



2021 CPT® Updates

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Objectives

- Overview of the New, Revised, and Deleted CPT® codes for 2021
- Review documentation requirements for the new codes

Code Changes — Now What?

- Review 2021 CPT® code changes.
- Order 2021 codebooks.
- Review all changes to guidelines, notes, and instructions in your book.
- Highlight changes in the book's index pertinent to your specialty, and review those changes.

Code Changes — Now What?

- Highlight changes in the tabular section pertinent to your specialty
- Create a “cheat sheet” of 2021 updates that must be documented differently to capture the needed information, and distribute it to clinicians
- Review and update superbills, chargemasters, etc.

Code Changes — Now What?

- Upload software change.
- Train coding and billing staff on changes.
- Check for addenda or errata.
- Communicate with payer/provider reps regarding reimbursement and coverage issues.
- Archive last year’s books.

Unchanged for 2021

- Appendices
 - There are no changes to the CPT® Appendices printed in 2021 CPT
- Anesthesia codes
- Modifiers – no modifier changes for 2021

Evaluation and Management

99201 ~~Office or other outpatient visit~~ for the evaluation and management of a new patient, which requires 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.~~

Evaluation and Management

* **▲99202 Office or other outpatient visit** for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and straightforward medical decision making.

- ~~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~~When using time for code selection, or agencies are provided consistent with the nature15-29 minutes of the problem(s) and the patient's and/or family's needtotal time is spent on the date of the encounter.
- 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.~~

Evaluation and Management

* **▲99203 Office or other outpatient visit** for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and low level of medical decision making.

- ~~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~~When using time for code selection, or agencies are provided consistent with the nature30-44 minutes of the problem(s) and the patient's and/or family's needtotal time is spent on the date of the encounter.
- Usually, the ~~presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.~~

Evaluation and Management

* **▲99204 Office or other outpatient visit** for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and moderate level of medical decision making.

- ~~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~~When using time for code selection, or agencies are provided consistent with the nature~~45-59 minutes of the problem(s) and the patient's and/or family's need~~total time is spent on the date of the encounter.
- Usually, the ~~presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.~~

Evaluation and Management

* **▲99205 Office or other outpatient visit** for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and high level of medical decision making.

- ~~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~~When using time for code selection, or agencies are provided consistent with the nature~~60-74 minutes of the problem(s) and the patient's and/or family's need~~total time is spent on the date of the encounter.
- 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.~~

Evaluation and Management

▲99211 **Office or other outpatient visit** for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Evaluation and Management

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: medically appropriate history and/or examination and straightforward medical decision making.

- **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~~ When using time for code selection, or agencies are provided consistent with the nature 10-19 minutes of the problem(s) and the patient's and/or family's need total time is spent on the date of the encounter.
- Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Evaluation and Management

* **▲99213 Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~ medically appropriate history and/or examination and low level of medical decision making.

- ~~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~~When using time for code selection, or agencies are provided consistent with the nature~~20-29 minutes of the problem(s) and the patient's and/or family's need~~total time is spent on the date of the encounter.

~~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.~~

Evaluation and Management

* **▲99214 Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~ medically appropriate history and/or examination and moderate level of medical decision making.

- ~~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~~When using time for code selection, or agencies are provided consistent with the nature~~30-39 minutes of the problem(s) and the patient's and/or family's need~~total time is spent on the date of the encounter.

~~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.~~

Evaluation and Management

* **▲99215 Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~ medically appropriate history and/or examination and high level of medical decision making.

- **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~~ When using time for code selection, or agencies are provided consistent with the nature ~~40-54 minutes of the problem(s) and the patient's and/or family's need~~ total time is spent on the date of the encounter.
- ~~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.~~

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal	None to Minimal	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High

Code	Time	Code	Time
99211			
99212	10-19	99202	15-29
99213	20-29	99203	30-44
99214	30-39	99204	45-59
99215	40-54	99205	60-74

Evaluation and Management

* +▲**99354** 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 time of the usual service; first hour (List separately in addition to code for office or other outpatient~~ **Evaluation and Management** or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])

* +▲**99355** each additional 30 minutes (List separately in addition to code for prolonged service)

+▲**99356** Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation **Evaluation and Management** service)

Evaluation and Management

#+▲**99415** Prolonged clinical staff service (the service beyond the highest time in the range of total typical service time of the service) 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** each additional 30 minutes (List separately in addition to code for prolonged service)

#*+●**99417** Prolonged Office Or Other Outpatient Evaluation And Management Service(S) Beyond The Minimum Required Time Of The Primary Procedure Which Has Been Selected Using Total Time, Requiring Total Time With Or Without Direct Patient Contact Beyond The Usual Service, On The Date Of The Primary Service, Each 15 Minutes Of Total Time (List Separately In Addition To Codes 99205, 99215 For Office Or Other Outpatient Evaluation And Management Services)

Prolonged Services Time – 2021 CPT

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 x 1, 99417 x 1
90-104 minutes	99205 x 1, 99417 x 2
105 minutes or more	99205 x 1, 99417 x 3 or more for each additional 15 minutes

Prolonged Services Time – 2021 CPT

Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 x 1, 99417 x 1
70-84 minutes	99215 x 1, 99417 x 2
85 minutes or more	99215 x 1, 99417 x 3 or more for each additional 15 minutes

Prolonged Services Time – 2021 Proposed Rule

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
60-74 minutes	99205
89-103 minutes	99205 x 1, 99417 x 1
104-118 minutes	99205 x 1, 99417 x 2
119 minutes or more	99205 x 1, 99417 x 3 or more for each additional 15 minutes

Prolonged Services Time – 2021 Proposed Rule

Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	Code(s)
40-54 minutes	99215
69-83 minutes	99215 x 1, 99417 x 1
84-98 minutes	99215 x 1, 99417 x 2
99 minutes or more	99215 x 1, 99417 x 3 or more for each additional 15 minutes

Evaluation and Management

#▲99490 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;
- first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Evaluation and Management

- **#+●99439** Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions Place The Patient At Significant Risk Of Death, Acute Exacerbation/Decompensation, Or Functional Decline, Comprehensive Care Plan Established, Implemented, Revised, Or Monitored; Each Additional 20 Minutes Of Clinical Staff Time Directed By A Physician Or Other Qualified Health Care Professional, Per Calendar Month (List Separately In Addition To Code For Primary Procedure)

Evaluation and Management

- ▲99487** Complex chronic care management services, with the following required elements:
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
 - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - ~~establishment or substantial revision of a comprehensive care~~ comprehensive care plan established, implemented, revised, or monitored,
 - 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.~~
 - first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Evaluation and Management

- +▲99489 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)

Surgery

- ▲11970 Replacement of tissue expander with permanent ~~Prosthesis~~implant
- ▲11971 Removal of tissue expander(s) without insertion of ~~prosthesis~~implant
- ▲19318 Breast Rreduction ~~mammoplasty~~
- ~~19324~~ Mammoplasty, augmentation; without prosthetic implant
- ▲19325 Mammoplasty, augmentation Breast augmentation with
implant;with prosthetic implant
- ▲19328 Removal of intact ~~mammary~~breast implant

Surgery

- ▲19330 Removal of ~~mammary~~ruptured breast implant material, including implant contents (eg, saline, silicone gel)
- ▲19340 ~~Immediate insertion of breast~~ implant prosthesis following mastopexy, mastectomy or in reconstruction on same day of mastectomy (ie, mediate)
- ▲19342 ~~Delayed insertion or replacement of breast prosthesis following mastopexy, mastectomy or in reconstruction~~ implant on separate day from mastectomy

Surgery

- ▲19357 ~~Breast reconstruction, immediate or delayed, with tissue expander~~ Tissue expander placement in breast reconstruction, including subsequent expansion(s)
- ▲19361 Breast reconstruction; with latissimus dorsi flap, ~~without prosthetic implant~~
- ▲19364 ~~Breast reconstruction with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)~~
- ~~19366 Breast reconstruction with other technique~~
- ▲19367 ~~Breast reconstruction with~~ single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap (TRAM), single pedicle, including closure of donor site;

Surgery

▲19368 with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)

▲19369 with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site

▲19370 ~~Open periprosthetic~~Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, breast and/or partial capsulectomy

▲19371 ~~Periprosthetic-implant~~ capsulectomy, breast, complete, including removal of all intracapsular contents

Surgery

▲19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)

▲29822 debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

Surgery

▲29823 debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

●30468 Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

~~32405~~ ~~Biopsy, lung or mediastinum, percutaneous needle~~

Surgery

●32408 Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

●33741 Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)

Surgery

●**33745** Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt

Surgery

+●**33746** Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)

Surgery

#●33995 Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only

▲33990 left heart, arterial access only

▲33991 left heart, both arterial and venous access, with transeptal puncture

▲33992 Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion

Surgery

#●33997 Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion

▲33993 Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion

49220 ~~Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)~~

Surgery

- 55880** Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
- ~~**57112** with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)~~
- +●**57465** Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)

Surgery

- ~~**58293** with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control~~
- ~~**61870** Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical~~

Surgery

- 62163** ~~with retrieval of foreign body~~
- 63180** ~~Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments~~
- 63182** ~~more than 2 segments~~
- ▲64455** plantar common digital nerve(s) (eg, Morton's neuroma)
- ▲64479** transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level

Surgery

- +▲64480** transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
- ▲64483** transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
- +▲64484** transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Surgery

~~69605~~ with apicectomy

●69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral

●69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral

Radiology

▲71250 Computed tomography, thorax, diagnostic; without contrast material

▲71260 with contrast material(s)

▲71270 without contrast material, followed by contrast material(s) and further sections

●71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

▲74425 Urography, antegrade (~~pyelostogram, nephrostogram, loopogram~~), radiological supervision and interpretation

Radiology

- 76145** Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report
- ▲**76513** anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral
- ~~76970~~ Ultrasound study follow-up (specify)
- ▲**78130** Red cell survival study;
- ~~78135~~ differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)

Pathology and Laboratory

- 80143** Acetaminophen
- 80151** Amiodarone
- #●**80161** Carbamazepine; -10,11-epoxide
- #●**80167** Felbamate
- #●**80181** Flecainide
- #●**80189** Itraconazole
- #●**80193** Leflunomide

Pathology and Laboratory

#●80204 Methotrexate

#●80210 Rufinamide

#●80179 Salicylate

▲80415 estradiol response

This panel must include the following:

Estradiol, total (82670 x 2 on 3 pooled blood samples)

#●81168 CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed

Pathology and Laboratory

#●81278 IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative

#●81279 JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)

#●81338 MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)

Pathology and Laboratory

#●81339 MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10

#●81191 NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis

#●81192 NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis

#●81193 NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis

Pathology and Laboratory

#●81194 NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis

#●81347 SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)

#●81348 SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)

Pathology and Laboratory

#●81351 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence

#●81352 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)

#●81353 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant

Pathology and Laboratory

#●81357 U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)

●81360 ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)

Pathology and Laboratory

▲81401 Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)
CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed
ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative, and quantitative, if performed

Pathology and Laboratory

▲81402 Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])
IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R)

Pathology and Laboratory

▲81403 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)

JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed

MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence

Pathology and Laboratory

▲81404 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)

TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons

Pathology and Laboratory

▲81405 Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)

~~*TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons*~~

#●81419 Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2

Pathology and Laboratory

●81513 Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for *Atopobium vaginae*, *Gardnerella vaginalis*, and *Lactobacillus* species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis

Pathology and Laboratory

- 81514** Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for *Gardnerella vaginalis*, *Atopobium vaginae*, *Megasphaera* type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and *Lactobacillus* species (*L. crispatus* and *L. jensenii*), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of *Trichomonas vaginalis* and/or *Candida* species (*C. albicans*, *C. tropicalis*, *C. parapsilosis*, *C. dubliniensis*), *Candida glabrata*, *Candida krusei*, when reported

Pathology and Laboratory

- 81529** Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
- ~~**81545** Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)~~

Pathology and Laboratory

#●81546 Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)

●81554 Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])

Pathology and Laboratory

▲82075 Alcohol (ethanol); ~~breath~~; breath

●82077 Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)

▲82670 Estradiol; total

#●82681 Estradiol; free, direct measurement (eg, equilibrium dialysis)

▲86318 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);

Pathology and Laboratory

#●86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

#●86408 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen

#●86409 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer

Pathology and Laboratory

●87426 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])

●86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

●87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Pathology and Laboratory

Proprietary Laboratory Analyses (PLA)

94 new codes

3 revised code

7 deletions

Medicine

●**90377** Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or subcutaneous use

▲**92227** ~~Remote imaging~~ Imaging of retina for detection or monitoring of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral; with remote clinical staff review and report, unilateral or bilateral

Medicine

▲92228 ~~Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with remote physician review or other qualified health care professional interpretation and report, unilateral or bilateral~~

#●92229 Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral

#●92517 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)

Medicine

#●92518 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)

#●92519 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)

92585 ~~Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive~~

92586 limited

Medicine

#●92650 Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis

#●92651 for hearing status determination, broadband stimuli, with interpretation and report

#●92652 for threshold estimation at multiple frequencies, with interpretation and report

#●92653 neurodiagnostic, with interpretation and report

Medicine

92992 ~~Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)~~

92993 ~~blade method (Park septostomy) (includes cardiac catheterization)~~

Medicine

#●93241 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 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)

Medicine

#●93243 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report

#●93244 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation

#●93245 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

Medicine

#●93246 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 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report

#●93248 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation

Medicine

~~94250 Expired gas collection, quantitative, single procedure (separate procedure)~~

~~94400 Breathing response to CO₂ (CO₂ response curve)~~

▲94617 Exercise test for bronchospasm, including pre- and post-spirometry; electrocardiographic recording(s), and pulse oximetry; with electrocardiographic recording(s)

#●94619 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)

Medicine

94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

94770 Carbon dioxide, expired gas determination by infrared analyzer

▲95070 Inhalation bronchial challenge testing (not including necessary pulmonary function tests);₁ with histamine, methacholine, or similar compounds

95071 with antigens or gases, specify

Category II Codes

3170F Flow~~Baseline flow~~ cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)¹

Category III Codes

- 0058T** Cryopreservation; reproductive tissue, ovarian
- 0085T** Breath test for heart transplant rejection
- 0111T** Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
- 0126T** Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment

Category III Codes

- 0228T** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
- 0229T** each additional level (List separately in addition to code for primary procedure)
- 0230T** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
- 0231T** each additional level (List separately in addition to code for primary procedure)

Category III Codes

0295T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation

0296T recording (includes connection and initial recording)

0297T scanning analysis with report

0298T review and interpretation

Category III Codes

0381T External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

0382T review and interpretation only

Category III Codes

0383T External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified healthcare professional

0384T review and interpretation only

Category III Codes

0385T External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

0386T review and interpretation only

Category III Codes

0396T Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)

0400T Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions

0401T six or more lesions

Category III Codes

0405T Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time

#0623T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report

Category III Codes

#●0624T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission

#●0625T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography

Category III Codes

#●0626T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report

#●0620T Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level

Category III Codes

▲0577T Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

#●0614T Removal and replacement of substernal implantable defibrillator pulse generator

Category III Codes

●0594T Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device

~~**0595T** Removal of humeral externally controlled intramedullary lengthening device~~

●0596T Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement

Category III Codes

- 0597T** Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement
- 0598T** Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)
- + ●**0599T** Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)
- 0600T** Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous

Category III Codes

- 0601T** Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open
- 0602T** Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
- 0603T** Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours

Category III Codes

●**0604T** Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment

●**0605T** Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days

Category III Codes

●**0606T** Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days

Category III Codes

- 0607T** Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment

Category III Codes

- 0608T** Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional

Category III Codes

- 0609T** Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs
- 0610T** Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis

Category III Codes

- 0611T** Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs
- 0612T** Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report

Category III Codes

- 0613T** Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed
- 0615T** Eye-movement analysis without spatial calibration, with interpretation and report
- 0616T** Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens

Category III Codes

- 0617T** Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens
- 0618T** Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange
- 0619T** Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed

Category III Codes

- 0621T** Trabeculostomy ab interno by laser
- 0622T** Trabeculostomy ab interno by laser; with use of ophthalmic endoscope
- 0627T** Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level

Category III Codes

- +●**0628T** Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
- 0629T** Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level

Category III Codes

+•0630T Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)

•0631T Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity

Category III Codes

•0632T Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance

•0633T Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material

•0634T Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)

•0635T Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)

Category III Codes

- 0636T** Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
- 0637T** Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
- 0638T** Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
- 0639T** Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed

Administrative Multianalyte Assays with Algorithmic Analyses (MAAA)

- 0014M** Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years

Administrative Multianalyte Assays with Algorithmic Analyses (MAAA)

- 0015M** Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy
- 0016M** Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)

COVID-19 Vaccinations

Manufacturer	Vaccine Code	Descriptor	Administration Codes
Pfizer, Inc	91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	1 st dose – 0001A 2 nd dose – 0002A

Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration

COVID-19 Vaccinations

Manufacturer	Vaccine Code	Descriptor	Administration Codes
Moderna, Inc	91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	1 st dose – 0011A 2 nd dose – 0012A

Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration

