Medicine Service Codes Spreadsheet as of August 1, 2021						
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Code	NFAC	FAC	Global	PC	TC	Description
90281	-	-	I.C.	-	-	Immune globulin (Ig), human, for intramuscular use
90283	-	-	I.C.	-	-	Immune globulin (IgIV), human, for intravenous use
90284	-	-	I.C.	-	-	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90287	-	-	I.C.	-	-	Botulinum antitoxin, equine, any route
90288	-	-	I.C.	-	-	Botulism immune globulin, human, for intravenous use
90291	-	-	I.C.	-	-	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90296	-	-	I.C.	-	-	Diphtheria antitoxin, equine, any route
90377	-	-	I.C.	-	-	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
90378	-	-	I.C.	-	-	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
90384	-	-	I.C.	-	-	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385	-	-	I.C.	-	-	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386	-	-	I.C.	-	-	Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389	-	-	I.C.	-	-	Tetanus immune globulin (TIg), human, for intramuscular use
90393	-	-	I.C.	-	-	Vaccinia immune globulin, human, for intramuscular use
90396	-	-	I.C.	-	-	Varicella-zoster immune globulin, human, for intramuscular use
90399	-	-	I.C.	-	-	Unlisted immune globulin
90460	-	-	$20.45	-	-	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	-	-	$9.84	-	-	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)
90471	-	-	$20.45	-	-	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	-	-	$9.84	-	-	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	-	-	$20.45	-	-	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	-	-	$9.84	-	-	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90476	-	-	I.C.	-	-	Adenovirus vaccine, type 4, live, for oral use
90477	-	-	I.C.	-	-	Adenovirus vaccine, type 7, live, for oral use
90581	-	-	I.C.	-	-	Anthrax vaccine, for subcutaneous or intramuscular use
90586	-	-	I.C.	-	-	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90587	-	-	I.C.	-	-	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
90619	-	-	I.C.	-	-	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90619	-	-	I.C.	-	-	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	-	-	I.C.	-	-	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	-	-	I.C.	-	-	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90625	-	-	I.C.	-	-	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
90630	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90633	-	-	I.C.	-	-	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	-	-	I.C.	-	-	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	-	-	$122.36	-	-	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90644	-	-	I.C.	-	-	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	-	-	I.C.	-	-	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	-	-	I.C.	-	-	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90649	-	-	I.C.	-	-	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use

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Code	NFAC	FAC	Global	PC	TC	Description
90650	-	-	I.C.	-	-	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90651	-	-	I.C.	-	-	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90653	-	-	I.C.	-	-	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90654	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
90655	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90656	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90658	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90660	-	-	I.C.	-	-	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90664	-	-	I.C.	-	-	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
90666	-	-	I.C.	-	-	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use
90667	-	-	I.C.	-	-	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use
90668	-	-	I.C.	-	-	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use
90672	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90673	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90676	-	-	I.C.	-	-	Rabies vaccine, for intradermal use
90680	-	-	I.C.	-	-	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	-	-	I.C.	-	-	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90682	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90685	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
90687	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90689	-	-	I.C.	-	-	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
90690	-	-	I.C.	-	-	Typhoid vaccine, live, oral
90694	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90696	-	-	I.C.	-	-	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90697	-	-	I.C.	-	-	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90698	-	-	I.C.	-	-	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90700	-	-	I.C.	-	-	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702	-	-	I.C.	-	-	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90707	-	-	I.C.	-	-	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	-	-	I.C.	-	-	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	-	-	I.C.	-	-	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90716	-	-	I.C.	-	-	Varicella virus vaccine (VAR), live, for subcutaneous use
90717	-	-	I.C.	-	-	Yellow fever vaccine, live, for subcutaneous use
90723	-	-	I.C.	-	-	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90733	-	-	I.C.	-	-	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	-	-	I.C.	-	-	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
90736	-	-	I.C.	-	-	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
90738	-	-	I.C.	-	-	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90739	-	-	I.C.	-	-	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90743	-	-	I.C.	-	-	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
90744	-	-	I.C.	-	-	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90748	-	-	I.C.	-	-	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
90749	-	-	I.C.	-	-	Unlisted vaccine/toxoid
90750	-	-	I.C.	-	-	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
90756	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
90785	$11.61	$10.45	-	-	-	Interactive complexity (List separately in addition to the code for primary procedure)
90791	$108.94	$94.74	-	-	-	Psychiatric diagnostic evaluation
90792	$120.79	$106.30	-	-	-	Psychiatric diagnostic evaluation with medical services
90832	$53.14	$47.35	-	-	-	Psychotherapy, 30 minutes with patient
90833	$54.59	$49.38	-	-	-	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	$70.67	$63.13	-	-	-	Psychotherapy, 45 minutes with patient
90836	$69.17	$62.51	-	-	-	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	$105.75	$94.45	-	-	-	Psychotherapy, 60 minutes with patient
90838	$90.84	$82.15	-	-	-	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839	$110.36	$98.77	-	-	-	Psychotherapy for crisis; first 60 minutes
90840	$52.85	$47.35	-	-	-	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845	$75.01	$67.77	-	-	-	Psychoanalysis
90846	$76.88	$76.31	-	-	-	Family psychotherapy (without the patient present), 50 minutes
90847	$79.54	$79.25	-	-	-	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	$28.02	$22.23	-	-	-	Multiple-family group psychotherapy
90853	$21.07	$18.75	-	-	-	Group psychotherapy (other than of a multiple-family group)
90863	$20.62	$19.17	-	-	-	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90865	$131.65	$97.16	-	-	-	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90867	-	-	I.C.	-	-	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	-	-	I.C.	-	-	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	-	-	I.C.	-	-	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
90870	$138.08	$83.60	-	-	-	Electroconvulsive therapy (includes necessary monitoring)
90875	$47.66	$47.37	-	-	-	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
90876	$83.93	$75.23	-	-	-	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
90880	$83.49	$69.57	-	-	-	Hypnotherapy
90882	-	-	I.C.	-	-	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	-	-	$38.66	-	-	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	$68.33	$58.47	-	-	-	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	-	-	I.C.	-	-	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
90899	-	-	I.C.	-	-	Unlisted psychiatric service or procedure
90901	$32.23	$15.42	-	-	-	Biofeedback training by any modality
90912	$63.36	$34.08	-	-	-	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
90913	$25.30	$18.93	-	-	-	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global	PC	TC	Description
90935	-	-	$56.25	-	-	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	-	-	$80.36	-	-	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940	-	-	I.C.	-	-	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945	-	-	$66.48	-	-	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
90947	-	-	$95.74	-	-	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription
90951	-	-	$720.32	-	-	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90952	-	-	I.C.	-	-	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90953	-	-	I.C.	-	-	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90954	-	-	$624.95	-	-	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90955	-	-	$352.86	-	-	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90956	-	-	$246.03	-	-	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90957	-	-	$496.14	-	-	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90958	-	-	$337.49	-	-	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90959	-	-	$228.72	-	-	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90960	-	-	$219.78	-	-	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90961	-	-	$184.88	-	-	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90962	-	-	$142.99	-	-	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
90963	-	-	$419.27	-	-	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964	-	-	$366.89	-	-	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents

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Code	NFAC	FAC	Global	PC	TC	Description
90965	-	-	$350.74	-	-	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	-	-	$184.59	-	-	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	-	-	$13.83	-	-	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	-	-	$12.22	-	-	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	-	-	$11.66	-	-	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	-	-	$6.28	-	-	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90989	-	-	I.C.	-	-	Dialysis training, patient, including helper where applicable, any mode, completed course
90993	-	-	I.C.	-	-	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997	-	-	$69.18	-	-	Hemoperfusion (eg, with activated charcoal or resin)
90999	-	-	I.C.	-	-	Unlisted dialysis procedure, inpatient or outpatient
91010	-	-	$161.70	$51.37	$110.34	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;
91013	-	-	$20.67	$7.34	$13.33	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
91020	-	-	$209.18	$57.68	$151.49	Gastric motility (manometric) studies
91022	-	-	$134.40	$57.68	$76.72	Duodenal motility (manometric) study
91030	-	-	$111.74	$36.47	$75.27	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034	-	-	$154.10	$39.08	$115.02	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035	-	-	$392.92	$64.29	$328.63	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037	-	-	$133.86	$38.84	$95.02	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038	-	-	$357.87	$44.03	$313.85	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
91040	-	-	$414.58	$39.57	$375.00	Esophageal balloon distension study, diagnostic, with provocation when performed
91065	-	-	$64.92	$7.87	$57.05	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91110	-	-	$699.77	$99.56	$600.20	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
91111	-	-	$671.43	$40.22	$631.22	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
91112	-	-	$1,182.47	$84.04	$1,098.43	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91117	-	-	$106.92	-	-	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
91120	-	-	$397.03	$38.26	$358.77	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122	-	-	$201.81	$69.16	$132.65	Anorectal manometry
91132	-	-	$264.08	$20.95	$243.13	Electrogastrography, diagnostic, transcutaneous;
91133	-	-	$282.86	$26.40	$256.46	Electrogastrography, diagnostic, transcutaneous; with provocative testing
91200	-	-	$29.68	$10.89	$18.79	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
91299	-	-	I.C.	-	-	Unlisted diagnostic gastroenterology procedure
91300	-	-	I.C.	-	-	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
91301	-	-	I.C.	-	-	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
92002	$66.44	$36.59	-	-	-	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	$117.91	$75.59	-	-	-	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

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Code	NFAC	FAC	Global	PC	TC	Description
92012	$69.78	$40.21	-	-	-	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	$99.18	$60.92	-	-	-	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92018	-	-	$111.04	-	-	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019	-	-	$56.55	-	-	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	$21.65	$16.15	-	-	-	Gonioscopy (separate procedure)
92025	-	-	$29.19	$15.33	$13.87	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	-	-	$50.10	$29.27	$20.82	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065	-	-	$42.19	$13.83	$28.36	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92071	$29.13	$25.66	-	-	-	Fitting of contact lens for treatment of ocular surface disease
92072	$99.95	$75.02	-	-	-	Fitting of contact lens for management of keratoconus, initial fitting
92081	-	-	$26.71	$12.55	$14.16	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082	-	-	$37.77	$16.65	$21.11	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	-	-	$50.27	$21.33	$28.94	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	$65.94	$25.66	-	-	-	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92132	-	-	$24.97	$12.84	$12.13	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	-	-	$29.36	$17.23	$12.13	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	-	-	$32.14	$19.72	$12.42	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136	-	-	$49.60	$24.13	$25.46	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92145	-	-	$11.84	$6.09	$5.75	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
92201	$19.51	$17.77	-	-	-	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
92202	$12.36	$11.49	-	-	-	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
92227	-	-	$10.97	-	-	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	-	-	$26.83	$16.15	$10.68	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92229	-	-	I.C.	-	-	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
92230	$61.58	$25.93	-	-	-	Fluorescein angioscopy with interpretation and report
92235	-	-	$82.99	$33.47	$49.52	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92240	-	-	$162.68	$36.65	$126.03	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92242	-	-	$192.06	$42.26	$149.80	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral
92250	-	-	$35.74	$16.65	$19.08	Fundus photography with interpretation and report
92260	$15.40	$8.45	-	-	-	Ophthalmodynamometry

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Code	NFAC	FAC	Global	PC	TC	Description
92265	-	-	$68.93	$36.22	$32.71	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270	-	-	$76.96	$32.95	$44.01	Electro-oculography with interpretation and report
92273	-	-	$104.83	$28.69	$76.14	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)
92274	-	-	$70.58	$25.41	$45.17	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)
92283	-	-	$42.68	$7.07	$35.60	Color vision examination, extended, eg, anomaloscope or equivalent
92284	-	-	$47.97	$9.80	$38.17	Dark adaptation examination with interpretation and report
92285	-	-	$17.76	$2.44	$15.32	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286	-	-	$30.81	$17.23	$13.58	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
92287	-	-	$123.66	$36.22	$87.44	Anterior segment imaging with interpretation and report; with fluorescein angiography
92310	$79.61	$46.28	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	$82.76	$41.89	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	$95.94	$48.12	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	$77.98	$34.51	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	$68.47	$27.60	-	-	-	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	$63.19	$16.53	-	-	-	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	$78.28	$24.95	-	-	-	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	$66.09	$16.53	-	-	-	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325	-	-	$36.18	-	-	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	-	-	$30.68	-	-	Replacement of contact lens
92352	$34.90	$14.61	-	-	-	Fitting of spectacle prosthesis for aphakia; monofocal
92353	$40.28	$19.99	-	-	-	Fitting of spectacle prosthesis for aphakia; multifocal
92354	-	-	$10.68	-	-	Fitting of spectacle mounted low vision aid; single element system
92355	-	-	$16.72	-	-	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358	-	-	$8.94	-	-	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371	-	-	$9.23	-	-	Repair and refitting spectacles; spectacle prosthesis for aphakia
92499	-	-	I.C.	-	-	Unlisted ophthalmological service or procedure
92502	-	-	$73.85	-	-	Otolaryngologic examination under general anesthesia
92504	$23.28	$7.34	-	-	-	Binocular microscopy (separate diagnostic procedure)
92507	-	-	$61.80	-	-	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	-	-	$18.85	-	-	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	$90.44	$29.58	-	-	-	Nasopharyngoscopy with endoscope (separate procedure)
92512	$47.41	$21.90	-	-	-	Nasal function studies (eg, rhinomanometry)
92516	$55.04	$17.65	-	-	-	Facial nerve function studies (eg, electroneuronography)
92517	$70.51	$34.42	-	-	-	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	$65.56	$34.42	-	-	-	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	$109.62	$51.71	-	-	-	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
92520	$64.02	$31.84	-	-	-	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92521	-	-	$88.38	-	-	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	-	-	$71.89	-	-	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	-	-	$151.55	-	-	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

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Code	NFAC	FAC	Global	PC	TC	Description
92524	-	-	$70.15	-	-	Behavioral and qualitative analysis of voice and resonance
92526	-	-	$68.36	-	-	Treatment of swallowing dysfunction and/or oral function for feeding
92531	-	-	I.C.	-	-	Spontaneous nystagmus, including gaze
92532	-	-	I.C.	-	-	Positional nystagmus test
92533	-	-	I.C.	-	-	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
92534	-	-	I.C.	-	-	Optokinetic nystagmus test
92537	-	-	$32.64	$24.57	$8.07	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
92538	-	-	$17.72	$12.55	$5.17	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)
92540	-	-	$84.16	$61.59	$22.56	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92541	-	-	$19.80	$16.36	$3.43	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	-	-	$23.08	$19.64	$3.43	Positional nystagmus test, minimum of 4 positions, with recording
92544	-	-	$13.74	$11.18	$2.56	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	-	-	$12.92	$10.35	$2.56	Oscillating tracking test, with recording
92546	-	-	$90.45	$11.71	$78.75	Sinusoidal vertical axis rotational testing
92547	-	-	$6.96	-	-	Use of vertical electrodes (List separately in addition to code for primary procedure)
92548	-	-	$39.09	$26.96	$12.13	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;
92549	-	-	$49.90	$34.87	$15.03	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)
92550	-	-	$17.31	-	-	Tympanometry and reflex threshold measurements
92551	-	-	$9.52	-	-	Screening test, pure tone, air only
92552	-	-	$25.75	-	-	Pure tone audiometry (threshold); air only
92553	-	-	$31.26	-	-	Pure tone audiometry (threshold); air and bone
92555	-	-	$19.37	-	-	Speech audiometry threshold;
92556	-	-	$30.97	-	-	Speech audiometry threshold; with speech recognition
92557	$29.69	$25.35	-	-	-	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92558	$7.65	$6.78	-	-	-	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
92559	-	-	I.C.	-	-	Audiometric testing of groups
92560	-	-	I.C.	-	-	Bekesy audiometry; screening
92561	-	-	$31.79	-	-	Bekesy audiometry; diagnostic
92562	-	-	$36.18	-	-	Loudness balance test, alternate binaural or monaural
92563	-	-	$24.88	-	-	Tone decay test
92564	-	-	$19.37	-	-	Short increment sensitivity index (SISI)
92565	-	-	$12.71	-	-	Stenger test, pure tone
92567	$12.51	$8.45	-	-	-	Tympanometry (impedance testing)
92568	$12.24	$11.95	-	-	-	Acoustic reflex testing, threshold
92570	$25.76	$23.15	-	-	-	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92571	-	-	$21.98	-	-	Filtered speech test
92572	-	-	$28.31	-	-	Staggered spondaic word test
92575	-	-	$53.24	-	-	Sensorineural acuity level test
92576	-	-	$29.52	-	-	Synthetic sentence identification test
92577	-	-	$11.26	-	-	Stenger test, speech
92579	$36.40	$29.74	-	-	-	Visual reinforcement audiometry (VRA)
92582	-	-	$59.91	-	-	Conditioning play audiometry
92583	-	-	$39.37	-	-	Select picture audiometry
92584	-	-	$60.20	-	-	Electrocochleography
92587	-	-	$17.31	$14.46	$2.85	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588	-	-	$26.38	$22.66	$3.72	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
92596	-	-	$53.28	-	-	Ear protector attenuation measurements

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Code	NFAC	FAC	Global	PC	TC	Description
92597	-	-	$56.92	-	-	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601	$131.04	$98.00	-	-	-	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	$82.37	$55.42	-	-	-	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	$121.89	$94.93	-	-	-	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	$73.22	$52.93	-	-	-	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605	$73.37	$69.03	-	-	-	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92606	$65.34	$55.48	-	-	-	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607	-	-	$101.18	-	-	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	-	-	$40.75	-	-	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609	-	-	$85.32	-	-	Therapeutic services for the use of speech-generating device, including programming and modification
92610	$68.13	$56.53	-	-	-	Evaluation of oral and pharyngeal swallowing function
92611	-	-	$72.24	-	-	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	$160.86	$53.04	-	-	-	Flexible endoscopic evaluation of swallowing by cine or video recording;
92613	-	-	$29.33	-	-	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614	$118.79	$51.83	-	-	-	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	-	-	$25.76	-	-	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92616	$172.85	$77.49	-	-	-	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	-	-	$32.04	-	-	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
92618	$26.00	$25.71	-	-	-	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92620	$73.43	$63.58	-	-	-	Evaluation of central auditory function, with report; initial 60 minutes
92621	$17.65	$14.75	-	-	-	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92625	$54.92	$48.54	-	-	-	Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	$70.54	$59.23	-	-	-	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	$16.82	$13.93	-	-	-	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)
92630	-	-	I.C.	-	-	Auditory rehabilitation; prelingual hearing loss
92633	-	-	I.C.	-	-	Auditory rehabilitation; postlingual hearing loss
92640	$89.32	$74.82	-	-	-	Diagnostic analysis with programming of auditory brainstem implant, per hour
92650	-	-	$23.40	-	-	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
92651	-	-	$73.44	-	-	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652	-	-	$95.50	-	-	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	-	-	$70.12	-	-	Auditory evoked potentials; neurodiagnostic, with interpretation and report
92700	-	-	I.C.	-	-	Unlisted otorhinolaryngological service or procedure
92920	-	-	$412.71	-	-	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	-	-	I.C.	-	-	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92924	-	-	$491.92	-	-	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925	-	-	I.C.	-	-	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92928	-	-	$459.00	-	-	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

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Code	NFAC	FAC	Global	PC	TC	Description
92929	-	-	I.C.	-	-	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92933	-	-	$515.16	-	-	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934	-	-	I.C.	-	-	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92937	-	-	$458.44	-	-	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92938	-	-	I.C.	-	-	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)
92941	-	-	$516.02	-	-	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
92943	-	-	$516.02	-	-	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92944	-	-	I.C.	-	-	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
92950	$253.91	$143.77	-	-	-	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953	-	-	$0.80	-	-	Temporary transcutaneous pacing
92960	$125.22	$84.93	-	-	-	Cardioversion, elective, electrical conversion of arrhythmia; external
92961	-	-	$192.96	-	-	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970	-	-	$146.94	-	-	Cardioassist-method of circulatory assist; internal
92971	-	-	$78.28	-	-	Cardioassist-method of circulatory assist; external
92973	-	-	$137.10	-	-	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92974	-	-	$125.39	-	-	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975	-	-	$292.73	-	-	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	-	-	$43.27	-	-	Thrombolysis, coronary; by intravenous infusion
92978	-	-	-	$73.55	-	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
92979	-	-	-	$59.30	-	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
92986	-	-	$1,028.64	-	-	Percutaneous balloon valvuloplasty; aortic valve
92987	-	-	$1,060.97	-	-	Percutaneous balloon valvuloplasty; mitral valve
92990	-	-	$848.38	-	-	Percutaneous balloon valvuloplasty; pulmonary valve
92997	-	-	$496.57	-	-	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	-	-	$250.87	-	-	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000	-	-	$13.40	-	-	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	-	-	$6.91	-	-	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	-	-	$6.49	-	-	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93015	-	-	$55.95	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
93016	-	-	$17.06	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
93017	-	-	$27.49	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018	-	-	$11.39	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024	-	-	$86.66	$44.15	$42.52	Ergonovine provocation test
93025	-	-	$113.33	$28.50	$84.83	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040	-	-	$9.98	-	-	Rhythm ECG, 1-3 leads; with interpretation and report
93041	-	-	$4.59	-	-	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042	-	-	$5.38	-	-	Rhythm ECG, 1-3 leads; interpretation and report only
93050	-	-	$12.82	$6.49	$6.33	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive
93224	-	-	$70.71	-	-	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
93225	-	-	$20.82	-	-	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	-	-	$29.52	-	-	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93227	-	-	$20.37	-	-	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
93228	-	-	$20.53	-	-	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
93229	-	-	$574.38	-	-	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
93241	-	-	I.C.	-	-	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93242	-	-	$12.73	-	-	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93243	-	-	I.C.	-	-	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
93244	-	-	$19.30	-	-	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
93245	-	-	$0.00	-	-	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93246	-	-	$12.73	-	-	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93247	-	-	$0.00	-	-	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	-	-	$21.21	-	-	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation
93260	-	-	$56.86	$33.43	$23.43	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system
93261	-	-	$52.25	$28.82	$23.43	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system

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Code	NFAC	FAC	Global	PC	TC	Description
93264	$39.50	$27.91	-	-	-	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional
93268	-	-	$162.01	-	-	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	-	-	$7.20	-	-	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	-	-	$135.31	-	-	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	-	-	$19.50	-	-	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
93278	-	-	$23.93	$9.78	$14.16	Signal-averaged electrocardiography (SAECG), with or without ECG
93279	-	-	$48.12	$24.98	$23.14	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber
93280	-	-	$56.77	$29.86	$26.91	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system
93281	-	-	$60.63	$33.14	$27.49	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system
93282	-	-	$58.02	$33.14	$24.88	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
93283	-	-	$72.26	$45.06	$27.20	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system
93284	-	-	$78.10	$48.88	$29.23	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system
93285	-	-	$42.64	$20.37	$22.27	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system
93286	-	-	$32.21	$11.97	$20.24	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
93287	-	-	$38.18	$17.93	$20.24	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system
93288	-	-	$39.14	$16.29	$22.85	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
93289	-	-	$52.18	$29.04	$23.14	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
93290	-	-	$37.65	$16.82	$20.82	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93291	-	-	$34.36	$14.41	$19.95	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis
93292	-	-	$35.62	$16.53	$19.08	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
93293	-	-	$41.46	$11.66	$29.81	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
93294	-	-	$24.10	-	-	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	-	-	$29.55	-	-	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	-	-	$20.82	-	-	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	-	-	$20.82	-	-	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional
93298	-	-	$21.11	-	-	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
93303	-	-	$187.20	$49.04	$138.16	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	-	-	$128.94	$28.17	$100.77	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93306	-	-	$165.85	$56.38	$109.47	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307	-	-	$113.16	$34.71	$78.46	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308	-	-	$79.43	$19.77	$59.66	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93312	-	-	$195.58	$84.38	$111.21	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	-	-	$8.84	-	-	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	-	-	$188.30	$69.85	$118.45	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	-	-	-	$99.36	$386.60	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	-	-	$20.91	-	-	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	-	-	-	$70.63	-	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	-	-	-	$80.26	$386.60	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320	-	-	$42.74	$14.09	$28.65	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

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Code	NFAC	FAC	Global	PC	TC	Description
93321	-	-	$21.32	$5.67	$15.65	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	-	-	$20.12	$2.44	$17.68	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	-	-	$151.45	$54.74	$96.71	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
93351	-	-	$187.46	$65.57	$121.89	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
93352	-	-	$26.98	-	-	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
93355	-	-	$177.83	-	-	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D
93356	$32.07	$9.17	-	-	-	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
93451	-	-	$685.68	$102.09	$583.59	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	-	-	$736.13	$183.93	$552.20	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	-	-	$947.91	$246.16	$701.76	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	-	-	$737.63	$186.01	$551.62	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
93455	-	-	$837.76	$216.58	$621.18	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
93456	-	-	$933.15	$242.12	$691.03	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	-	-	$1,032.88	$273.16	$759.72	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	-	-	$862.77	$229.70	$633.07	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	-	-	$938.26	$260.27	$677.99	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	-	-	$1,038.15	$291.18	$746.97	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	-	-	$1,162.33	$322.04	$840.30	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

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Code	NFAC	FAC	Global	PC	TC	Description
93462	-	-	$163.99	-	-	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93463	-	-	$76.24	-	-	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
93464	-	-	$194.83	$68.79	$126.03	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
93503	-	-	$68.19	-	-	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	-	-	$570.68	$173.69	$396.98	Endomyocardial biopsy
93530	-	-	-	$158.82	-	Right heart catheterization, for congenital cardiac anomalies
93531	-	-	-	$329.88	-	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532	-	-	-	$410.11	-	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533	-	-	-	$274.68	-	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93561	-	-	-	$35.50	-	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	-	-	-	$28.70	-	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
93563	-	-	$44.87	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
93564	-	-	$47.64	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)
93565	-	-	$34.69	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
93566	$118.23	$35.91	-	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	$99.52	$40.97	-	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
93568	$108.32	$36.74	-	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
93571	-	-	-	$56.88	-	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572	-	-	-	$41.08	-	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93580	-	-	$758.40	-	-	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581	-	-	$1,032.09	-	-	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93582	-	-	$516.38	-	-	Percutaneous transcatheter closure of patent ductus arteriosus
93583	-	-	$577.42	-	-	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
93590	-	-	$844.76	-	-	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
93591	-	-	$700.45	-	-	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

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Code	NFAC	FAC	Global	PC	TC	Description
93592	-	-	$307.58	-	-	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
93600	-	-	-	$92.98	-	Bundle of His recording
93602	-	-	-	$91.00	-	Intra-atrial recording
93603	-	-	-	$91.00	-	Right ventricular recording
93609	-	-	-	$216.87	-	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610	-	-	-	$127.53	-	Intra-atrial pacing
93612	-	-	-	$126.22	-	Intraventricular pacing
93613	-	-	$232.06	-	-	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615	-	-	-	$29.69	-	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616	-	-	-	$46.58	-	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618	-	-	-	$171.96	-	Induction of arrhythmia by electrical pacing
93619	-	-	-	$305.19	-	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620	-	-	-	$489.17	-	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621	-	-	-	$91.58	-	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622	-	-	-	$134.11	-	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623	-	-	-	$123.65	-	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624	-	-	-	$186.68	-	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631	-	-	-	$306.53	-	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640	-	-	-	$139.14	-	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
93641	-	-	-	$243.64	-	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
93642	-	-	$266.09	$199.23	$66.86	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93644	-	-	$155.26	$112.99	$42.27	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93650	-	-	$462.27	-	-	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653	-	-	$653.09	-	-	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
93654	-	-	$874.59	-	-	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
93655	-	-	$333.12	-	-	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
93656	-	-	$877.15	-	-	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation
93657	-	-	$332.83	-	-	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
93660	-	-	$125.38	$72.48	$52.90	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93662	-	-	-	$110.97	-	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668	-	-	$12.66	-	-	Peripheral arterial disease (PAD) rehabilitation, per session
93701	-	-	$21.40	-	-	Bioimpedance-derived physiologic cardiovascular analysis
93702	-	-	$112.95	-	-	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93724	-	-	$220.28	$189.02	$31.26	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93740	-	-	$6.23	-	-	Temperature gradient studies
93745	-	-	I.C.	-	-	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93750	$44.78	$37.24	-	-	-	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report
93770	-	-	$6.23	-	-	Determination of venous pressure
93784	-	-	$36.90	-	-	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786	-	-	$18.50	-	-	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only
93788	-	-	$4.01	-	-	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report
93790	-	-	$14.38	-	-	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report
93792	-	-	$53.19	-	-	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
93793	-	-	$9.08	-	-	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed
93797	$12.85	$6.76	-	-	-	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
93798	$20.09	$10.82	-	-	-	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799	-	-	I.C.	-	-	Unlisted cardiovascular service or procedure
93880	-	-	$161.14	$30.52	$130.63	Duplex scan of extracranial arteries; complete bilateral study
93882	-	-	$103.82	$19.28	$84.54	Duplex scan of extracranial arteries; unilateral or limited study
93886	-	-	$220.58	$36.62	$183.96	Transcranial Doppler study of the intracranial arteries; complete study
93888	-	-	$110.33	$20.28	$90.05	Transcranial Doppler study of the intracranial arteries; limited study
93890	-	-	$223.88	$39.93	$183.96	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892	-	-	$136.18	$46.38	$89.80	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	-	-	$136.27	$46.47	$89.80	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93895	-	-	I.C.	-	-	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
93922	-	-	$68.77	$9.69	$59.08	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
93923	-	-	$106.98	$16.93	$90.05	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
93924	-	-	$132.36	$18.84	$113.53	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
93925	-	-	$205.44	$29.94	$175.50	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	-	-	$108.59	$18.55	$90.05	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930	-	-	$166.51	$30.67	$135.84	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	-	-	$103.96	$18.84	$85.12	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93970	-	-	$157.62	$26.41	$131.21	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	-	-	$98.42	$17.02	$81.40	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975	-	-	$223.55	$43.99	$179.56	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	-	-	$120.61	$30.56	$90.05	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	-	-	$151.73	$30.09	$121.64	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	-	-	$97.54	$18.79	$78.75	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	-	-	$96.94	$47.43	$49.52	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	-	-	$59.07	$16.51	$42.56	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93985	-	-	$215.74	$29.51	$186.23	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
93986	-	-	$109.04	$18.99	$90.05	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
93990	-	-	$108.99	$18.94	$90.05	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93998	-	-	I.C.	-	-	Unlisted noninvasive vascular diagnostic study
94002	-	-	$70.66	-	-	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

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Code	NFAC	FAC	Global	PC	TC	Description
94003	-	-	$51.21	-	-	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004	-	-	$38.01	-	-	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94005	-	-	$72.05	-	-	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more
94010	-	-	$28.48	$6.49	$21.98	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94011	-	-	$66.51	-	-	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012	-	-	$108.42	-	-	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013	-	-	$14.80	-	-	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age
94014	-	-	$44.38	-	-	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
94015	-	-	$24.88	-	-	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016	-	-	$19.50	-	-	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional
94060	-	-	$47.60	$10.02	$37.59	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070	-	-	$46.79	$21.91	$24.88	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
94150	-	-	$20.32	$2.97	$17.35	Vital capacity, total (separate procedure)
94200	-	-	$18.05	$3.60	$14.45	Maximum breathing capacity, maximal voluntary ventilation
94375	-	-	$31.03	$11.37	$19.66	Respiratory flow volume loop
94450	-	-	$53.33	$14.58	$38.75	Breathing response to hypoxia (hypoxia response curve)
94452	-	-	$42.04	$11.08	$30.97	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;
94453	-	-	$57.72	$14.58	$43.14	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration
94610	-	-	$42.83	-	-	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube
94617	-	-	$72.83	$25.68	$47.15	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry
94618	-	-	$26.22	$17.57	$8.65	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
94619	-	-	$60.49	$18.45	$42.04	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)
94621	-	-	$126.44	$53.83	$72.61	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings
94640	-	-	$14.45	-	-	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device
94642	-	-	I.C.	-	-	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94644	-	-	$43.72	-	-	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	-	-	$13.58	-	-	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
94660	$50.32	$29.46	-	-	-	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	-	-	$27.72	-	-	Continuous negative pressure ventilation (CNP), initiation and management
94664	-	-	$13.58	-	-	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	-	-	$20.20	-	-	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation

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Code	NFAC	FAC	Global	PC	TC	Description
94668	-	-	$23.39	-	-	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94669	-	-	$23.97	-	-	Mechanical chest wall oscillation to facilitate lung function, per session
94680	-	-	$43.04	$9.75	$33.29	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681	-	-	$42.60	$7.87	$34.74	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690	-	-	$41.18	$2.97	$38.21	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94726	-	-	$43.04	$9.46	$33.58	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727	-	-	$34.92	$9.46	$25.46	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728	-	-	$32.60	$9.75	$22.85	Airway resistance by oscillometry
94729	-	-	$45.53	$7.02	$38.50	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
94760	-	-	$1.98	-	-	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	-	-	$3.14	-	-	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	-	-	$21.40	-	-	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94772	-	-	I.C.	-	-	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant
94774	-	-	I.C.	-	-	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional
94775	-	-	I.C.	-	-	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)
94776	-	-	I.C.	-	-	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
94777	-	-	I.C.	-	-	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional
94780	$40.13	$18.40	-	-	-	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
94781	$15.77	$6.49	-	-	-	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)
94799	-	-	I.C.	-	-	Unlisted pulmonary service or procedure
95004	-	-	$3.41	-	-	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95012	-	-	$16.19	-	-	Nitric oxide expired gas determination
95017	$6.74	$2.97	-	-	-	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	$17.00	$5.41	-	-	-	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024	$6.60	$0.80	-	-	-	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	-	-	$3.99	-	-	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
95028	-	-	$10.39	-	-	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	-	-	$4.30	-	-	Patch or application test(s) (specify number of tests)
95052	-	-	$5.17	-	-	Photo patch test(s) (specify number of tests)
95056	-	-	$37.92	-	-	Photo tests
95060	-	-	$28.65	-	-	Ophthalmic mucous membrane tests
95065	-	-	$21.11	-	-	Direct nasal mucous membrane test
95070	-	-	$26.86	-	-	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds

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Code	NFAC	FAC	Global	PC	TC	Description
95076	$93.72	$57.78	-	-	-	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	$65.95	$53.19	-	-	-	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)
95115	-	-	$7.49	-	-	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	-	-	$8.65	-	-	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95120	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
95125	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
95130	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
95132	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
95133	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
95134	-	-	I.C.	-	-	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
95144	$11.98	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	$25.02	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	$46.18	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147	$46.47	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	$67.92	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	$90.24	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	$11.69	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	$8.79	$2.42	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	$106.83	$80.16	-	-	-	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	-	-	I.C.	-	-	Unlisted allergy/clinical immunologic service or procedure
95249	-	-	$44.50	-	-	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250	-	-	$122.37	-	-	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	-	-	$27.62	-	-	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report
95700	-	-	I.C.	-	-	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
95705	-	-	I.C.	-	-	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored

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Code	NFAC	FAC	Global	PC	TC	Description
95706	-	-	I.C.	-	-	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95707	-	-	I.C.	-	-	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95708	-	-	I.C.	-	-	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95709	-	-	I.C.	-	-	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95710	-	-	I.C.	-	-	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95711	-	-	I.C.	-	-	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95712	-	-	I.C.	-	-	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95713	-	-	I.C.	-	-	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	-	-	I.C.	-	-	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95715	-	-	I.C.	-	-	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95716	-	-	I.C.	-	-	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95717	$79.76	$78.60	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video
95718	$105.22	$103.48	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
95719	$123.56	$122.11	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video
95720	$162.87	$160.26	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)
95721	$164.32	$160.84	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video
95722	$199.33	$195.56	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
95723	$203.76	$199.12	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video
95724	$254.57	$249.35	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
95725	$232.66	$226.57	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video
95726	$321.74	$315.07	-	-	-	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)

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Code	NFAC	FAC	Global	PC	TC	Description
95782	-	-	$731.14	$97.26	$633.88	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	-	-	$777.11	$105.68	$671.43	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
95800	-	-	$133.38	$31.98	$101.40	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	-	-	$70.77	$31.98	$38.79	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
95803	-	-	$119.92	$34.46	$85.46	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805	-	-	$335.82	$45.52	$290.30	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806	-	-	$93.18	$34.68	$58.50	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95807	-	-	$329.25	$47.35	$281.89	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	-	-	$528.93	$67.63	$461.30	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	-	-	$491.77	$93.45	$398.32	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	-	-	$513.84	$96.97	$416.87	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
95812	-	-	$266.24	$44.66	$221.59	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	-	-	$330.17	$67.81	$262.37	Electroencephalogram (EEG) extended monitoring; 61-119 minutes
95816	-	-	$295.52	$44.66	$250.86	Electroencephalogram (EEG); including recording awake and drowsy
95819	-	-	$351.37	$44.95	$306.42	Electroencephalogram (EEG); including recording awake and asleep
95822	-	-	$318.33	$44.95	$273.38	Electroencephalogram (EEG); recording in coma or sleep only
95824	-	-	-	$30.51	-	Electroencephalogram (EEG); cerebral death evaluation only
95829	-	-	$1,516.06	$261.73	$1,254.34	Electrocorticogram at surgery (separate procedure)
95830	$407.68	$72.05	-	-	-	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording
95836	-	-	$86.02	-	-	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days
95851	$17.53	$6.23	-	-	-	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	$15.34	$4.61	-	-	-	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	$43.98	$23.40	-	-	-	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	-	-	$95.92	$40.60	$55.31	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	-	-	$136.96	$64.26	$72.70	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	-	-	$169.48	$77.65	$91.83	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	-	-	$199.58	$82.82	$116.76	Needle electromyography; 4 extremities with or without related paraspinal areas
95865	-	-	$121.53	$65.35	$56.18	Needle electromyography; larynx
95866	-	-	$107.67	$52.06	$55.60	Needle electromyography; hemidiaphragm
95867	-	-	$86.19	$33.19	$52.99	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868	-	-	$112.77	$49.05	$63.72	Needle electromyography; cranial nerve supplied muscles, bilateral
95869	-	-	$77.50	$15.52	$61.98	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	-	-	$73.15	$15.52	$57.63	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	-	-	$156.35	$118.42	$37.92	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873	-	-	$61.94	$15.57	$46.37	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	-	-	$63.68	$15.28	$48.40	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95875	-	-	$106.59	$45.77	$60.82	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95885	-	-	$50.40	$14.46	$35.94	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
95886	-	-	$77.46	$35.72	$41.74	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)
95887	-	-	$67.68	$29.42	$38.26	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)
95905	-	-	$44.13	$2.15	$41.98	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
95907	-	-	$75.82	$41.95	$33.87	Nerve conduction studies; 1-2 studies
95908	-	-	$96.36	$52.35	$44.01	Nerve conduction studies; 3-4 studies
95909	-	-	$115.41	$62.71	$52.70	Nerve conduction studies; 5-6 studies
95910	-	-	$151.73	$83.95	$67.78	Nerve conduction studies; 7-8 studies
95911	-	-	$181.51	$103.88	$77.63	Nerve conduction studies; 9-10 studies
95912	-	-	$207.40	$123.72	$83.67	Nerve conduction studies; 11-12 studies
95913	-	-	$239.84	$146.90	$92.95	Nerve conduction studies; 13 or more studies
95921	-	-	$68.04	$35.04	$33.00	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922	-	-	$78.19	$37.42	$40.78	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
95923	-	-	$103.02	$35.53	$67.49	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95924	-	-	$118.73	$68.10	$50.63	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95925	-	-	$112.93	$21.73	$91.21	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	-	-	$107.47	$21.19	$86.28	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	-	-	$107.14	$20.90	$86.24	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928	-	-	$180.92	$62.13	$118.79	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	-	-	$186.42	$62.13	$124.29	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930	-	-	$53.54	$14.46	$39.08	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
95933	-	-	$65.90	$24.50	$41.40	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	-	-	$75.32	$26.96	$48.36	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
95938	-	-	$283.80	$35.92	$247.87	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
95939	-	-	$423.96	$92.90	$331.06	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
95940	-	-	$25.55	-	-	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941	-	-	I.C.	-	-	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
95943	-	-	I.C.	-	-	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change
95954	-	-	$312.91	$87.40	$225.51	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)
95955	-	-	$169.41	$41.93	$127.48	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95957	-	-	$204.44	$79.94	$124.49	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958	-	-	$465.73	$176.25	$289.47	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring

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Code	NFAC	FAC	Global	PC	TC	Description
95961	-	-	$246.26	$125.49	$120.77	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional
95962	-	-	$206.86	$134.20	$72.66	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
95965	-	-	-	$326.90	-	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966	-	-	-	$165.90	-	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
95967	-	-	-	$144.95	-	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
95970	$14.95	$14.66	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming
95971	$39.46	$31.64	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95972	$44.58	$32.12	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95976	$32.05	$31.47	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95977	$41.85	$41.27	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95980	-	-	$35.48	-	-	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
95981	$28.31	$13.82	-	-	-	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
95982	$44.57	$28.63	-	-	-	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
95983	$39.68	$39.10	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional
95984	$35.02	$34.44	-	-	-	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
95990	-	-	$73.68	-	-	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;
95991	$91.61	$31.32	-	-	-	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional
95992	$34.74	$29.24	-	-	-	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
95999	-	-	I.C.	-	-	Unlisted neurological or neuromuscular diagnostic procedure
96000	-	-	$72.43	-	-	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;
96001	-	-	$85.63	-	-	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96002	-	-	$17.12	-	-	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003	-	-	$13.25	-	-	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96004	-	-	$87.84	-	-	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96020	-	-	-	$125.86	-	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report
96040	-	-	$37.16	-	-	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
96105	-	-	$80.22	-	-	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96110	-	-	$10.27	-	-	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96112	$105.87	$98.63	-	-	-	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	$47.31	$44.70	-	-	-	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
96116	$75.02	$64.59	-	-	-	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96121	$64.67	$59.74	-	-	-	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global	PC	TC	Description
96125	-	-	$85.31	-	-	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96127	-	-	$10.27	-	-	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
96130	$91.27	$82.58	-	-	-	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96131	$70.14	$63.47	-	-	-	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
96132	$102.87	$81.42	-	-	-	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96133	$77.14	$62.65	-	-	-	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
96136	$37.06	$18.80	-	-	-	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
96137	$34.14	$14.72	-	-	-	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96138	-	-	$30.97	-	-	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	-	-	$30.97	-	-	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96146	-	-	$1.69	-	-	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
96156	$74.72	$67.19	-	-	-	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
96158	$50.99	$45.78	-	-	-	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	$17.81	$15.78	-	-	-	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96160	-	-	$2.03	-	-	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	-	-	$2.03	-	-	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
96164	$7.55	$6.69	-	-	-	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
96165	$3.52	$2.94	-	-	-	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	$54.76	$48.96	-	-	-	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	$19.43	$17.40	-	-	-	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96170	$62.48	$59.30	-	-	-	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96171	$22.79	$21.64	-	-	-	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96360	-	-	$27.32	-	-	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	-	-	$10.75	-	-	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global	PC	TC	Description
96365	-	-	$57.23	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	-	-	$17.19	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	-	-	$24.66	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	-	-	$16.64	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	-	-	$129.53	-	-	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	-	-	$11.98	-	-	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	-	-	$51.88	-	-	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	-	-	$11.13	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	-	-	$14.61	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	-	-	$31.64	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	-	-	$13.04	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	-	-	I.C.	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96377	-	-	$15.77	-	-	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
96379	-	-	I.C.	-	-	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	-	-	$63.60	-	-	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	-	-	$25.24	-	-	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	$66.70	$22.93	-	-	-	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	$102.40	$35.73	-	-	-	Chemotherapy administration; intralesional, more than 7 lesions
96409	-	-	$87.45	-	-	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	-	-	$47.40	-	-	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	-	-	$113.39	-	-	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	-	-	$24.08	-	-	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	-	-	$113.56	-	-	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	-	-	$54.91	-	-	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420	-	-	$84.10	-	-	Chemotherapy administration, intra-arterial; push technique
96422	-	-	$138.50	-	-	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	-	-	$63.95	-	-	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	-	-	$146.90	-	-	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	$724.17	$96.10	-	-	-	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	$163.00	$19.53	-	-	-	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	$142.94	$61.21	-	-	-	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521	-	-	$118.78	-	-	Refilling and maintenance of portable pump
96522	-	-	$99.07	-	-	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	-	-	$22.42	-	-	Irrigation of implanted venous access device for drug delivery systems

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Code	NFAC	FAC	Global	PC	TC	Description
96542	$105.62	$32.87	-	-	-	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	-	-	I.C.	-	-	Unlisted chemotherapy procedure
96567	-	-	$109.22	-	-	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day
96570	-	-	$43.69	-	-	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
96571	-	-	$20.16	-	-	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
96573	-	-	$173.50	-	-	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96574	-	-	$216.99	-	-	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96900	-	-	$18.21	-	-	Actinotherapy (ultraviolet light)
96902	$17.41	$16.25	-	-	-	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904	-	-	$55.85	-	-	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910	-	-	$94.98	-	-	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	-	-	$81.11	-	-	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	-	-	$117.58	-	-	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	$130.57	$51.44	-	-	-	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	$142.95	$57.74	-	-	-	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	$194.14	$93.27	-	-	-	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96931	-	-	$139.01	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	-	-	$103.43	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	-	-	$35.58	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	-	-	$84.08	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	-	-	$50.14	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	-	-	$33.94	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
96999	-	-	I.C.	-	-	Unlisted special dermatological service or procedure
97010	-	-	$5.02	-	-	Application of a modality to 1 or more areas; hot or cold packs
97012	-	-	$11.80	-	-	Application of a modality to 1 or more areas; traction, mechanical
97014	-	-	$11.40	-	-	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	-	-	$9.66	-	-	Application of a modality to 1 or more areas; vasopneumatic devices
97018	-	-	$4.73	-	-	Application of a modality to 1 or more areas; paraffin bath
97022	-	-	$14.32	-	-	Application of a modality to 1 or more areas; whirlpool
97024	-	-	$5.60	-	-	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	-	-	$5.02	-	-	Application of a modality to 1 or more areas; infrared
97028	-	-	$6.42	-	-	Application of a modality to 1 or more areas; ultraviolet
97032	-	-	$11.51	-	-	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
97033	-	-	$16.42	-	-	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	-	-	$11.90	-	-	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	-	-	$11.32	-	-	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	-	-	$28.25	-	-	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	-	-	I.C.	-	-	Unlisted modality (specify type and time if constant attendance)
97110	-	-	$24.02	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	-	-	$27.67	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	-	-	$30.61	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	-	-	$23.73	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	-	-	$23.15	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97129	$18.39	$18.10	-	-	-	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	-	-	$17.57	-	-	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
97139	-	-	I.C.	-	-	Unlisted therapeutic procedure (specify)
97140	-	-	$22.04	-	-	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	-	-	$14.31	-	-	Therapeutic procedure(s), group (2 or more individuals)
97151	-	-	I.C.	-	-	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	-	-	I.C.	-	-	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
97153	-	-	I.C.	-	-	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	-	-	I.C.	-	-	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	-	-	I.C.	-	-	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	-	-	I.C.	-	-	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	-	-	I.C.	-	-	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	-	-	I.C.	-	-	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
97161	-	-	$67.26	-	-	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
97162	-	-	$67.26	-	-	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	-	-	$67.26	-	-	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	-	-	$46.43	-	-	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97165	-	-	$71.61	-	-	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	-	-	$71.32	-	-	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	-	-	$71.32	-	-	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	-	-	$49.61	-	-	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.

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Code	NFAC	FAC	Global	PC	TC	Description
97169	-	-	I.C.	-	-	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
97170	-	-	I.C.	-	-	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97171	-	-	I.C.	-	-	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97172	-	-	I.C.	-	-	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97530	-	-	$31.29	-	-	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	-	-	$41.34	-	-	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	-	-	$26.92	-	-	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	-	-	$25.69	-	-	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97542	-	-	$25.98	-	-	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97545	-	-	I.C.	-	-	Work hardening/conditioning; initial 2 hours
97546	-	-	I.C.	-	-	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597	$77.25	$28.27	-	-	-	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
97598	$36.47	$19.95	-	-	-	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
97602	-	-	I.C.	-	-	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	$34.50	$20.01	-	-	-	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

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Code	NFAC	FAC	Global	PC	TC	Description
97606	$40.75	$21.62	-	-	-	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97607	$273.98	$17.47	-	-	-	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97608	$274.68	$19.62	-	-	-	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97610	$263.88	$14.33	-	-	-	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
97750	-	-	$27.50	-	-	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	-	-	$29.98	-	-	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	-	-	$39.26	-	-	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	-	-	$33.17	-	-	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	-	-	$42.21	-	-	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
97799	-	-	I.C.	-	-	Unlisted physical medicine/rehabilitation service or procedure
97802	$29.33	$26.43	-	-	-	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	$25.47	$22.28	-	-	-	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	$13.25	$12.38	-	-	-	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	$28.73	$23.81	-	-	-	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	$21.73	$19.99	-	-	-	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	$32.09	$25.71	-	-	-	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	$26.25	$21.90	-	-	-	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
98925	$24.53	$18.44	-	-	-	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	$35.42	$27.88	-	-	-	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	$46.11	$36.55	-	-	-	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	$56.18	$45.74	-	-	-	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	$67.02	$56.01	-	-	-	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	$22.01	$17.38	-	-	-	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	$31.54	$26.62	-	-	-	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	$41.03	$36.10	-	-	-	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	$21.54	$18.64	-	-	-	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
98960	-	-	$22.23	-	-	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	-	-	$10.68	-	-	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	-	-	$7.78	-	-	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
98966	$10.89	$10.02	-	-	-	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	$21.15	$19.99	-	-	-	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	$30.93	$29.77	-	-	-	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98970	-	-	I.C.	-	-	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	-	-	I.C.	-	-	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	-	-	I.C.	-	-	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99000	-	-	I.C.	-	-	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99001	-	-	I.C.	-	-	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
99002	-	-	I.C.	-	-	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional
99024	-	-	I.C.	-	-	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99026	-	-	I.C.	-	-	Hospital mandated on call service; in-hospital, each hour
99027	-	-	I.C.	-	-	Hospital mandated on call service; out-of-hospital, each hour
99050	-	-	I.C.	-	-	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051	-	-	I.C.	-	-	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	-	-	I.C.	-	-	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	-	-	I.C.	-	-	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058	-	-	I.C.	-	-	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060	-	-	I.C.	-	-	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070	-	-	I.C.	-	-	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99071	-	-	I.C.	-	-	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional
99075	-	-	I.C.	-	-	Medical testimony
99078	-	-	I.C.	-	-	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
99080	-	-	I.C.	-	-	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082	-	-	I.C.	-	-	Unusual travel (eg, transportation and escort of patient)

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Code	NFAC	FAC	Global	PC	TC	Description
99091	-	-	$44.47	-	-	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
99100	-	-	I.C.	-	-	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
99116	-	-	I.C.	-	-	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
99135	-	-	I.C.	-	-	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
99140	-	-	I.C.	-	-	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
99151	$59.41	$17.97	-	-	-	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age
99152	$40.74	$9.44	-	-	-	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	-	-	$8.65	-	-	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99155	-	-	$64.82	-	-	Moderate sedation 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 sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age
99156	-	-	$59.62	-	-	Moderate sedation 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 sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
99157	-	-	$48.99	-	-	Moderate sedation 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 sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99170	$125.05	$66.51	-	-	-	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed
99172	-	-	I.C.	-	-	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
99174	-	-	$4.59	-	-	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report
99175	-	-	$20.24	-	-	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99177	-	-	$3.72	-	-	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis
99183	-	-	$85.19	-	-	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
99184	-	-	$171.07	-	-	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling
99188	-	-	$26.00	-	-	Application of topical fluoride varnish by a physician or other qualified health care professional
99190	-	-	I.C.	-	-	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour

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Code	NFAC	FAC	Global	PC	TC	Description
99191	-	-	I.C.	-	-	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
99192	-	-	I.C.	-	-	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
99195	-	-	$82.33	-	-	Phlebotomy, therapeutic (separate procedure)
99199	-	-	I.C.	-	-	Unlisted special service, procedure or report
99202	$59.34	$38.76	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 15-29 minutes of total time is spent on the date or the encounter.
99203	$84.35	$58.59	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 30-44 minutes of total time spent on the date of the encounter.
99204	$128.18	$99.46	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 45-59 minutes of total time spent on the date of the encounter.
99205	$160.51	$129.50	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 60-74 minutes of total time spent on the date of the encounter.
99211	$18.35	$7.10	-	-	-	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212	$35.70	$19.75	-	-	-	Office or other outpatient visit for the evaluation and management of a established patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 10-19 minutes of total time spent on the date of the encounter.
99213	$58.41	$39.28	-	-	-	Office or other outpatient visit for the evaluation and management of a established patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 20-29 minutes of total time spent on the date of the encounter.
99214	$84.51	$60.45	-	-	-	Office or other outpatient visit for the evaluation and management of a established patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 30-39 minutes of total time spent on the date of the encounter.
99215	$113.27	$85.44	-	-	-	Office or other outpatient visit for the evaluation and management of a established patient, which requires a medically appropriate history and/or examination and straightforward medica decision making, When using time for code selection, 40-54 minutes of total time spent on the date of the encounter.
99217	-	-	$55.87	-	-	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.])
99218	-	-	$76.30	-	-	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.

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Code	NFAC	FAC	Global	PC	TC	Description
99219	-	-	$103.81	-	-	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.
99220	-	-	$141.38	-	-	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.
99221	-	-	$77.90	-	-	Initial hospital 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 are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
99222	-	-	$105.35	-	-	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.
99223	-	-	$154.76	-	-	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 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 are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
99224	-	-	$30.33	-	-	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.
99225	-	-	$55.60	-	-	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.
99226	-	-	$80.01	-	-	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.

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99231	-	-	$30.04	-	-	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; 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.
99232	-	-	$55.31	-	-	Subsequent hospital 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.
99233	-	-	$79.72	-	-	Subsequent hospital 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.
99234	-	-	$102.04	-	-	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: 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 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.
99235	-	-	$129.26	-	-	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: 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) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
99236	-	-	$166.29	-	-	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: 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 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.
99238	-	-	$56.16	-	-	Hospital discharge day management; 30 minutes or less
99239	-	-	$82.32	-	-	Hospital discharge day management; more than 30 minutes
99241	$37.33	$25.16	-	-	-	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.

Medicine Service Codes Spreadsheet as of August 1, 2021						
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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99242	$70.12	$53.02	-	-	-	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded 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, 30 minutes are spent face-to-face with the patient and/or family.
99243	$95.86	$74.12	-	-	-	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed 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, 40 minutes are spent face-to-face with the patient and/or family.
99244	$143.04	$119.28	-	-	-	Office consultation for a new or established 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 moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99245	$174.02	$147.35	-	-	-	Office consultation for a new or established 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 presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.
99251	-	-	$38.01	-	-	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.
99252	-	-	$57.56	-	-	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded 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, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
99253	-	-	$88.97	-	-	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed 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, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
99254	-	-	$129.54	-	-	Inpatient consultation for a new or established 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 moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
99255	-	-	$155.68	-	-	Inpatient consultation for a new or established 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 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.

Medicine Service Codes Spreadsheet as of August 1, 2021						
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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99281	-	-	$17.15	-	-	Emergency department visit for the evaluation and management of a 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.
99282	-	-	$32.96	-	-	Emergency department visit for the evaluation and management of a 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 low to moderate severity.
99283	-	-	$49.26	-	-	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused 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 severity.
99284	-	-	$90.36	-	-	Emergency department visit for the evaluation and management of a 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 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.
99285	-	-	$131.18	-	-	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: 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 presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288	-	-	I.C.	-	-	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support
99291	$215.83	$169.16	-	-	-	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	$94.68	$85.12	-	-	-	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99304	-	-	$69.39	-	-	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other 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 low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
99305	-	-	$99.43	-	-	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other 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, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
99306	-	-	$128.14	-	-	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other 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 high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99307	-	-	$33.85	-	-	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other 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, 10 minutes are spent at the bedside and on the patient's facility floor or unit.
99308	-	-	$53.31	-	-	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other 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, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
99309	-	-	$70.28	-	-	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other 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 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.
99310	-	-	$103.49	-	-	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other 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. 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.
99315	-	-	$56.45	-	-	Nursing facility discharge day management; 30 minutes or less
99316	-	-	$80.92	-	-	Nursing facility discharge day management; more than 30 minutes
99318	-	-	$73.85	-	-	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.
99324	-	-	$41.93	-	-	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.
99325	-	-	$60.83	-	-	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.
99326	-	-	$105.99	-	-	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.

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Code	NFAC	FAC	Global	PC	TC	Description
99327	-	-	$142.52	-	-	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.
99328	-	-	$168.53	-	-	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.
99334	-	-	$46.37	-	-	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.
99335	-	-	$73.34	-	-	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.
99336	-	-	$103.51	-	-	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.
99337	-	-	$149.05	-	-	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.
99339	-	-	$60.00	-	-	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
99340	-	-	$83.39	-	-	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

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99341	-	-	$41.93	-	-	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 face-to-face with the patient and/or family.
99342	-	-	$59.96	-	-	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 face-to-face with the patient and/or family.
99343	-	-	$98.41	-	-	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.
99344	-	-	$139.98	-	-	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 face-to-face with the patient and/or family.
99345	-	-	$170.42	-	-	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 face-to-face with the patient and/or family.
99347	-	-	$41.95	-	-	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 face-to-face with the patient and/or family.
99348	-	-	$64.46	-	-	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 face-to-face with the patient and/or family.
99349	-	-	$98.90	-	-	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 moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

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Code	NFAC	FAC	Global	PC	TC	Description
99350	-	-	$137.61	-	-	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 face-to-face with the patient and/or family.
99354	$99.68	$93.31	-	-	-	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
99355	$75.73	$70.23	-	-	-	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99356	-	-	$70.95	-	-	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 Evaluation and Management service)
99357	-	-	$71.53	-	-	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)
99358	-	-	$85.56	-	-	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	-	-	$41.82	-	-	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
99360	-	-	$47.37	-	-	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99366	$33.57	$32.99	-	-	-	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99367	-	-	$43.56	-	-	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368	-	-	$28.68	-	-	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional
99374	$54.28	$43.56	-	-	-	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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
99375	$80.96	$68.49	-	-	-	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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
99377	$54.28	$43.56	-	-	-	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99378	$80.96	$68.49	-	-	-	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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
99379	$54.28	$43.56	-	-	-	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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
99380	$80.96	$68.49	-	-	-	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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
99381	$86.71	$59.30	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	$90.60	$63.35	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	$94.36	$67.12	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	$106.53	$79.29	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	$103.30	$76.05	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	$119.26	$92.30	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	$129.72	$99.28	-	-	-	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	$78.16	$54.40	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	$83.15	$59.30	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)

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Code	NFAC	FAC	Global	PC	TC	Description
99393	$82.86	$59.30	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	$90.89	$67.12	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	$93.08	$69.03	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	$99.00	$75.23	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	$106.53	$79.29	-	-	-	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
99401	$31.06	$19.17	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	$50.81	$39.21	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	$69.25	$57.65	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	$88.44	$77.14	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	$11.78	$9.46	-	-	-	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	$58.08	$54.04	-	-	-	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	$27.74	$25.71	-	-	-	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	$53.70	$51.67	-	-	-	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	$15.82	$5.96	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	$19.87	$10.02	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99415	-	-	$8.07	-	-	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	-	-	$3.48	-	-	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)
99417	-	-	I.C.	-	-	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)
99421	$11.76	$10.02	-	-	-	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	$23.47	$20.57	-	-	-	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	$37.96	$32.75	-	-	-	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99429	-	-	I.C.	-	-	Unlisted preventive medicine service

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Code	NFAC	FAC	Global	PC	TC	Description
99439	$29.82	$21.96	-	-	-	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
99441	$10.89	$10.02	-	-	-	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	$21.15	$19.99	-	-	-	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	$30.93	$29.77	-	-	-	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99446	-	-	$13.79	-	-	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
99447	-	-	$27.86	-	-	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
99448	-	-	$41.65	-	-	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
99449	-	-	$55.48	-	-	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
99450	-	-	I.C.	-	-	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.
99451	-	-	$28.20	-	-	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
99452	-	-	$28.20	-	-	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
99453	-	-	$15.03	-	-	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	-	-	$50.10	-	-	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99455	-	-	I.C.	-	-	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99456	-	-	I.C.	-	-	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
99457	$39.72	$24.65	-	-	-	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	$32.19	$24.65	-	-	-	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
99460	-	-	$100.99	-	-	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99461	$70.99	$48.09	-	-	-	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
99462	-	-	$43.82	-	-	Subsequent hospital care, per day, for evaluation and management of normal newborn
99463	-	-	$125.76	-	-	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
99464	-	-	$57.07	-	-	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
99465	-	-	$160.43	-	-	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99466	-	-	$182.19	-	-	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
99467	-	-	$91.40	-	-	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)
99468	-	-	$702.35	-	-	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99469	-	-	$304.15	-	-	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99471	-	-	$607.96	-	-	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472	-	-	$307.49	-	-	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99473	-	-	$8.94	-	-	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	$11.69	$6.76	-	-	-	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
99475	-	-	$427.94	-	-	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99476	-	-	$265.26	-	-	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99477	-	-	$266.81	-	-	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
99478	-	-	$104.89	-	-	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99479	-	-	$95.16	-	-	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480	-	-	$91.40	-	-	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)

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Code	NFAC	FAC	Global	PC	TC	Description
99483	$203.50	$138.87	-	-	-	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, neuro-cognitive 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.
99484	$36.83	$24.65	-	-	-	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.
99485	-	-	$59.30	-	-	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes
99486	-	-	$51.67	-	-	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
99487	$71.47	$40.17	-	-	-	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99489	$34.58	$19.80	-	-	-	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
99490	$32.19	$24.65	-	-	-	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.
99491	-	-	$63.57	-	-	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99492	$121.41	$67.79	-	-	-	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.
99493	$97.28	$61.05	-	-	-	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.
99494	$49.06	$32.54	-	-	-	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)
99495	$144.33	$94.48	-	-	-	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
99496	$190.65	$124.57	-	-	-	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
99497	$65.76	$60.54	-	-	-	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	$57.31	$57.02	-	-	-	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)
99499	-	-	I.C.	-	-	Unlisted evaluation and management service
99500	-	-	I.C.	-	-	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	-	-	I.C.	-	-	Home visit for postnatal assessment and follow-up care
99502	-	-	I.C.	-	-	Home visit for newborn care and assessment
99503	-	-	I.C.	-	-	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504	-	-	I.C.	-	-	Home visit for mechanical ventilation care
99505	-	-	I.C.	-	-	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	-	-	I.C.	-	-	Home visit for intramuscular injections
99507	-	-	I.C.	-	-	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509	-	-	I.C.	-	-	Home visit for assistance with activities of daily living and personal care
99510	-	-	I.C.	-	-	Home visit for individual, family, or marriage counseling
99511	-	-	I.C.	-	-	Home visit for fecal impaction management and enema administration
99512	-	-	I.C.	-	-	Home visit for hemodialysis
99600	-	-	I.C.	-	-	Unlisted home visit service or procedure

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
99601	-	-	I.C.	-	-	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	-	-	I.C.	-	-	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
99605	-	-	I.C.	-	-	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606	-	-	I.C.	-	-	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
99607	-	-	I.C.	-	-	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
90460-SL	-	-	$17.70	-	-	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90461-SL	-	-	$8.52	-	-	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure) (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90471-SL	-	-	$17.70	-	-	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90473-SL	-	-	$17.70	-	-	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
G0108	-	-	$43.36	-	-	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	-	-	$12.09	-	-	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes
G0270	$25.47	$22.28	-	-	-	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	$13.25	$12.38	-	-	-	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
G0399	-	-	I.C.	-	-	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G2066	-	-	I.C.	-	-	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
G2211	-	-	I.C.	-	-	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)
G2212	$26.08	$25.21	-	-	-	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)
J0131	-	-	I.C.	-	-	Injection, acetaminophen, 10 mg
J0135	-	-	I.C.	-	-	Injection, adalimumab, 20 mg

Medicine Service Codes Spreadsheet as of August 1, 2021						
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Code	NFAC	FAC	Global	PC	TC	Description
J0179	-	-	I.C.	-	-	Injection, brolucizumab-dbll, 1 mg
J0215	-	-	I.C.	-	-	Injection, alefacept, 0.5 mg
J0222	-	-	I.C.	-	-	Injection, patisiran, 0.1 mg
J0223	-	-	I.C.	-	-	Injection, givosiran, 0.5 mg
J0291	-	-	I.C.	-	-	Injection, plazomicin, 5 mg
J0364	-	-	I.C.	-	-	Injection, apomorphine HCl, 1 mg
J0400	-	-	I.C.	-	-	Injection, aripiprazole, intramuscular, 0.25 mg
J0565	-	-	I.C.	-	-	Injection, bezlotoxumab, 10 mg
J0567	-	-	I.C.	-	-	Injection, cerliponase alfa, 1 mg
J0571	-	-	I.C.	-	-	Buprenorphine, oral, 1 mg
J0572	-	-	I.C.	-	-	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine
J0573	-	-	I.C.	-	-	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine
J0574	-	-	I.C.	-	-	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine
J0575	-	-	I.C.	-	-	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
J0584	-	-	I.C.	-	-	Injection, burosumab-twza, 1 mg
J0593	-	-	I.C.	-	-	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0599	-	-	I.C.	-	-	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units
J0604	-	-	I.C.	-	-	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)
J0693	-	-	I.C.	-	-	Injection, cefiderocol, 5 mg
J0715	-	-	I.C.	-	-	Injection, ceftizoxime sodium, per 500 mg
J0716	-	-	I.C.	-	-	Injection, Centruroides immune f(ab)2, up to 120 mg
J0742	-	-	I.C.	-	-	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
J0841	-	-	I.C.	-	-	Injection, crotalidae immune F(ab')2 (equine), 120 mg
J0883	-	-	I.C.	-	-	Injection, argatroban, 1 mg (for non-ESRD use)
J0884	-	-	I.C.	-	-	Injection, argatroban, 1 mg (for ESRD on dialysis)
J0890	-	-	I.C.	-	-	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)
J1094	-	-	I.C.	-	-	Injection, dexamethasone acetate, 1 mg
J1096	-	-	I.C.	-	-	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
J1097	-	-	I.C.	-	-	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml
J1130	-	-	I.C.	-	-	Injection, diclofenac sodium, 0.5 mg
J1201	-	-	I.C.	-	-	Injection, cetirizine HCl, 0.5 mg
J1260	-	-	I.C.	-	-	Injection, dolasetron mesylate, 10 mg
J1301	-	-	I.C.	-	-	Injection, edaravone, 1 mg
J1320	-	-	I.C.	-	-	Injection, amitriptyline HCl, up to 20 mg
J1322	-	-	I.C.	-	-	Injection, elosulfase alfa, 1 mg
J1324	-	-	I.C.	-	-	Injection, enfuvirtide, 1 mg
J1428	-	-	I.C.	-	-	Injection, eteplirsen, 10 mg
J1429	-	-	I.C.	-	-	Injection, golodirsen, 10 mg
J1438	-	-	I.C.	-	-	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1444	-	-	I.C.	-	-	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron
J1455	-	-	I.C.	-	-	Injection, foscarnet sodium, per 1,000 mg
J1562	-	-	I.C.	-	-	Injection, immune globulin (Vivaglobin), 100 mg
J1573	-	-	I.C.	-	-	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml
J1595	-	-	I.C.	-	-	Injection, glatiramer acetate, 20 mg
J1599	-	-	I.C.	-	-	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J1610	-	-	I.C.	-	-	Injection, glucagon HCl, per 1 mg
J1628	-	-	I.C.	-	-	Injection, guselkumab, 1 mg
J1655	-	-	I.C.	-	-	Injection, tinzaparin sodium, 1000 IU
J1700	-	-	I.C.	-	-	Injection, hydrocortisone acetate, up to 25 mg
J1710	-	-	I.C.	-	-	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1726	-	-	I.C.	-	-	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
J1741	-	-	I.C.	-	-	Injection, ibuprofen, 100 mg
J1744	-	-	I.C.	-	-	Injection, icatibant, 1 mg
J1746	-	-	I.C.	-	-	Injection, ibalizumab-uiyk, 10 mg
J1790	-	-	I.C.	-	-	Injection, droperidol, up to 5 mg
J1823	-	-	I.C.	-	-	Injection, inebilizumab-cdon, 1 mg
J1826	-	-	I.C.	-	-	Injection, interferon beta-1a, 30 mcg

Medicine Service Codes Spreadsheet as of August 1, 2021						
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Code	NFAC	FAC	Global	PC	TC	Description
J1830	-	-	I.C.	-	-	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1840	-	-	I.C.	-	-	Injection, kanamycin sulfate, up to 500 mg
J1850	-	-	I.C.	-	-	Injection, kanamycin sulfate, up to 75 mg
J1890	-	-	I.C.	-	-	Injection, cephalothin sodium, up to 1 g
J1990	-	-	I.C.	-	-	Injection, chlordiazepoxide HCl, up to 100 mg
J2062	-	-	I.C.	-	-	Loxapine for inhalation, 1 mg
J2170	-	-	I.C.	-	-	Injection, mecasermin, 1 mg
J2182	-	-	I.C.	-	-	Injection, mepolizumab, 1 mg
J2212	-	-	I.C.	-	-	Injection, methylnaltrexone, 0.1 mg
J2265	-	-	I.C.	-	-	Injection, minocycline HCl, 1 mg
J2326	-	-	I.C.	-	-	Injection, nusinersen, 0.1 mg
J2440	-	-	I.C.	-	-	Injection, papaverine HCl, up to 60 mg
J2460	-	-	I.C.	-	-	Injection, oxytetracycline HCl, up to 50 mg
J2502	-	-	I.C.	-	-	Injection, pasireotide long acting, 1 mg
J2760	-	-	I.C.	-	-	Injection, phentolamine mesylate, up to 5 mg
J2786	-	-	I.C.	-	-	Injection, reslizumab, 1 mg
J2793	-	-	I.C.	-	-	Injection, rilonacept, 1 mg
J2797	-	-	I.C.	-	-	Injection, rolapitant, 0.5 mg
J2840	-	-	I.C.	-	-	Injection, sebelipase alfa, 1 mg
J2910	-	-	I.C.	-	-	Injection, aurothioglucose, up to 50 mg
J2940	-	-	I.C.	-	-	Injection, somatrem, 1 mg
J2941	-	-	I.C.	-	-	Injection, somatropin, 1 mg
J3030	-	-	I.C.	-	-	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3031	-	-	I.C.	-	-	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3032	-	-	I.C.	-	-	Injection, eptinezumab-jjmr, 1 mg
J3110	-	-	I.C.	-	-	Injection, teriparatide, 10 mcg
J3145	-	-	I.C.	-	-	Injection, testosterone undecanoate, 1 mg
J3241	-	-	I.C.	-	-	Injection, teprotumumab-trbw, 10 mg
J3245	-	-	I.C.	-	-	Injection, tildrakizumab, 1 mg
J3302	-	-	I.C.	-	-	Injection, triamcinolone diacetate, per 5 mg
J3303	-	-	I.C.	-	-	Injection, triamcinolone hexacetonide, per 5 mg
J3316	-	-	I.C.	-	-	Injection, triptorelin, extended-release, 3.75 mg
J3397	-	-	I.C.	-	-	Injection, vestronidase alfa-vjbk, 1 mg
J3398	-	-	I.C.	-	-	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
J3472	-	-	I.C.	-	-	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units
J3490	-	-	I.C.	-	-	Unclassified drugs
J3590	-	-	I.C.	-	-	Unclassified biologics
J3591	-	-	I.C.	-	-	Unclassified drug or biological used for ESRD on dialysis
J7131	-	-	I.C.	-	-	Hypertonic saline solution, 1 ml
J7175	-	-	I.C.	-	-	Injection, Factor X, (human), 1 IU
J7177	-	-	I.C.	-	-	Injection, human fibrinogen concentrate (Fibryga), 1 mg
J7178	-	-	I.C.	-	-	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
J7179	-	-	I.C.	-	-	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo
J7181	-	-	I.C.	-	-	Injection, Factor XIII A-subunit, (recombinant), per IU
J7192	-	-	I.C.	-	-	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7202	-	-	I.C.	-	-	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
J7203	-	-	I.C.	-	-	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU
J7207	-	-	I.C.	-	-	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU
J7209	-	-	I.C.	-	-	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
J7210	-	-	I.C.	-	-	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
J7211	-	-	I.C.	-	-	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
J7212	-	-	I.C.	-	-	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg
J7296	-	-	I.C.	-	-	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
J7297	-	-	I.C.	-	-	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
J7298	-	-	I.C.	-	-	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
J7301	-	-	I.C.	-	-	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7303	-	-	I.C.	-	-	Contraceptive supply, hormone containing vaginal ring, each
J7304	-	-	I.C.	-	-	Contraceptive supply, hormone containing patch, each

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Code	NFAC	FAC	Global	PC	TC	Description
J7307	-	-	I.C.	-	-	Etonogestrel (contraceptive) implant system, including implant and supplies
J7309	-	-	I.C.	-	-	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7310	-	-	I.C.	-	-	Ganciclovir, 4.5 mg, long-acting implant
J7314	-	-	I.C.	-	-	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
J7315	-	-	I.C.	-	-	Mitomycin, opthalmic, 0.2 mg
J7318	-	-	I.C.	-	-	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7322	-	-	I.C.	-	-	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7328	-	-	I.C.	-	-	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	-	-	I.C.	-	-	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7331	-	-	I.C.	-	-	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg
J7332	-	-	I.C.	-	-	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg
J7340	-	-	I.C.	-	-	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
J7342	-	-	I.C.	-	-	Instillation, ciprofloxacin otic suspension, 6 mg
J7345	-	-	I.C.	-	-	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg
J7351	-	-	I.C.	-	-	Injection, bimatoprost, intracameral implant, 1 mcg
J7352	-	-	I.C.	-	-	Afamelanotide implant, 1 mg
J7401	-	-	I.C.	-	-	Mometasone furoate sinus implant, 10 mcg
J7599	-	-	I.C.	-	-	Immunosuppressive drug, not otherwise classified
J7633	-	-	I.C.	-	-	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg
J7665	-	-	I.C.	-	-	Mannitol, administered through an inhaler, 5 mg
J7669	-	-	I.C.	-	-	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
J7676	-	-	I.C.	-	-	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7677	-	-	I.C.	-	-	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg
J7699	-	-	I.C.	-	-	NOC drugs, inhalation solution administered through DME
J7799	-	-	I.C.	-	-	NOC drugs, other than inhalation drugs, administered through DME
J7999	-	-	I.C.	-	-	Compounded drug, not otherwise classified
J8499	-	-	I.C.	-	-	Prescription drug, oral, nonchemotherapeutic, NOS
J8562	-	-	I.C.	-	-	Fludarabine phosphate, oral, 10 mg
J8670	-	-	I.C.	-	-	Rolapitant, oral, 1 mg
J8999	-	-	I.C.	-	-	Prescription drug, oral, chemotherapeutic, NOS
J9015	-	-	I.C.	-	-	Injection, aldesleukin, per single use vial
J9020	-	-	I.C.	-	-	Injection, asparaginase, not otherwise specified, 10,000 units
J9022	-	-	I.C.	-	-	Injection, atezolizumab, 10 mg
J9023	-	-	I.C.	-	-	Injection, avelumab, 10 mg
J9057	-	-	I.C.	-	-	Injection, copanlisib, 1 mg
J9118	-	-	I.C.	-	-	Injection, calaspargase pegol-mknl, 10 units
J9144	-	-	I.C.	-	-	Injection, daratumumab, 10 mg and hyaluronidase-fihj
J9160	-	-	I.C.	-	-	Injection, denileukin diftitox, 300 mcg
J9173	-	-	I.C.	-	-	Injection, durvalumab, 10 mg
J9199	-	-	I.C.	-	-	Injection, gemcitabine HCl (Infugem), 200 mg
J9210	-	-	I.C.	-	-	Injection, emapalumab-lzsg, 1 mg
J9212	-	-	I.C.	-	-	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	-	-	I.C.	-	-	Injection, interferon, alfa-2a, recombinant, 3 million units
J9215	-	-	I.C.	-	-	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216	-	-	I.C.	-	-	Injection, interferon, gamma 1-b, 3 million units
J9219	-	-	I.C.	-	-	Leuprolide acetate implant, 65 mg
J9223	-	-	I.C.	-	-	Injection, lurbinectedin, 0.1 mg
J9229	-	-	I.C.	-	-	Injection, inotuzumab ozogamicin, 0.1 mg
J9262	-	-	I.C.	-	-	Injection, omacetaxine mepesuccinate, 0.01 mg
J9269	-	-	I.C.	-	-	Injection, tagraxofusp-erzs, 10 mcg
J9281	-	-	I.C.	-	-	Mitomycin pyelocalyceal instillation, 1 mg
J9313	-	-	I.C.	-	-	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
J9316	-	-	I.C.	-	-	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	-	-	I.C.	-	-	Injection, sacituzumab govitecan-hziy, 2.5 mg
J9340	-	-	I.C.	-	-	Injection, thiotepa, 15 mg
J9999	-	-	I.C.	-	-	Not otherwise classified, antineoplastic drugs
Q2009	-	-	I.C.	-	-	Injection, fosphenytoin, 50 mg phenytoin equivalent
Q2017	-	-	I.C.	-	-	Injection, teniposide, 50 mg
Q2028	-	-	I.C.	-	-	Injection, sculptra, 0.5 mg

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Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
Q2036	-	-	I.C.	-	-	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q2038	-	-	I.C.	-	-	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2042	-	-	I.C.	-	-	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2049	-	-	I.C.	-	-	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg
Q4103	-	-	I.C.	-	-	Oasis burn matrix, per sq cm
Q4104	-	-	I.C.	-	-	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4108	-	-	I.C.	-	-	Integra matrix, per sq cm
Q4110	-	-	I.C.	-	-	PriMatrix, per sq cm
Q4161	-	-	I.C.	-	-	bio-ConneKt wound matrix, per sq cm
Q4162	-	-	I.C.	-	-	WoundEx Flow, BioSkin Flow, 0.5 cc
Q4163	-	-	I.C.	-	-	WoundEx, BioSkin, per sq cm
Q4164	-	-	I.C.	-	-	Helicoll, per sq cm
Q4165	-	-	I.C.	-	-	Keramatrix or Kerasorb, per sq cm
Q4183	-	-	I.C.	-	-	Surgigraft, per sq cm
Q4184	-	-	I.C.	-	-	Cellesta or Cellesta Duo, per sq cm
Q4185	-	-	I.C.	-	-	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Q4187	-	-	I.C.	-	-	Epicord, per sq cm
Q4188	-	-	I.C.	-	-	AmnioArmor, per sq cm
Q4189	-	-	I.C.	-	-	Artacent AC, 1 mg
Q4190	-	-	I.C.	-	-	Artacent AC, per sq cm
Q4191	-	-	I.C.	-	-	Restorigin, per sq cm
Q4192	-	-	I.C.	-	-	Restorigin, 1 cc
Q4193	-	-	I.C.	-	-	Coll-e-Derm, per sq cm
Q4194	-	-	I.C.	-	-	Novachor, per sq cm
Q4197	-	-	I.C.	-	-	PuraPly XT, per sq cm
Q4198	-	-	I.C.	-	-	Genesis Amniotic Membrane, per sq cm
Q4200	-	-	I.C.	-	-	SkinTE, per sq cm
Q4201	-	-	I.C.	-	-	Matrion, per sq cm
Q4202	-	-	I.C.	-	-	Keroxx (2.5 g/cc), 1 cc
Q4203	-	-	I.C.	-	-	Derma-Gide, per sq cm
Q4204	-	-	I.C.	-	-	XWRAP, per sq cm
Q4205	-	-	I.C.	-	-	Membrane Graft or Membrane Wrap, per sq cm
Q4206	-	-	I.C.	-	-	Fluid Flow or Fluid GF, 1 cc
Q4208	-	-	I.C.	-	-	Novafix, per sq cm
Q4209	-	-	I.C.	-	-	SurGraft, per sq cm
Q4210	-	-	I.C.	-	-	Axolotl Graft or Axolotl DualGraft, per sq cm
Q4211	-	-	I.C.	-	-	Amnion Bio or AxoBioMembrane, per sq cm
Q4212	-	-	I.C.	-	-	AlloGen, per cc
Q4213	-	-	I.C.	-	-	Ascent, 0.5 mg
Q4214	-	-	I.C.	-	-	Cellesta Cord, per sq cm
Q4215	-	-	I.C.	-	-	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	-	-	I.C.	-	-	Artacent Cord, per sq cm
Q4217	-	-	I.C.	-	-	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm
Q4218	-	-	I.C.	-	-	SurgiCORD, per sq cm
Q4219	-	-	I.C.	-	-	SurgiGRAFT-DUAL, per sq cm
Q4220	-	-	I.C.	-	-	BellaCell HD or Surederm, per sq cm
Q4221	-	-	I.C.	-	-	Amnio Wrap2, per sq cm
Q4222	-	-	I.C.	-	-	ProgenaMatrix, per sq cm
Q4226	-	-	I.C.	-	-	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q5107	-	-	I.C.	-	-	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5109	-	-	I.C.	-	-	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg
Q5112	-	-	I.C.	-	-	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	-	-	I.C.	-	-	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	-	-	I.C.	-	-	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	-	-	I.C.	-	-	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5116	-	-	I.C.	-	-	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5118	-	-	I.C.	-	-	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg
Q5119	-	-	I.C.	-	-	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
S0302	-	-	I.C.	-	-	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)

Medicine Service Codes Spreadsheet as of August 1, 2021						
Note: Procedure codes and their corresponding descriptions are obtained from the AMA 2020 CPT and HCPCS. Descriptions for codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215 are obtained from the AMA 2021 CPT.						
Code	**NFAC**	**FAC**	**Global**	**PC**	**TC**	**Description**
S3005-U1	-	-	$10.27	-	-	Performance measurement, evaluation of patient self assessment, depression;(Positive Screen: Perinatal care provider completed prenatal or postpartum depression screening and behavioral health need identified.)
S3005-U2	-	-	$10.27	-	-	Performance measurement, evaluation of patient self assessment, depression;(Negative Screen: Perinatal care provider completed prenatal or postpartum depression screening with no behavioral health need identified.)
T1023	-	-	I.C.	-	-	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

Tobacco Cessation Codes						
Code	**NFAC**	**FAC**	**GLOBAL**	**PC**	**TC**	**Description**
99407	$58.08	$54.04	-	-	-	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)
99407 SA	$58.08	$54.04	-	-	-	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible provider is a certified nurse practitioner employed by an eligible billing entity
99407 TD	$49.37	$45.93	-	-	-	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
99407 U1	$49.37	$45.93	-	-	-	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
99407 TF	$87.12	$81.06	-	-	-	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)
99407 U2	$74.05	$68.90	-	-	-	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are registered nurse, and tobacco cessation counselor employed by an eligible billing entity.)
99407 HQ	$37.03	$34.45	-	-	-	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)
99407 U3	$31.47	$29.28	-	-	-	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are registered nurse and tobacco cessation counselor employed by an eligible billing entity.)

Behavioral Health and Developmental Screening Services						
Code	**NFAC**	**FAC**	**GLOBAL**	**PC**	**TC**	**Description**
96110 U1	-	-	$10.27	-	-	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report: Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified
96110 U2	-	-	$10.27	-	-	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report: Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified
96127 U1	-	-	$10.27	-	-	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument: Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified
96127 U2	-	-	$10.27	-	-	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument: Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified