

Medicine Service Codes Spreadsheet as of January 1, 2021 (through AB 21-06)

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 (Rhlg), human, full-dose, for intramuscular use
90385	-	-	I.C.	-	-	Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use
90386	-	-	I.C.	-	-	Rho(D) immune globulin (RhlgIV), 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
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	-	-	\$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)

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	-	-	\$20.45	-	-	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90471-SL	-	-	\$17.70	-	-	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
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)
90473-SL	-	-	\$17.70	-	-	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
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
90620	-	-	I.C.	-	-	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
90621	-	-	I.C.	-	-	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use
90625	-	-	I.C.	-	-	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral 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

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
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), 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, when administered to children 6-35 months of age, for intramuscular use
90657	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use
90658	-	-	I.C.	-	-	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660	-	-	I.C.	-	-	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	-	-	I.C.	-	-	Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 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
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, when administered to children 6-35 months of age, for intramuscular use
90687	-	-	I.C.	-	-	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age, for intramuscular use

90689	-	-	I.C.	-	-	Inactivated quadrivalent influenza vaccine for injection into muscle, 0.25 ml dosage
90690	-	-	I.C.	-	-	Typhoid vaccine, live, oral
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, Y and W-135, quadrivalent (MenACWY), 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
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(cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular use
90785	-	-	\$10.56	-	-	Interactive complexity (List separately in addition to the code for primary procedure)
90791	\$100.32	\$96.77	-	-	-	Psychiatric diagnostic evaluation
90792	\$110.83	\$107.27	-	-	-	Psychiatric diagnostic evaluation with medical services
90832	\$48.45	\$48.15	-	-	-	Psychotherapy, 30 minutes with patient and/or family member

90833	\$50.10	\$49.50	-	-	-	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	\$64.36	\$64.06	-	-	-	Psychotherapy, 45 minutes with patient and/or family member
90836	\$63.60	\$63.01	-	-	-	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	\$96.77	\$95.88	-	-	-	Psychotherapy, 60 minutes with patient and/or family member
90838	\$83.85	\$83.26	-	-	-	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839	\$100.87	\$100.28	-	-	-	Psychotherapy for crisis; first 60 minutes
90840	\$48.15	\$47.86	-	-	-	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845	\$69.59	\$69.30	-	-	-	Psychoanalysis
90846	\$78.16	\$77.57	-	-	-	Family psychotherapy (without the patient present)
90847	\$80.86	\$80.27	-	-	-	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	\$26.50	\$23.54	-	-	-	Multiple-family group psychotherapy
90853	\$19.52	\$19.23	-	-	-	Group psychotherapy (other than of a multiple-family group)
90863	-	-	I.C.	-	-	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90865	\$130.05	\$98.66	.	-	-	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	\$140.24	\$84.58	.	-	-	Electroconvulsive therapy (includes necessary monitoring)
90875	46.91	46.62	47.19	-	-	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	\$83.63	\$74.75	-	-	-	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	\$77.65	\$71.43	.	-	-	Hypnotherapy
90882	-	-	I.C.	-	-	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions

90885	-	-	\$38.14	-	-	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	\$68.70	\$58.34	.	-	-	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	\$30.35	\$15.25	.	-	-	Biofeedback training by any modality
90911	\$67.07	\$34.21	.	-	-	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
90935	-	-	\$55.80	-	-	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	-	-	\$79.99	-	-	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	-	-	\$66.72	-	-	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	-	-	\$95.41	-	-	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	-	-	\$723.18	-	-	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	-	-	\$627.25	-	-	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	-	-	\$352.59	-	-	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	-	-	\$246.43	-	-	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	-	-	\$496.97	-	-	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	-	-	\$336.68	-	-	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	-	-	\$229.34	-	-	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	-	-	\$220.07	-	-	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	-	-	\$185.21	-	-	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	-	-	\$143.42	-	-	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	-	-	\$419.38	-	-	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	-	-	\$366.85	-	-	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
90965	-	-	\$349.30	-	-	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	-	-	\$184.75	-	-	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older

90967	-	-	\$13.93	-	-	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	-	-	\$11.99	-	-	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	-	-	\$11.72	-	-	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	-	-	\$6.02	-	-	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	-	-	\$71.94	-	-	Hemoperfusion (eg, with activated charcoal or resin)
90999	-	-	I.C.	-	-	Unlisted dialysis procedure, inpatient or outpatient
91010	-	-	\$142.64	\$52.18	\$90.47	Esophagus motility study
91013	-	-	\$18.65	\$7.40	\$11.25	Esophgl motil w/stim/perfus
91020	-	-	\$190.49	\$58.70	\$131.78	Gastric motility studies
91022	-	-	\$135.09	\$58.54	\$76.55	Duodenal motility study
91030	-	-	\$110.67	\$36.79	\$73.89	Acid perfusion of esophagus
91034	-	-	\$154.83	\$39.79	\$115.04	Gastroesophageal reflux test
91035	-	-	\$395.04	\$65.06	\$329.99	G-esoph reflx tst w/electrod
91037	-	-	\$130.52	\$39.46	\$91.06	Esoph impeded function test
91038	-	-	\$371.05	\$44.62	\$326.44	Esoph impeded funct test > 1hr
91040	-	-	\$359.65	\$39.13	\$320.51	Esoph balloon distension tst
91065	-	-	\$64.35	\$7.94	\$56.42	Breath hydrogen/methane test
91110	-	-	\$724.66	\$148.34	\$576.32	Gi tract capsule endoscopy
91111	-	-	\$600.90	\$40.86	\$560.04	Esophageal capsule endoscopy
91112	-	-	\$894.51	\$85.48	\$809.03	Gi wireless capsule measure
91117	-	-	\$107.90	-	-	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	-	-	\$351.12	\$38.90	\$312.22	Rectal sensation test
91122	-	-	\$183.22	\$69.79	\$113.43	Anal pressure record
91132	-	-	\$126.68	\$21.41	\$105.27	Electrogastrography
91133	-	-	\$141.36	\$26.91	\$114.45	Electrogastrography w/test
91200	-	-	\$25.39	\$10.12	\$15.26	Liver elastography
91299	-	-	I.C.	-	-	Gastroenterology procedure

91300	-	-	\$0.00	-	-	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]) 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 [COVID19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
92002	\$64.83	\$37.29	-	-	-	Eye and medical examination for diagnosis and treatment, new patient (rate applies only when billed by an eligible provider that is a licensed physician in conjunction with a medical (non-routine) diagnosis code)
92004	\$118.12	\$77.85	-	-	-	Eye and medical examination for diagnosis and treatment, new patient, 1 or more visits (rate applies only when billed by an eligible provider that is a licensed physician in conjunction with a medical (non-routine) diagnosis code)
92012	\$68.15	\$41.20	-	-	-	Eye and medical examination for diagnosis and treatment, established patient (rate applies only when billed by an eligible provider that is a licensed physician in conjunction with a medical (non-routine) diagnosis code)
92014	\$98.56	\$62.44	-	-	-	Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (rate applies only when billed by an eligible provider that is a licensed physician in conjunction with a medical (non-routine) diagnosis code)
92018	-	-	\$113.89	-	-	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	-	-	\$56.05	-	-	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	\$21.11	\$16.38	-	-	-	Gonioscopy (separate procedure)
92025	-	-	\$30.51	\$15.84	\$14.67	Corneal topography
92060	-	-	\$52.13	\$30.06	\$22.07	Special eye evaluation
92065	-	-	\$43.19	\$14.01	\$29.18	Orthoptic/pleoptic training
92071	\$29.84	\$26.28	-	-	-	Fitting of contact lens for treatment of ocular surface disease
92072	\$106.78	\$80.43	-	-	-	Fitting of contact lens for management of keratoconus, initial fitting
92081	-	-	\$27.09	\$12.71	\$14.38	Visual field examination(s)
92082	-	-	\$38.67	\$16.89	\$21.78	Visual field examination(s)
92083	-	-	\$52.03	\$21.96	\$30.07	Visual field examination(s)
92100	\$64.77	\$26.58	.	.	.	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	-	-	\$27.84	\$14.95	\$12.89	Cmptr ophth dx img ant segmt
92133	-	-	\$35.15	\$21.96	\$13.19	Cmptr ophth img optic nerve

92134	-	-	\$36.04	\$22.55	\$13.49	Cptr ophth dx img post segmt
92136	-	-	\$73.54	\$24.52	\$49.02	Ophthalmic biometry
92145	-	-	\$12.03	\$6.53	\$5.49	Corneal hysteresis deter
92225	\$21.39	\$16.65	-	-	-	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	\$19.74	\$15.00	-	-	-	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92227	-	-	\$12.01	-	-	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	.	.	\$27.50	\$16.38	\$11.12	Remote retinal imaging mgmt
92229	-	-	I.C.	-	-	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
92230	\$46.61	\$26.18	.	-	-	Fluorescein angiography with interpretation and report
92235	-	-	\$89.12	\$37.15	\$51.98	Eye exam with photos
92240	-	-	\$209.63	\$50.48	\$159.15	Icg angiography
92242	-	-	\$187.58	\$44.08	\$143.50	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral
92250	-	-	\$64.32	\$18.86	\$45.46	Eye exam with photos
92260	\$14.75	\$8.53	-	-	-	Ophthalmodynamometry
92265	-	-	\$63.40	\$33.63	\$29.77	Eye muscle evaluation
92270	-	-	\$73.76	\$32.15	\$41.61	Electro-oculography
92273	-	-	\$110.97	\$29.84	\$81.13	Full field recording of retinal electrical responses to external stimuli with interpretation and report
92274	-	-	\$74.78	\$26.46	\$48.31	Multifocal recording of retinal electrical responses to external stimuli with interpretation and report
92283	-	-	\$45.48	\$7.13	\$38.36	Color vision examination
92284	-	-	\$50.33	\$9.61	\$40.73	Dark adaptation eye exam
92285	-	-	\$16.78	\$2.40	\$14.38	Eye photography
92286	-	-	\$30.68	\$17.48	\$13.19	Internal eye photography
92287	-	-	\$111.79	\$36.85	\$74.94	Internal eye photography
92310	\$75.98	\$46.08	-	-	-	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	\$81.05	\$43.45	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	\$93.32	\$49.50	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes

92313	\$78.05	\$36.89	-	-	-	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	\$64.00	\$27.00	-	-	-	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	\$59.26	\$16.93	-	-	-	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	\$74.36	\$25.51	-	-	-	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	\$61.93	\$17.22	-	-	-	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325	-	-	\$34.80	-	-	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	-	-	\$29.18	-	-	Replacement of contact lens
92352	\$32.53	\$14.47	.	-	-	Fitting of spectacle prosthesis for aphakia; monofocal
92353	\$37.69	\$19.63	.	-	-	Fitting of spectacle prosthesis for aphakia; multifocal
92354	-	-	\$11.12	-	-	Fitting of spectacle mounted low vision aid; single element system
92355	-	-	\$17.34	-	-	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358	-	-	\$9.34	-	-	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371	-	-	\$9.64	-	-	Repair and refitting spectacles; spectacle prosthesis for aphakia
92499	-	-	I.C.	-	-	Eye service or procedure
92502	-	-	\$76.65	-	-	Otolaryngologic examination under general anesthesia
92504	\$24.57	\$7.40	.	-	-	Binocular microscopy (separate diagnostic procedure)
92507	-	-	\$62.00	-	-	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	-	-	\$18.55	-	-	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	\$92.04	\$31.05	.	-	-	Nasopharyngoscopy with endoscope (separate procedure)
92512	\$48.97	\$22.32	.	-	-	Nasal function studies (eg, rhinomanometry)
92516	\$57.41	\$18.03	.	-	-	Facial nerve function studies (eg, electroneuronography)
92517	\$72.86	\$35.57	-	-	-	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	\$67.75	\$35.57	-	-	-	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)

92519	\$113.28	\$53.44	-	-	-	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
92520	\$60.62	\$32.20	.	-	-	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92521	-	-	\$87.08	-	-	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	-	-	\$72.46	-	-	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	-	-	\$152.46	-	-	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	-	-	\$70.10	-	-	Behavioral and qualitative analysis of voice and resonance
92526	-	-	\$67.81	-	-	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	-	-	\$31.80	\$24.83	\$6.97	Caloric vstblr test w/rec
92538	-	-	\$16.13	\$12.41	\$3.72	Caloric vstblr test w/rec
92540	-	-	\$80.29	\$62.07	\$18.22	Basic vestibular evaluation
92541	-	-	\$18.83	\$16.30	\$2.53	Spontaneous nystagmus test
92542	-	-	\$21.75	\$19.51	\$2.24	Positional nystagmus test
92544	-	-	\$12.95	\$11.01	\$1.94	Optokinetic nystagmus test
92545	-	-	\$11.82	\$10.17	\$1.64	Oscillating tracking test
92546	-	-	\$85.01	\$11.55	\$73.46	Sinusoidal rotational test
92547	-	-	\$5.03	-	-	Use of vertical electrodes (List separately in addition to code for primary procedure)
92548	-	-	\$83.87	\$20.35	\$63.52	Posturography
92550	-	-	\$16.59	-	-	Tympanometry and reflex threshold measurements
92551	-	-	\$9.93	-	-	Screening test, pure tone, air only
92552	-	-	\$25.92	-	-	Pure tone audiometry (threshold); air only
92553	-	-	\$30.96	-	-	Pure tone audiometry (threshold); air and bone
92555	-	-	\$19.41	-	-	Speech audiometry threshold;
92556	-	-	\$30.96	-	-	Speech audiometry threshold; with speech recognition
92557	\$29.43	\$25.58	-	-	-	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92558	-	-	I.C.	-	-	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	-	-	\$31.42	-	-	Bekesy audiometry; diagnostic
92562	-	-	\$38.65	-	-	Loudness balance test, alternate binaural or monaural
92563	-	-	\$25.63	-	-	Tone decay test
92564	-	-	\$23.26	-	-	Short increment sensitivity index (SISI)
92565	-	-	\$13.19	-	-	Stenger test, pure tone
92567	\$11.49	\$8.53	-	-	-	Tympanometry (impedance testing)
92568	\$12.31	\$12.01	-	-	-	Acoustic reflex testing, threshold
92570	\$25.12	\$23.35	-	-	-	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92571	-	-	\$22.67	-	-	Filtered speech test
92572	-	-	\$29.77	-	-	Staggered spondaic word test
92575	-	-	\$60.13	-	-	Sensorineural acuity level test
92576	-	-	\$29.77	-	-	Synthetic sentence identification test
92577	-	-	\$13.78	-	-	Stenger test, speech
92579	\$32.76	\$28.91	.	-	-	Visual reinforcement audiometry (VRA)
92582	-	-	\$56.29	-	-	Conditioning play audiometry
92583	-	-	\$43.69	-	-	Select picture audiometry
92584	-	-	\$61.02	-	-	Electrocochleography
92587	-	-	\$16.89	\$14.36	\$2.53	Evoked auditory test limited
92588	-	-	\$25.85	\$22.72	\$3.12	Evoked auditory tst complete
92596	-	-	\$34.97	-	-	Ear protector attenuation measurements
92597	-	-	\$56.21	-	-	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601	\$110.62	\$92.86	-	-	-	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	\$70.61	\$53.74	-	-	-	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	\$119.57	\$95.59	-	-	-	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	\$71.01	\$52.95	-	-	-	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605	\$72.01	\$68.76	-	-	-	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92606	\$64.89	\$55.12	-	-	-	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607	-	-	\$99.85	-	-	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	-	-	\$41.91	-	-	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	-	-	\$87.83	-	-	Therapeutic services for the use of speech-generating device, including programming and modification
92610	\$67.19	\$56.83	-	-	-	Evaluation of oral and pharyngeal swallowing function
92611	.	.	\$68.17	-	-	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	\$151.68	\$53.09	.	-	-	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	-	-	\$29.64	-	-	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614	\$117.93	\$52.80	-	-	-	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	\$26.26	\$25.97	-	-	-	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92616	\$168.23	\$78.81	-	-	-	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	-	-	\$32.53	-	-	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
92618	\$26.21	\$25.62	-	-	-	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	\$74.08	\$64.60	-	-	-	Evaluation of central auditory function, with report; initial 60 minutes
92621	\$17.61	\$14.95	-	-	-	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92625	\$54.98	\$48.77	-	-	-	Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	\$70.62	\$59.66	-	-	-	Evaluation of auditory rehabilitation status; first hour
92627	\$17.67	\$14.11	-	-	-	Evaluation of auditory rehabilitation status; 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	\$89.26	\$75.05	.	-	-	Diagnostic analysis with programming of auditory brainstem implant, per hour
92650	-	-	\$24.28	-	-	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
92651	-	-	\$75.89	-	-	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652	-	-	\$98.69	-	-	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	-	-	\$72.46	-	-	Auditory evoked potentials; neurodiagnostic, with interpretation and report
92700	-	-	I.C.	-	-	Unlisted otorhinolaryngological service or procedure
92920	-	-	\$413.04	-	-	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	-	-	\$490.56	-	-	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	-	-	\$458.41	-	-	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
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	-	-	\$512.75	-	-	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	-	-	\$458.14	-	-	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	-	-	\$513.75	-	-	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	-	-	\$513.59	-	-	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	\$239.80	\$142.69	.	-	-	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953	.	.	\$8.61	-	-	Temporary transcutaneous pacing

92960	\$164.80	\$95.22	.	-	-	Cardioversion, elective, electrical conversion of arrhythmia; external
92961	-	-	\$198.40	-	-	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970	-	-	\$143.42	-	-	Cardioassist-method of circulatory assist; internal
92971	-	-	\$76.75	-	-	Cardioassist-method of circulatory assist; external
92973	-	-	\$134.07	-	-	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92974	-	-	\$122.40	-	-	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975	-	-	\$295.48	-	-	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	-	-	\$50.09	-	-	Thrombolysis, coronary; by intravenous infusion
92978	-	-	-	\$72.89	.	Intravasc us heart add-on
92979	-	-	-	\$58.17	.	Intravasc us heart add-on
92986	-	-	\$1,017.39	-	-	Percutaneous balloon valvuloplasty; aortic valve
92987	-	-	\$1,050.14	-	-	Percutaneous balloon valvuloplasty; mitral valve
92990	-	-	\$829.27	-	-	Percutaneous balloon valvuloplasty; pulmonary valve
92997	-	-	\$496.01	-	-	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	-	-	\$244.65	-	-	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000	-	-	\$13.51	-	-	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	-	-	\$6.97	-	-	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	-	-	\$6.53	-	-	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93015	-	-	\$61.18	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
93016	-	-	\$17.22	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report
93017	-	-	\$32.73	-	-	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	-	-	\$11.23	-	-	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024	-	-	\$89.74	\$44.40	\$45.33	Cardiac drug stress test
93025	-	-	\$130.76	\$28.45	\$102.31	Microvolt t-wave assess

93040	-	-	\$10.01	.	.	Rhythm ECG, 1-3 leads; with interpretation and report
93041	-	-	\$4.60	.	.	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042	-	-	\$5.40	.	.	Rhythm ECG, 1-3 leads; interpretation and report only
93050	-	-	\$13.80	\$6.53	\$7.27	Art pressure waveform analys
93224	-	-	\$74.21	-	-	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	-	-	\$22.07	-	-	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	-	-	\$31.55	-	-	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93227	-	-	\$20.59	-	-	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	-	-	\$20.17	-	-	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	-	-	\$606.15	-	-	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	-	-	\$13.15	-	-	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	-	-	\$19.94	-	-	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
93245	-	-	I.C.	-	-	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	-	-	\$13.15	-	-	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	-	-	I.C.	-	-	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	-	-	\$21.92	-	-	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation
93260	-	-	\$53.23	\$35.00	\$18.22	Prgrmg dev eval impltbl sys
93261	-	-	\$48.32	\$30.09	\$18.22	Interrogate subq defib
93264	\$41.08	\$28.55	-	-	-	Remote monitoring of wireless pressure sensor in lung artery with qualified health care professional analysis, review, and report
93268	-	-	\$169.55	-	-	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	-	-	\$7.57	-	-	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	-	-	\$142.28	-	-	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	-	-	\$19.71	-	-	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	-	-	\$24.25	\$9.58	\$14.67	Ecg/signal-averaged
93279	-	-	\$39.37	\$24.99	\$14.38	Pm device progr eval sngl
93280	-	-	\$46.03	\$29.88	\$16.15	Pm device progr eval dual
93281	-	-	\$53.99	\$34.87	\$19.11	Pm device progr eval multi
93282	-	-	\$49.67	\$32.93	\$16.74	Prgrmg eval implantable dfb
93283	-	-	\$64.46	\$44.75	\$19.70	Prgrmg eval implantable dfb
93284	-	-	\$71.17	\$48.80	\$22.37	Prgrmg eval implantable dfb
93285	-	-	\$33.49	\$20.30	\$13.19	Ilr device eval progr
93286	-	-	\$21.76	\$11.82	\$9.93	Peri-px pacemaker device evl
93287	-	-	\$28.64	\$17.81	\$10.82	Peri-px device eval & prgr
93288	-	-	\$29.28	\$16.39	\$12.89	Pm device eval in person
93289	-	-	\$51.57	\$35.41	\$16.15	Interrog device eval heart
93290	-	-	\$24.54	\$16.68	\$7.86	Icm device eval
93291	-	-	\$28.69	\$16.68	\$12.01	Ilr device interrogate
93292	-	-	\$25.73	\$16.68	\$9.05	Wcd device interrogate
93293	-	-	\$43.32	\$12.07	\$31.25	Pm phone r-strip device eval

93294	-	-	\$26.21	-	-	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	-	-	\$52.02	-	-	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	-	-	\$21.48	-	-	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	-	-	\$20.46	-	-	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular 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	-	-	\$20.46	-	-	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
93299	-	-	I.C.	-	-	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93303	-	-	\$194.96	\$49.56	\$145.40	Echo transthoracic
93304	-	-	\$127.80	\$28.45	\$99.35	Echo transthoracic
93306	-	-	\$186.08	\$49.26	\$136.82	Tte w/doppler complete
93307	-	-	\$106.04	\$35.12	\$70.93	Tte w/o doppler complete
93308	-	-	\$102.45	\$19.98	\$82.47	Tte f-up or lmtd
93312	-	-	\$247.48	\$93.92	\$153.56	Echo transesophageal
93313	-	-	\$17.10	.	.	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	-	-	\$242.56	\$79.52	\$163.04	Echo transesophageal
93315	-	-	.	\$109.69	-	Echo transesophageal
93316	-	-	\$29.15	-	-	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	-	-	-	\$80.76	-	Echo transesophageal
93318	-	-	-	\$89.54	-	Echo transesophageal intraop
93320	-	-	\$44.18	\$14.28	\$29.90	Doppler echo exam heart
93321	-	-	\$22.28	\$5.70	\$16.58	Doppler echo exam heart
93325	-	-	\$21.14	\$2.48	\$18.65	Doppler color flow add-on
93350	-	-	\$196.62	\$55.36	\$141.26	Stress tte only
93351	.	.	\$220.77	\$66.03	\$154.75	Stress tte complete

93352	-	-	\$27.67	-	-	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
93355	-	-	\$174.07	-	-	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
93451	-	-	\$643.26	\$109.54	\$533.72	Right heart cath
93452	-	-	\$716.34	\$191.64	\$524.70	Left hrt cath w/ventriclgrphy
93453	-	-	\$922.97	\$252.73	\$670.24	R&I hrt cath w/ventriclgrphy
93454	-	-	\$726.70	\$193.70	\$532.99	Coronary artery angio s&i
93455	-	-	\$846.10	\$223.83	\$622.27	Coronary art/grft angio s&i
93456	-	-	\$909.85	\$248.49	\$661.36	R hrt coronary artery angio
93457	-	-	\$1,028.69	\$278.51	\$750.18	R hrt art/grft angio
93458	-	-	\$871.31	\$236.61	\$634.71	L hrt artery/ventricle angio
93459	-	-	\$962.13	\$266.73	\$695.40	L hrt art/grft angio
93460	-	-	\$1,030.75	\$297.15	\$733.60	R&I hrt art/ventricle angio
93461	-	-	\$1,180.22	\$327.73	\$852.49	R&I hrt art/ventricle angio
93462	-	-	\$158.69	-	-	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93463	-	-	\$76.30	-	-	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	-	-	\$223.90	\$67.84	\$156.06	Exercise w/hemodynamic meas
93503	-	-	\$98.71	-	-	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	-	-	\$617.78	\$176.44	\$441.34	Biopsy of heart lining
93530	-	-	-	\$168.42	-	Rt heart cath congenital
93531	-	-	-	\$330.22	-	R & I heart cath congenital
93532	-	-	-	\$403.90	-	R & I heart cath congenital
93533	-	-	-	\$269.65	-	R & I heart cath congenital
93561	-	-	-	\$19.66	-	Cardiac output measurement
93562	-	-	-	\$6.26	-	Card output measure subsq

93563	-	-	\$44.68	-	-	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	-	-	\$46.34	-	-	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	-	-	\$34.90	-	-	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	\$139.15	\$34.94	-	-	-	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	\$113.30	\$39.58	-	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
93568	\$124.30	\$35.77	-	-	-	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
93571	-	-	-	-	-	Heart flow reserve measure
93572	-	-	-	-	-	Heart flow reserve measure
93580	-	-	\$742.10	-	-	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581	-	-	\$1,007.71	-	-	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93582	-	-	\$506.23	-	-	Percutaneous transcatheter closure of patent ductus arteriosus
93583	-	-	\$572.45	-	-	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
93590	-	-	\$938.03	-	-	valve
93591	-	-	\$778.65	-	-	valve
93592	-	-	\$342.71	-	-	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
93600	-	-	-	-	-	Bundle of his recording
93602	-	-	-	-	-	Intra-atrial recording
93603	-	-	-	-	-	Right ventricular recording

93609	-	-	-	-	-	Map tachycardia add-on
93610	-	-	-	-	-	Intra-atrial pacing
93612	-	-	-	-	-	Intraventricular pacing
93613	-	-	\$301.86	-	-	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615	-	-	-	-	-	Esophageal recording
93616	-	-	-	-	-	Esophageal recording
93618	-	-	-	-	-	Heart rhythm pacing
93619	-	-	-	-	-	Electrophysiology evaluation
93620	-	-	-	-	-	Electrophysiology evaluation
93621	-	-	-	-	-	Electrophysiology evaluation
93622	-	-	-	-	-	Electrophysiology evaluation
93623	-	-	-	-	-	Stimulation pacing heart
93624	-	-	-	-	-	Electrophysiologic study
93631	-	-	-	-	-	Heart pacing mapping
93640	-	-	-	-	-	Evaluation heart device
93641	-	-	-	-	-	Electrophysiology evaluation
93642	-	-	\$333.05	\$206.26	\$126.78	Electrophysiology evaluation
93644	-	-	\$223.20	\$135.53	\$87.67	Electrophysiology evaluation
93650	-	-	\$458.84	-	-	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653	-	-	\$644.08	-	-	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
93654	-	-	\$857.86	-	-	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	-	-	\$322.04	-	-	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	-	-	\$858.40	.	.	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	-	-	\$321.91	-	-	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	-	-	\$125.96	-	-	Tilt table evaluation
93662	-	-	.	\$111.34	-	Intracardiac ecg (ice)
93668	-	-	\$15.86	-	-	Peripheral arterial disease (PAD) rehabilitation, per session
93701	-	-	\$20.00	-	-	Bioimpedance-derived physiologic cardiovascular analysis
93702	-	-	\$90.17	-	-	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93724	-	-	\$211.64	\$188.38	\$23.26	Analyze pacemaker system
93740	-	-	\$6.26	-	-	Temperature gradient studies
93745	-	-	I.C.	-	-	Set-up cardiovert-defibrill
93750	\$43.07	\$35.38	-	-	-	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	-	-	\$6.26	-	-	Determination of venous pressure
93784	-	-	\$43.62	-	-	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786	-	-	\$24.74	-	-	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788	-	-	\$4.31	-	-	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790	-	-	\$14.58	-	-	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report

93792	-	-	\$45.61	-	-	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	-	-	\$9.67	-	-	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	\$13.02	\$6.80	-	-	-	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	\$20.03	\$10.85	-	-	-	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799	-	-	I.C.	-	-	Cardiovascular procedure
93880	-	-	\$157.21	\$30.75	\$126.45	Extracranial bilat study
93882	-	-	\$106.60	\$19.10	\$87.51	Extracranial uni/ltd study
93886	-	-	\$162.98	\$36.69	\$126.29	Intracranial complete study
93888	-	-	\$122.39	\$19.79	\$102.60	Intracranial limited study
93890	-	-	\$166.73	\$40.14	\$126.59	Tcd vasoreactivity study
93892	-	-	\$123.04	\$47.08	\$75.96	Tcd emboli detect w/o inj
93893	-	-	\$122.25	\$46.30	\$75.96	Tcd emboli detect w/inj
93895	-	-	I.C.	.	.	Carotid intima atheroma eval
93922	-	-	\$73.73	\$9.61	\$64.12	Upr/l xtremity art 2 levels
93923	-	-	\$114.56	\$17.12	\$97.44	Upr/lxtr art stdy 3+ lvls
93924	-	-	\$144.04	\$19.07	\$124.97	Lwr xtr vasc stdy bilat
93925	-	-	\$156.59	\$30.29	\$126.29	Lower extremity study
93926	-	-	\$126.87	\$18.47	\$108.39	Lower extremity study
93930	-	-	\$157.08	\$30.62	\$126.45	Upper extremity study
93931	-	-	\$106.87	\$19.07	\$87.80	Upper extremity study
93970	-	-	\$153.16	\$26.71	\$126.45	Extremity study
93971	-	-	\$99.73	\$17.25	\$82.47	Extremity study
93975	-	-	\$170.82	\$44.53	\$126.29	Vascular study
93976	-	-	\$134.51	\$31.02	\$103.49	Vascular study
93978	-	-	\$156.95	\$30.49	\$126.45	Vascular study
93979	-	-	\$99.04	\$18.93	\$80.10	Vascular study
93980	-	-	\$97.23	\$47.62	\$49.61	Penile vascular study
93981	-	-	\$59.65	\$16.85	\$42.80	Penile vascular study

93990	-	-	\$94.33	\$18.67	\$75.66	Doppler flow testing
93998	-	-	I.C.	-	-	Unlisted noninvasive vascular diagnostic study
94002	-	-	\$70.89	-	-	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003	-	-	\$51.25	-	-	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004	-	-	\$37.64	-	-	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94005	-	-	\$72.50	-	-	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	-	-	\$29.49	\$6.53	\$22.96	Breathing capacity test
94011	-	-	\$79.26	-	-	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012	-	-	\$121.61	-	-	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013	-	-	\$25.85	-	-	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	-	-	\$45.33	-	-	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	-	-	\$25.63	-	-	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	-	-	\$19.71	-	-	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional
94060	-	-	\$49.96	\$10.12	\$39.84	Evaluation of wheezing
94070	-	-	\$47.95	\$22.33	\$25.63	Evaluation of wheezing
94150	-	-	\$20.58	\$2.94	\$17.63	Vital capacity test
94200	-	-	\$20.47	\$4.32	\$16.15	Lung function test (mbc/mvv)
94375	-	-	\$31.80	\$11.50	\$20.30	Respiratory flow volume loop
94450	-	-	\$55.71	\$15.58	\$40.13	Hypoxia response curve
94452	-	-	\$47.19	\$11.20	\$35.99	Hast w/report
94453	-	-	\$65.48	\$14.69	\$50.79	Hast w/oxygen titrate

94610	-	-	\$46.11	-	-	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube
94617	-	-	\$78.67	\$26.50	\$52.17	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry
94618	-	-	\$27.66	\$18.13	\$9.53	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
94619	-	-	\$62.51	\$19.06	\$43.45	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)
94621	-	-	\$132.05	\$53.56	\$78.49	Pulm stress test/complex
94640	-	-	\$15.26	-	-	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	-	-	\$36.58	-	-	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	-	-	\$11.71	-	-	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
94660	\$50.24	\$29.21	.	-	-	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	-	-	\$28.49	-	-	Continuous negative pressure ventilation (CNP), initiation and management
94664	-	-	\$14.38	-	-	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	-	-	\$21.64	-	-	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	-	-	\$24.01	-	-	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94669	-	-	\$27.27	-	-	Mechanical chest wall oscillation to facilitate lung function, per session
94680	-	-	\$47.03	\$9.85	\$37.17	Exhaled air analysis o2
94681	-	-	\$43.33	\$7.64	\$35.69	Exhaled air analysis o2/co2
94690	-	-	\$41.30	\$2.94	\$38.36	Exhaled air analysis
94726	-	-	\$43.18	\$9.56	\$33.62	Pulm funct tst plethysmograp
94727	-	-	\$34.29	\$9.56	\$24.74	Pulm function test by gas
94728	-	-	\$32.81	\$9.85	\$22.96	Pulm funct test oscillometry
94729	-	-	\$44.84	\$7.07	\$37.77	Co/membrane diffuse capacity
94760	-	-	\$2.53	-	-	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	-	-	\$4.01	-	-	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	-	-	\$20.30	-	-	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

94772	-	-	I.C.	-	-	Breath 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	\$45.30	\$17.47	-	-	-	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
94781	\$18.67	\$6.53	-	-	-	Car seat/bed testing for airway integrity, neonate, with continual nursing 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.	-	-	Pulmonary service/procedure
95004	-	-	\$5.47	-	-	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95012	-	-	\$15.86	-	-	Nitric oxide expired gas determination
95017	\$6.20	\$2.65	-	-	-	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	\$16.68	\$5.43	-	-	-	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	\$6.36	\$0.73	-	-	-	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	-	-	\$3.69	-	-	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	-	-	\$11.12	-	-	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests

95044	-	-	\$4.60	-	-	Patch or application test(s) (specify number of tests)
95052	-	-	\$5.49	-	-	Photo patch test(s) (specify number of tests)
95056	-	-	\$36.74	-	-	Photo tests
95060	-	-	\$29.18	-	-	Ophthalmic mucous membrane tests
95065	-	-	\$21.19	-	-	Direct nasal mucous membrane test
95070	-	-	\$25.20	-	-	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95076	\$92.73	\$56.90	-	-	-	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	\$65.05	\$52.02	-	-	-	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	-	-	\$7.27	-	-	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	-	-	\$8.45	-	-	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	\$10.07	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

95145	\$17.77	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	\$32.28	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147	\$29.02	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	\$43.23	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	\$58.33	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	\$10.37	\$2.38	-	-	-	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	\$7.71	\$2.38	-	-	-	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	\$105.65	\$78.71	-	-	-	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	-	-	I.C.	-	-	Unlisted allergy/clinical immunologic service or procedure
95249	-	-	\$46.49	-	-	Patient provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250	-	-	\$131.52	-	-	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	-	-	\$33.55	-	-	subcutaneous sensor for a minimum of 72 hours; interpretation and report
95782	-	-	\$849.23	\$98.27	\$750.96	Polysom <6 yrs 4/> paramtrs
95783	-	-	\$890.34	\$109.02	\$781.32	Polysom <6 yrs cpap/bilvl
95800	-	-	\$145.84	\$40.27	\$105.57	Slp stdy unattended
95801	-	-	\$72.41	\$38.20	\$34.21	Slp stdy unatnd w/anal
95803	-	-	\$115.44	\$33.85	\$81.58	Actigraphy testing
95805	-	-	\$353.26	\$45.97	\$307.29	Multiple sleep latency test
95806	-	-	\$136.90	\$47.32	\$89.58	Sleep study unatt&resp efft
95807	-	-	\$395.55	\$48.30	\$347.26	Sleep study attended
95808	-	-	\$521.57	\$68.45	\$453.12	Polysom any age 1-3> param
95810	-	-	\$512.86	\$94.51	\$418.34	Polysom 6/> yrs 4/> param
95811	-	-	\$538.98	\$98.27	\$440.71	Polysom 6/>yrs cpap 4/> parm
95812	-	-	\$287.94	\$44.97	\$242.97	Eeg 41-60 minutes
95813	-	-	\$347.74	\$71.90	\$275.84	Eeg over 1 hour

95816	-	-	\$299.19	\$44.97	\$254.23	Eeg awake and drowsy
95819	-	-	\$342.58	\$44.97	\$297.62	Eeg awake and asleep
95822	-	-	\$308.37	\$44.97	\$263.40	Eeg coma or sleep only
95824	-	-	-	\$30.71	-	Eeg cerebral death only
95827	-	-	\$579.11	\$44.67	\$534.44	Eeg all night recording
95829	.	.	\$1,552.86	\$261.00	\$1,291.86	Surgery electrocorticogram
95830	\$199.52	\$71.32	-	-	-	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	\$24.34	\$11.61	-	-	-	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	\$23.29	\$12.04	-	-	-	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	\$29.61	\$16.58	-	-	-	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	\$40.85	\$24.27	-	-	-	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95836	-	-	\$88.07	-	-	Recording of brain cortex electrical responses to implanted stimulation device with interpretation and report
95851	\$14.85	\$5.97	-	-	-	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	\$13.20	\$4.62	-	-	-	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	\$43.40	\$22.97	-	-	-	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	-	-	\$99.00	\$40.51	\$58.49	Muscle test one limb
95861	-	-	\$138.28	\$64.69	\$73.59	Muscle test 2 limbs
95863	-	-	\$172.07	\$78.05	\$94.02	Muscle test 3 limbs
95864	-	-	\$194.19	\$84.19	\$110.01	Muscle test 4 limbs
95865	-	-	\$115.14	\$65.83	\$49.31	Muscle test larynx
95866	-	-	\$107.88	\$52.65	\$55.23	Muscle test hemidiaphragm
95867	-	-	\$76.34	\$32.66	\$43.69	Muscle test cran nerv unilat
95868	-	-	\$106.91	\$49.31	\$57.60	Muscle test cran nerve bilat
95869	-	-	\$76.51	\$15.65	\$60.86	Muscle test thor paraspinal
95870	-	-	\$76.51	\$15.36	\$61.15	Muscle test nonparaspinal
95872	-	-	\$154.61	\$119.81	\$34.80	Muscle test one fiber
95873	-	-	\$60.49	\$15.79	\$44.71	Guide nerv destr elec stim
95874	-	-	\$60.06	\$15.65	\$44.41	Guide nerv destr needle emg

95875	-	-	\$100.61	\$45.97	\$54.64	Limb exercise test
95885	-	-	\$47.98	\$14.82	\$33.16	Musc tst done w/nerv tst lim
95886	-	-	\$73.63	\$36.33	\$37.31	Musc test done w/n test comp
95887	-	-	\$65.43	\$29.61	\$35.82	Musc tst done w/n tst nonext
95905	-	-	\$58.23	\$2.11	\$56.12	Motor &/ sens nrve cndj test
95907	-	-	\$76.56	\$41.75	\$34.80	Nrv cndj tst 1-2 studies
95908	-	-	\$95.02	\$52.22	\$42.80	Nrv cndj tst 3-4 studies
95909	-	-	\$115.85	\$62.69	\$53.16	Nrv cndj tst 5-6 studies
95910	-	-	\$154.43	\$83.80	\$70.63	Nrv cndj test 7-8 studies
95911	-	-	\$186.33	\$104.74	\$81.58	Nrv cndj test 9-10 studies
95912	-	-	\$207.73	\$124.07	\$83.66	Nrv cndj test 11-12 studies
95913	-	-	\$237.26	\$146.80	\$90.47	Nrv cndj test 13/> studies
95921	-	-	\$69.25	\$35.33	\$33.92	Autonomic nrv parasym inervj
95922	-	-	\$81.23	\$37.84	\$43.39	Autonomic nrv adrenrg inervj
95923	-	-	\$134.12	\$35.96	\$98.16	Autonomic nrv syst funj test
95924	-	-	\$118.58	\$69.27	\$49.31	Ans parasymp & symp w/tilt
95925	-	-	\$128.21	\$21.89	\$106.32	Somatosensory testing
95926	-	-	\$113.11	\$21.30	\$91.81	Somatosensory testing
95927	-	-	\$116.83	\$21.30	\$95.53	Somatosensory testing
95928	-	-	\$182.93	\$62.56	\$120.37	C motor evoked uppr limbs
95929	-	-	\$184.15	\$62.89	\$121.26	C motor evoked lwr limbs
95930	-	-	\$107.06	\$14.65	\$92.41	Visual evoked potential test
95933	-	-	\$60.71	\$24.43	\$36.28	Blink reflex test
95937	-	-	\$65.88	\$26.93	\$38.95	Neuromuscular junction test
95938	-	-	\$282.72	\$35.90	\$246.82	Somatosensory testing
95939	-	-	\$411.30	\$93.55	\$317.75	C motor evoked upr&lwr limbs
95940	-	-	\$25.32	-	-	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.	-	-	Parasymp&symp hrt rate test
95950	-	-	\$271.76	\$62.54	\$209.22	Ambulatory eeg monitoring
95951	-	-	.	\$249.55	.	Eeg monitoring/videorecord
95953	-	-	\$342.76	\$127.91	\$214.85	Eeg monitoring/computer

95954	-	-	\$368.77	\$97.04	\$271.73	Eeg monitoring/giving drugs
95955	-	-	\$177.65	\$42.19	\$135.47	Eeg during surgery
95956	-	-	\$1,360.75	\$149.37	\$1,211.38	Eeg monitor technol attended
95957	-	-	\$256.95	\$81.94	\$175.01	Eeg digital analysis
95958	-	-	\$463.90	\$175.72	\$288.17	Eeg monitoring/function test
95961	-	-	\$234.97	\$125.26	\$109.71	Electrode stimulation brain
95962	-	-	\$208.20	\$134.91	\$73.29	Electrode stim brain add-on
95965	-	-	-	\$327.86	-	Meg spontaneous
95966	-	-	-	\$166.18	-	Meg evoked single
95967	-	-	-	\$144.78	-	Meg evoked each addl
95970	\$55.15	\$18.44	-	-	-	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
95971	\$39.10	\$31.40	-	-	-	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95972	\$45.72	\$32.10	-	-	-	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95976	\$32.62	\$32.02	-	-	-	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with simple cranial nerve stimulator programming
95977	\$43.31	\$42.71	-	-	-	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with complex cranial nerve stimulator programming
95980	-	-	\$34.76	-	-	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	\$25.34	\$13.79	-	-	-	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	\$41.24	\$27.92	-	-	-	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
95983	\$41.06	\$40.46	-	-	-	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, first 15 minutes face-to-face time with qualified health care professional
95984	\$35.71	\$35.41	-	-	-	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, additional 15 minutes face-to-face time with qualified health care professional
95990	.	.	\$76.29	-	-	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	\$98.77	\$30.67	-	-	-	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	\$33.65	\$28.91	-	-	-	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
95999	-	-	I.C.	-	-	Unlisted neurological or neuromuscular diagnostic procedure
96000	-	-	\$73.69	-	-	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;
96001	-	-	\$81.53	-	-	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96002	-	-	\$16.90	-	-	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003	-	-	\$13.42	-	-	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96004	-	-	\$90.64	-	-	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	-	-	-	\$126.67	-	Functional brain mapping
96040	-	-	\$38.68	-	-	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family

96105	-	-	\$84.12	-	-	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	\$107.47	\$100.90	-	-	-	Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes
96113	\$47.93	\$46.14	-	-	-	Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes
96116	\$71.43	\$66.69	-	-	-	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96121	\$64.70	\$61.42	-	-	-	Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes
96125	-	-	\$92.67	-	-	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	\$91.72	\$85.75	-	-	-	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	\$69.74	\$65.27	-	-	-	Psychological testing evaluation by qualified health care professional, additional 60 minutes
96132	\$103.97	\$83.98	-	-	-	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes
96133	\$79.29	\$64.37	-	-	-	Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes
96136	\$38.22	\$19.42	-	-	-	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes
96137	\$35.48	\$15.20	-	-	-	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes
96138	-	-	\$32.20	-	-	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes
96139	-	-	\$32.20	-	-	Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes
96146	-	-	\$1.77	-	-	Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result

96150	\$16.50	\$16.20	-	-	-	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	\$15.66	\$15.37	-	-	-	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	\$15.12	\$14.83	.	-	-	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	.	.	\$3.46	-	-	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	\$14.85	\$14.56	-	-	-	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	-	-	\$17.41	-	-	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
96160	-	-	\$3.86	-	-	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	-	-	\$3.86	-	-	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
96360	-	-	\$46.83	-	-	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	-	-	\$12.37	-	-	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	-	-	\$56.66	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	-	-	\$15.09	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	-	-	\$24.71	-	-	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	-	-	\$16.60	-	-	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	-	-	\$159.53	-	-	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	-	-	\$11.84	-	-	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	-	-	\$60.69	-	-	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	-	-	\$20.45	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	-	-	\$15.71	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	-	-	\$46.38	-	-	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	-	-	\$18.26	-	-	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	-	-	I.C.	-	-	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	-	-	\$60.97	-	-	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	-	-	\$26.19	-	-	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	\$66.65	\$23.42	-	-	-	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	\$94.67	\$36.35	-	-	-	Chemotherapy administration; intralesional, more than 7 lesions
96409	-	-	\$90.83	-	-	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	-	-	\$50.77	-	-	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	-	-	\$111.02	-	-	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	-	-	\$22.93	-	-	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	-	-	\$115.64	-	-	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	-	-	\$51.04	-	-	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	-	-	\$86.57	-	-	Chemotherapy administration, intra-arterial; push technique
96422	-	-	\$139.76	-	-	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	-	-	\$64.33	-	-	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)

96425	-	-	\$149.27	-	-	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	\$693.48	\$105.19	-	-	-	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	\$163.05	\$19.75	-	-	-	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	\$146.63	\$62.55	-	-	-	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521	-	-	\$113.70	-	-	Refilling and maintenance of portable pump
96522	-	-	\$92.85	-	-	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	-	-	\$20.49	-	-	Irrigation of implanted venous access device for drug delivery systems
96542	\$98.52	\$32.79	.	-	-	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	-	-	I.C.	-	-	Unlisted chemotherapy procedure
96567	-	-	\$112.54	-	-	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96570	-	-	\$43.36	-	-	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	-	-	\$20.71	-	-	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	-	-	\$158.92	-	-	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	-	-	\$203.77	-	-	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	-	-	\$17.04	-	-	Actinotherapy (ultraviolet light)
96902	\$16.73	\$16.14	-	-	-	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	-	-	\$52.14	-	-	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	-	-	\$59.38	-	-	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	-	-	\$75.96	-	-	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	-	-	\$108.85	-	-	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	\$126.20	\$52.48	-	-	-	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	\$138.84	\$59.50	-	-	-	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	\$191.48	\$95.84	-	-	-	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96931	-	-	I.C.	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	-	-	I.C.	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	-	-	I.C.	-	-	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	-	-	I.C.	-	-	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	-	-	I.C.	-	-	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	-	-	I.C.	-	-	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	-	-	\$4.75	-	-	Application of a modality to 1 or more areas; hot or cold packs
97012	-	-	\$12.54	-	-	Application of a modality to 1 or more areas; traction, mechanical
97014	-	-	\$12.72	-	-	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	-	-	\$15.39	-	-	Application of a modality to 1 or more areas; vasopneumatic devices
97018	-	-	\$8.89	-	-	Application of a modality to 1 or more areas; paraffin bath
97022	-	-	\$18.97	-	-	Application of a modality to 1 or more areas; whirlpool
97024	-	-	\$5.04	-	-	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	-	-	\$4.75	-	-	Application of a modality to 1 or more areas; infrared
97028	-	-	\$5.88	-	-	Application of a modality to 1 or more areas; ultraviolet
97032	-	-	\$15.21	-	-	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	-	-	\$21.10	-	-	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	-	-	\$14.42	-	-	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	-	-	\$9.98	-	-	Application of a modality to 1 or more areas; ultrasound, each 15 minutes

97036	-	-	\$26.68	-	-	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	-	-	\$25.51	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	-	-	\$26.70	-	-	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	-	-	\$34.55	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	-	-	\$22.52	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	-	-	\$20.87	-	-	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97127	-	-	I.C.	-	-	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
97139	-	-	I.C.	-	-	Unlisted therapeutic procedure (specify)
97140	-	-	\$23.62	-	-	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	-	-	\$13.62	-	-	Therapeutic procedure(s), group (2 or more individuals)
97151	-	-	I.C.	-	-	Behavior identification assessment by qualified health care professional, each 15 minutes
97152	-	-	I.C.	-	-	Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes
97153	-	-	I.C.	-	-	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes
97154	-	-	I.C.	-	-	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes
97155	-	-	I.C.	-	-	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes
97156	-	-	I.C.	-	-	Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes
97157	-	-	I.C.	-	-	Family adaptive behavior treatment guidance by qualified health care professional without patient present, each 15 minutes
97158	-	-	I.C.	-	-	Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients, each 15 minutes

97161	-	-	\$63.94	-	-	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.
97162	-	-	\$63.94	-	-	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	-	-	\$63.94	-	-	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	-	-	\$43.62	-	-	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	-	-	\$61.87	-	-	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	-	-	\$61.87	-	-	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	-	-	\$61.87	-	-	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	-	-	\$41.02	-	-	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.
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.	-	-	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	-	-	\$27.74	-	-	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	-	-	\$23.01	-	-	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	-	-	\$27.88	-	-	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	-	-	\$23.74	-	-	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	-	-	\$24.33	-	-	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	\$61.18	\$17.96	.	-	-	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	\$19.68	\$8.42	-	-	-	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), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	\$32.66	\$19.33	.	-	-	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
97606	\$38.74	\$20.98	-	-	-	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	-	-	I.C.	-	-	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	-	-	I.C.	-	-	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	\$98.74	\$12.28	-	-	-	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
97750	-	-	\$26.10	-	-	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	-	-	\$28.03	-	-	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	-	-	\$30.25	-	-	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	-	-	\$26.10	-	-	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97763	-	-	\$39.61	-	-	Orthotic(s)/prosthetic(s) management and/or training, upper 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	\$27.38	\$25.60	-	-	-	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	\$23.74	\$21.66	-	-	-	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	\$12.54	\$11.95	-	-	-	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	\$28.41	\$23.68	-	-	-	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	\$21.11	\$19.63	-	-	-	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	\$30.36	\$25.62	-	-	-	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	\$23.94	\$21.57	-	-	-	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	\$24.76	\$18.25	-	-	-	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	\$35.83	\$27.83	-	-	-	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	\$46.30	\$36.53	-	-	-	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	\$56.77	\$46.11	-	-	-	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	\$67.83	\$55.40	-	-	-	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	\$22.23	\$17.49	-	-	-	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	\$31.94	\$26.91	-	-	-	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	\$41.53	\$36.20	-	-	-	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	\$21.21	\$18.25	-	-	-	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
98960	-	-	\$23.13	-	-	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	-	-	\$11.12	-	-	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	-	-	\$8.16	-	-	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

98966	\$10.77	\$9.88	-	-	-	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	\$20.81	\$19.63	-	-	-	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	\$30.39	\$29.50	-	-	-	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
98969	-	-	I.C.	-	-	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
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)
99091	-	-	\$43.30	-	-	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
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	\$63.14	\$18.25	\$0.00	-	-	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	\$42.31	\$9.61	\$0.00	-	-	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	-	-	\$9.14	-	-	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	-	-	\$72.02	-	-	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	-	-	\$58.54	-	-	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	-	-	\$44.42	-	-	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	\$139.09	\$68.92	-	-	-	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	-	-	I.C.	-	-	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report
99175	-	-	\$14.08	-	-	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99177	-	-	I.C.	-	-	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis
99183	-	-	\$83.90	-	-	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

99184	-	-	\$176.93	-	-	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	-	-	I.C.	-	-	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
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	-	-	\$82.70	-	-	Phlebotomy, therapeutic (separate procedure)
99199	-	-	I.C.	-	-	Unlisted special service, procedure or report
99202	\$58.71	\$38.58	-	-	-	Office or other outpatient 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; 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 to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	\$84.35	\$58.59	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed 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 moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	\$128.18	\$99.46	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive 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, 45 minutes are spent face-to-face with the patient and/or family.

99205	\$160.27	\$129.18	-	-	-	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive 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. 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.
99211	\$15.98	\$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. Typically, 5 minutes are spent performing or supervising these services.
99212	\$34.35	\$19.25	-	-	-	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused 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, 10 minutes are spent face-to-face with the patient and/or family.
99213	\$57.26	\$39.20	-	-	-	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and 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, 15 minutes are spent face-to-face with the patient and/or family.
99214	\$84.21	\$60.23	-	-	-	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed 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, 25 minutes are spent face-to-face with the patient and/or family.

99215	\$113.05	\$85.22	-	-	-	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive 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. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99217	-	-	\$56.19	-	-	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from "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	-	-	\$76.24	-	-	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 "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
99219	-	-	\$103.99	-	-	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 "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
99220	-	-	\$142.16	-	-	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 "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

99221	-	-	\$77.19	-	-	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	-	-	\$104.75	-	-	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	-	-	\$155.23	-	-	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	-	-	\$30.40	-	-	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	-	-	\$55.90	-	-	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	-	-	\$80.74	-	-	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.
99231	-	-	\$30.10	-	-	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	-	-	\$102.35	-	-	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	-	-	\$129.50	-	-	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	-	-	\$166.78	-	-	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	-	-	\$56.03	-	-	Hospital discharge day management; 30 minutes or less
99239	-	-	\$82.91	-	-	Hospital discharge day management; more than 30 minutes
99241	\$37.49	\$25.05	-	-	-	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.
99242	\$70.08	\$52.61	-	-	-	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	\$95.82	\$73.62	-	-	-	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	\$142.57	\$118.29	-	-	-	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	\$173.56	\$146.32	-	-	-	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	-	-	\$37.47	-	-	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	-	-	\$57.40	-	-	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	-	-	\$88.33	-	-	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	-	-	\$128.42	-	-	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	-	-	\$154.64	-	-	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.
99281	-	-	\$16.07	-	-	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	-	-	\$31.30	-	-	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	-	-	\$46.76	-	-	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	-	-	\$88.63	-	-	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	-	-	\$130.61	-	-	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	\$212.65	\$170.01	-	-	-	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	\$94.10	\$85.22	-	-	-	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	-	-	\$70.68	-	-	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	-	-	\$100.59	-	-	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	-	-	\$128.12	-	-	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.
99307	-	-	\$34.68	-	-	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	-	-	\$53.67	-	-	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	-	-	\$70.75	-	-	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	-	-	\$104.90	-	-	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	-	-	\$56.62	-	-	Nursing facility discharge day management; 30 minutes or less
99316	-	-	\$81.59	-	-	Nursing facility discharge day management; more than 30 minutes
99318	-	-	\$74.06	-	-	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	-	-	\$42.65	-	-	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	-	-	\$61.95	-	-	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	-	-	\$107.00	-	-	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.

99327	-	-	\$142.98	-	-	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	-	-	\$166.87	-	-	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	-	-	\$46.64	-	-	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	-	-	\$73.44	-	-	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	-	-	\$103.72	-	-	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	-	-	\$148.32	-	-	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	-	-	\$60.38	-	-	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	-	-	\$84.48	-	-	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
99341	-	-	\$42.35	-	-	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	-	-	\$60.77	-	-	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	-	-	\$99.56	-	-	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	-	-	\$140.09	-	-	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	-	-	\$169.73	-	-	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	-	-	\$42.67	-	-	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	-	-	\$64.67	-	-	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	-	-	\$98.73	-	-	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.
99350	-	-	\$136.80	-	-	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	\$77.19	\$71.27	-	-	-	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	\$74.95	\$69.03	-	-	-	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	-	-	\$70.80	-	-	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	-	-	\$70.21	-	-	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	-	-	\$83.57	-	-	Prolonged evaluation and management service before and/or after direct patient care; first hour

99359	-	-	\$40.44	-	-	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	-	-	\$47.19	-	-	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99366	\$33.04	\$32.15	-	-	-	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	-	-	\$43.30	-	-	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368	-	-	\$28.40	-	-	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	\$54.55	\$43.30	-	-	-	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	\$81.54	\$67.92	-	-	-	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	\$54.55	\$43.30	-	-	-	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

99378	\$81.54	\$67.92	-	-	-	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	\$54.55	\$43.30	-	-	-	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	\$81.54	\$67.92	-	-	-	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	\$58.88	-	-	-	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	\$90.59	\$62.76	-	-	-	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	\$94.35	\$66.81	-	-	-	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	\$106.33	\$78.50	-	-	-	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	\$102.82	\$75.29	-	-	-	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; 18-39 years
99386	\$119.13	\$91.59	-	-	-	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	\$129.22	\$98.42	-	-	-	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	\$78.00	\$53.72	-	-	-	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	\$58.88	-	-	-	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)
99393	\$82.86	\$58.88	-	-	-	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	\$90.79	\$66.81	-	-	-	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	\$92.74	\$68.76	-	-	-	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	\$98.73	\$74.75	-	-	-	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	\$106.33	\$78.50	-	-	-	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	\$28.56	\$18.79	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	\$48.19	\$38.41	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	\$66.97	\$57.50	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	\$86.33	\$76.86	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	\$10.96	\$9.48	-	-	-	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	\$27.10	\$25.62	-	-	-	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	\$27.10	\$25.62	-	-	-	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	\$52.72	\$51.24	-	-	-	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	\$13.10	\$5.99	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	\$16.98	\$9.88	-	-	-	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99415	-	-	\$7.27	-	-	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	-	-	\$4.01	-	-	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)
99429	-	-	I.C.	-	-	Unlisted preventive medicine service
99439	\$30.81	\$22.69	-	-	-	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
99441	\$10.77	\$9.88	-	-	-	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	\$20.81	\$19.63	-	-	-	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	\$30.39	\$29.50	-	-	-	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
99444	-	-	I.C.	-	-	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
99446	-	-	I.C.	-	-	Interprofessional telephone/Internet 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	-	-	I.C.	-	-	Interprofessional telephone/Internet 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	-	-	I.C.	-	-	Interprofessional telephone/Internet 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	-	-	I.C.	-	-	Interprofessional telephone/Internet 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	-	-	\$29.15	-	-	Telephone or internet assessment and management service provided by consultative physician with written report, 5 minutes or more of medical consultative discussion and review
99452	-	-	\$29.15	-	-	Telephone or internet referral service, 30 minutes
99453	-	-	\$16.09	-	-	Remote monitoring of physiologic parameters, initial set-up and patient education on use of equipment
99454	-	-	\$53.09	-	-	Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts 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.
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	\$41.03	\$25.22	-	-	-	Remote monitoring of physiologic parameters management services, 20 minutes or more of qualified health care professional time per calendar month
99460	-	-	\$100.99	-	-	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

99461	\$72.07	\$48.38	-	-	-	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	-	-	\$54.47	-	-	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	-	-	\$175.55	-	-	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	-	-	\$89.47	-	-	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	-	-	\$725.63	-	-	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99469	-	-	\$305.35	-	-	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99471	-	-	\$669.32	-	-	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	-	-	\$313.50	-	-	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
99475	-	-	\$441.20	-	-	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	-	-	\$265.37	-	-	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	-	-	\$275.19	-	-	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	-	-	\$104.78	-	-	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	-	-	\$95.63	-	-	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	-	-	\$91.58	-	-	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)

99483	\$191.33	\$139.12	-	-	-	Assessment and of care planning for a patient with cognitive impairment, requiring an independent historian, in office or other outpatient, home or domicilliary or rest home, with 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 sefety (eg, home), including motor vehicle operations; 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 suymptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patientand/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.
99484	\$38.64	\$25.52	-	-	-	Care management services for behavioral health conditionss, 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 of follow-up monitoring, including the use of applicable validated ratings 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	-	-	\$58.88	-	-	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatic 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	-	-	\$51.24	-	-	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatic 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	-	-	I.C.	-	-	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	-	-	I.C.	-	-	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	\$31.64	\$23.95	-	-	-	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	-	-	\$65.65	-	-	Chronic care management services by qualified health care professional, 30 minutes or more per calendar month
99492	\$129.11	\$70.34	-	-	-	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	\$102.71	\$63.63	-	-	-	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 suing 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 planningwith patients as they achieve remission of symptoms and /or other tratment goals and are prepared for discharge from active treatment.
99494	\$53.01	\$33.91	-	-	-	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 constultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)
99495	\$129.60	\$84.90	-	-	-	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	\$182.33	\$122.82	-	-	-	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	\$65.85	\$60.52	-	-	-	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	\$56.93	\$56.64	-	-	-	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
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)
G0108	-	-	\$41.12	-	-	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	-	-	\$11.06	-	-	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	\$23.74	\$21.66	-	-	-	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	\$12.54	\$11.95	-	-	-	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 (2 or more individuals), each 30 minutes
G0455	-	-	I.C.	-	-	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen

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	\$26.95	\$26.05	-	-	-	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
J0179	-	-	I.C.	-	-	Injection, brolocizumab-dbl, 1 mg
J0215	-	-	I.C.	-	-	Injection, alefacept, 0.5 mg
J0223	-	-	I.C.	-	-	Injection, givosiran, 0.5 mg
J0364	-	-	I.C.	-	-	Injection, apomorphine HCl, 1 mg
J0400	-	-	I.C.	-	-	Injection, aripiprazole, intramuscular, 0.25 mg
J0565	-	-	I.C.	-	-	Buprenorphine implant, 74.2 mg
J0571	-	-	I.C.	-	-	Buprenorphine, oral, less than or equal to 3 mg buprenorphine
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 3.1 to 6 mg
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
J0567	-	-	I.C.	-	-	Injection, cerliponase alfa, 1 mg
J0584	-	-	I.C.	-	-	Injection, burosumab-twza 1 mg
J0599	-	-	I.C.	-	-	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units
J0604	-	-	I.C.	-	-	Injection, leucovorin calcium, per 50 mg
J0693	-	-	I.C.	-	-	Injection, cefiderocol, 5 mg
J0715	-	-	I.C.	-	-	Injection, ceftizoxime sodium, per 500 mg
J0716	-	-	I.C.	-	-	Injection, Centrurides immune f(ab)2, up to 120 mg
J0742	-	-	I.C.	-	-	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
J0833	-	-	I.C.	-	-	Injection, cosyntropin, not otherwise specified, 0.25 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
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
J1429	-	-	I.C.	-	-	Injection, golodirsen, 10 mg
J1428	-	-	I.C.	-	-	Injection, eteplirsen, 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)
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
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, methylaltrexone, 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)
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-vjvk, 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
J3490-FP	-	-	I.C.	-	-	Unclassified drugs (service provided as part of Medicaid family planning program) (Use for medications and injectables related to family planning services, with the exception of Rho (D) human immune globulin, and contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's costs.)
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 i.u
J7177	-	-	I.C.	-	-	Injection, human fibrinogen concentrate (fibryga), 1 mg
J7178	-	-	I.C.	-	-	Injection, human fibrinogen concentrate, 1 mg
J7179	-	-	I.C.	-	-	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
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 i.u.
J7203	-	-	I.C.	-	-	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
J7207	-	-	I.C.	-	-	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7209	-	-	I.C.	-	-	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
J7210	-	-	I.C.	-	-	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
J7211	-	-	I.C.	-	-	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.
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, 52 mg, 3 year duration
J7298	-	-	I.C.	-	-	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7301	-	-	I.C.	-	-	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7303	-	-	I.C.	-	-	Contraceptive supply, hormone containing vaginal ring, each
J7304	-	-	I.C.	-	-	Contraceptive supply, hormone containing patch, each
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
J7315	-	-	I.C.	-	-	Mitomycin, ophthalmic, 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, for intra-articular injection, 0.1 mg
J7329	-	-	I.C.	-	-	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
J7340	-	-	I.C.	-	-	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7342	-	-	I.C.	-	-	Installation, 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
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
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
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
J9281	-	-	I.C.	-	-	Mitomycin pyelocalyceal instillation, 1 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
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 hydrochloride, 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.	-	-	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc
Q4163	-	-	I.C.	-	-	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm
Q4164	-	-	I.C.	-	-	Helicoll, per sq cm
Q4165	-	-	I.C.	-	-	Keramatrix, per sq cm
Q4183	-	-	I.C.	-	-	Surgigraft, per square centimeter
Q4184	-	-	I.C.	-	-	Cellesta, per square centimeter
Q4185	-	-	I.C.	-	-	Cellesta flowable amnion (25 mg per cc); per 0.5 cc
Q4187	-	-	I.C.	-	-	Epicord, per square centimeter
Q4188	-	-	I.C.	-	-	Amnioarmor, per square centimeter
Q4189	-	-	I.C.	-	-	Artacent ac, 1 mg
Q4190	-	-	I.C.	-	-	Artacent ac, per square centimeter
Q4191	-	-	I.C.	-	-	Restorigin, per square centimeter
Q4192	-	-	I.C.	-	-	Restorigin, 1 cc
Q4193	-	-	I.C.	-	-	Coll-e-derm, per square centimeter
Q4194	-	-	I.C.	-	-	Novachor, per square centimeter
Q4197	-	-	I.C.	-	-	Puraply xt, per square centimeter
Q4198	-	-	I.C.	-	-	Genesis amniotic membrane, per square centimeter
Q4200	-	-	I.C.	-	-	Skin te, per square centimeter
Q4201	-	-	I.C.	-	-	Matrion, per square centimeter
Q4202	-	-	I.C.	-	-	Kerxxx (2.5g/cc), 1cc
Q4203	-	-	I.C.	-	-	Derma-gide, per square centimeter
Q4204	-	-	I.C.	-	-	Xwrap, per square centimeter

Q5107	-	-	I.C.	-	-	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5109	-	-	I.C.	-	-	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg
Q5115	-	-	I.C.	-	-	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5119	-	-	I.C.	-	-	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Q9980	-	-	I.C.	-	-	Hyaluronan or derivative, for intra-articular injection, 1 mg
S0020	-	-	I.C.	-	-	Injection, bupivacaine HCl, 30 ml
S0021	-	-	I.C.	-	-	Injection, cefoperazone sodium, 1 g
S0023	-	-	I.C.	-	-	Injection, cimetidine HCl, 300 mg
S0077	-	-	I.C.	-	-	Injection, clindamycin phosphate, 300 mg
S0190	-	-	I.C.	-	-	Mifepristone, oral, 200 mg
S0191	-	-	I.C.	-	-	Misoprostol, oral, 200 mcg
S0302	-	-	I.C.	-	-	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)
S3005	-	-	\$10.27	-	-	Performance measurement, evaluation of patient self assessment, depression
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.)
S3005-U3	-	-	\$10.27	-	-	Performance measurement, evaluation of patient self assessment, depression;(Positive Screen: Pediatric provider completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified.)
S3005-U4	-	-	\$10.27	-	-	Performance measurement, evaluation of patient self assessment, depression;(Negative Screen: Pediatric provider completed postpartum depression screening during well-child or infant episodic visit 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	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 Screening Services

Code	Rate	Description
96110 U1	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Certified Nurse Midwife, Certified Nurse Practitioner, Physician Assistant, 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. (Eligible providers are Physician, Certified Nurse Midwife, Certified Nurse Practitioner, Physician Assistant, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified.)
96110 U3	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Midwife employed by a CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U4	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Midwife employed by a CHC, completed behavioral health screening and behavioral health need identified.)
96110 U5	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Practitioners employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U6	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Practitioners employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)

96110 U7	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistants employed by a CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U8	\$10.27	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistants employed by a CHC, completed behavioral health screening and behavioral health need identified.)