



# CPT/HCPCS

## Codes 2022

Added | Revised | Deleted



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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](#)

# 2022 CPT/HCPCS Codes

Below are the 2022 CPT and HCPCS code updates. This list includes new CPT and HCPCS codes, revised codes and deleted codes.

## Added CPT HCPCS Codes for 2022

These are the added codes for 2022

Specialty	CPT/HCPCS Code	Description
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### Anesthesia

Anesthesia	01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
Anesthesia	01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral
Anesthesia	01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
Anesthesia	01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
Anesthesia	01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
Anesthesia	01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral

### Auditory System

Auditory System	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
Auditory System	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
Auditory System	69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
Auditory System	69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

### Cardiovascular System Cardiothoracic Surgery

Cardiovascular System Cardiothoracic Surgery	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
Cardiovascular System Cardiothoracic Surgery	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
Cardiovascular System Cardiothoracic Surgery	33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
Cardiovascular System Cardiothoracic Surgery	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)
Cardiovascular System Cardiothoracic Surgery	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead
Cardiovascular System Cardiothoracic Surgery	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead
Cardiovascular System Cardiothoracic Surgery	0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
Cardiovascular System Cardiothoracic Surgery	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)
Cardiovascular System Cardiothoracic Surgery	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads

Specialty	CPT/HCPCS Code	Description
Cardiovascular System Cardiothoracic Surgery	0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
Cardiovascular System Cardiothoracic Surgery	0683T	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, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
Cardiovascular System Cardiothoracic Surgery	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
Cardiovascular System Cardiothoracic Surgery	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
Cardiovascular System Cardiothoracic Surgery	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement
Cardiovascular System Cardiothoracic Surgery	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation
Cardiovascular System Interventional Cardiology	33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)
Cardiovascular System Interventional Cardiology	33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches
Cardiovascular System Interventional Cardiology	33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches
Cardiovascular System Interventional Cardiology	33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta
Cardiovascular System Interventional Cardiology	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach
Cardiovascular System Interventional Cardiology	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed
Cardiovascular System Interventional Cardiology	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed
Cardiovascular System Interventional Cardiology	0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed
Cardiovascular System Interventional Cardiology	0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional
Cardiovascular System Interventional Cardiology	0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation
Cardiovascular System Interventional Cardiology	0692T	Therapeutic ultrafiltration

## Evaluation and Management

Evaluation and Management	99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month
Evaluation and Management	99437	Chronic care management services with the following required elements: of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
Evaluation and Management	99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Specialty	CPT/HCPCS Code	Description
Evaluation and Management	99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
Evaluation and Management	99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month

## Endocrine, Integumentary and Musculoskeletal Systems

Endocrine, Integumentary and Musculoskeletal Systems	0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
Endocrine, Integumentary and Musculoskeletal Systems	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)
Endocrine, Integumentary and Musculoskeletal Systems	0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO <sub>2</sub> ]); image acquisition, interpretation and report, each flap or wound
Endocrine, Integumentary and Musculoskeletal Systems	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO <sub>2</sub> ]); image acquisition only, each flap or wound
Endocrine, Integumentary and Musculoskeletal Systems	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO <sub>2</sub> ]); interpretation and report only, each flap or wound
Endocrine, Integumentary and Musculoskeletal Systems	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments
Endocrine, Integumentary and Musculoskeletal Systems	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments
Endocrine, Integumentary and Musculoskeletal Systems	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score
Endocrine, Integumentary and Musculoskeletal Systems	0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
Endocrine, Integumentary and Musculoskeletal Systems	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance
Endocrine, Integumentary and Musculoskeletal Systems	0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
Endocrine, Integumentary and Musculoskeletal Systems	0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report
Endocrine, Integumentary and Musculoskeletal Systems	0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative
Endocrine, Integumentary and Musculoskeletal Systems	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion
Endocrine, Integumentary and Musculoskeletal Systems	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization

## Eye and Ocular Adnexa System

Eye and Ocular Adnexa System	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
Eye and Ocular Adnexa System	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
Eye and Ocular Adnexa System	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
Eye and Ocular Adnexa System	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
Eye and Ocular Adnexa System	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant
Eye and Ocular Adnexa System	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more
Eye and Ocular Adnexa System	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session

Specialty	CPT/HCPCS Code	Description
Eye and Ocular Adnexa System	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month
Eye and Ocular Adnexa System	0699T	Injection, posterior chamber of eye, medication
Eye and Ocular Adnexa System	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
Eye and Ocular Adnexa System	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
Eye and Ocular Adnexa System	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month

## HCPCS

HCPCS	A2001	Innovamatrix ac, per square centimeter
HCPCS	A2002	Mirragen advanced wound matrix, per square centimeter
HCPCS	A2004	Xcellstem, per square centimeter
HCPCS	A2005	Microlyte matrix, per square centimeter
HCPCS	A2006	Novosorb synpath dermal matrix, per square centimeter
HCPCS	A2007	Restrata, per square centimeter
HCPCS	A2008	Theragenesis, per square centimeter
HCPCS	A2009	Symphony, per square centimeter
HCPCS	A2010	Apis, per square centimeter
HCPCS	A4436	Irrigation supply; sleeve, reusable, per month
HCPCS	A4437	Irrigation supply; sleeve, disposable, per month
HCPCS	A9595	Piflufolastat f-18, diagnostic, 1 millicurie
HCPCS	C1832	Autograft suspension, including cell processing and application, and all system components
HCPCS	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)
HCPCS	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg
HCPCS	C9086	Injection, anifrolumab-fnia, 1 mg
HCPCS	C9087	Injection, cyclophosphamide, (auromedics), 10 mg
HCPCS	C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg
HCPCS	C9089	Bupivacaine, collagen-matrix implant, 1 mg
HCPCS	E1629	Tablo hemodialysis system for the billable dialysis service
HCPCS	G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
HCPCS	G0029	Tobacco screening not performed or tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified
HCPCS	G0030	Patient screened for tobacco use and received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user
HCPCS	G0031	Palliative care services given to patient any time during the measurement period
HCPCS	G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (ipds) for antipsychotics
HCPCS	G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the ipds for benzodiazepines
HCPCS	G0034	Patients receiving palliative care during the measurement period
HCPCS	G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23
HCPCS	G0036	Patient or care partner decline assessment
HCPCS	G0037	On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available
HCPCS	G0038	Clinician determines patient does not require referral
HCPCS	G0039	Patient not referred, reason not otherwise specified
HCPCS	G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period
HCPCS	G0041	Patient and/or care partner decline referral
HCPCS	G0042	Referral to physical, occupational, speech, or recreational therapy
HCPCS	G0043	Patients with mechanical prosthetic heart valve
HCPCS	G0044	Patients with moderate or severe mitral stenosis



Specialty	CPT/HCPCS Code	Description
HCPCS	G0045	Clinical follow-up and mrs score assessed at 90 days following endovascular stroke intervention
HCPCS	G0046	Clinical follow-up and mrs score not assessed at 90 days following endovascular stroke intervention
HCPCS	G0047	Pediatric patient with minor blunt head trauma and pecarn prediction criteria are not assessed
HCPCS	G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year
HCPCS	G0049	With maintenance hemodialysis (in-center and home hd) for the complete reporting month
HCPCS	G0050	Patients with a catheter that have limited life expectancy
HCPCS	G0051	Patients under hospice care in the current reporting month
HCPCS	G0052	Patients on peritoneal dialysis for any portion of the reporting month
HCPCS	G0053	Advancing rheumatology patient care mips value pathways
HCPCS	G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes mips value pathways
HCPCS	G0055	Advancing care for heart disease mips value pathways
HCPCS	G0056	Optimizing chronic disease management mips value pathways
HCPCS	G0057	Proposed adopting best practices and promoting patient safety within emergency medicine mips value pathways
HCPCS	G0058	Improving care for lower extremity joint repair mips value pathways
HCPCS	G0059	Patient safety and support of positive experiences with anesthesia mips value pathways
HCPCS	G0060	Allergy/immunology mips specialty set
HCPCS	G0061	Anesthesiology mips specialty set
HCPCS	G0062	Audiology mips specialty set
HCPCS	G0063	Cardiology mips specialty set
HCPCS	G0064	Certified nurse midwife mips specialty set
HCPCS	G0065	Chiropractic medicine mips specialty set
HCPCS	G0066	Clinical social work mips specialty set
HCPCS	G0067	Dentistry mips specialty set
HCPCS	G1024	Clinical decision support mechanism radrite, as defined by the medicare appropriate use criteria program
HCPCS	G1025	Patient-months where there are more than one medicare capitated payment (mcp) provider listed for the month
HCPCS	G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for three months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month
HCPCS	G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months
HCPCS	G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G4000	Dermatology mips specialty set
HCPCS	G4001	Diagnostic radiology mips specialty set
HCPCS	G4002	Electrophysiology cardiac specialist mips specialty set
HCPCS	G4003	Emergency medicine mips specialty set
HCPCS	G4004	Endocrinology mips specialty set
HCPCS	G4005	Family medicine mips specialty set
HCPCS	G4006	Gastro-enterology mips specialty set
HCPCS	G4007	General surgery mips specialty set
HCPCS	G4008	Geriatrics mips specialty set
HCPCS	G4009	Hospitalists mips specialty set
HCPCS	G4010	Infectious disease mips specialty set
HCPCS	G4011	Internal medicine mips specialty set
HCPCS	G4012	Interventional radiology mips specialty set
HCPCS	G4013	Mental/behavioral health mips specialty set
HCPCS	G4014	Nephrology mips specialty set
HCPCS	G4015	Neurology mips specialty set
HCPCS	G4016	Neurosurgical mips specialty set
HCPCS	G4017	Nutrition/dietician mips specialty set
HCPCS	G4018	Obstetrics/gynecology mips specialty set
HCPCS	G4019	Oncology/hematology mips specialty set

Specialty	CPT/HCPCS Code	Description
HCPCS	G4020	Ophthalmology mips specialty set
HCPCS	G4021	Orthopedic surgery mips specialty set
HCPCS	G4022	Otolaryngology mips specialty set
HCPCS	G4023	Pathology mips specialty set
HCPCS	G4024	Pediatrics mips specialty set
HCPCS	G4025	Physical medicine mips specialty set
HCPCS	G4026	Physical therapy/occupational therapy mips specialty set
HCPCS	G4027	Plastic surgery mips specialty set
HCPCS	G4028	Podiatry mips specialty set
HCPCS	G4029	Preventive medicine mips specialty set
HCPCS	G4030	Pulmonology mips specialty set
HCPCS	G4031	Radiation oncology mips specialty set
HCPCS	G4032	Rheumatology mips specialty set
HCPCS	G4033	Skilled nursing facility mips specialty set
HCPCS	G4034	Speech language pathology mips specialty set
HCPCS	G4035	Thoracic surgery mips specialty set
HCPCS	G4036	Urgent care mips specialty set
HCPCS	G4037	Urology mips specialty set
HCPCS	G4038	Vascular surgery mips specialty set
HCPCS	G9988	Palliative care services provided to patient any time during the measurement period
HCPCS	G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)
HCPCS	G9990	Pneumococcal vaccine was not administered on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified
HCPCS	G9991	Pneumococcal vaccine administered on or after patient's 60th birthday and before the end of the measurement period
HCPCS	G9992	Palliative care services used by patient any time during the measurement period
HCPCS	G9993	Patient was provided palliative care services any time during the measurement period
HCPCS	G9994	Patient is using palliative care services any time during the measurement period
HCPCS	G9995	Patients who use palliative care services any time during the measurement period
HCPCS	G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care
HCPCS	G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter
HCPCS	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, 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])
HCPCS	G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)
HCPCS	J0172	Injection, aducanumab-avwa, 2 mg
HCPCS	J1952	Leuprolide injectable, camcevi, 1 mg
HCPCS	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
HCPCS	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
HCPCS	J9061	Injection, amivantamab-vmjw, 2 mg
HCPCS	J9272	Injection, dostarlimab-gxly, 10 mg
HCPCS	Q2055	Idecabtagene vicleucei, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
HCPCS	Q4199	Cygnus matrix, per square centimeter

### Med/Cardiovascular System Interventional Cardiology

Med/Cardiovascular System Interventional Cardiology	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
Med/Cardiovascular System Interventional Cardiology	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
Med/Cardiovascular System Interventional Cardiology	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections



Specialty	CPT/HCPCS Code	Description
Med/Cardiovascular System Interventional Cardiology	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
Med/Cardiovascular System Interventional Cardiology	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
Med/Cardiovascular System Interventional Cardiology	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections
Med/Cardiovascular System Interventional Cardiology	93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)
Med/Cardiovascular System Interventional Cardiology	94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
Med/Cardiovascular System Interventional Cardiology	94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

## Medicine

Medicine	90626	FDA APPROVAL PENDING. Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
Medicine	90627	FDA APPROVAL PENDING. Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use
Medicine	90671	FDA APPROVAL PENDING. Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
Medicine	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
Medicine	90758	Zaire ebolavirus vaccine, live, for intramuscular use
Medicine	90759	FDA APPROVAL PENDING. Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
Medicine	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
Medicine	91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use
Medicine	91304	FDA APPROVAL PENDING. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin- based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
Medicine	91305	FDA APPROVAL PENDING. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, trissucrose formulation, for intramuscular use
Medicine	91306	FDA APPROVAL PENDING. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
Medicine	91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
Medicine	98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
Medicine	98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
Medicine	98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
Medicine	98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
Medicine	98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
Medicine	0702T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
Medicine	0703T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month
Medicine	0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose
Medicine	0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose
Medicine	0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose

Specialty	CPT/HCPCS Code	Description
Medicine	0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
Medicine	0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose
Medicine	0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose
Medicine	0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose
Medicine	0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; first dose
Medicine	0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; second dose
Medicine	0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose
Medicine	0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
Medicine	0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
Medicine	0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose
Medicine	0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose
Medicine	0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose
Medicine	0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose
Medicine	0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose
Medicine	0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
Medicine	0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose
Medicine	0708T	Intradermal cancer immunotherapy; preparation and initial injection
Medicine	0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)

## Nervous System

Nervous System	61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
Nervous System	61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)
Nervous System	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Nervous System	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
Nervous System	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Nervous System	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral

Specialty	CPT/HCPCS Code	Description
Nervous System	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
Nervous System	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)
Nervous System	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)

## Pathology and Laboratory Codes

Pathology and Laboratory Codes	80220	Hydroxychloroquine
Pathology and Laboratory Codes	80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.
Pathology and Laboratory Codes	80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.
Pathology and Laboratory Codes	80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.
Pathology and Laboratory Codes	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
Pathology and Laboratory Codes	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis
Pathology and Laboratory Codes	81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score
Pathology and Laboratory Codes	82653	Elastase, pancreatic (EL-1), fecal; quantitative
Pathology and Laboratory Codes	83521	Immunoglobulin light chains (ie, kappa, lambda), free, each
Pathology and Laboratory Codes	83529	Interleukin-6 (IL-6)
Pathology and Laboratory Codes	86015	Actin (smooth muscle) antibody (ASMA), each
Pathology and Laboratory Codes	86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody
Pathology and Laboratory Codes	86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody
Pathology and Laboratory Codes	86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)
Pathology and Laboratory Codes	86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each
Pathology and Laboratory Codes	86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence- activated cell sorting [FACS]), each
Pathology and Laboratory Codes	86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class
Pathology and Laboratory Codes	86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class
Pathology and Laboratory Codes	86362	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each
Pathology and Laboratory Codes	86363	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each
Pathology and Laboratory Codes	86364	Tissue transglutaminase, each immunoglobulin (Ig) class
Pathology and Laboratory Codes	86381	Mitochondrial antibody (eg, M2), each
Pathology and Laboratory Codes	86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
Pathology and Laboratory Codes	86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
Pathology and Laboratory Codes	86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV- 2) (coronavirus disease [COVID-19]) antibody, quantitative
Pathology and Laboratory Codes	86596	Voltage-gated calcium channel antibody, each
Pathology and Laboratory Codes	87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets
Pathology and Laboratory Codes	87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
Pathology and Laboratory Codes	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

Specialty	CPT/HCPCS Code	Description
Pathology and Laboratory Codes	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified p
Pathology and Laboratory Codes	87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
Pathology and Laboratory Codes	80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)
Pathology and Laboratory Codes	0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab,
Pathology and Laboratory Codes	0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]), includes titer(s), when performed
Pathology and Laboratory Codes	0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse
Pathology and Laboratory Codes	0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
Pathology and Laboratory Codes	0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
Pathology and Laboratory Codes	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate
Pathology and Laboratory Codes	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
Pathology and Laboratory Codes	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
Pathology and Laboratory Codes	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Pathology and Laboratory Codes	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations
Pathology and Laboratory Codes	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
Pathology and Laboratory Codes	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
Pathology and Laboratory Codes	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
Pathology and Laboratory Codes	0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia

Specialty	CPT/HCPCS Code	Description
Pathology and Laboratory Codes	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for singlenucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumormutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
Pathology and Laboratory Codes	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Pathology and Laboratory Codes	0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens
Pathology and Laboratory Codes	0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth
Pathology and Laboratory Codes	0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug
Pathology and Laboratory Codes	0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report
Pathology and Laboratory Codes	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden
Pathology and Laboratory Codes	0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma
Pathology and Laboratory Codes	0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy
Pathology and Laboratory Codes	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)
Pathology and Laboratory Codes	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested
Pathology and Laboratory Codes	0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score
Pathology and Laboratory Codes	0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report
Pathology and Laboratory Codes	0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood
Pathology and Laboratory Codes	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics
Pathology and Laboratory Codes	0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative
Pathology and Laboratory Codes	0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
Pathology and Laboratory Codes	0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score
Pathology and Laboratory Codes	0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGF $\beta$ , Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score
Pathology and Laboratory Codes	0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, $\alpha$ -ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)
Pathology and Laboratory Codes	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
Pathology and Laboratory Codes	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants
Pathology and Laboratory Codes	0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes
Pathology and Laboratory Codes	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing
Pathology and Laboratory Codes	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid

Specialty	CPT/HCPCS Code	Description
Pathology and Laboratory Codes	0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive
Pathology and Laboratory Codes	0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum
Pathology and Laboratory Codes	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid
Pathology and Laboratory Codes	0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding
Pathology and Laboratory Codes	0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding
Pathology and Laboratory Codes	0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level
Pathology and Laboratory Codes	0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes
Pathology and Laboratory Codes	0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma
Pathology and Laboratory Codes	0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma
Pathology and Laboratory Codes	0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score

## Radiology

Radiology	77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
Radiology	77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
Radiology	77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
Radiology	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional
Radiology	0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
Radiology	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)
Radiology	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report
Radiology	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
Radiology	0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
Radiology	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
Radiology	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
Radiology	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
Radiology	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability
Radiology	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report



Specialty	CPT/HCPCS Code	Description
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## Surgery

Surgery	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
Surgery	0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
Surgery	0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple
Surgery	0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter
Surgery	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
Surgery	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])

## Urinary, Male and Female Genital Systems

Urinary, Male and Female Genital Systems	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Urinary, Male and Female Genital Systems	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Urinary, Male and Female Genital Systems	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Urinary, Male and Female Genital Systems	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Urinary, Male and Female Genital Systems	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging
Urinary, Male and Female Genital Systems	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor
Urinary, Male and Female Genital Systems	0665T	Donor hysterectomy (including cold preservation); open, from living donor
Urinary, Male and Female Genital Systems	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor
Urinary, Male and Female Genital Systems	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor
Urinary, Male and Female Genital Systems	0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary
Urinary, Male and Female Genital Systems	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each
Urinary, Male and Female Genital Systems	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each
Urinary, Male and Female Genital Systems	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence

# Revised CPT HCPCS Codes for 2022

These are the revised codes for 2022

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
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## Auditory System

Auditory System	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
Auditory System	69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor

## Cardiovascular System Cardiothoracic Surgery

Cardiovascular System Cardiothoracic Surgery	33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	Valvotomy, pulmonary valve, closed heart, via pulmonary artery
Cardiovascular System Cardiothoracic Surgery	35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open

## Cardiovascular System Interventional Cardiology

Cardiovascular System Interventional Cardiology	93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
Cardiovascular System Interventional Cardiology	93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed
Cardiovascular System Interventional Cardiology	93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed

## Evaluation and Management

Evaluation and Management	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional
Evaluation and Management	99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
Evaluation and Management	99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
Evaluation and Management	99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination.; Medical decision making of moderate or high complexity.; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity.; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications.; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation.; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination.; Medical decision making of moderate or high complexity.; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity.; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications.; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation.; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver
Evaluation and Management	99491	Chronic care management services provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored.	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.
Evaluation and Management	99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
Evaluation and Management	99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
Evaluation and Management	99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales.; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes.; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation.; and continuity of care with a designated member of the care team
Evaluation and Management	99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional.; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan.; review by the psychiatric consultant with modifications of the plan if recommended.; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant.; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
Evaluation and Management	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant.; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation.; participation in weekly caseload consultation with the psychiatric consultant.; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers.; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant.; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.; monitoring of patient outcomes using validated rating scales.; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment

## Endocrine, Integumentary and Musculoskeletal Systems

Endocrine, Integumentary and Musculoskeletal Systems	11981	Insertion, non-biodegradable drug delivery implant	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
Endocrine, Integumentary and Musculoskeletal Systems	21315	Closed treatment of nasal bone fracture; without stabilization	Closed treatment of nasal bone fracture with manipulation; without stabilization
Endocrine, Integumentary and Musculoskeletal Systems	21320	Closed treatment of nasal bone fracture; with stabilization	Closed treatment of nasal bone fracture with manipulation; with stabilization
Endocrine, Integumentary and Musculoskeletal Systems	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
Endocrine, Integumentary and Musculoskeletal Systems	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)
Endocrine, Integumentary and Musculoskeletal Systems	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
Endocrine, Integumentary and Musculoskeletal Systems	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
Endocrine, Integumentary and Musculoskeletal Systems	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar
Endocrine, Integumentary and Musculoskeletal Systems	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)
Endocrine, Integumentary and Musculoskeletal Systems	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified
Endocrine, Integumentary and Musculoskeletal Systems	0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving the lateral humeral epicondyle	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle
Endocrine, Integumentary and Musculoskeletal Systems	0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
Endocrine, Integumentary and Musculoskeletal Systems	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound
Endocrine, Integumentary and Musculoskeletal Systems	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)

## Eye and Ocular Adnexa System

Eye and Ocular Adnexa System	67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy
Eye and Ocular Adnexa System	67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation

## HCPCS

HCPCS	C9777	N/A	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy
HCPCS	G1013	Clinical decision support mechanism evidencecare imaging advisor, as defined by the medicare appropriate use criteria program	Clinical decision support mechanism evidence care imaging care, as defined by the medicare appropriate use criteria program
HCPCS	G2081	Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	Patients age 66 and older in institutional special needs plans (snp) or residing in long-term care with a pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
HCPCS	G2097	Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or uti)	Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or uti)
HCPCS	G2121	Depression, anxiety, apathy, and psychosis assessed	Depression, anxiety, apathy, and psychosis assessed
HCPCS	G2122	Depression, anxiety, apathy, and psychosis not assessed	Depression, anxiety, apathy, and psychosis not assessed
HCPCS	G2142	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater
HCPCS	G2143	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
HCPCS	G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated an improvement of 30 points or greater	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated an improvement of 30 points or greater
HCPCS	G2145	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated an improvement of less than 30 points	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated an improvement of less than 30 points
HCPCS	G2148	Performance met: multimodal pain management was used	Multimodal pain management was used
HCPCS	G2150	Performance not met: multimodal pain management was not used	Multimodal pain management was not used
HCPCS	G2173	URI episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)
HCPCS	G2174	URI episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date	URI episodes when the patient had an active prescription of antibiotics (table 1) in the 30 days prior to the episode date
HCPCS	G2175	Episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)
HCPCS	G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date
HCPCS	G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g., poor performance status (ECOG 3-4; Karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g., poor performance status (ECOG 3-4; Karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)
HCPCS	G2215	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G8433	Screening for depression not completed, documented patient or medical reason	Screening for depression not completed, documented patient or medical reason
HCPCS	G8711	Prescribed or dispensed antibiotic on or within 3 days after the episode date	Prescribed or dispensed antibiotic on or within 3 days after the episode date
HCPCS	G8950	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented
HCPCS	G8952	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given
HCPCS	G8967	FDA approved oral anticoagulant is prescribed	FDA approved oral anticoagulant is prescribed
HCPCS	G8968	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant to a patient with a CHA2DS2-VASc score of 0 or 1 for men; or 0, 1, or 2 for women (e.g., present or planned atrial appendage occlusion or ligation)	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant to a patient with a CHA2DS2-VASc score of 0 or 1 for men; or 0, 1, or 2 for women (e.g., present or planned atrial appendage occlusion or ligation)
HCPCS	G8969	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)
HCPCS	G9355	Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (<39 weeks of gestation)	Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (<39 weeks of gestation)
HCPCS	G9356	Elective delivery (without medical indication) by cesarean birth or induction of labor performed (<39 weeks of gestation)	Elective delivery (without medical indication) by cesarean birth or induction of labor performed (<39 weeks of gestation)



Specialty	CPT/HCPCS Code	2021 Description	2022 Description
HCPCS	G9359	Documentation of negative or managed positive tb screen with further evidence that tb is not active prior to treatment with a biologic immune response modifier	Documentation of negative or managed positive tb screen with further evidence that tb is not active prior to treatment with a biologic immune response modifier
HCPCS	G9361	Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]	Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]
HCPCS	G9367	At least two orders for high-risk medications from the same drug class	At least two orders for high-risk medications from the same drug class
HCPCS	G9368	At least two orders for high-risk medications from the same drug class not ordered	At least two orders for high-risk medications from the same drug class not ordered
HCPCS	G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type following iaslc guidance or classified as nsclc-nos with an explanation	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type following iaslc guidance or classified as nsclc-nos with an explanation
HCPCS	G9419	Documentation of medical reason(s) for not including the histological type or nsclc-nos classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)	Documentation of medical reason(s) for not including the histological type or nsclc-nos classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)
HCPCS	G9421	Primary non-small cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow iaslc guidance or is classified as nsclc-nos but without an explanation	Primary non-small cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow iaslc guidance or is classified as nsclc-nos but without an explanation
HCPCS	G9422	Primary lung carcinoma resection report documents pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not nsclc-nos)	Primary lung carcinoma resection report documents pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not nsclc-nos)
HCPCS	G9425	Primary lung carcinoma resection report does not document pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)	Primary lung carcinoma resection report does not document pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)
HCPCS	G9428	Pathology report includes the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	Pathology report includes the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors
HCPCS	G9429	Documentation of medical reason(s) for not including pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)	Documentation of medical reason(s) for not including pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)
HCPCS	G9431	Pathology report does not include the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	Pathology report does not include the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors
HCPCS	G9554	Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging recommended	Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging recommended
HCPCS	G9556	Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging not recommended	Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging not recommended
HCPCS	G9557	Final reports for ct, cta, mri or mra studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	Final reports for ct, cta, mri or mra studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found
HCPCS	G9580	Door to puncture time of 90 minutes or less	Door to puncture time of 90 minutes or less
HCPCS	G9582	Door to puncture time of greater than 90 minutes, no reason given	Door to puncture time of greater than 90 minutes, no reason given
HCPCS	G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery
HCPCS	G9663	Any ldl-c laboratory test result >= 190 mg/dl	Any ldl-c laboratory test result >= 190 mg/dl
HCPCS	G9703	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	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
HCPCS	G9716	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
HCPCS	G9778	Patients who have a diagnosis of pregnancy	Patients who have a diagnosis of pregnancy at any time during the measurement period
HCPCS	G9779	Patients who are breastfeeding	Patients who are breastfeeding at any time during the measurement period
HCPCS	G9780	Patients who have a diagnosis of rhabdomyolysis	Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period
HCPCS	G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease [esrd])	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease [esrd])
HCPCS	G9782	History of or active diagnosis of familial or pure hypercholesterolemia	History of or active diagnosis of familial hypercholesterolemia
HCPCS	G9822	Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)	Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)
HCPCS	G9823	Endometrial sampling or hysteroscopy with biopsy and results documented	Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation
HCPCS	G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented (exclusive of the index date) of the endometrial ablation	Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation
HCPCS	G9906	Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)	Patient identified as a tobacco user received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy)
HCPCS	G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason)
HCPCS	G9908	Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given	Patient identified as tobacco user did not receive tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given
HCPCS	G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason)
HCPCS	G9927	Documentation of system reason(s) for not prescribing warfarin or another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to af/atrial flutter treatment	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
HCPCS	G9928	Warfarin or another FDA-approved anticoagulant not prescribed, reason not given	FDA-approved anticoagulant not prescribed, reason not given

## Medicine

Medicine	92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	Orthoptic training
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## Nervous System

Nervous System	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
Nervous System	63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic
Nervous System	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Nervous System	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
Nervous System	64580	Incision for implantation of neurostimulator electrode array; neuromuscular	Open implantation of neurostimulator electrode array; neuromuscular
Nervous System	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

## Pathology and Laboratory Codes

Pathology and Laboratory Codes	81228	Cytogenomic constitutional (genome-wide) microarray analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants comparative genomic hybridization [CGH] microarray analysis)
Pathology and Laboratory Codes	81229	interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities comparative genomic hybridization (CGH) microarray analysis	interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants comparative genomic hybridization (CGH) microarray analysis
Pathology and Laboratory Codes	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). Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray [genome wide] analysis, for constitutional chromosomal abnormalities, see 81228, 81229, 81349).	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). Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing cytogenomic [genome wide] analysis, for constitutional chromosomal abnormalities, see 81228, 81229, 81349).
Pathology and Laboratory Codes	82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative qualitative or semi-quantitative	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative
Pathology and Laboratory Codes	87301	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, multiple step method; adenovirus enteric types 40/41	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; adenovirus enteric types 40/41
Pathology and Laboratory Codes	87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Aspergillus	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; Aspergillus
Pathology and Laboratory Codes	87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	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; Chlamydia trachomatis
Pathology and Laboratory Codes	87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)	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; Clostridium difficile toxin(s)
Pathology and Laboratory Codes	87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Cryptococcus neoformans	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; Cryptococcus neoformans.
Pathology and Laboratory Codes	87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cryptosporidium	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; cryptosporidium
Pathology and Laboratory Codes	87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; giardia	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; giardia
Pathology and Laboratory Codes	87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cytomegalovirus	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; cytomegalovirus



Specialty	CPT/HCPCS Code	2021 Description	2022 Description
Pathology and Laboratory Codes	87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; respiratory syncytial virus	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; respiratory syncytial virus
Pathology and Laboratory Codes	87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; rotavirus	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; rotavirus
Pathology and Laboratory Codes	87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
Pathology and Laboratory Codes	87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Shiga-like toxin	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; Shiga-like toxin
Pathology and Laboratory Codes	87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A	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; Streptococcus, group A
Pathology and Laboratory Codes	87449	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; not otherwise specified, each organism	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; not otherwise specified, each organism
Pathology and Laboratory Codes	87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum	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; polyvalent for multiple organisms, each polyvalent antiserum
Pathology and Laboratory Codes	87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B
Pathology and Laboratory Codes	87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A
Pathology and Laboratory Codes	87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
Pathology and Laboratory Codes	87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza
Pathology and Laboratory Codes	87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus
Pathology and Laboratory Codes	87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis
Pathology and Laboratory Codes	87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus
Pathology and Laboratory Codes	87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis
Pathology and Laboratory Codes	87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae
Pathology and Laboratory Codes	87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A
Pathology and Laboratory Codes	87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified

Specialty	CPT/HCPCS Code	2021 Description	2022 Description
Pathology and Laboratory Codes	0051U	Prescription drug monitoring, evaluation of drugs present by (LC-MS/MS), urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service
Pathology and Laboratory Codes	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens

## Radiology

Radiology	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)
Radiology	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ
Radiology	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)

## Urinary, Male and Female Genital Systems

Urinary, Male and Female Genital Systems	54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
Urinary, Male and Female Genital Systems	54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
Urinary, Male and Female Genital Systems	54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)
Urinary, Male and Female Genital Systems	54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts



## Deleted CPT HCPCS Codes for 2022

These are the deleted codes for 2022

Specialty	CPT/HCPCS Code	Description
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### Anesthesia

Anesthesia	01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
Anesthesia	01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic

### Auditory System

Auditory System	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
Auditory System	69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

### Cardiovascular System Cardiothoracic Surgery

Cardiovascular System Cardiothoracic Surgery	33470	Valvotomy, pulmonary valve, closed heart; transventricular
Cardiovascular System Cardiothoracic Surgery	33722	Closure of aortico-left ventricular tunnel
Cardiovascular System Cardiothoracic Surgery	0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)
Cardiovascular System Cardiothoracic Surgery	0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal
Cardiovascular System Cardiothoracic Surgery	0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface
Cardiovascular System Cardiothoracic Surgery	0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode
Cardiovascular System Cardiothoracic Surgery	0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)
Cardiovascular System Cardiothoracic Surgery	0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal
Cardiovascular System Cardiothoracic Surgery	0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface
Cardiovascular System Cardiothoracic Surgery	0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode
Cardiovascular System Cardiothoracic Surgery	0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
Cardiovascular System Cardiothoracic Surgery	0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
Cardiovascular System Cardiothoracic Surgery	0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
Cardiovascular System Cardiothoracic Surgery	0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day
Cardiovascular System Cardiothoracic Surgery	0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
Cardiovascular System Cardiothoracic Surgery	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)

### Endocrine, Integumentary and Musculoskeletal Systems

Endocrine, Integumentary and Musculoskeletal Systems	21310	Closed treatment of nasal bone fracture without manipulation
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### Eye and Ocular Adnexa System

Eye and Ocular Adnexa System	0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion
Eye and Ocular Adnexa System	0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)

Specialty	CPT/HCPCS Code	Description
Eye and Ocular Adnexa System	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
Eye and Ocular Adnexa System	0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)

## HCPCS

HCPCS	G0424	Pulmonary rehabilitation, including exercise (includes monitoring), 1 hour, per session, up to two sessions per day
HCPCS	A4397	Irrigation supply; sleeve, each
HCPCS	C9081	Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
HCPCS	C9082	Injection, dostarlimab-gxly, 100 mg
HCPCS	C9083	Injection, amivantamab-vmjw, 10 mg
HCPCS	C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
HCPCS	C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)
HCPCS	G2064	Comprehensive care management services for a single high-risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities
HCPCS	G2065	Comprehensive care management for a single high-risk disease services, e.g. principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities
HCPCS	G8422	Bmi not documented, documentation the patient is not eligible for bmi calculation
HCPCS	G8925	Spirometry test results demonstrate fev1 >= 60% fev1/fvc >= 70%, predicted or patient does not have copd symptoms
HCPCS	G8926	Spirometry test not performed or documented, reason not given
HCPCS	G8938	Bmi is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible
HCPCS	G9267	Documentation of patient with one or more complications or mortality within 30 days
HCPCS	G9268	Documentation of patient with one or more complications within 90 days
HCPCS	G9269	Documentation of patient without one or more complications and without mortality within 30 days
HCPCS	G9270	Documentation of patient without one or more complications within 90 days
HCPCS	G9348	Ct scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons
HCPCS	G9349	Ct scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis
HCPCS	G9350	Ct scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis
HCPCS	G9399	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment
HCPCS	G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons
HCPCS	G9401	No documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment
HCPCS	G9448	Patients who were born in the years 1945 to 1965
HCPCS	G9449	History of receiving blood transfusions prior to 1992
HCPCS	G9450	History of injection drug use
HCPCS	G9561	Patients prescribed opiates for longer than six weeks
HCPCS	G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy
HCPCS	G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy
HCPCS	G9577	Patients prescribed opiates for longer than six weeks
HCPCS	G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy

Specialty	CPT/HCPCS Code	Description
HCPCS	G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy
HCPCS	G9583	Patients prescribed opiates for longer than six weeks
HCPCS	G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid therapy
HCPCS	G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient not interviewed at least once during opioid therapy
HCPCS	G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved
HCPCS	G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire)
HCPCS	G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined
HCPCS	G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure
HCPCS	G9640	Documentation of planned hybrid or staged procedure
HCPCS	G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure
HCPCS	G9647	Patients in whom mrs score could not be obtained at 90 day follow-up
HCPCS	G9666	Patient's highest fasting or direct ldl-c laboratory test result in the measurement period or two years prior to the beginning of the measurement period is 70-189 mg/dl
HCPCS	G9783	Documentation of patients with diabetes who have a most recent fasting or direct ldl- c laboratory test result < 70 mg/dl and are not taking statin therapy
HCPCS	J2505	Injection, pegfilgrastim, 6 mg
HCPCS	M1022	Patients who were in hospice at any time during the performance period
HCPCS	M1025	Patients who were in hospice at any time during the performance period
HCPCS	M1026	Patients who were in hospice at any time during the performance period
HCPCS	M1031	Patients with no clinical indications for imaging of the head

## Medicine

Medicine	93530	Right heart catheterization, for congenital cardiac anomalies
Medicine	93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
Medicine	93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
Medicine	93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
Medicine	93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
Medicine	93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
Medicine	95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change
Medicine	92559	Audiometric testing of groups
Medicine	92560	Bekesy audiometry; screening
Medicine	92561	Bekesy audiometry; diagnostic
Medicine	92564	Short increment sensitivity index (SISI)

## Nervous System

Nervous System	63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
Nervous System	63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
Nervous System	63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
Nervous System	63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical
Nervous System	63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic
Nervous System	0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
Nervous System	0468T	Removal of chest wall respiratory sensor electrode or electrode array

Specialty	CPT/HCPCS Code	Description
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## Pathology and Laboratory Codes

Pathology and Laboratory Codes	0423T	Secretory type II phospholipase A2 (sPLA2-IIA)
Pathology and Laboratory Codes	80500	Clinical pathology consultation; limited, without review of patient's history and medical records
Pathology and Laboratory Codes	80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records
Pathology and Laboratory Codes	87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single-step method, not otherwise specified, each organism
Pathology and Laboratory Codes	0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae)
Pathology and Laboratory Codes	0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumonia, Mycoplasma pneumoniae)
Pathology and Laboratory Codes	0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)
Pathology and Laboratory Codes	0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)
Pathology and Laboratory Codes	0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy

## Radiology

Radiology	72275	Epidurography, radiological supervision and interpretation
Radiology	76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
Radiology	76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral

## Surgery

Surgery	0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
Surgery	43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
Surgery	43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy

## Urinary, Male and Female Genital Systems

Urinary, Male and Female Genital Systems	59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
Urinary, Male and Female Genital Systems	0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy
Urinary, Male and Female Genital Systems	0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy
Urinary, Male and Female Genital Systems	0550T	Transperineal periurethral balloon continence device; removal, each balloon
Urinary, Male and Female Genital Systems	0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume