



CPT/HCPCS

Codes 2023

Added | Revised | Deleted



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Helpful Tips

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[Updating a Charge Slip with annual CPT/HCPCS changes](#)

[Updating Form Templates with annual CPT/HCPCS changes](#)

2023 CPT/HCPCS Codes

Below are the 2023 CPT and HCPCS code updates. This list includes new CPT and HCPCS codes, revised codes and deleted codes.

Added CPT HCPCS Codes for 2023

These are the added codes for 2023

Specialty	CPT/HCPCS Code	Description
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Auditory System

Auditory System	69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
Auditory System	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
Auditory System	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
Auditory System	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi
Auditory System	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus

Cardiovascular System Cardiothoracic Surgery

Cardiovascular System Cardiothoracic Surgery	33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
Cardiovascular System Cardiothoracic Surgery	33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral
Cardiovascular System Cardiothoracic Surgery	33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral
Cardiovascular System Cardiothoracic Surgery	33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral
Cardiovascular System Cardiothoracic Surgery	+ 33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
Cardiovascular System Cardiothoracic Surgery	36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
Cardiovascular System Cardiothoracic Surgery	+ 93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	+ 93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	+ 93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	+ 93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	+ 0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)
Cardiovascular System Cardiothoracic Surgery	0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed
Cardiovascular System Cardiothoracic Surgery	0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance

Added CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Cardiovascular System Cardiothoracic Surgery	0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
Cardiovascular System Cardiothoracic Surgery	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
Cardiovascular System Cardiothoracic Surgery	+ 0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)

Category III

Category III	0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
Category III	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/ catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation
Category III	0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education
Category III	0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days
Category III	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)
Category III	0743T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report
Category III	0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed
Category III	0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance
Category III	0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
Category III	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
Category III	0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)
Category III	0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report;
Category III	0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD
Category III	0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)
Category III	0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)
Category III	0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)
Category III	0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)
Category III	0755T	Digitization of glass microscope slide for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)
Category III	0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)
Category III	0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)
Category III	0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)
Category III	0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)
Category III	0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)

Added CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Category III	0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)
Category III	0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)
Category III	0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)
Category III	0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)
Category III	0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram
Category III	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
Category III	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
Category III	0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
Category III	0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
Category III	0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)
Category III	0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
Category III	0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
Category III	0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older
Category III	0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
Category III	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])
Category III	0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment
Category III	0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)
Category III	0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function
Category III	0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report
Category III	0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract
Category III	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi
Category III	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus
Category III	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
Digestive		
Digestive	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
Digestive	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)

Added CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Digestive	49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
Digestive	49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated
Digestive	49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
Digestive	49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated
Digestive	49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
Digestive	49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated
Digestive	49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
Digestive	49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated
Digestive	49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
Digestive	49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated
Digestive	49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
Digestive	49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated
Digestive	49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible
Digestive	49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated
Digestive	+ 49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)
Digestive	0748T	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)
Digestive	0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report
Digestive	0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract

Evaluation and Management

Evaluation and Management	99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)
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Integumentary

Integumentary	15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma
Integumentary	15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)
Integumentary	15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)

HCPCS

HCPCS	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
HCPCS	E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Added CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
HCPCS	J0134	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to j0131, 10 mg
HCPCS	J0136	Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg
HCPCS	J0173	Injection, epinephrine (belcher) not therapeutically equivalent to j0171, 0.1 mg
HCPCS	J0225	Injection, vutrisiran, 1 mg
HCPCS	J0283	Injection, amiodarone hydrochloride (nexterone), 30 mg
HCPCS	J0611	Injection, calcium gluconate (wg critical care), per 10 ml
HCPCS	J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg
HCPCS	J0701	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg
HCPCS	J0703	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg
HCPCS	J0877	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg
HCPCS	J0891	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)
HCPCS	J0892	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)
HCPCS	J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg
HCPCS	J0898	Injection, argatroban (auomedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)
HCPCS	J0899	Injection, argatroban (auomedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)
HCPCS	J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg
HCPCS	J1574	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg
HCPCS	J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg
HCPCS	J1643	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units
HCPCS	J2021	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg
HCPCS	J2184	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg
HCPCS	J2247	Injection, micafungin sodium (par pharm) not therapeutically equivalent to j2248, 1 mg
HCPCS	J2251	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250, per 1 mg
HCPCS	J2272	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg
HCPCS	J2281	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg
HCPCS	J2311	Injection, naloxone hydrochloride (zimhi), 1 mg
HCPCS	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
HCPCS	J2401	Injection, chlorprocaine hydrochloride, per 1 mg
HCPCS	J2402	Injection, chlorprocaine hydrochloride (clorotekal), per 1 mg
HCPCS	J3244	Injection, tigecycline (accord) not therapeutically equivalent to j3243, 1 mg
HCPCS	J3371	Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg
HCPCS	J3372	Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg
HCPCS	J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg
HCPCS	J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg
HCPCS	J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
HCPCS	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
HCPCS	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
HCPCS	Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg

Male Reproductive

Male Reproductive	55867	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)
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Medicine

Medicine	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
Medicine	92066	Orthoptic training; under supervision of a physician or other qualified health care professional
Medicine	93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)
Medicine	93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)

Added CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Medicine	93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)
Medicine	93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)
Medicine	95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral
Medicine	96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
Medicine	96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)
Medicine	98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days

Musculoskeletal

Musculoskeletal	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)
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Pathology and Laboratory

Pathology and Laboratory	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
Pathology and Laboratory	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2
Pathology and Laboratory	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
Pathology and Laboratory	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
Pathology and Laboratory	81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
Pathology and Laboratory	84433	Thiopurine S-methyltransferase (TPMT)
Pathology and Laboratory	87467	Hepatitis B surface antigen (HBsAg), quantitative
Pathology and Laboratory	87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique
Pathology and Laboratory	87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
Pathology and Laboratory	87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
Pathology and Laboratory	87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
Pathology and Laboratory	0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)
Pathology and Laboratory	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
Pathology and Laboratory	0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents
Pathology and Laboratory	0358U	Neurology (mild cognitive impairment), analysis of ?-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative
Pathology and Laboratory	0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer
Pathology and Laboratory	0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy
Pathology and Laboratory	0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative

Added CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Pathology and Laboratory	0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes
Pathology and Laboratory	0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma

Radiology

Radiology	76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity
Radiology	0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report
Radiology	0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;
Radiology	0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD

Respiratory

Respiratory	30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling
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Urology

Urology	55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed
Urology	0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance
Urology	0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
Urology	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation

Revised CPT HCPCS Codes for 2023

These are the revised codes for 2022

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
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Auditory and Respiratory System

Auditory System	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex
Auditory System	69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous 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	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex
Auditory System	69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Removal, entire 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	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex

Cardiovascular System Cardiothoracic Surgery

Cardiovascular System Cardiothoracic Surgery	35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)
Cardiovascular System Cardiothoracic Surgery	+ 93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)

Category III

Category III	0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month
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Evaluation and Management

Evaluation and Management	99221	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	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
Evaluation and Management	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.

Revised CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99223	<p>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.</p>
Evaluation and Management	99231	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.</p>
Evaluation and Management	99232	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.</p>
Evaluation and Management	99233	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>A detailed interval history; A detailed examination; Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.</p>

Revised CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99234	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components:</p> <p>A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</p>
Evaluation and Management	99235	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.</p>
Evaluation and Management	99236	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit."</p>	<p>Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.</p>
Evaluation and Management	99238	Hospital discharge day management; 30 minutes or less	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter
Evaluation and Management	99239	Hospital discharge day management; more than 30 minutes.	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter
Evaluation and Management	99242	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>	<p>Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.</p>

Revised CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99243	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <p>A detailed history; A detailed examination; and Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</p>	<p>Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>
Evaluation and Management	99244	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.</p>	<p>Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p>
Evaluation and Management	99245	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.</p>	<p>Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.</p>
Evaluation and Management	99252	<p>Inpatient consultation for a new or established patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.</p>
Evaluation and Management	99253	<p>Inpatient consultation for a new or established patient, which requires these 3 key components:</p> <p>A detailed history; A detailed examination; and Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</p>

Revised CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99254	<p>Inpatient consultation for a new or established patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.</p>
Evaluation and Management	99255	<p>Inpatient consultation for a new or established patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	<p>Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.</p>
Evaluation and Management	99281	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A problem focused history; A problem focused examination; and Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self limited or minor.</p>	<p>Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional</p>
Evaluation and Management	99282	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity.</p>	<p>Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making</p>
Evaluation and Management	99283	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity.</p>	<p>Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making</p>

Revised CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99284	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A detailed history; A detailed examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.</p>	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making
Evaluation and Management	99285	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.</p>	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making
Evaluation and Management	99304	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.
Evaluation and Management	99305	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.

Revised CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99306	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</p>
Evaluation and Management	99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>A problem focused interval history; A problem focused examination; Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.</p>
Evaluation and Management	99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.</p>
Evaluation and Management	99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>A detailed interval history; A detailed examination; Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>

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Evaluation and Management	99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <p>A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</p>
Evaluation and Management	99315	<p>Nursing facility discharge day management; 30 minutes or less</p>	<p>Nursing facility discharge management; 30 minutes or less total time on the date of the encounter</p>
Evaluation and Management	99316	<p>Nursing facility discharge day management; more than 30 minutes</p>	<p>Nursing facility discharge management; more than 30 minutes total time on the date of the encounter</p>
Evaluation and Management	99341	<p>Home visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <p>A problem focused history; A problem focused examination; and Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.</p>
Evaluation and Management	99342	<p>Home visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>
Evaluation and Management	99344	<p>Home visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.</p>

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Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99345	<p>Home visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.</p>
Evaluation and Management	99347	<p>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <p>A problem focused interval history; A problem focused examination; Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.</p>
Evaluation and Management	99348	<p>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <p>An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>
Evaluation and Management	99349	<p>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <p>A detailed interval history; A detailed examination; Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</p>	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p>

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Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Evaluation and Management	99350	<p>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <p>A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.</p>	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
Evaluation and Management	99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)
Evaluation and Management	99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
Evaluation and Management	99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
Evaluation and Management	99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
Evaluation and Management	99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
Evaluation and Management	99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

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Specialty	CPT/HCPCS Code	2022 Description	2023 Description
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	99495	Transitional Care Management Services with the following required elements:Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge
Evaluation and Management	99496	Transitional Care Management Services with the following required elements:Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge

Eye and Ocular Adnexa System

Eye and Ocular Adnexa System	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent
Eye and Ocular Adnexa System	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent

HCPCS

HCPCS	A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
HCPCS	E2102	Adjunctive continuous glucose monitor or receiver	Adjunctive, non-implanted continuous glucose monitor or receiver
HCPCS	J0131	Injection, acetaminophen, 10 mg	Injection, acetaminophen, not otherwise specified, 10 mg
HCPCS	J0610	Injection, calcium gluconate, per 10 ml	Injection, calcium gluconate (fresenius kabi), per 10 ml
HCPCS	J9041	Injection, bortezomib (velcade), 0.1 mg	Injection, bortezomib, 0.1 mg
HCPCS	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply
HCPCS	A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
HCPCS	A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
HCPCS	K0553 revised to A4239	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
HCPCS	K0554 revised to E2103	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Non-adjunctive, non-implanted continuous glucose monitor or receiver

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Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Integumentary			
Integumentary	15851	Removal of sutures under anesthesia (other than local), other surgeon	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)
Medicine			
Medicine	92065	Orthoptic training	Orthoptic training; performed by a physician or other qualified health care professional
Medicine	92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral
Medicine	92284	Dark adaptation examination with interpretation and report	Diagnostic dark adaptation examination with interpretation and report
Medicine	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)
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	Remote therapeutic monitoring (eg, 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	Remote therapeutic monitoring (eg, 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	Remote therapeutic monitoring (eg, 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
Musculoskeletal			
Musculoskeletal	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])
Musculoskeletal	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar
Musculoskeletal	27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed
Nervous System			
Nervous System	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed
Nervous System	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
Nervous System	64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed
Nervous System	64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed
Nervous System	64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
Nervous System	64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed
Nervous System	64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

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Specialty	CPT/HCPCS Code	2022 Description	2023 Description
Pathology and Laboratory			
Pathology and Laboratory Codes	81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
Pathology and Laboratory Codes	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
Pathology and Laboratory Codes	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis

Radiology

Radiology	76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, periarticular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation
Radiology	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), or acquisition, single day imaging
Radiology	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/ detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/ detection of pathology, single area (eg, head, neck, chest, pelvis), or acquisition, single day imaging
Radiology	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen), or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
Radiology	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/ detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/ detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days

Urology

Urology	50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)
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Urology	50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)
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Deleted CPT HCPCS Codes for 2023

These are the deleted codes for 2023

Specialty	CPT/HCPCS Code	Description
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Cardiovascular System Cardiothoracic Surgery

Cardiovascular System Cardiothoracic Surgery	0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional
Cardiovascular System Cardiothoracic Surgery	0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage
Cardiovascular System Cardiothoracic Surgery	0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result
Cardiovascular System Cardiothoracic Surgery	0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional
Cardiovascular System Cardiothoracic Surgery	0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection
Cardiovascular System Cardiothoracic Surgery	0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event

Category III

Category III	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)
Category III	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
Category III	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
Category III	0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
Category III	0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
Category III	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
Category III	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
Category III	0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion
Category III	0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)
Category III	0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional
Category III	0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage
Category III	0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result
Category III	0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional
Category III	0487T	Biomechanical mapping, transvaginal, with report
Category III	0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less
Category III	0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
Category III	0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
Category III	0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection
Category III	0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event
Category III	0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
Category III	0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)

Deleted CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Category III	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
Category III	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

Digestive

Digestive	49560	Repair initial incisional or ventral hernia; reducible
Digestive	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
Digestive	49565	Repair recurrent incisional or ventral hernia; reducible
Digestive	49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
Digestive	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
Digestive	49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
Digestive	49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
Digestive	49580	Repair umbilical hernia, younger than age 5 years; reducible
Digestive	49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
Digestive	49585	Repair umbilical hernia, age 5 years or older; reducible
Digestive	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
Digestive	49590	Repair spigelian hernia
Digestive	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
Digestive	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
Digestive	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
Digestive	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
Digestive	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
Digestive	49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated

Evaluation and Management

Evaluation and Management	99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
Evaluation and Management	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: ? A detailed or comprehensive history; ? A detailed or comprehensive examination; and ? Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Evaluation and Management	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: ? A comprehensive history; ? A comprehensive examination; and ? Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Evaluation and Management	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: ? A comprehensive history; ? A comprehensive examination; and ? Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Evaluation and Management	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: ? Problem focused interval history; ? Problem focused examination; ? Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Deleted CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Evaluation and Management	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: ? An expanded problem focused interval history; ? An expanded problem focused examination; ? Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Evaluation and Management	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: ? A detailed interval history; ? A detailed examination; ? Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Evaluation and Management	99241	Office consultation for a new or established patient, which requires these 3 key components: ? A problem focused history; ? A problem focused examination; and ? Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
Evaluation and Management	99251	Inpatient consultation for a new or established patient, which requires these 3 key components: ? A problem focused history; ? A problem focused examination; and ? Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.
Evaluation and Management	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: ? A detailed interval history; ? A comprehensive examination; and ? Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.
Evaluation and Management	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: ? A problem focused history; ? A problem focused examination; and ? Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: ? An expanded problem focused history; ? An expanded problem focused examination; and ? Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: ? A detailed history; ? A detailed examination; and ? Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: ? A comprehensive history; ? A comprehensive examination; and ? Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: ? A comprehensive history; ? A comprehensive examination; and ? Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: ? A problem focused interval history; ? A problem focused examination; ? Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: ? An expanded problem focused interval history; ? An expanded problem focused examination; ? Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: ? A detailed interval history; ? A detailed examination; ? Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

Deleted CPT HCPCS Codes for 2023

Specialty	CPT/HCPCS Code	Description
Evaluation and Management	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: ? A comprehensive interval history; ? A comprehensive examination; ? Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Evaluation and Management	99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
Evaluation and Management	99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
Evaluation and Management	99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: ? A detailed history; ? A detailed examination; and ? Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
Evaluation and Management	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])
Evaluation and Management	99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
Evaluation and Management	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)
Evaluation and Management	99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

HCPCS

HCPCS	J2400	Injection, chloroprocaine hydrochloride, per 30 ml
HCPCS	J9044	Injection, bortezomib, not otherwise specified, 0.1 mg
HCPCS	K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service
HCPCS	K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

Integumentary

Integumentary	15850	Removal of sutures under anesthesia (other than local), same surgeon
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Pathology and Laboratory

Pathology and Laboratory	0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results
Pathology and Laboratory	0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma

Urology

Urology	0487T	Biomechanical mapping, transvaginal, with report
Urology	0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed

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