Fludeoxyglucose f18 up to 15 millicuries

Outpatient PPS

Outpatient PPS	C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)
Outpatient PPS	C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)
Outpatient PPS	C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)
Outpatient PPS	C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)
Outpatient PPS	C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components
Outpatient PPS	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed
Outpatient PPS	C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention
Outpatient PPS	C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed

Speciality	HCPCS Code	Description
Outpatient PPS	C7560	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
Outpatient PPS	C7561	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)
Outpatient PPS	C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
Outpatient PPS	C9159	Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity
Outpatient PPS	C9160	Injection, daxibotulinumtoxina-lanm, 1 unit
Outpatient PPS	C9161	Injection, aflibercept hd, 1 mg
Outpatient PPS	C9162	Injection, avacincaptad pegol, 0.1 mg
Outpatient PPS	C9163	Injection, talquetamab-tgvs, 0.25 mg
Outpatient PPS	C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Outpatient PPS	C9165	Injection, elranatamab-bcmm, 1 mg
Outpatient PPS	C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report
Outpatient PPS	C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)
Outpatient PPS	C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions

Durable Medical Equipment

Durable Medical Equipment	E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application
Durable Medical Equipment	E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
Durable Medical Equipment	E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type
Durable Medical Equipment	E0678	Non-pneumatic sequential compression garment, full leg
Durable Medical Equipment	E0679	Non-pneumatic sequential compression garment, half leg
Durable Medical Equipment	E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure
Durable Medical Equipment	E0681	Non-pneumatic compression controller without calibrated gradient pressure
Durable Medical Equipment	E0682	Non-pneumatic sequential compression garment, full arm
Durable Medical Equipment	E0732	Cranial electrotherapy stimulation (ces) system, any type
Durable Medical Equipment	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
Durable Medical Equipment	E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist
Durable Medical Equipment	E0735	Non-invasive vagus nerve stimulator
Durable Medical Equipment	E1301	Whirlpool tub, walk-in, portable
Durable Medical Equipment	E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system
Durable Medical Equipment	E3000	Speech volume modulation system, any type, including all components and accessories

Procedures / Professional Services

Procedures / Professional Svc	G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes
Procedures / Professional Svc	G0012	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle
Procedures / Professional Svc	G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence
Procedures / Professional Svc	G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes
Procedures / Professional Svc	G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)

Speciality	HCPCS Code	Description
Procedures / Professional Svc	G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (sdoh) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: person-centered assessment, performed to better understand the individualized context of the intersection between the sdoh need(s) and the problem(s) addressed in the initiating visit. ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal-setting and establishing an action plan. ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan. practitioner, home-, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the sdoh need(s), health education helping the patient contextualize health education pro
Procedures / Professional Svc	G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)
Procedures / Professional Svc	G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: personcentered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioners, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable). ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, likely to promote personalized and effective treatment of their condition. health care access / health system navigation. ++ helping the patient access healthcare, including identifying a
Procedures / Professional Svc	G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to g0023)
Procedures / Professional Svc	G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes
Procedures / Professional Svc	G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

Speciality	HCPCS Code	Description
Procedures / Professional Svc	G0140	Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: person-centered interview, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet sdoh needs (that are not billed separately). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care communication. ++ assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. developing and prop
Procedures / Professional Svc	G0146	Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to g0140)

Drugs Administered Other than Oral Method

Drugs Administered Other	than Oral Mcti	100
Drugs Administered Other than Oral Method	J0184	Injection, amisulpride, 1 mg
Drugs Administered Other than Oral Method	J0217	Injection, velmanase alfa-tycv, 1 mg
Drugs Administered Other than Oral Method	J0391	Injection, artesunate, 1 mg
Drugs Administered Other than Oral Method	J0402	Injection, aripiprazole (abilify asimtufii), 1 mg
Drugs Administered Other than Oral Method	J0576	Injection, buprenorphine extended-release (brixadi), 1 mg
Drugs Administered Other than Oral Method	J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg
Drugs Administered Other than Oral Method	J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre- exposure prophylaxis (not for use as treatment of hiv)
Drugs Administered Other than Oral Method	J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)
Drugs Administered Other than Oral Method	J0799	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified
Drugs Administered Other than Oral Method	J0873	Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg
Drugs Administered Other than Oral Method	J1105	Dexmedetomidine, oral, 1 mcg
Drugs Administered Other than Oral Method	J1246	Injection, dinutuximab, 0.1 mg
Drugs Administered Other than Oral Method	J1304	Injection, tofersen, 1 mg
Drugs Administered Other than Oral Method	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes
Drugs Administered Other than Oral Method	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
Drugs Administered Other than Oral Method	J1596	Injection, glycopyrrolate, 0.1 mg
Drugs Administered Other than Oral Method	J1939	Injection, bumetanide, 0.5 mg
Drugs Administered Other than Oral Method	J2404	Injection, nicardipine, 0.1 mg
Drugs Administered Other than Oral Method	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Drugs Administered Other than Oral Method	J2679	Injection, fluphenazine hcl, 1.25 mg

Speciality	HCPCS Code	Description
Drugs Administered Other than Oral Method	J2799	Injection, risperidone (uzedy), 1 mg
Drugs Administered Other than Oral Method	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml
Drugs Administered Other than Oral Method	J3425	Injection, hydroxocobalamin, 10 mcg

Chemotherapy Drugs

Chemotherapy Drugs	J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
Chemotherapy Drugs	J9072	Injection, cyclophosphamide, (dr. reddy's), 5 mg
Chemotherapy Drugs	J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg
Chemotherapy Drugs	J9255	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg
Chemotherapy Drugs	J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg
Chemotherapy Drugs	J9286	Injection, glofitamab-gxbm, 2.5 mg
Chemotherapy Drugs	J9321	Injection, epcoritamab-bysp, 0.16 mg
Chemotherapy Drugs	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Chemotherapy Drugs	J9333	Injection, rozanolixizumab-noli, 1 mg
Chemotherapy Drugs	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc

Orthotic Procedures and Services

Orthotic Procedures and services	L3161	Foot, adductus positioning device, adjustable
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Prosthetic Procedures

Prosthetic Procedures	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Prosthetic Procedures	15976	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

Other Services

Other Services	M1211	Most recent hemoglobin a1c level > 9.0%	
Other Services	M1212	Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)	
Other Services	M1213	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%	
Other Services	M1214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	
Other Services	M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	
Other Services	M1216	No spirometry results with confirmed airflow obstruction (fev1/fvc $< 70\%$) documented and/or no spirometry performed with results documented during the encounter	
Other Services	M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	
Other Services	M1218	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	
Other Services	M1219	Anaphylaxis due to the vaccine on or before the date of the encounter	
Other Services	M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy	
Other Services	M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy	
Other Services	M1222	Glaucoma plan of care not documented, reason not otherwise specified	
Other Services	M1223	Glaucoma plan of care documented	
Other Services	M1224	Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	
Other Services	M1225	Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	
Other Services	M1226	lop measurement not documented, reason not otherwise specified	
Other Services	M1227	Evidence-based therapy was prescribed	
Other Services	M1228	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test	
Other Services	M1229	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	

antibody test and has a follow up how visit lest that detects how visited in not referred to a clinician within framely and clauses of their between millisted willhight and will be the control of the provider how will be provider and place of their between millisted willhight and the provider how will be provider and test that there between millisted willhight and the provider and test that the provider and the provider that the provider and the provider that the provider and the provider that the provider and test that the provider and test the	Speciality	HCPCS Code	Description	
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Other Services MID33 Patient does not receive hav antibody test or patient does receive hav antibody test but results not documented, country for the services MID35 December has a reactive have antibody set, and has a follow up have viral test that does not detect have virented to the services MID35 December has a reactive have antibody set, and has a follow up have viral test that does not detect have virented to the services MID35 Decemberation or adtest report on have antibody set or have made any that the services of the services MID36 December has a reactive have an interest that the services of the services MID36 December has a service of the services of t	Other Services	M1231	Patient receives hcv antibody test with nonreactive result	
trest Services MI234 Patient has a reactive hor unbloody test, and has a follow up hor viral test that does not detect hor virenia Chen Services MI235 Documentation or patient report of her embloody test on hor more test which occurred prior to the performance put of the Services MI236 Besidine may 2 Patients reason for not screening for food insecutity, housing relability, transportation needs, utility difficulties, and interpretational solety (e.g., pollant declined or other performance point of the performance point of the performance point of the performance point of the performance of the services of the performance of the perf	Other Services	M1232	Patient receives hcv antibody test with reactive result	
Cher Services MI236 Decumenation or petition report of how antibody test or her mail which occurred prior to the performance point of the Services MI239 Baseline rins > 2 MI239 Habert reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpressonal safety (e.g., patient declined or officer patient reasons). Cher Services MI239 MI239 Patient did not respond to the question of patient feel there of control patient for the performance point of the first provider and team put my best interests first when making recommendations about my care. Cher Services MI239 Patient did not respond to the question of patient fell this provider and team put my best interests first when making recommendations, about my care. Cher Services MI240 Patient did not respond to the question of patient fell this provider and team put my best interests first when making recommendations who in my commendations who in my commendations who in my commendations who in my commendations who in the making my commendations who in my commendations who in my commendations who in the more making recommendations about my care. Cher Services MI244 Patient did not respond to the question of patient fell this provider and team understood what is important to me in my tile. Cher Services MI244 Patient provided a response other than "completely true" for the question of patient felt this provider and team understood by provider and team in the min my tile. Cher Services MI245 Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests filt when making recommendations about my care. Cher Services MI246 Patient provided a response other than "completely true" for the question of patient felt this provider and team understood with its importance of the my size patient. The provider and team understood what is important to me in my tile. Cher Services MI259 Patient propried to completely true" for the question of pa	Other Services	M1233	Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given	
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Other Services M1262 Patients who had a transplant prior to initiation of dialysis	Other Services	M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	
	Other Services	M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	
Other Services M1263 Patients in hospice on their initiation of dialysis date or during the month of evaluation	Other Services	M1262		
	Other Services	M1263		
Other Services M1264 Patients age 75 or older on their initiation of dialysis date	Other Services	M1264	Patients age 75 or older on their initiation of dialysis date	

Speciality	HCPCS Code	Description	
Other Services	M1265	Cms medical evidence form 2728 for dialysis patients: initial form completed	
Other Services	M1266	Patients admitted to a skilled nursing facility (snf)	
Other Services	M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	
Other Services	M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	
Other Services	M1269	Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	
Other Services	M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	
Other Services	M1271	Patients with dementia at any time prior to or during the month	
Other Services	M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	
Other Services	M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form	
Other Services	M1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	
Other Services	M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	
Other Services	M1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	
Other Services	M1277	Colorectal cancer screening results documented and reviewed	
Other Services	M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	
Other Services	M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	
Other Services	M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	
Other Services	M1281	Blood pressure reading not documented, reason not given	
Other Services	M1282	Patient screened for tobacco use and identified as a tobacco non-user	
Other Services	M1283	Patient screened for tobacco use and identified as a tobacco user	
Other Services	M1284	Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	
Other Services	M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	
Other Services	M1286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	
Other Services	M1287	Bmi is documented below normal parameters and a follow-up plan is documented	
Other Services	M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	
Other Services	M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	
Other Services	M1290	Patient not eligible due to active diagnosis of hypertension	
Other Services	M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
Other Services	M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
Other Services	M1293	Bmi is documented above normal parameters and a follow-up plan is documented	
Other Services	M1294	Normal blood pressure reading documented, follow-up not required	
Other Services	M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	
Other Services	M1296	Bmi is documented within normal parameters and no follow-up plan is required	
Other Services	M1297	Bmi not documented due to medical reason or patient refusal of height or weight measurement	
Other Services	M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	
Other Services	M1299	Influenza immunization administered or previously received	
Other Services	M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	
Other Services	M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	
Other Services	M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	
Other Services	M1303	Hospice services provided to patient any time during the measurement period	

Speciality	HCPCS Code	Description	
Other Services	M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	
Other Services	M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	
Other Services	M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	
Other Services	M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	
Other Services	M1308	Influenza immunization was not administered, reason not given	
Other Services	M1309	Palliative care services provided to patient any time during the measurement period	
Other Services	M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	
Other Services	M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	
Other Services	M1312	Patient not screened for tobacco use	
Other Services	M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	
Other Services	M1314	Bmi not documented and no reason is given	
Other Services	M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	
Other Services	M1316	Current tobacco non-user	
Other Services	M1317	Patients who are counseled on connection with a csp and explicitly opt out	
Other Services	M1318	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp	
Other Services	M1319	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening	
Other Services	M1320	Patients who screened positive for at least 1 of the 5 hrsns	
Other Services	M1321	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented iop or no plan of care documented if the iop was >25 mm hg	
Other Services	M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop =<25 mm hg for injected eye	
Other Services	M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop >25 mm hg and a plan of care was documented	
Other Services	M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	
Other Services	M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	
Other Services	M1326	Patients with a diagnosis of hypotony	
Other Services	M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	
Other Services	M1328	Patients with a diagnosis of acute vitreous hemorrhage	
Other Services	M1329	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter	
Other Services	M1330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	
Other Services	M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	
Other Services	M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	
Other Services	M1333	Acute vitreous hemorrhage	
Other Services	M1334	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	
Other Services	M1335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	
Other Services	M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	
Other Services	M1337	Acute pvd	
Other Services	M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	
Other Services	M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	
Other Services	M1340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	

Speciality	HCPCS Code	Description	
Other Services	M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	
Other Services	M1342	Patients who died during the performance period	
Other Services	M1343	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam	
Other Services	M1344	Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score	
Other Services	M1345	Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	
Other Services	M1346	Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period	
Other Services	M1347	Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)	
Other Services	M1348	Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent)	
Other Services	M1349	Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period	
Other Services	M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	
Other Services	M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	
Other Services	M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	
Other Services	M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	
Other Services	M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	
Other Services	M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	
Other Services	M1356	Patients who died during the measurement period	
Other Services	M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	
Other Services	M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	
Other Services	M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained	
Other Services	M1360	Suicidal ideation and/or behavior symptoms based on the c-ssrs	
Other Services	M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	
Other Services	M1362	Patients who died during the measurement period	
Other Services	M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	
Other Services	M1364	Calculated 10-year ascvd risk score of = 20 percent during the performance period	
Other Services	M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	
Other Services	M1366	Focusing on women's health mips value pathway	
Other Services	M1367	Quality care for the treatment of ear, nose, and throat disorders mips value pathway	
Other Services	M1368	Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	
Other Services	M1369	Quality care in mental health and substance use disorders mips value pathway	
Other Services	M1370	Rehabilitative support for musculoskeletal care mips value pathway	

Temporary Codes

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Temporary Codes	Q0516	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 30-days	
Temporary Codes	Q0517	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 60-days	
Temporary Codes	Q0518	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 90-days	
Temporary Codes	Q4279	Vendaje ac, per square centimeter	
Temporary Codes	Q4287	Dermabind dl, per square centimeter	
Temporary Codes	Q4288	Dermabind ch, per square centimeter	
Temporary Codes	Q4289	Revoshield + amniotic barrier, per square centimeter	
Temporary Codes	Q4290	Membrane wrap-hydro, per square centimeter	
Temporary Codes	Q4291	Lamellas xt, per square centimeter	
Temporary Codes	Q4292	Lamellas, per square centimeter	
Temporary Codes	Q4293	Acesso dl, per square centimeter	
Temporary Codes	Q4294	Amnio quad-core, per square centimeter	

Speciality	HCPCS Code	Description	
Temporary Codes	Q4295	Amnio tri-core amniotic, per square centimeter	
Temporary Codes	Q4296	Rebound matrix, per square centimeter	
Temporary Codes	Q4297	Emerge matrix, per square centimeter	
Temporary Codes	Q4298	Amniocore pro, per square centimeter	
Temporary Codes	Q4299	Amniocore pro+, per square centimeter	
Temporary Codes	Q4300	Acesso tl, per square centimeter	
Temporary Codes	Q4301	Activate matrix, per square centimeter	
Temporary Codes	Q4302	Complete aca, per square centimeter	
Temporary Codes	Q4303	Complete aa, per square centimeter	
Temporary Codes	Q4304	Grafix plus, per square centimeter	
Temporary Codes	Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	

Speciality HCPCS Code 2024 Description	2023 Description
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Medical and Surgical Supplies

Medical and Surgical Supplies	A6531	Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	Gradient compression stocking, below knee, 30-40 mmHg, each
Medical and Surgical Supplies	A6532	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each	Gradient compression stocking, below knee, 40-50 mmHg, each
Medical and Surgical Supplies	A6535	Gradient compression stocking, thigh length, 40 mmhg or greater, each	Gradient compression stocking, thigh length, 40-50 mmHg, each
Medical and Surgical Supplies	A6538	Gradient compression stocking, full length/chap style, 40 mmhg or greater, each	Gradient compression stocking, full length/chap style, 40-50 mmHg, each
Medical and Surgical Supplies	A6541	Gradient compression stocking, waist length, 40 mmhg or greater, each	Gradient compression stocking, waist length, 40-50 mmHg, each
Medical and Surgical Supplies	A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	Gradient compression wrap, non-elastic, below knee, 30-50 mmHg, each
Medical and Surgical Supplies	A6549	Gradient compression garment, not otherwise specified	Gradient compression stocking/sleeve, not otherwise specified

Procedures / Professional Services

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Procedures / Professional Svc	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
Procedures / Professional Svc	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
Procedures / Professional Svc	G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
Procedures / Professional Svc	G2137	Back pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated improvement of less than 5.0 points	Back pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points
Procedures / Professional Svc	G2139	Back pain measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points	Back pain measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points
Procedures / Professional Svc	G2141	Leg pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated improvement of less than 5.0 points	Leg pain measured by the visual analog scale (vas) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points
Procedures / Professional Svc	G2147	Leg pain measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points	Leg pain measured by the visual analog scale (vas) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points
Procedures / Professional Svc	G2174	Uri episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date	Uri episodes when the patient had an active prescription of antibiotics in the 30 days prior to the episode date or is still active the same day of the encounter
Procedures / Professional Svc	G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)

Revised HCPCS Codes for 2024

	Code	2024 Description	2023 Description
Procedures / Professional Svc	G8535	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter related to one of the following reasons: (1) patient refuses to participate in the screening and has reasonable decisional capacity for self-protection, or (2) patient is in an urgent or emergent situation where time is of the essence and to delay treatment to perform the screening would jeopardize the patient's health status	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter
Procedures / Professional Svc	G8601	Iv thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention)	Iv thrombolytic therapy not initiated within 4.5 hours (= 270 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention, patient received tenecteplase (tnk))
Procedures / Professional Svc	G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has a documented intrauterine pregnancy [iup])	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP])
Procedures / Professional Svc	G8851	Adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available, documented)	Objective measurement of adherence to positive airway pressure therapy, documented
Procedures / Professional Svc	G8854	Documentation of reason(s) for not objectively reporting adherence to evidence-based therapy (e.g., patients who have been diagnosed with a terminal or advanced disease with an expected life span of less than 6 months, patients who decline therapy, patients who do not return for follow-up at least annually, patients unable to access/afford therapy, patient's insurance will not cover therapy)	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [cpap], therapy not yet initiated, not available on machine)
Procedures / Professional Svc	G8855	Adherence to therapy was not assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available), reason not given	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given
Procedures / Professional Svc	G8924	Spirometry results documented (fev1/fvc < 70%)	Spirometry test results demonstrate fevl/fvc < 70%, fevl < 60% predicted and patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)
Procedures / Professional Svc	G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy (eg. allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg. patient declined, other patient reasons)	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)
Procedures / Professional Svc	G8942	Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies is documented within two days of the functional outcome assessment	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies is documented within two days of the functional outcome assessment
Procedures / Professional Svc	G8968	Documentation of medical reason(s) for not prescribing an fda-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to af	Documentation of medical reason(s) for not prescribing an fda-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation)
Procedures / Professional Svc	G9380	Patient offered assistance with end of life issues or existing end of life plan was reviewed or updated during the measurement period	Patient offered assistance with end of life issues during the measurement period
Procedures / Professional Svc	G9382	Patient not offered assistance with end of life issues or existing end of life plan was not reviewed or updated during the measurement period	Patient not offered assistance with end of life issues during the measurement period
Procedures / Professional Svc	G9452	Documentation of medical reason(s) for not receiving hcv antibody test due to limited life expectancy	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)
Procedures / Professional Svc	G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., patient intolerance or history of side effects)	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator
Procedures / Professional Svc	G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., cost of treatment or lack of insurance)	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator
Procedures / Professional Svc	G9703	Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date	Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date, or had an active prescription on the episode date

Revised HCPCS Codes for 2024

Speciality	HCPCS Code	2024 Description	2023 Description
Procedures / Professional Svc	G9717	Documentation stating the patient has had a diagnosis of bipolar disorder	Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder
Procedures / Professional Svc	G9771	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time
Procedures / Professional Svc	G9772	Documentation of medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)	Documentation of medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)
Procedures / Professional Svc	G9773	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time, reason not given	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time, reason not given
Procedures / Professional Svc	G9779	Patients who are breastfeeding at any time during the performance period	Patients who are breastfeeding at any time during the measurement period
Procedures / Professional Svc	G9780	Patients who have a diagnosis of rhabdomyolysis at any time during the performance period	Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period
Procedures / Professional Svc	G9914	Patient initiated an anti-tnf agent	Patient receiving an anti-TNF agent
Procedures / Professional Svc	G9938	Patients aged 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through december 31 of the measurement period	Patients age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through december 31 of the measurement period
Procedures / Professional Svc	G9990	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period
Procedures / Professional Svc	G9991	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period
Procedures / Professional Svc	G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or sessile serrated polyps >= 20 mm in size, last colonoscopy found greater than 10 adenomas, lower gastrointestinal bleeding, or patient at high risk for colon cancer due to underlying medical history (i.e. crohn's disease, ulcerative colitis, personal or family history of colon cancer, hereditary colorectal cancer syndromes)	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])
Drugs Administered Oth	er than Ora	al Method	
Drugs Administered Other than Oral Method	J0739	Injection, cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	Injection, cabotegravir, 1 mg
MIPS Value Pathways			
MIPS Value Pathways	M0005	Value in primary care mips value pathway	Promoting wellness mips value pathways
Miscellaneous Medical S	Services		
Miscellaneous Medical Services	M0201	Administration of pneumococcal, influenza, hepatitis b, and/or covid-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home
Other Services			
Other Services	M1174	Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period
Other Services	M1176	Patient did not receive at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period

Revised HCPCS Codes for 2024

Speciality	HCPCS Code	2024 Description	2023 Description
Other Services	M1197	Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score
Other Services	M1198	Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter
Other Services	M1205	Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score
Other Services	M1206	Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter
Other Services	M1207	Patient is screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
Other Services	M1208	Patient is not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
National Codes Establis	hed for Sta	te Medicaid Agencies	
National Codes Established	T1026	Intensive, extended multidisciplinary services provided in a	Intensive, extended multidisciplinary services provided in

National Codes Established for State Medicaid Agencies		clinic setting to children with complex medical, physical, mental	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
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Temporary Codes

Temporary Codes	Q4225	Amniobind or dermabind tl, per square centimeter	Amniobind, per square centimeter
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Deleted HCPCS Codes for 2024

Speciality HCPCS Code Description

Outpatient PPS

Outpatient PPS	C9152	Injection, aripiprazole, (abilify asimtufii), 1 mg
Outpatient PPS	C9153	Injection, amisulpride, 1 mg
Outpatient PPS	C9154	Injection, buprenorphine extended-release (brixadi), 1 mg
Outpatient PPS	C9155	Injection, epcoritamab-bysp, 0.16 mg
Outpatient PPS	C9156	Flotufolastat f 18, diagnostic, 1 millicurie
Outpatient PPS	C9157	Injection, tofersen, 1 mg
Outpatient PPS	C9158	Injection, risperidone, (uzedy), 1 mg
Outpatient PPS	C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent
Outpatient PPS	C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral
Outpatient PPS	C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination
Outpatient PPS	C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source

Procedures / Professional Svc

Procedures / Professional Svc	G0056+ A42:B65	Optimizing chronic disease management mips value pathways
Procedures / Professional Svc	G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
Procedures / Professional Svc	G2108	Patient age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
Procedures / Professional Svc	G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period
Procedures / Professional Svc	G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
Procedures / Professional Svc	G8506	Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy
Procedures / Professional Svc	G8818	Patient discharge to home no later than post-operative day #7
Procedures / Professional Svc	G8825	Patient not discharged to home by post-operative day #7
Procedures / Professional Svc	G8852	Positive airway pressure therapy was prescribed
Procedures / Professional Svc	G8883	Biopsy results reviewed, communicated, tracked and documented
Procedures / Professional Svc	G8884	Clinician documented reason that patient's biopsy results were not reviewed
Procedures / Professional Svc	G8885	Biopsy results not reviewed, communicated, tracked or documented
Procedures / Professional Svc	G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter
Procedures / Professional Svc	G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci within 2 years
Procedures / Professional Svc	G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had pci within 2 years (e.g., symptomatic patient, patient greater than 2 years since pci, initial evaluation, etc)
Procedures / Professional Svc	G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)
Procedures / Professional Svc	G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)
Procedures / Professional Svc	G9451	Patient received one-time screening for hcv infection
Procedures / Professional Svc	G9453	Documentation of patient reason(s) for not receiving one-time screening for hcv infection (e.g., patient declined, other patient reasons)
Procedures / Professional Svc	G9454	One-time screening for hcv infection not received within 12-month reporting period and no documentation of prior screening for hcv infection, reason not given
Procedures / Professional Svc	G9596	Pediatric patient had a head ct for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma
Procedures / Professional Svc	G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination
Procedures / Professional Svc	G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)
Procedures / Professional Svc	G9614	Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination
Procedures / Professional Svc	G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator

Deleted HCPCS Codes for 2024

Speciality Speciality	HCPCS Code	Description
Procedures / Professional Svc	G9715	Patients who use hospice services any time during the measurement period
Procedures / Professional Svc	G9725	Patients who use hospice services any time during the measurement period
Procedures / Professional Svc	G9852	Patients who died from cancer
Procedures / Professional Svc	G9853	Patient admitted to the icu in the last 30 days of life
Procedures / Professional Svc	G9854	Patient was not admitted to the icu in the last 30 days of life
Procedures / Professional Svc	G9927	Documentation of system reason(s) for not prescribing an fda-approved anticoagulation due to patient being currently enrolled in a clinical trial related to af/atrial flutter treatment
Procedures / Professional Svc	G9995	Patients who use palliative care services any time during the measurement period

Chemotherapy Drugs

Chemotherapy Drugs	J9160	Injection, denileukin diftitox, 300 micrograms
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Components, Accessories and Supplies

K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type
K1002	Cranial electrotherapy stimulation (ces) system, any type
K1003	Whirlpool tub, walk-in, portable
K1005	Disposable collection and storage bag for breast milk, any size, any type, each
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system
K1009	Speech volume modulation system, any type, including all components and accessories
K1013	Enema tube, with or without adapter, any type, replacement only, each
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
K1015	Foot, adductus positioning device, adjustable
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
K1017	Monthly supplies for use of device coded at k1016
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist
K1019	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
K1020	Non-invasive vagus nerve stimulator
K1021	Exsufflation belt, includes all supplies and accessories
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure
K1025	Non-pneumatic sequential compression garment, full arm
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
K1031	Non-pneumatic compression controller without calibrated gradient pressure
	K1002 K1003 K1005 K1006 K1009 K1013 K1014 K1015 K1016 K1017 K1018 K1019 K1020 K1021 K1022 K1023 K1024 K1025 K1026 K1028 K1029

Deleted HCPCS Codes for 2024

Speciality	HCPCS Code	Description
Components, Accessories and Supplies	K1032	Non-pneumatic sequential compression garment, full leg
Components, Accessories and Supplies	K1033	Non-pneumatic sequential compression garment, half leg

Other Services

Other Services M1156 Patient received active chemotherapy any time during the measurement period		Patient received active chemotherapy any time during the measurement period
Other Services M1157 Patient received bone marrow transplant any time during the measurement period		Patient received bone marrow transplant any time during the measurement period
Other Services M1158 Patient had history of immunocompromising conditions prior to or during the measurement period		Patient had history of immunocompromising conditions prior to or during the measurement period

Temporary National Codes (Non-Medicare)

Temporary National Codes (Non-Medicare)	S0171	Injection, bumetanide, 0.5 mg	
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BONUS: ICD-10 Codes for 2024

Below are the ICD-10 code updates. This list includes replacement codes, new codes and deleted codes.

Replacement ICD-10 Codes for 2024

ICD-10 Code Description

Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Delete	D139	Benign neoplasm of ill-defined sites within the digestive system
Replacement	D1391	Familial adenomatous polyposis
Replacement	D1399	Benign neoplasm of ill-defined sites within the digestive system
Delete	D481	Neoplasm of uncertain behavior of connective and other soft tissue
Replacement	D48110	Desmoid tumor of head and neck
Replacement	D48111	Desmoid tumor of chest wall
Replacement	D48112	Desmoid tumor, intrathoracic
Replacement	D48113	Desmoid tumor of abdominal wall
Replacement	D48114	Desmoid tumor, intraabdominal
Replacement	D48115	Desmoid tumor of upper extremity and shoulder girdle
Replacement	D48116	Desmoid tumor of lower extremity and pelvic girdle
Replacement	D48117	Desmoid tumor of back
Replacement	D48118	Desmoid tumor of other site
Replacement	D48119	Desmoid tumor of unspecified site
Replacement	D4819	Other specified neoplasm of uncertain behavior of connective and other soft tissue

Endocrine, nutritional and metabolic diseases

Delete	E208	Other hypoparathyroidism
Replacement	E20810	Autosomal dominant hypocalcemia
Replacement	E20811	Secondary hypoparathyroidism in diseases classified elsewhere
Replacement	E20812	Autoimmune hypoparathyroidism
Replacement	E20818	Other specified hypoparathyroidism due to impaired parathyroid hormone secretion
Replacement	E20819	Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified
Replacement	E2089	Other specified hypoparathyroidism
Delete	E798	Other disorders of purine and pyrimidine metabolism
Replacement	E7981	Aicardi-Goutieres syndrome
Replacement	E7982	Hereditary xanthinuria
Replacement	E7989	Other specified disorders of purine and pyrimidine metabolism
Delete	E8881	Metabolic syndrome
Replacement	E88810	Metabolic syndrome
Replacement	E88811	Insulin resistance syndrome, Type A
Replacement	E88818	Other insulin resistance
Replacement	E88819	Insulin resistance, unspecified
Replacement	E88A	Wasting disease (syndrome) due to underlying condition

Diseases of the nervous system

Delete	G20	Parkinson's disease	
Replacement	G20A1	Parkinson's disease without dyskinesia, without mention of fluctuations	
Replacement	G20A2	Parkinson's disease without dyskinesia, with fluctuations	
Replacement	G20B1	Parkinson's disease with dyskinesia, without mention of fluctuations	
Replacement	G20B2	Parkinson's disease with dyskinesia, with fluctuations	

Replacement ICD-10 Codes for 2024

ICD-10	Code	Descri	otion

Diseases of the nervous system

Delete	G20	Parkinson's disease	
Replacement	G20C	Parkinsonism, unspecified	
Delete	G378	Other specified demyelinating diseases of central nervous system	
Replacement	G3781	Myelin oligodendrocyte glycoprotein antibody disease	
Replacement	G3789	Other specified demyelinating diseases of central nervous system	

Diseases of the eye and adnexa

Delete	H36	Retinal disorders in diseases classified elsewhere
Replacement	H36811	Nonproliferative sickle-cell retinopathy, right eye
Replacement	H36812	Nonproliferative sickle-cell retinopathy, left eye
Replacement	H36813	Nonproliferative sickle-cell retinopathy, bilateral
Replacement	H36819	Nonproliferative sickle-cell retinopathy, unspecified eye
Replacement	H36821	Proliferative sickle-cell retinopathy, right eye
Replacement	H36822	Proliferative sickle-cell retinopathy, left eye
Replacement	H36823	Proliferative sickle-cell retinopathy, bilateral
Replacement	H36829	Proliferative sickle-cell retinopathy, unspecified eye
Replacement	H3689	Other retinal disorders in diseases classified elsewhere

Diseases of the circulatory system

Delete	1208	Other forms of angina pectoris
Replacement	12081	Angina pectoris with coronary microvascular dysfunction
Replacement	12089	Other forms of angina pectoris
Replacement	I21B	Myocardial infarction with coronary microvascular dysfunction
Delete	1248	Other forms of acute ischemic heart disease
Replacement	12481	Acute coronary microvascular dysfunction
Replacement	12489	Other forms of acute ischemic heart disease
Delete	1471	Supraventricular tachycardia
Replacement	14710	Supraventricular tachycardia, unspecified
Replacement	14711	Inappropriate sinus tachycardia, so stated
Replacement	14719	Other supraventricular tachycardia

Diseases of the respiratory system

Delete	J156	Pneumonia due to other Gram-negative bacteria
Replacement	J1561	Pneumonia due to Acinetobacter baumannii
Replacement	J1569	Pneumonia due to other Gram-negative bacteria

Diseases of the digestive system

Delete	K3520	Acute appendicitis with generalized peritonitis, without abscess	
Replacement	K35200	Acute appendicitis with generalized peritonitis, without perforation or abscess	
Replacement	K35201	Acute appendicitis with generalized peritonitis, with perforation, without abscess	
Replacement	K35209	Acute appendicitis with generalized peritonitis, without abscess, unspecified as to perforation	
Delete	K3521	Acute appendicitis with generalized peritonitis, with abscess	
Replacement	K35210	Acute appendicitis with generalized peritonitis, without perforation, with abscess	
Replacement	K35211	Acute appendicitis with generalized peritonitis, with perforation and abscess	
Replacement	K35219	Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation	

Replacement ICD-10 Codes for 2024

100 40		Description
	ONE	LDESCRIPTION

Diseases of the genitourinary system

Delete	N042	Nephrotic syndrome with diffuse membranous glomerulonephritis		
Replacement	N0420	Nephrotic syndrome with diffuse membranous glomerulonephritis, unspecified		
Replacement	N0421	Primary membranous nephropathy with nephrotic syndrome		
Replacement	N0422	econday membranous nephropathy with nephrotic syndrome		
Replacement	N0429	Other nephrotic syndrome with diffuse membranous glomerulonephritis		
Delete	N062	Isolated proteinuria with diffuse membranous glomerulonephritis		
Replacement	N0620	Isolated proteinuria with diffuse membranous glomerulonephritis, unspecified		
Replacement	N0621	Primary membranous nephropathy with isolated proteinuria		
Replacement	N0622	Seconday membranous nephropathy with isolated proteinuria		
Replacement	N0629	Other isolated proteinuria with diffuse membranous glomerulonephritis		

Pregnancy, childbirth and the puerperium

Delete	0904	Postpartum acute kidney failure	
Replacement	O9041	Hepatorenal syndrome following labor and delivery	
Replacement	O9049	Other postpartum acute kidney failure	

Congenital malformations, deformations and chromosomal abnormalities

Delete	Q447	Other congenital malformations of liver		
Replacement	Q4470	Other congenital malformation of liver, unspecified		
Replacement	Q4471	Alagille syndrome		
Replacement	Q4479	Other congenital malformations of liver		
Delete	Q750	Craniosynostosis		
Replacement	Q75001	Craniosynostosis unspecified, unilateral		
Replacement	Q75002	Craniosynostosis unspecified, bilateral		
Replacement	Q75009	Craniosynostosis unspecified		
Replacement	Q7501	Sagittal craniosynostosis		
Replacement	Q75021	Coronal craniosynostosis unilateral		
Replacement	Q75022	Coronal craniosynostosis bilateral		
Replacement	Q75029	Coronal craniosynostosis unspecified		
Replacement	Q7503	Metopic craniosynostosis		
Replacement	Q75041	Lambdoid craniosynostosis, unilateral		
Replacement	Q75042	Lambdoid craniosynostosis, bilateral		
Replacement	Q75049	Lambdoid craniosynostosis, unspecified		
Replacement	Q75051	Cloverleaf skull		
Replacement	Q75052	Pansynostosis		
Replacement	Q75058	Other multi-suture craniosynostosis		
Replacement	Q7508	Other single-suture craniosynostosis		
Replacement	12489	Other forms of acute ischemic heart disease		
Replacement	14710	Supraventricular tachycardia, unspecified		
Replacement	14711	Inappropriate sinus tachycardia, so stated		
Replacement	14719	Other supraventricular tachycardia		
Replacement	J1561	Pneumonia due to Acinetobacter baumannii		
Replacement	J1569	Pneumonia due to other Gram-negative bacteria		

Replacement ICD-10 Codes for 2024

ICD-10 Code Description

Factors influencing health status and contact with health services

Delete	Z058	Observation and evaluation of newborn for other specified suspected condition ruled out		
Replacement	Z0581	Observation and evaluation of newborn for suspected condition related to home physiologic monitoring device ruled out		
Replacement	Z0589	Observation and evaluation of newborn for other specified suspected condition ruled out		
Delete	Z298	Encounter for other specified prophylactic measures		
Replacement	Z2981	Encounter for HIV pre-exposure prophylaxis		
Replacement	Z2989	Encounter for other specified prophylactic measures		
Delete	Z8371	Family history of colonic polyps		
Replacement	Z83710	Family history of adenomatous and serrated polyps		
Replacement	Z83711	Family history of hyperplastic colon polyps		
Replacement	Z83718	Other family history of colon polyps		
Replacement	Z83719	Family history of colon polyps, unspecified		
Delete	Z91A4	Caregiver's other noncompliance with patient's medication regimen		
Replacement	Z91A41	Caregiver's other noncompliance with patient's medication regimen due to financial hardship		
Replacement	Z91A48	Caregiver's other noncompliance with patient's medication regimen for other reason		
Delete	Z91A5	Caregiver's noncompliance with patient's renal dialysis		
Replacement	Z91A51	Caregiver's noncompliance with patient's renal dialysis due to financial hardship		
Replacement	Z91A58	Caregiver's noncompliance with patient's renal dialysis for other reason		
Delete	Z91A9	Caregiver's noncompliance with patient's other medical treatment and regimen		
Replacement	Z91A91	Caregiver's noncompliance with patient's other medical treatment and regimen due to financial hardship		
Replacement	Z91A98	Caregiver's noncompliance with patient's other medical treatment and regimen for other reason		

System	ICD-10 Code	Description
Certain infectious and parasitic diseas	ies	
Certain infectious and parasitic diseases	A4154	Sepsis due to Acinetobacter baumannii
Certain infectious and parasitic diseases	B9683	Acinetobacter baumannii as the cause of diseases classified elsewhere
Dispasses of the blood and blood form	ing organs and	cortain disorders involving the immune mechanism
		certain disorders involving the immune mechanism
Diseases of the blood and blood-forming organs	D5704	Hb-SS disease with dactylitis
Diseases of the blood and blood-forming organs	D57214	Sickle-cell/Hb-C disease with dactylitis
Diseases of the blood and blood-forming organs	D57414	Sickle-cell thalassemia, unspecified, with dactylitis
Diseases of the blood and blood-forming organs	D57434	Sickle-cell thalassemia beta zero with dactylitis
Diseases of the blood and blood-forming organs	D57454	Sickle-cell thalassemia beta plus with dactylitis
Diseases of the blood and blood-forming organs	D57814	Other sickle-cell disorders with dactylitis
Diseases of the blood and blood-forming organs	D6102	Shwachman-Diamond syndrome
Diseases of the blood and blood-forming organs	D8984	IgG4-related disease
Endocrine, nutritional and metabolic d	liseases	
Endocrine, nutritional and metabolic diseases	E7405	Lysosome-associated membrane protein 2 [LAMP2] deficiency
Endocrine, nutritional and metabolic diseases	E7527	Pelizaeus-Merzbacher disease
Endocrine, nutritional and metabolic diseases	E7528	Canavan disease
Endocrine, nutritional and metabolic diseases	E8843	Disorders of mitochondrial tRNA synthetases
Diseases of the nervous system		
Diseases of the nervous system	G115	Hypomyelination - hypogonadotropic hypogonadism - hypodontia
Diseases of the nervous system	G116	Leukodystrophy with vanishing white matter disease
Diseases of the nervous system	G233	Hypomyelination with atrophy of the basal ganglia and cerebellum
Diseases of the nervous system	G3180	Leukodystrophy, unspecified
Diseases of the nervous system	G3186	Alexander disease
Diseases of the nervous system	G40C01	Lafora progressive myoclonus epilepsy, not intractable, with status epilepticus
Diseases of the nervous system	G40C09	Lafora progressive myoclonus epilepsy, not intractable, without status epilepticus
Diseases of the nervous system	G40C11	Lafora progressive myoclonus epilepsy, intractable, with status epilepticus
Diseases of the nervous system	G40C19	Lafora progressive myoclonus epilepsy, intractable, without status epilepticus
Diseases of the nervous system	G43E01	Chronic migraine with aura, not intractable, with status migrainosus
Diseases of the nervous system	G43E09	Chronic migraine with aura, not intractable, without status migrainosus
Diseases of the nervous system	G43E11	Chronic migraine with aura, intractable, with status migrainosus
Diseases of the nervous system	G43E19	Chronic migraine with aura, intractable, without status migrainosus
Diseases of the nervous system	G90B	LMNB1-related autosomal dominant leukodystrophy
Diseases of the nervous system	G9342	Megaloencephalic leukoencephalopathy with subcortical cysts
Diseases of the nervous system	G9343	Leukoencephalopathy with calcifications and cysts
Diseases of the nervous system	G9344	Adult-onset leukodystrophy with axonal spheroids
Diseases of the eye and adnexa		
Diseases of the eye and adnexa	H50621	Inferior oblique muscle entrapment, right eye
Diseases of the eye and adnexa	H50622	Inferior oblique muscle entrapment, left eye
Diseases of the eye and adnexa	H50629	Inferior oblique muscle entrapment, unspecified eye
Diseases of the eye and adnexa	H50631	Inferior rectus muscle entrapment, right eye
		Inferior rectus muscle entrapment, left eye
Diseases of the eye and adnexa	H50632	interior rectae interest entraphient, felt eye
·	H50632 H50639	Inferior rectus muscle entrapment, unspecified eye
Diseases of the eye and adnexa		
Diseases of the eye and adnexa Diseases of the eye and adnexa	H50639	Inferior rectus muscle entrapment, unspecified eye

Medial rectus muscle entrapment, right eye

Medial rectus muscle entrapment, left eye

H50651

H50652

Diseases of the eye and adnexa

Diseases of the eye and adnexa

System	ICD-10 Code	Description
Diseases of the eye and adnexa	H50659	Medial rectus muscle entrapment, unspecified eye
Diseases of the eye and adnexa	H50661	Superior oblique muscle entrapment, right eye
Diseases of the eye and adnexa	H50662	Superior oblique muscle entrapment, left eye
Diseases of the eye and adnexa	H50669	Superior oblique muscle entrapment, unspecified eye
Diseases of the eye and adnexa	H50671	Superior rectus muscle entrapment, right eye
Diseases of the eye and adnexa	H50672	Superior rectus muscle entrapment, left eye
Diseases of the eye and adnexa	H50679	Superior rectus muscle entrapment, unspecified eye
Diseases of the eye and adnexa	H50681	Extraocular muscle entrapment, unspecified, right eye
Diseases of the eye and adnexa	H50682	Extraocular muscle entrapment, unspecified, left eye
Diseases of the eye and adnexa	H50689	Extraocular muscle entrapment, unspecified, unspecified eye
Diseases of the eye and adnexa	H578A1	Foreign body sensation, right eye
Diseases of the eye and adnexa	H578A2	Foreign body sensation, left eye
Diseases of the eye and adnexa	H578A3	Foreign body sensation, bilateral eyes
Diseases of the eye and adnexa	H578A9	Foreign body sensation, unspecified eye

Diseases of the circulatory system

Diseases of the circulatory system	I1A0	Resistant hypertension
Diseases of the circulatory system	12585	Chronic coronary microvascular dysfunction

Diseases of the respiratory system

Diseases of the respiratory system	J4481	Bronchiolitis obliterans and bronchiolitis obliterans syndrome
Diseases of the circulatory system	J4489	Other specified chronic obstructive pulmonary disease
Diseases of the circulatory system	J4A0	Restrictive allograft syndrome
Diseases of the circulatory system	J4A8	Other chronic lung allograft dysfunction
Diseases of the circulatory system	J4A9	Chronic lung allograft dysfunction, unspecified

Diseases of the digestive system

K638211	Small intestinal bacterial overgrowth, hydrogen-subtype
K638212	Small intestinal bacterial overgrowth, hydrogen sulfide-subtype
K638219	Small intestinal bacterial overgrowth, unspecified
K63822	Small intestinal fungal overgrowth
K63829	Intestinal methanogen overgrowth, unspecified
K682	Retroperitoneal fibrosis
K683	Retroperitoneal hematoma
K90821	Short bowel syndrome with colon in continuity
K90822	Short bowel syndrome without colon in continuity
K90829	Short bowel syndrome, unspecified
K9083	Intestinal failure
	K638212 K638219 K63822 K63829 K682 K683 K90821 K90822

Diseases of the musculoskeletal system and connective tissue

Diseases of the musculoskeletal system and connective tissue	M800B1A	Age-related osteoporosis with current pathological fracture, right pelvis, initial encounter for fracture
Diseases of the musculoskeletal system and connective tissue	M800B1D	Age-related osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with routine healing
Diseases of the musculoskeletal system and connective tissue	M800B1G	Age-related osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with delayed healing
Diseases of the musculoskeletal system and connective tissue	M800B1K	Age-related osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with nonunion
Diseases of the musculoskeletal system and connective tissue	M800B1P	Age-related osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with malunion
Diseases of the musculoskeletal system and connective tissue	M800B1S	Age-related osteoporosis with current pathological fracture, right pelvis, sequela
Diseases of the musculoskeletal system and connective tissue	M800B2A	Age-related osteoporosis with current pathological fracture, left pelvis, initial encounter for fracture

System	ICD-10 Code	Description
Diseases of the musculoskeletal system and connective tissue	M800B2D	Age-related osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with routine healing
Diseases of the musculoskeletal system and connective tissue	M800B2G	Age-related osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with delayed healing
Diseases of the musculoskeletal system and connective tissue	M800B2K	Age-related osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with nonunion
Diseases of the musculoskeletal system and connective tissue	M800B2P	Age-related osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with malunion
Diseases of the musculoskeletal system and connective tissue	M800B2S	Age-related osteoporosis with current pathological fracture, left pelvis, sequela
Diseases of the musculoskeletal system and connective tissue	M800B9A	Age-related osteoporosis with current pathological fracture, unspecified pelvis, initial encounter for fracture
Diseases of the musculoskeletal system and connective tissue	M800B9D	Age-related osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with routine healing
Diseases of the musculoskeletal system and connective tissue	M800B9G	Age-related osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with delayed healing
Diseases of the musculoskeletal system and connective tissue	M800B9K	Age-related osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with nonunion
Diseases of the musculoskeletal system and connective tissue	M800B9P	Age-related osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with malunion
Diseases of the musculoskeletal system and connective tissue	M800B9S	Age-related osteoporosis with current pathological fracture, unspecified pelvis, sequela
Diseases of the musculoskeletal system and connective tissue	M808B1A	Other osteoporosis with current pathological fracture, right pelvis, initial encounter for fracture
Diseases of the musculoskeletal system and connective tissue	M808B1D	Other osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with routine healing
Diseases of the musculoskeletal system and connective tissue	M808B1G	Other osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with delayed healing
Diseases of the musculoskeletal system and connective tissue	M808B1K	Other osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with nonunion
Diseases of the musculoskeletal system and connective tissue	M808B1P	Other osteoporosis with current pathological fracture, right pelvis, subsequent encounter for fracture with malunion
Diseases of the musculoskeletal system and connective tissue	M808B1S	Other osteoporosis with current pathological fracture, right pelvis, sequela
Diseases of the musculoskeletal system and connective tissue	M808B2A	Other osteoporosis with current pathological fracture, left pelvis, initial encounter for fracture
Diseases of the musculoskeletal system and connective tissue	M808B2D	Other osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with routine healing
Diseases of the musculoskeletal system and connective tissue	M808B2G	Other osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with delayed healing
Diseases of the musculoskeletal system and connective tissue	M808B2K	Other osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with nonunion
Diseases of the musculoskeletal system and connective tissue	M808B2P	Other osteoporosis with current pathological fracture, left pelvis, subsequent encounter for fracture with malunion
Diseases of the musculoskeletal system and connective tissue	M808B2S	Other osteoporosis with current pathological fracture, left pelvis, sequela
Diseases of the musculoskeletal system and connective tissue	M808B9A	Other osteoporosis with current pathological fracture, unspecified pelvis, initial encounter for fracture
Diseases of the musculoskeletal system and connective tissue	M808B9D	Other osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with routine healing
Diseases of the musculoskeletal system and connective tissue	M808B9G	Other osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with delayed healing
Diseases of the musculoskeletal system and connective tissue	M808B9K	Other osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with nonunion
Diseases of the musculoskeletal system and connective tissue	M808B9P	Other osteoporosis with current pathological fracture, unspecified pelvis, subsequent encounter for fracture with malunion
Diseases of the musculoskeletal system and connective tissue	M808B9S	Other osteoporosis with current pathological fracture, unspecified pelvis, sequela

Diseases of the genitourinary system

Diseases of the genitourinary system	N02B1	Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion

System	ICD-10 Code	Description
Diseases of the genitourinary system	N02B2	Recurrent and persistent immunoglobulin A nephropathy with focal and segmental glomerular lesion
Diseases of the genitourinary system	N02B3	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranoproliferative glomerulonephritis
Diseases of the genitourinary system	N02B4	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranous glomerulonephritis
Diseases of the genitourinary system	N02B5	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangial proliferative glomerulonephritis
Diseases of the genitourinary system	N02B6	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis
Diseases of the genitourinary system	N02B9	Other recurrent and persistent immunoglobulin A nephropathy

Congenital malformations, deformations and chromosomal abnormalities

Congenital malformations, deformations and chromosomal abnormalities	Q8783	Bardet-Biedl syndrome
Congenital malformations, deformations and chromosomal abnormalities	Q8784	Laurence-Moon syndrome
Congenital malformations, deformations and chromosomal abnormalities	Q8785	MED13L syndrome
Congenital malformations, deformations and chromosomal abnormalities	Q9352	Phelan-McDermid syndrome

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

R09A0	Foreign body sensation, unspecified
R09A1	Foreign body sensation, nose
R09A2	Foreign body sensation, throat
R09A9	Foreign body sensation, other site
R402A	Nontraumatic coma due to underlying condition
R9230	Dense breasts, unspecified
R92311	Mammographic fatty tissue density, right breast
R92312	Mammographic fatty tissue density, left breast
R92313	Mammographic fatty tissue density, bilateral breasts
R92321	Mammographic fibroglandular density, right breast
R92322	Mammographic fibroglandular density, left breast
R92323	Mammographic fibroglandular density, bilateral breasts
R92331	Mammographic heterogeneous density, right breast
R92332	Mammographic heterogeneous density, left breast
R92333	Mammographic heterogeneous density, bilateral breasts
R92341	Mammographic extreme density, right breast
R92342	Mammographic extreme density, left breast
R92343	Mammographic extreme density, bilateral breasts
	R09A1 R09A2 R09A9 R402A R9230 R92311 R92312 R92313 R92321 R92322 R92323 R92331 R92332 R92333 R92331 R923341 R92342

Injury, poisoning and certain other consequences of external causes

Injury, poisoning and certain other consequences of external causes	T56821A	Toxic effect of gadolinium, accidental (unintentional), initial encounter
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System	ICD-10 Code	Description
Injury, poisoning and certain other consequences of external causes	T56821D	Toxic effect of gadolinium, accidental (unintentional), subsequent encounter
Injury, poisoning and certain other consequences of external causes	T56821S	Toxic effect of gadolinium, accidental (unintentional), sequela
Injury, poisoning and certain other consequences of external causes	T56822A	Toxic effect of gadolinium, intentional self-harm, initial encounter
Injury, poisoning and certain other consequences of external causes	T56822D	Toxic effect of gadolinium, intentional self-harm, subsequent encounter
Injury, poisoning and certain other consequences of external causes	T56822S	Toxic effect of gadolinium, intentional self-harm, sequela
Injury, poisoning and certain other consequences of external causes	T56823A	Toxic effect of gadolinium, assault, initial encounter
Injury, poisoning and certain other consequences of external causes	T56823D	Toxic effect of gadolinium, assault, subsequent encounter
Injury, poisoning and certain other consequences of external causes	T56823S	Toxic effect of gadolinium, assault, sequela
Injury, poisoning and certain other consequences of external causes	T56824A	Toxic effect of gadolinium, undetermined, initial encounter
Injury, poisoning and certain other consequences of external causes	T56824D	Toxic effect of gadolinium, undetermined, subsequent encounter
Injury, poisoning and certain other consequences of external causes	T56824S	Toxic effect of gadolinium, undetermined, sequela

External causes of morbidity

External causes of illorbialty		
External causes of morbidity	W448XXA	Other foreign body entering into or through a natural orifice, initial encounter
External causes of morbidity	W448XXD	Other foreign body entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W448XXS	Other foreign body entering into or through a natural orifice, sequela
External causes of morbidity	W449XXA	Unspecified foreign body entering into or through a natural orifice, initial encounter
External causes of morbidity	W449XXD	Unspecified foreign body entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W449XXS	Unspecified foreign body entering into or through a natural orifice, sequela
External causes of morbidity	W44A0XA	Battery unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44A0XD	Battery unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44A0XS	Battery unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44A1XA	Button battery entering into or through a natural orifice, initial encounter
External causes of morbidity	W44A1XD	Button battery entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44A1XS	Button battery entering into or through a natural orifice, sequela
External causes of morbidity	W44A9XA	Other batteries entering into or through a natural orifice, initial encounter
External causes of morbidity	W44A9XD	Other batteries entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44A9XS	Other batteries entering into or through a natural orifice, sequela
External causes of morbidity	W44B0XA	Plastic object unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B0XD	Plastic object unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B0XS	Plastic object unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44B1XA	Plastic bead entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B1XD	Plastic bead entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B1XS	Plastic bead entering into or through a natural orifice, sequela
External causes of morbidity	W44B2XA	Plastic coin entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B2XD	Plastic coin entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B2XS	Plastic coin entering into or through a natural orifice, sequela
External causes of morbidity	W44B3XA	Plastic toy and toy part entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B3XD	Plastic toy and toy part entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B3XS	Plastic toy and toy part entering into or through a natural orifice, sequela
External causes of morbidity	W44B4XA	Plastic jewelry entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B4XD	Plastic jewelry entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B4XS	Plastic jewelry entering into or through a natural orifice, sequela

System	ICD-10 Code	Description
External causes of morbidity	W44B5XA	Plastic bottle entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B5XD	Plastic bottle entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B5XS	Plastic bottle entering into or through a natural orifice, sequela
External causes of morbidity	W44B9XA	Other plastic object entering into or through a natural orifice, initial encounter
External causes of morbidity	W44B9XD	Other plastic object entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44B9XS	Other plastic object entering into or through a natural orifice, sequela
External causes of morbidity	W44C0XA	Glass unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44C0XD	Glass unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44C0XS	Glass unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44C1XA	Sharp glass entering into or through a natural orifice, initial encounter
External causes of morbidity	W44C1XD	Sharp glass entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44C1XS	Sharp glass entering into or through a natural orifice, sequela
External causes of morbidity	W44C2XA	Intact glass entering into or through a natural orifice, initial encounter
External causes of morbidity	W44C2XD	Intact glass entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44C2XS	Intact glass entering into or through a natural orifice, sequela
External causes of morbidity	W44D0XA	Magnetic metal object unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44D0XD	Magnetic metal object unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44D0XS	Magnetic metal object unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44D1XA	Magnetic metal bead entering into or through a natural orifice, initial encounter
External causes of morbidity	W44D1XD	Magnetic metal bead entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44D1XS	Magnetic metal bead entering into or through a natural orifice, sequela
External causes of morbidity	W44D2XA	Magnetic metal coin entering into or through a natural orifice, initial encounter
External causes of morbidity	W44D2XD	Magnetic metal coin entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44D2XS	Magnetic metal coin entering into or through a natural orifice, sequela
External causes of morbidity	W44D3XA	Magnetic metal toy entering into or through a natural orifice, initial encounter
External causes of morbidity	W44D3XD	Magnetic metal toy entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44D3XS	Magnetic metal toy entering into or through a natural orifice, sequela
External causes of morbidity	W44D4XA	Magnetic metal jewelry entering into or through a natural orifice, initial encounter
External causes of morbidity	W44D4XD	Magnetic metal jewelry entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44D4XS	Magnetic metal jewelry entering into or through a natural orifice, sequela
External causes of morbidity	W44D9XA	Other magnetic metal objects entering into or through a natural orifice, initial encounter
External causes of morbidity	W44D9XD	Other magnetic metal objects entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44D9XS	Other magnetic metal objects entering into or through a natural orifice, sequela
External causes of morbidity	W44E0XA	Non-magnetic metal object unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44E0XD	Non-magnetic metal object unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44E0XS	Non-magnetic metal object unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44E1XA	Non-magnetic metal bead entering into or through a natural orifice, initial encounter
External causes of morbidity	W44E1XD	Non-magnetic metal bead entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44E1XS	Non-magnetic metal bead entering into or through a natural orifice, sequela
External causes of morbidity	W44E2XA	Non-magnetic metal coin entering into or through a natural orifice, initial encounter
External causes of morbidity	W44E2XD	Non-magnetic metal coin entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44E2XS	Non-magnetic metal coin entering into or through a natural orifice, sequela
External causes of morbidity	W44E3XA	Non-magnetic metal toy entering into or through a natural orifice, initial encounter
External causes of morbidity	W44E3XD	Non-magnetic metal toy entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44E3XS	Non-magnetic metal toy entering into or through a natural orifice, sequela
External causes of morbidity	W44E4XA	Non-magnetic metal jewelry entering into or through a natural orifice, initial encounter
External causes of morbidity	W44E4XD	Non-magnetic metal jewelry entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44E4XS	Non-magnetic metal jewelry entering into or through a natural orifice, sequela
External causes of morbidity	W44E9XA	Other non-magnetic metal objects entering into or through a natural orifice, initial encounter

System	ICD-10 Code	Description
External causes of morbidity	W44E9XD	Other non-magnetic metal objects entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44E9XS	Other non-magnetic metal objects entering into or through a natural orifice, sequela
External causes of morbidity	W44F0XA	Objects of natural or organic material unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44F0XD	Objects of natural or organic material unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44F0XS	Objects of natural or organic material unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44F1XA	Bezoar entering into or through a natural orifice, initial encounter
External causes of morbidity	W44F1XD	Bezoar entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44F1XS	Bezoar entering into or through a natural orifice, sequela
External causes of morbidity	W44F2XA	Rubber band entering into or through a natural orifice, initial encounter
External causes of morbidity	W44F2XD	Rubber band entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44F2XS	Rubber band entering into or through a natural orifice, sequela
External causes of morbidity	W44F3XA	Food entering into or through a natural orifice, initial encounter
External causes of morbidity	W44F3XD	Food entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44F3XS	Food entering into or through a natural orifice, sequela
External causes of morbidity	W44F4XA	Insect entering into or through a natural orifice, initial encounter
External causes of morbidity	W44F4XD	Insect entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44F4XS	Insect entering into or through a natural orifice, sequela
External causes of morbidity	W44F9XA	Other object of natural or organic material, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44F9XD	Other object of natural or organic material, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44F9XS	Other object of natural or organic material, entering into or through a natural orifice, sequela
External causes of morbidity	W44G0XA	Other non-organic objects unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44G0XD	Other non-organic objects unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44G0XS	Other non-organic objects unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44G1XA	Audio device entering into or through a natural orifice, initial encounter
External causes of morbidity	W44G1XD	Audio device entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44G1XS	Audio device entering into or through a natural orifice, sequela
External causes of morbidity	W44G2XA	Combination metal and plastic toy and toy part entering into or through natural orifice, initial encounter
External causes of morbidity	W44G2XD	Combination metal and plastic toy and toy part entering into or through natural orifice, subsequent encounter
External causes of morbidity	W44G2XS	Combination metal and plastic toy and toy part entering into or through natural orifice, sequela
External causes of morbidity	W44G3XA	Combination metal and plastic jewelry entering into or through a natural orifice, initial encounter
External causes of morbidity	W44G3XD	Combination metal and plastic jewelry entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44G3XS	Combination metal and plastic jewelry entering into or through a natural orifice, sequela
External causes of morbidity	W44G9XA	Other non-organic objects entering into or through a natural orifice, initial encounter
External causes of morbidity	W44G9XD	Other non-organic objects entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44G9XS	Other non-organic objects entering into or through a natural orifice, sequela
External causes of morbidity	W44H0XA	Other sharp object unspecified, entering into or through a natural orifice, initial encounter
External causes of morbidity	W44H0XD	Other sharp object unspecified, entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44H0XS	Other sharp object unspecified, entering into or through a natural orifice, sequela
External causes of morbidity	W44H1XA	Needle entering into or through a natural orifice, initial encounter
External causes of morbidity	W44H1XD	Needle entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44H1XS	Needle entering into or through a natural orifice, sequela
External causes of morbidity	W44H2XA	Knife, sword or dagger entering into or through a natural orifice, initial encounter
External causes of morbidity	W44H2XD	Knife, sword or dagger entering into or through a natural orifice, subsequent encounter
External causes of morbidity	W44H2XS	Knife, sword or dagger entering into or through a natural orifice, sequela

Factors influencing health status and contact with health services

Factors influencing health status and contact with health services	Z0284	Encounter for child welfare exam
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System	ICD-10 Code	Description
Factors influencing health status and contact with health services	Z1613	Resistance to carbapenem
Factors influencing health status and contact with health services	Z22340	Carrier of carbapenem-resistant Acinetobacter baumannii
Factors influencing health status and contact with health services	Z22341	Carrier of carbapenem-sensitive Acinetobacter baumannii
Factors influencing health status and contact with health services	Z22349	Carrier of Acinetobacter baumannii, unspecified
Factors influencing health status and contact with health services	Z22350	Carrier of carbapenem-resistant Enterobacterales
Factors influencing health status and contact with health services	Z22358	Carrier of other Enterobacterales
Factors influencing health status and contact with health services	Z22359	Carrier of Enterobacterales, unspecified
Factors influencing health status and contact with health services	Z6223	Child in custody of non-parental relative
Factors influencing health status and contact with health services	Z6224	Child in custody of non-relative guardian
Factors influencing health status and contact with health services	Z62823	Parent-step child conflict
Factors influencing health status and contact with health services	Z62831	Non-parental relative-child conflict
Factors influencing health status and contact with health services	Z62832	Non-relative guardian-child conflict
Factors influencing health status and contact with health services	Z62833	Group home staff-child conflict
Factors influencing health status and contact with health services	Z62892	Runaway [from current living environment]
Factors influencing health status and contact with health services	Z9185	Personal history of military service

Deleted ICD-10 Codes for 2024

Deleted ICD-10 Codes for	or 2024	
System	ICD-10 Code	Description
Neoplasms		
Neoplasms	D139	Benign neoplasm of ill-defined sites within the digestive system
Neoplasms	D481	Neoplasm of uncertain behavior of connective and other soft tissue
Endocrine, nutritional and metaboli	c diseases	
Endocrine, nutritional and metabolic diseases	E208	Other hypoparathyroidism
Endocrine, nutritional and metabolic diseases	E798	Other disorders of purine and pyrimidine metabolism
Endocrine, nutritional and metabolic diseases	E8881	Metabolic syndrome
Diseases of the nervous system		
Diseases of the nervous system	G20	Parkinson's disease
Diseases of the nervous system	G378	Other specified demyelinating diseases of central nervous system
Diseases of the eye and adnexa		
Diseases of the eye and adnexa	H36	Retinal disorders in diseases classified elsewhere
Diseases of the circulatory system		
Diseases of the circulatory system	1208	Other forms of angina pectoris
Diseases of the circulatory system	1248	Other forms of acute ischemic heart disease
Diseases of the circulatory system	1471	Supraventricular tachycardia
Diseases of the respiratory system		
Diseases of the respiratory system	J156	Pneumonia due to other Gram-negative bacteria
Diseases of the digestive system		
Diseases of the digestive system	K3520	Acute appendicitis with generalized peritonitis, without abscess
Diseases of the digestive system	K3521	Acute appendicitis with generalized peritonitis, with abscess
Diseases of the genitourinary system	n	
Diseases of the genitourinary system	N042	Nephrotic syndrome with diffuse membranous glomerulonephritis
Diseases of the genitourinary system	N062	Isolated proteinuria with diffuse membranous glomerulonephritis
Pregnancy, childbirth and the puerp	erium	
Pregnancy, childbirth and the puerperium	0904	Postpartum acute kidney failure
Congenital malformations, deforma	tions and chro	mosomal abnormalities
Congenital malformations, deformations and chromosomal abnormalities	Q447	Other congenital malformations of liver
Congenital malformations, deformations and chromosomal abnormalities	Q750	Craniosynostosis
Factors influencing health status an	d contact with	health services
Factors influencing health status and contact with health services	Z058	Observation and evaluation of newborn for other specified suspected condition ruled out
Factors influencing health status and contact		

Factors influencing health status and contact with health services	Z058	Observation and evaluation of newborn for other specified suspected condition ruled out
Factors influencing health status and contact with health services	Z298	Encounter for other specified prophylactic measures
Factors influencing health status and contact with health services	Z8371	Family history of colonic polyps
Factors influencing health status and contact with health services	Z91A4	Caregiver's other noncompliance with patient's medication regimen
Factors influencing health status and contact with health services	Z91A5	Caregiver's noncompliance with patient's renal dialysis
Factors influencing health status and contact with health services	Z91A9	Caregiver's noncompliance with patient's other medical treatment and regimen



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Evaluation & Management

Code Updates for 2024

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2024 - Evaluation & Management Code changes overview

Three major changes that are set to go into effect Jan. 1, 2024:

- 1. Time ranges removed from office visit codes. The codes' time ranges will be replaced with threshold times, which will bring them in line with the rest of the level-based code.
- 2. Revised guidelines for split/shared visits. The changes will only apply to facility-based visits, The new guidelines will align with Medicare's current definition of substantive portion and address split/shared visits based on time and medical decision-making (MDM).
- **3.** More guidance for how to report same-day services and inpatient/observation services. The update will include a chart that clarifies how to report inpatient and observation stays based on the length of the stay.

Split or shared visits

The CPT guidelines adopt the concept of calculating the substantive portion to determine which team member reports the visit.

If a practice codes a visit based on time, the practitioner who spends the majority of the face-to-face or non-face-to-face time on the date of the encounter reports the service.

For example:

Physician A and Physician B are involved in the case. Physician A spent 40 minutes during encounter while physician B spent 10 minutes. In this case service will be reported by physician A as majority of the time is spent by physician A

Multiple Evaluation and Management Services on the Same Date

The following guidelines apply to services that a patient may receive for hospital inpatient care, observation care, or nursing facility care.

The guidelines for multiple E/M services on the same date address circumstances in which the patient has received multiple visits or services from the same physician or other QHP or another physician or other QHP of the exact same specialty and subspecialty who belongs to the same group practice.

- Per day: When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported.
- Multiple encounters in different settings or facilities: Can bill one E/M service for each setting or facility.

Discharge services

Discharge services and services in other facilities: Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service

Discharge services and services in the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. For the purpose of E/M reporting, this is a single stay.

Discharge services and services in a different facility: Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility: When the patient is admitted to the hospital as an inpatient or to observation status in the course of an encounter in another site of service (eg, hospital emergency department, office, nursing facility), the services in the initial site may be separately reported by appending modifier 25.

Hospital inpatient or observation care services for 8-hour rule

Below guidelines are added for hospital inpatient or observation care services for 8-hour rule.

Length of Stay	Discharged On	Report Codes
<8 hours	Same calendar date as initial hospital inpatient or observation care service	99221, 99222, 99223
8 or more hours	Same calendar date as initial hospital inpatient or observation care service	99234, 99235, 99236
<8 hours	Different calendar date as initial hospital inpatient or observation care service	99221, 99222, 99223
8 or more hours	Different calendar date as initial hospital inpatient or observation care service	99221, 99222, 99223 and 99238, 99239

New and revised CPT Codes for 2024

Code Description New codes Pelvic examination (List separately in addition to code for primary procedure) **#+•** 99459

Revised codes

# 199203		
# \$ 99203 Although the control of the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 39-44 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45-59 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 69-74 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 19-19 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 29-29 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and moderate level of medical decision making. When using	★▲ 99202	examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15-29 minutes of total time is spent on the date of the encounter minutes
★▲ 99203 **A 99204 When using total time on the date of the encounter for code selection, 30-44 minutes of total time is spent on the date of the encounter minutimust be met or exceeded. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and molerate medical decision making. When using total time on the date of the encounter for code selection, 45-59-minutes of total time is spent on the date of the encounter minutimust be met or exceeded. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60-74-minutes of total time is spent on the date of the encounter minutimust be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10-19 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and to level of medical decision making. When using total time on the date of the encounter for code selection, 20-29-minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and minutes the met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and high level of medical decision making		must be met or exceeded.
# № 99204 ** 99204 ** 99205 ** 99206 ** 99206 ** 99206 ** 99207 ** 99207 ** 99207 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99208 ** 99209 ** 99208 ** 99209 ** 99208 ** 99209 ** 99208 ** 99209 ** 99208 ** 99209 ** 99208 ** 9	★▲ 99203	examination and low level of medical decision making.
★▲ 99204 ★▲ 99205 ★ 99212 ★ 99213 ★★ 99213 ★★ 99213 ★★ 99213 ★★ 99215 ★★ 99215 ★★ 99216 ★★ 99216 ★★ 99216 ★★ 99217 ★★ 99217 ★★ 99218 ★★ 99218 ★★ 99218 ★★ 99218 ★★ 99218 ★★ 99219 ★★ 99219 ★★ 99219 ★★ 99219 ★★ 99219 ★★ 99210		
★▲ 99212 When using total time on the date of the encounter for code selection, 60-74 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10-19 minutes of total time is spent on the date-of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20-29 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30-39 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded.	★▲ 99204	examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45-59 minutes of total time is spent on the date of the encounter minutes
#▲99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10-19 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20-29 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30-39 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded.	★▲ 99205	
examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10-19 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20-29 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30-39 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 4550 minutes must be met or exceeded.		When using total time on the date of the encounter for code selection, 60-74 minutes of total time is spent on the date of the encounter minutes must be met or exceeded.
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20-29 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30-39 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. When using total time on the date of the encounter for code selection, 40-54 minutes a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 4550 minutes must be met or exceeded.	★▲ 99212	When using total time on the date of the encounter for code selection, 10-19 minutes of total time is spent on the date of the encounter minutes
examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30-39 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 4550 minutes must be met or exceeded.	★▲ 99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20-29 minutes of total time is spent on the date of the encounter minutes
examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minute must be met or exceeded. Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 4550 minutes must be met or exceeded.	★▲ 99214	When using total time on the date of the encounter for code selection, 30-39 minutes of total time is spent on the date of the encounter minutes
examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 4550 minutes must be met or exceeded.	★▲ 99215	When using total time on the date of the encounter for code selection, 40-54 minutes of total time is spent on the date of the encounter minutes
	▲ 99306	examination and high level of medical decision making.
Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/o examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 1520 minutes must be met or exceeded.	★▲ 99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

⁼ New Code

^{▲ =} Revised Code

^{+ =} Add on code

^{# =} Resequenced code

^{★ =} Telemed code

Psychiatry Services & Procedures

Code Updates for 2024

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2024 Psychiatry Services & Procedures Code Updates

Psychiatry services

Psychiatry services include diagnostic services, psychotherapy, and other services to an individual, family, or group. Patient condition, characteristics, or situational factors may require services described as being with interactive complexity. Services may be provided to a patient in crisis. Services are provided in all settings of care and psychiatry services codes are reported without regard to setting. Services may be provided by a physician or other qualified health care professional. Some psychiatry services may be reported with evaluation and management services (99202-99255, 99281-99285, 99304-99316, 99341-99350) or other services when performed. Evaluation and management services (99202-99285, 99304-99316, 99341-99350) may be reported for treatment of psychiatric conditions, rather than using psychiatry services codes, when appropriate.

Hospital inpatient or observation care in treating a psychiatric inpatient or partial hospitalization may be initial or subsequent in nature (see 99221-99233).

Some patients receive hospital evaluation and management services only and others receive hospital evaluation and management services and other procedures. If other procedures such as electroconvulsive therapy or psychotherapy are rendered in addition to hospital evaluation and management services, these may be listed separately (eg, hospital inpatient or observation care services [99221-99223, 99231-99233] plus electroconvulsive therapy [90870]), or when psychotherapy is done, with appropriate code(s) defining psychotherapy services.

Consultation for psychiatric evaluation

Consultation for psychiatric evaluation of a patient includes examination of a patient and exchange of information with the primary physician and other informants such as nurses or family members, and preparation of a report. These services may be reported using consultation codes (see Consultations).

(Do not report 90785-90899 in conjunction with 90839, 90840, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)

Interactive Complexity

Code 90785 is an add-on code for interactive complexity to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832, 90833, 90834, 90836, 90837, 90838), and group psychotherapy (90853).

Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical patients are those who have third parties, such as parents, guardians, other family members, agencies, court officers, or schools involved in their psychiatric care.

Psychiatric Interactive complexity

Psychiatric procedures may be reported "with interactive complexity" when at least one of the following is present:

- 1. The need to manage maladaptive communication (related to, eg, high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
- 2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
- 3. Evidence or disclosure of a sentinel event and mandated report to third party (eg, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- 4. Use of play equipment or other physical devices to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.

Interactive complexity must be reported in conjunction with an appropriate psychiatric diagnostic evaluation or psychotherapy service, for the purpose of reporting increased complexity of the service due to specific communication factors which can result in barriers to diagnostic or therapeutic interaction with the patient.

When provided in conjunction with the psychotherapy services (90832-90838), the amount of time spent by a physician or other qualified health care professional providing interactive complexity services should be reflected in the timed service code for psychotherapy (90832, 90834, 90837) or the psychotherapy add-on code (90833, 90836, 90838) performed with an evaluation and management service and must relate to the psychotherapy service only. Interactive complexity is not a service associated with evaluation and management services when provided without psychotherapy.

	Interactive complexity (List separately in addition to the code for primary procedure)
	CPT Changes: An Insider's View 2013
	CPT Assistant May 13:12, Jun 13:3, Apr 14:6, Nov 18:3, Jan 22:8
★ + 90785	(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90833, 90834, 90836, 90837, 90838], and group psychotherapy [90853])
	(Use 90785 in conjunction with 90853 for the specified patient when group psychotherapy includes interactive complexity)
	(Do not report 90785 in conjunction with psychological and neuropsychological testing [96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146], or E/M services when no psychotherapy service is also reported)
	(Do not report 90785 in conjunction with 90839, 90840, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)

Psychiatric Diagnostic Procedures

Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.

Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.

In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791, 90792 may be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791, 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same individual for the same patient.

The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction with the diagnostic psychiatric evaluation codes 90791, 90792.

Codes 90791, 90792 are used for the diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapeutic services. Psychotherapy services, including for crisis, may not be reported on the same day.

(Do not report 90791-90899 in conjunction with 90839, 90840, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)

	Psychiatric diagnostic evaluation
★ 90791	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant May 13:12, Jun 13:3, Dec 13:18, Jun 14:3, Nov 17:3, Nov 18:3, Oct 20:15, Aug 22:13
	Psychiatric diagnostic evaluation with medical services
★ 90792	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant Jun 13:3, Dec 13:18, Jun 14:3, Nov 17:3, Nov 18:3, Dec 19:15, Oct 20:154
	(Do not report 90791 or 90792 in conjunction with 99202-99316, 99341-99350, 99366-99368, 99401-99443, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)
	(Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services)

Psychotherapy

Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

The psychotherapy service codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process.

Codes 90832, 90834, 90836, 90837, 90838 describe psychotherapy for the individual patient, although times are for face-to-face services with patient and may include informant(s). The patient must be present for all or a majority of the service.

See codes 90846, 90847 when utilizing family psychotherapy techniques, such as focusing on family dynamics. Do not report 90846, 90847 for family psychotherapy services less than 26 minutes. Codes 90832, 90833, 90834, 90836, 90837, 90838 may be reported on the same day as codes 90846, 90847, when the services are separate and distinct.

In reporting, choose the code closest to the actual time (ie, 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). Do not report psychotherapy of less than 16 minutes duration. (See instructions for the usage of time in the Introduction of the CPT code set.)

Psychotherapy provided to a patient in a crisis state is reported with codes 90839 and 90840 and cannot be reported in addition to the psychotherapy codes 90832-90838. For psychotherapy for crisis, see "Other Psychotherapy."

Code 90785 is an add-on code to report interactive complexity services when provided in conjunction with the psychotherapy codes 90832-90838. For family psychotherapy, see 90846, 90847. The amount of time spent by a physician or other qualified health care professional providing interactive complexity services should be reflected in the timed service code for psychotherapy (90832, 90834, 90837) or the psychotherapy add-on code performed with an evaluation and management service (90833, 90836, 90838).

Some psychiatric patients receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician or other qualified health care professional. To report both E/M and psychotherapy, the two services must be significant and separately identifiable. These services are reported by using codes specific for psychotherapy when performed with evaluation and management services (90833, 90836, 90838) as add-on codes to the evaluation and management service.

Medical symptoms and disorders inform treatment choices of psychotherapeutic interventions, and data from therapeutic communication are used to evaluate the presence, type, and severity of medical symptoms and disorders. For the purposes of reporting, the medical and psychotherapeutic components of the service may be separately identified as follows:

- 1. The type and level of E/M service is selected based on medical decision making.
- 2. Time spent on the activities of the E/M service is not included in the time used for reporting the psychotherapy service. Time may not be used as the basis of E/M code selection and prolonged services may not be reported when psychotherapy with E/M (90833, 90836, 90838) are reported.
- 3. A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service.

Psychotherapy (continued)

	Psychotherapy, 30 minutes with patient
★ 90832	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant Jan 13:3, May 13:12, Jun 13:3, Aug 13:14, Feb 14:3, Aug 14:5, Oct 15:9, Dec 16:11, Sep 17:12, Nov 18:3, Dec 20:14, Apr 22:10
	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
	(List separately in addition to the code for primary procedure)
★ + 90833	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant Jan 13:3, May 13:12, Jun 13:3, Aug 13:14, Aug 14:5, Oct 15:9, Dec 16:11, Nov 18:3, Dec 20:14, Apr 22:10, Aug 22:19
	(Use 90833 in conjunction with 99202-99255, 99304-99316, 99341-99350)
	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
★ 90834	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant Jan 13:3, May 13:12, Jun 13:3, Aug 13:14, Oct 15:9, Dec 16:11, Nov 18:3, Dec 20:14, Apr 22:10, Aug 22:19
	(Use 90836 in conjunction with 99202-99255, 99304-99316, 99341-99350)
	Psychotherapy, 45 minutes with patient
	CPT Changes: An Insider's View 2013, 2017
★ + 90836	CPT Assistant Jun 13:3, Dec 13:18, Jun 14:3, Nov 17:3, Nov 18:3, Dec 19:15, Oct 20:154
Α σσσσ	(Do not report 90791 or 90792 in conjunction with 99202-99316, 99341-99350, 99366-99368, 99401-99443, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)
	(Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services)
	Psychotherapy, 60 minutes with patient
★ 90837	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant Jan 13:3, May 13:12, Jun 13:3, Aug 13:14, Apr 14:6, Oct 15:3, 9, Dec 16:11, Nov 18:3, Dec 20:14, Apr 22:10, Jan 23:33
	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
	(List separately in addition to the code for primary procedure)
	CPT Changes: An Insider's View 2013, 2017
★+ 90838	CPT Assistant Jan 13:3, May 13:12, Jun 13:3, Aug 13:14, Feb 14:3, Apr 14:6, Oct 15:9, Dec 16:11, Nov 18:3, Dec 20:14, Apr 22:10, Aug 22:19
	(Use 90838 in conjunction with 99202-99255, 99304-99316, 99341-99350)
	(Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services)

Psychotherapy Crisis

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.

Codes 90839, 90840 are used to report the total duration of time face-to-face with the patient and/or family spent by the physician or other qualified health care professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any given period of time spent providing psychotherapy for crisis state, the physician or other qualified health care professional must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same time period. The patient must be present for all or some of the service. Do not report with 90791 or 90792.

Code 90839 is used to report the first 30-74 minutes of psychotherapy for crisis on a given date. It should be used only once per date even if the time spent by the physician or other health care professional is not continuous on that date. Psychotherapy for crisis of less than 30 minutes total duration on a given date should be reported with 90832 or 90833 (when provided with evaluation and management services).

Code 90840 is used to report additional block(s) of time, of up to 30 minutes each beyond the first 74 minutes

	Psychotherapy for crisis; first 60 minutes
★ 90839	CPT Changes: An Insider's View 2013
	CPT Assistant Jun 13:3, Aug 14:5, Oct 15:9, Nov 18:3
★ + 90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
	CPT Changes: An Insider's View 2013
	CPT Assistant Jun 13:3, Aug 14:5, Oct 15:9, Nov 18:3
	(Use 90840 in conjunction with 90839)
	(Do not report 90839, 90840 in conjunction with 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899)

Other Psychotherapy

	Psychoanalysis
★ 90845	CPT Changes: An Insider's View 2017
	CPT Assistant Summer 92:15, Nov 97:40-41, Mar 01:8, Mar 02:4, May 05:1, Feb 06:15, Mar 10:6, Oct 15:9, Nov 18:3
	Family psychotherapy (without the patient present), 50 minutes
★ 90846	CPT Changes: An Insider's View 2017
	CPT Assistant Summer 92:15, Nov 97:40-41, Mar 01:8, Mar 02:4, May 05:1, Sep 09:11, Mar 10:6, Jun 13:3, Dec 13:18, Oct 15:9, Dec 16:11, Mar 17:11, Nov 18:3
	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
	CPT Changes: An Insider's View 2017
★ 90847	CPT Assistant Summer 92:15, Nov 97:40-41, Mar 01:5, Mar 02:4, May 05:1, Mar 10:6, Jun 13:3, Dec 13:18, Oct 15:9, Dec 16:11, Nov 18:3
	(Do not report 90846, 90847 for family psychotherapy services less than 26 minutes)
	(Do not report 90846, 90847 in conjunction with 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)
90849	Multiple-family group psychotherapy
90849	CPT Assistant Summer 92:15, Nov 97:40-41, Mar 01:5, Mar 02:4, May 05:1, Mar 10:6, Aug 14:15, Oct 15:9, Nov 18:3
	Group psychotherapy (other than of a multiple-family group)
90853	CPT Assistant Summer 92:15, Nov 97:40-41, Mar 01:8, Mar 02:4, May 05:1, Mar 10:6, Jun 13:3, Jun 14:3, Aug 14:15, Oct 15:9, Mar 17:11, Nov 18:3, Apr 22:10, Oct 22:7
90055	(Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity)
	(Do not report 90853 in conjunction with 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)

Other Psychotherapy Services or Procedures

For electronic analysis with programming, when performed, of vagal nerve neurostimulators, see 95970, 95976, 95977)

	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
	CPT Changes: An Insider's View 2013, 2017
	CPT Assistant Jun 13:3, Nov 18:3
★ + 90863	(Use 90863 in conjunction with 90832, 90834, 90837)
*+ 90863	(For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report evaluation and management codes, use the appropriate evaluation and management codes 99202-99255, 99281-99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341-99350 and the appropriate psychotherapy with evaluation and management service 90833, 90836, 90838)
	(Do not count time spent on providing pharmacologic management services in the time used for selection of the psychotherapy service)
	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90865	CPT Changes: An Insider's View 2017
	CPT Assistant Summer 92:15, Nov 97:40-41, Mar 01:8, Mar 02:4, May 05:1, Sep 09:11, Mar 10:6, Jun 13:3, Dec 13:18, Oct 15:9, Dec 16:11, Mar 17:11, Nov 18:3
	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
	CPT Changes: An Insider's View 2011, 2012
90867	CPT Assistant Nov 18:3
	(Report only once per course of treatment)
	(Do not report 90867 in conjunction with 90868, 90869, 95860, 95870, 95928, 95929, 95939)
	(For peripheral nerve transcutaneous magnetic stimulation, see 0766T, 0767T)
	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90868	CPT Changes: An Insider's View 2011, 2012
	CPT Assistant Nov 18:3

Other Psychotherapy Services or Procedures (continued)

	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery and management
90869	CPT Changes: An Insider's View 2012
	CPT Assistant Nov 18:3
	(Do not report 90869 in conjunction with 90867, 90868, 95860-95870, 95928, 95929, 95939)
	(If a significant, separately identifiable evaluation and management, medication management, or psychotherapy service is performed the appropriate E/M or psychotherapy code may be reported in addition to 90867-90869. Evaluation and management activities directly related to cortical mapping, motor threshold determination, delivery and management of TMS are not separately reported)
	Electroconvulsive therapy (includes necessary monitoring)
90870	CPT Changes: An Insider's View 2006
	CPT Assistant Summer 92:16, Mar 01:5, Mar 02:4, May 05:1, Mar 10:6, Feb 13:3, Nov 18:3
	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
90875	CPT Changes: An Insider's View 2013
	CPT Assistant Nov 96:15, Sep 97:11, Nov 97:41, Apr 98:14, Jun 99:5, Mar 01:5, Mar 02:4, Mar 05:16, May 05:1, Nov 18:3
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
	CPT Changes: An Insider's View 2013
90880	Hypnotherapy
	CPT Assistant Summer 92:16, Nov 97:41, Mar 01:5, Mar 02:4, May 05:1, Nov 18:3
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
	(Do not report 90887 in conjunction with 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
	CPT Changes: An Insider's View 2013
	CPT Assistant Summer 92:17, Mar 01:5, Mar 02:4, May 05:1, Nov 18:3, Dec 22:18
90899	Unlisted psychiatric service or procedure
50023	CPT Assistant Mar 01:5, Mar 02:4, May 05:1, Jan 10:11, Apr 14:6, Nov 18:3, Jan 22:8

^{+ =} Add on code

^{★ =} Telemed code

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2024 Occupational Therapy Code Updates

Occupational Therapy Evaluations

Occupational therapy evaluations include an occupational profile, medical and therapy history, relevant assessments, and development of a plan of care, which reflects the therapist's clinical reasoning and interpretation of the data.

Coordination, consultation, and collaboration of care with physicians, other qualified health care professionals, or agencies is provided consistent with the nature of the problem(s) and the needs of the patient, family and/or other caregivers.

At a minimum, each of the following components noted in the code descriptors must be documented, in order to report the selected level of occupational therapy evaluation.

Occupational therapy evaluations include the following components:

- Occupational profile and client history (medical and therapy)
- · Assessments of occupational performance
- · Clinical decision making
- · Development of plan of care

Report 97168 for performance of a re-evaluation that is based on an established and ongoing plan of care.

Definitions

The level of the occupational therapy evaluation performed is determined by patient condition, complexity of clinical decision making, and the scope and nature of the patient's performance deficits relating to physical, cognitive, or psychosocial skills to be assessed. The patient's plan of treatment should reflect assessment of each of the identified performance deficits.

Occupational Therapy

Performance deficits: performance deficits refer to the inability to complete activities due to the lack of skills in one or more of the categories below (ie, relating to physical, cognitive, or psychosocial skills):

- Physical skills: Physical skills refer to impairments of body structure or body function (eg, balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity).
- Cognitive skills: Cognitive skills refer to the ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when: (1) a person attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.
- Psychosocial skills: Psychosocial skills refer to interpersonal interactions, habits, routines and behaviors, active use of coping strategies, and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.

	Occupational therapy evaluation, low complexity, requiring these components:
# ★ 97165	 An occupational profile and medical and therapy history, which includes a brief history including review of medical and/ or therapy records relating to the presenting problem;
	 An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
	 Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component.
	Typically, 30 minutes are spent face-to-face with the patient and/or family.
	Occupational therapy evaluation, moderate complexity, requiring these components:
# ★ 97166	 An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance;
	 An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
	 Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.
	Typically, 45 minutes are spent face-to-face with the patient and/or family.

Occupational Therapy (continued)

	Occupational therapy evaluation, high complexity, requiring these components:
	 An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance;
# ★ 97167	An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
## 97107	 Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.
	Typically, 60 minutes are spent face-to-face with the patient and/or family.
	Re-evaluation of occupational therapy established plan of care, requiring these components:
	An assessment of changes in patient functional or medical status with revised plan of care;
	An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and
# ★ 97168	A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required.
	Typically, 30 minutes are spent face-to-face with the patient and/or family. CPT Changes: An Insider's View 2017
	CPT Assistant Feb 17:3, May 18:5

+ = Add on code

= Resequenced code

★ = Telemed code



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