Optum

Professional

Current Procedural Coding Expert

CPT® codes with Medicare essentials for enhanced accuracy

SAMPLE

2024

optumcoding.com

Contents

Introduction i
- Getting Started with *Current Procedural Coding Expert* i
- General Conventions i
- Resequencing of CPT Codes i
- Code Ranges for Medicare Billing ii
- Icons ii
- Appendixes v

Anatomical Illustrations vii
- Body Planes and Movements vii
- Integumentary System viii
  - Skin and Subcutaneous Tissue viii
  - Nail Anatomy viii
  - Assessment of Burn Surface Area viii
- Musculoskeletal System ix
  - Bones and Joints ix
  - Muscles x
  - Head and Facial Bones xi
  - Nose xi
  - Shoulder (Anterior View) xi
  - Shoulder (Posterior View) xi
  - Shoulder Muscles xi
  - Elbow (Anterior View) xii
  - Elbow (Posterior View) xii
  - Elbow Muscles xii
  - Elbow Joint xii
  - Lower Arm xii
  - Hand xii
  - Hip (Anterior View) xiii
  - Hip (Posterior View) xiii
  - Knee (Anterior View) xiii
  - Knee (Posterior View) xiii
  - Knee Joint (Anterior View) xiii
  - Knee Joint (Lateral View) xiii
  - Lower Leg xiv
  - Ankle Ligament (Lateral View) xiv
  - Ankle Ligament (Posterior View) xiv
  - Foot Tendons xiv
  - Foot Bones xiv
- Respiratory System xv
  - Upper Respiratory System xv
  - Nasal Turbinates xv
  - Paranasal Sinuses xvi
  - Lower Respiratory System xvi
  - Lung Segments xvi
  - Alveoli xvi
- Arterial System xvii
  - Internal Carotid Arteries and Branches xviii
  - External Carotid Arteries and Branches xviii
  - Upper Extremity Arteries xviii
  - Lower Extremity Arteries xviii
- Venous System xix
  - Head and Neck Veins xx
  - Upper Extremity Veins xx
  - Venae Comitantes xx
  - Venous Blood Flow xx
  - Abdominal Veins xx
- Cardiovascular System xxi
  - Coronary Veins xxi
  - Anatomy of the Heart xxi
  - Heart Cross Section xxi
  - Heart Valves xxi
  - Heart Conduction System xxii
  - Coronary Arteries xxii
- Lymphatic System xxiii
  - Axillary Lymph Nodes xxiv
  - Lymphatic Capillaries xxiv
  - Lymphatic System of Head and Neck xxiv
  - Lymphatic Drainage xxiv
  - Spleen Internal Structures xxv
  - Spleen External Structures xxv
- Digestive System xxvi
  - Gallbladder xxvi
  - Stomach xxvi
  - Mouth (Upper) xxvii
  - Mouth (Lower) xxvii
  - Pancreas xxvii
  - Liver xxvii
  - Anus xxvii
- Genitourinary System xxviii
  - Urinary System xxviii
  - Nephron xxix
  - Male Genitourinary xxix
  - Testis and Associate Structures xxix
  - Male Genitourinary System xxix
  - Female Genitourinary xxx
  - Female Reproductive System xxx
  - Female Bladder xxx
  - Female Breast xxx
- Endocrine System xxxi
  - Structure of an Ovary xxxi
  - Thyroid and Parathyroid Glands xxxii
  - Adrenal Gland xxxii
  - Thyroid xxxii
  - Thymus xxxii
- Nervous System xxxiii
  - Brain xxxiv
  - Cranial Nerves xxxiv
  - Spinal Cord and Spinal Nerves xxxv
  - Nerve Cell xxxvi
- Eye xxxvii
  - Eye Structure xxxvii
  - Posterior Pole of Globe/Flow of Aqueous Humor xxxvii
  - Eye Musculature xxxvii
  - Eyelid Structures xxxvii
- Ear and Lacrimal System xxxviii
  - Ear Anatomy xxxviii
  - Lacrimal System xxxviii

Index **Index–1**

Tabular **1**
- Anesthesia 1
- Integumentary System 11
- Musculoskeletal System 35
- Respiratory System 98
- Cardiovascular, Hemic, and Lymphatic 113
- Digestive System 168
- Urinary System 211
- Genital System 226
- Endocrine System 247
- Nervous System 249
- Eye, Ocular Adnexa, and Ear 277
- Radiology 294

SAMPLE

© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.

Contents

Medical Decision Making Table for Pathology Clinical Consultations ... 327
Pathology and Laboratory ... 329
Medicine ... 427
Evaluation and Management (E/M) Services Guidelines ... 507
Evaluation and Management ... 513
Category II Codes ... 535
Category III Codes ... 551

Appendix A — Modifiers ... 581
CPT Modifiers ... 581
Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use ... 583

Appendix B — New, Revised, and Deleted Codes ... 587
New Codes ... 587
Revised Codes ... 592
Deleted Codes ... 597
Resequenced Icon Added ... 597
Web Release New, Revised, and Deleted Codes ... 597

Appendix C — Crosswalk of Deleted Codes ... 599

Appendix D — Resequenced Codes ... 601

Appendix E — Add-on Codes, Optum Modifier 50 Exempt, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, Modifier 95 Telemedicine, and Modifier 93 Audio-Only Services ... 603
Add-on Codes ... 603
Optum Modifier 50 Exempt Codes ... 603
AMA Modifier 51 Exempt Codes ... 603
Optum Modifier 51 Exempt Codes ... 603
Modifier 63 Exempt Codes ... 604
Telemedicine Services Codes ... 604
Audio-Only Services Codes ... 604

Appendix F — Medicare Internet-only Manuals (IOMs) ... 605
Medicare IOM References ... 605

Appendix G — Quality Payment Program ... 607
Proposed 2023 Changes ... 607

Appendix H — Inpatient-Only Procedures ... 609

Appendix I — Place of Service and Type of Service ... 619

Appendix J — Multianalyte Assays with Algorithmic Analyses ... 623

Appendix K — Glossary ... 641

Appendix L — Listing of Sensory, Motor, and Mixed Nerves .. 655
Motor Nerves Assigned to Codes 95907-95913 ... 655
Sensory and Mixed Nerves Assigned to Codes 95907–95913 ... 656

Appendix M — Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccine and Administration Codes ... 657

Appendix N — Digital Medicine Services ... 661

Appendix O — Artificial Intelligence Taxonomy for Medical Services and Procedures ... 663

Appendix P — Vascular Families ... 665
Arterial Vascular Family ... 665
Venous Vascular Family ... 667

Appendix Q — Interventional Radiology Illustrations ... 669
Internal Carotid and Vertebral Arterial Anatomy ... 669
Cerebral Venous Anatomy ... 670
Normal Aortic Arch and Branch Anatomy—Transfemoral Approach ... 671
Superior and Inferior Mesenteric Arteries and Branches ... 672
Renal Artery Anatomy—Femoral Approach ... 673
Central Venous Anatomy ... 674
Portal System (Arterial) ... 675
Portal System (Venous) ... 676
Pulmonary Artery Angiography ... 677
Upper Extremity Arterial Anatomy—Transfemoral or Contralateral Approach ... 678
Lower Extremity Arterial Anatomy—Contralateral, Axillary or Brachial Approach ... 679
Lower Extremity Venous Anatomy ... 680
Coronary Arteries Anterior View ... 681
Left Heart Catheterization ... 681
Right Heart Catheterization ... 682
Heart Conduction System ... 682

SAMPLE

CPT © 2023 American Medical Association. All Rights Reserved. © 2023 Optum, Inc.

This differs from the AMA CPT book, in which the coder is directed to a code range that contains the resequenced code and description, rather than to a specific location.

Resequenced codes will appear in brackets in the headers, section notes, and code ranges. For example:

> 27327-27339 [27329, 27337, 27339] Excision Soft Tissue Tumors Femur/Knee. Codes [27329, 27337, 27339] are included in section 27327-27339 in their resequenced positions.
>
> Code also toxoid/vaccine (90476-90749 [90584, 90611, 90619, 90620, 90621, 90622, 90625, 90626, 90627, 90630, 90644, 90672, 90673, 90674, 90677, 90694, 90750, 90756, 90758, 90759])
>
> This shows codes 90584, 90611, 90619, 90620, 90621, 90622, 90625, 90626, 90627, 90630, 90644, 90672, 90673, 90674, 90677, 90694, 90750, 90756, 90758, and 90759 are resequenced in this range of codes.

A list of all resequenced codes, in numeric order, and the page numbers they can be found on is located in appendix D.

Code Ranges for Medicare Billing

Optum will display the resequenced coding as assigned by the AMA in its CPT products so that the user may understand the code description relationships.

Each particular group of CPT codes in *Current Procedural Coding Expert* is organized in a more intuitive fashion for Medicare billing, being grouped by the Medicare rules and regulations as found in the official CMS online manuals that govern payment of these particular procedures and services, as in this example:

> **99221-99233 Inpatient Hospital Visits: Initial and Subsequent**
> **CMS:** 100-4,11,40.1.3 Independent Attending Physician Services; 100-4,12,30.6.10 Consultation Services; 100-4,12,30.6.15.1 Prolonged Services With Direct Face-to-Face Patient Contact; 100-4,12,30.6.4 Services Furnished Incident to Physician's Service; 100-4,12,30.6.9 Hospital Visit and Critical Care on Same Day

Icons

● **New Codes**
Codes that have been added since the last edition of the AMA CPT book was printed.

▲ **Revised Codes**
Codes that have been revised since the last edition of the AMA CPT book was printed.

● **New Web Release**
Codes that are new for the current year but will not be in the AMA CPT book until 2024.

▲ **Revised Web Release**
Codes that have been revised for the current year, but will not be in the AMA CPT book until 2024.

Resequenced Codes
Codes that are out of numeric order but apply to the appropriate category.

◀ **Audio-only Services**
Codes that may be reported for audio-only services. Modifier 93 must be appended to code.

★ **Telemedicine Services**
Codes that may be reported for telemedicine services. Modifier 95 must be appended to code.

❍ **Reinstated Code**
Codes that have been reinstated since the last edition of the book was printed.

Pink Color Bar—Not Covered by Medicare
Services and procedures identified by this color bar are never covered benefits under Medicare. Services and procedures that are not covered may be billed directly to the patient at the time of the service.

Gray Color Bar—Unlisted Procedure
Unlisted CPT codes report procedures that have not been assigned a specific code number. An unlisted code delays payment due to the extra time necessary for review.

Green Color Bar—Resequenced Codes
Resequenced codes are codes that are out of numeric sequence—they are indicated with a green color bar. They are listed twice, in their resequenced position as well as in their original numeric position with a note that the code is out of numerical sequence and where the resequenced code and description can be found.

INCLUDES **Includes notes**
Includes notes identify procedures and services that would be bundled in the procedure code. These are derived from AMA, CMS, NCCI, and Optum coding guidelines. This is not meant to be an all-inclusive list.

EXCLUDES **Excludes notes**
Excludes notes may lead the user to other codes. They may identify services that are not bundled and may be separately reported, OR may lead the user to another more appropriate code. These are derived from AMA, CMS, NCCI, and Optum coding guidelines. This is not meant to be an all-inclusive list.

Code Also This note identifies an additional code that should be reported with the service and may relate to another CPT code or an appropriate HCPCS code(s) that should be reported along with the CPT code when appropriate.

Code First Found under add-on codes, this note identifies codes for primary procedures that should be reported first, with the add-on code reported as a secondary code.

Laboratory/Pathology Crosswalk
This icon denotes CPT codes in the laboratory and pathology section of CPT that may be reported separately with the primary CPT code.

Radiology Crosswalk
This icon denotes codes in the radiology section that may be used with the primary CPT code being reported.

Technical Component Only
Codes with this icon represent only the technical component (staff and equipment costs) of a procedure or service. Do not use either modifier 26 (professional component) or TC (technical component) with these codes.

Professional Component
Only codes with this icon represent the physician's work or professional component of a procedure or service. Do not use either modifier 26 (professional component) or TC (technical component) with these codes.

Bilateral Procedure
This icon identifies codes that can be reported bilaterally when the same surgeon provides the service for the same patient on the same date. Medicare allows payment for both procedures at 150 percent of the usual amount for one procedure. The modifier does not apply to bilateral procedures inclusive to one code.

Assist-at-Surgery Allowed
Services noted by this icon are allowed an assistant at surgery with a Medicare payment equal to 16 percent of the allowed amount for the global surgery for that procedure. No documentation is required.

Assist-at-Surgery Allowed with Documentation
Services noted by this icon are allowed an assistant at surgery with a Medicare payment equal to 16 percent of the allowed amount for the global surgery for that procedure. Documentation is required.

SAMPLE

 CPT © 2023 American Medical Association. All Rights Reserved. © 2023 Optum, Inc.

+ **Add-on Codes**

This icon identifies procedures reported in addition to the primary procedure. The icon "+" denotes add-on codes. An add-on code is neither a stand-alone code nor subject to multiple procedure rules since it describes work in addition to the primary procedure.

According to Medicare guidelines, add-on codes may be identified in the following ways:

- The code is found on Change Request (CR) 7501 or successive CRs as a Type I, Type II, or Type III add-on code.
- The add-on code most often has a global period of "ZZZ" in the Medicare Physician Fee Schedule Database.
- The code is found in the CPT book with the icon "+" appended. Add-on code descriptors typically include the phrases "each additional" or "(List separately in addition to primary procedure)."

Optum Modifier 50 Exempt

Codes identified by this icon indicate that the procedure should not be reported with modifier 50 (Bilateral procedures).

Modifier 51 Exempt

Codes identified by this icon indicate that the procedure should not be reported with modifier 51 (Multiple procedures).

Optum Modifier 51 Exempt

Codes identified by this Optum icon indicate that the procedure should not be reported with modifier 51 (Multiple procedures). Any code with this icon is backed by official AMA guidelines but was not identified by the AMA with their modifier 51 exempt icon.

Correct Coding Initiative (CCI)

Current Procedural Coding Expert identifies those codes with corresponding CCI edits. The CCI edits define correct coding practices that serve as the basis of the national Medicare policy for paying claims. The code noted is the major service/procedure. The code may represent a column 1 code within the column 1/column 2 correct coding edits table or a code pair that is mutually exclusive of each other.

CLIA Waived Test

This symbol is used to distinguish those laboratory tests that can be performed using test systems that are waived from regulatory oversight established by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). The applicable CPT code for a CLIA waived test may be reported by providers who perform the testing but do not hold a CLIA license.

Modifier 63 Exempt

This icon identifies procedures performed on infants that weigh less than 4 kg. Due to the complexity of performing procedures on infants less than 4 kg, modifier 63 may be added to the surgery codes to inform the payers of the special circumstances involved.

A2–Z3 **ASC Payment Indicators**

This icon identifies ASC status payment indicators. They indicate how the ASC payment rate was derived and/or how the procedure, item, or service is treated under the revised ASC payment system. For more information about these indicators and how they affect billing, consult Optum's *Revenue Cycle Pro.*

The ASC payment indicators contained in this publication were effective as of October 1, 2022. Once released by CMS, the table with data effective January 1, 2023, will be available on our product update page at www.optumcoding.com/ProductUpdates/.

A2 Surgical procedure on ASC list in 2007; payment based on OPPS relative payment weight.

B5 Alternative code may be available; no payment made.

D5 Deleted/discontinued code; no payment made.

F4 Corneal tissue acquisition; hepatitis B vaccine; paid at reasonable cost.

G2 Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

H2 Brachytherapy source paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.

J7 OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced.

J8 Device-intensive procedure; paid at adjusted rate.

K2 Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.

K7 Unclassified drugs and biologicals; payment contractor-priced.

L1 Influenza vaccine; pneumococcal vaccine. Packaged item/service; no separate payment made.

L6 New technology intraocular lens (NTIOL); special payment.

N1 Packaged service/item; no separate payment made.

P2 Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility practice expense (PE) RVUs; payment based on OPPS relative payment weight.

P3 Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

R2 Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight.

Z2 Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.

Z3 Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS nonfacility PE RVUs.

A **Age Edit**

This icon denotes codes intended for use with a specific age group, such as neonate, newborn, pediatric, and adult. This edit is based on age specifications in the CPT code descriptors, the product/service represented by the code *may* have age restrictions, and/or updates from the Integrated Outpatient Code Editor (I/OCE). Carefully review the code description to ensure the code you report most appropriately reflects the patient's age.

M **Maternity**

This icon identifies procedures that by definition should be used only for maternity patients generally between 9 and 64 years of age based on CMS I/OCE designations.

♀ **Female Only**

This icon identifies procedures designated by CMS for females only based on CMS I/OCE designations.

♂ **Male Only**

This icon identifies procedures designated by CMS for males only based on CMS I/OCE designations.

Facility RVU

This icon precedes the facility RVU from CMS's physician fee schedule (PFS). It can be found under the code description.

New codes include no RVU information.

Nonfacility RVU

This icon precedes the nonfacility RVU from CMS's PFS. It can be found under the code description.

New codes include no RVU information.

SAMPLE

- U Brachytherapy sources
- V Clinic or emergency department visit
- Y Nonimplantable durable medical equipment

Appendixes

Appendix A: Modifiers—This appendix identifies modifiers. A modifier is a two-position alpha or numeric code that is appended to a CPT or HCPCS code to clarify the services being reported. Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as anatomical site, to the code. In addition, they help eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase the accuracy in reimbursement and coding consistency, ease editing, and capture payment data.

Appendix B: New, Revised, and Deleted Codes—This is a list of new, revised, and deleted CPT codes for the current year. This appendix also includes a list of web release new, revised, and deleted codes, which indicate official code changes in *Current Procedural Coding Expert* that will not be in the CPT code book until the following year.

Appendix C: Crosswalk of Deleted Codes—This appendix is a cross-reference from a deleted CPT code to an active code when one is available. The deleted code cross-reference will also appear under the deleted code description in the tabular section of the book.

Appendix D: Resequenced Codes—This appendix contains a list of codes that are not in numeric order in the book. AMA resequenced some of the code numbers to relocate codes in the same category but not in numeric sequence. In addition to the list of codes, this appendix provides the page number where the resequenced code may be found.

Appendix E: Add-on Codes, Optum Modifier 50 Exempt, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, Modifier 95 Telemedicine, and Modifier 93 Audio-only Services—This list includes add-on codes that cannot be reported alone, codes that are exempt from modifiers 50 and 51, codes that should not be reported with modifier 63, codes identified by the ★ icon to which modifier 95 may be appended when the service is provided as a synchronous telemedicine service and codes identified by the ◀ to which modifier 93 may be appended when the service is provided as an audio-only synchronous telemedicine service.

Appendix F: Medicare Internet-only Manuals (IOMs)—Previously, this appendix contained a verbatim printout of the Medicare Internet-only Manual references pertaining to specific codes. This appendix now contains a link to the IOMs on the Centers for Medicare and Medicaid Services website. The IOM references applicable to specific codes can still be found at the code level. For example:

93784-93790 Ambulatory Blood Pressure Monitoring

CMS: 100-3,20.19 Ambulatory Blood Pressure Monitoring (20.19); 100-4,32,10.1 Ambulatory Blood Pressure Monitoring Billing Requirements

Appendix G: Quality Payment Program (QPP)—Previously, this appendix contained lists of the numerators and denominators applicable to the Medicare PQRS. However, with the implementation of the Quality Payment Program (QPP) mandated by passage of the Medicare Access and Chip Reauthorization Act (MACRA) of 2015, the PQRS system will be obsolete. This appendix now contains information pertinent to that legislation as well as a brief overview of the proposed changes for the following year, as is available by the date of this publication.

Appendix H: Inpatient-Only Procedures—This appendix identifies services with the status indicator "C." Medicare will not pay an OPPS hospital or ASC when these procedures are performed on a Medicare patient as an outpatient. Physicians should refer to this list when scheduling Medicare patients for surgical procedures. CMS updates this list quarterly.

Appendix I: Place of Service and Type of Service—This appendix contains lists of place-of-service codes that should be used on professional claims and type-of-service codes used by the Medicare Common Working File.

Appendix J: Multianalyte Assays with Algorithmic Analyses —This appendix lists the administrative codes for multianalyte assays with algorithmic analyses. The AMA updates this list quarterly.

Appendix K: Glossary—This appendix contains general terms and definitions that may be helpful for coding and reimbursement.

Appendix L: Listing of Sensory, Motor, and Mixed Nerves—This appendix lists a summary of each sensory, motor, and mixed nerve with its appropriate nerve conduction study code.

Appendix M: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccine and Administration Codes—This appendix contains a table providing a link between each individual SARS-CoV-2 (COVID-19) vaccine code and its corresponding vaccine administration code, along with other pertinent information related to each vaccine.

Appendix N: Digital Medicine Services—This appendix contains a table providing definitions of terms in digital medicine services and classifies CPT codes related to those services.

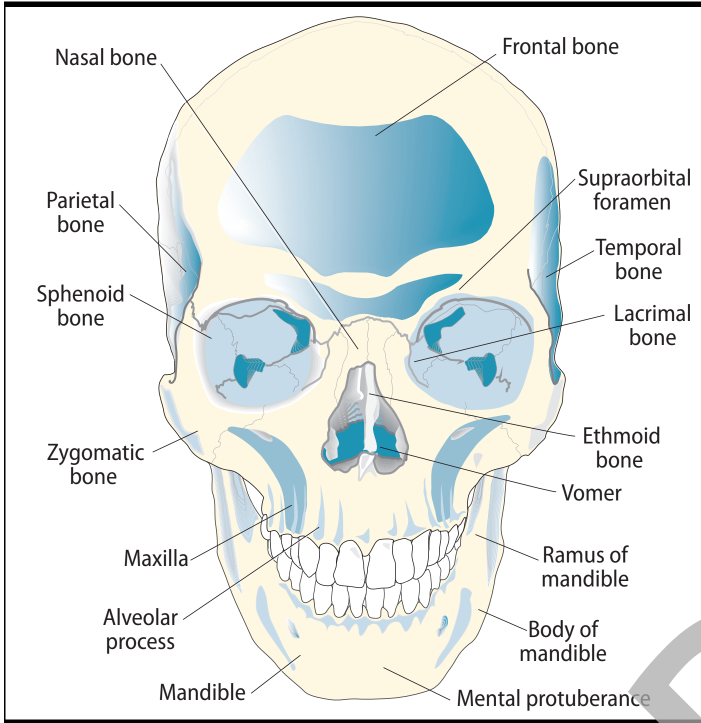
Appendix O: Artificial Intelligence Taxonomy for Medical Services and Procedures—This appendix defines artificial intelligence (AI) and its applications, classifies related CPT codes to those services, and outlines the approaches to patient care through artificial intelligence services described throughout the CPT code set.

Appendix P: Vascular Families—This appendix contains a table of vascular families starting with the aorta. Additional information can be found in the interventional radiology illustrations located behind the index.

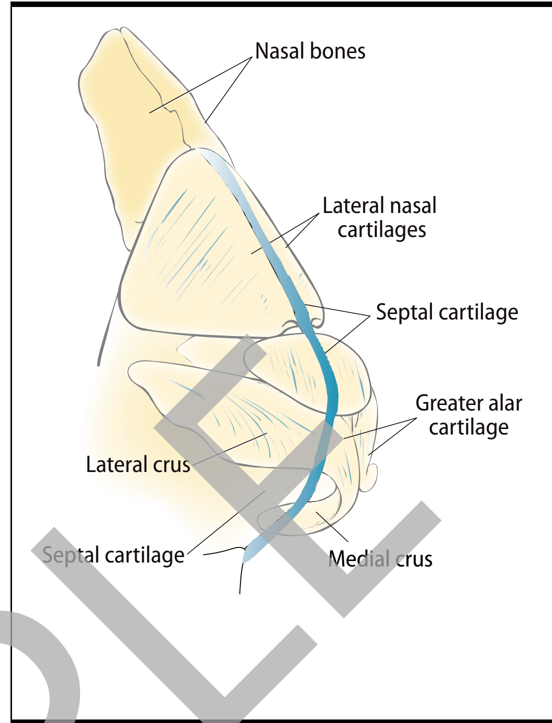
Appendix Q: Interventional Radiology Illustrations—This appendix contains illustrations specific to interventional radiology procedures.

SAMPLE

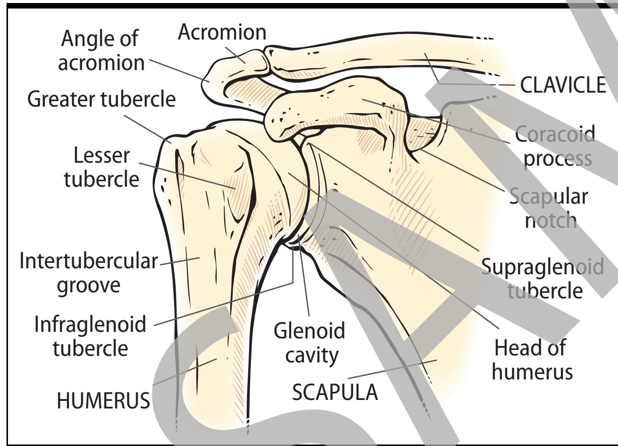
Head and Facial Bones



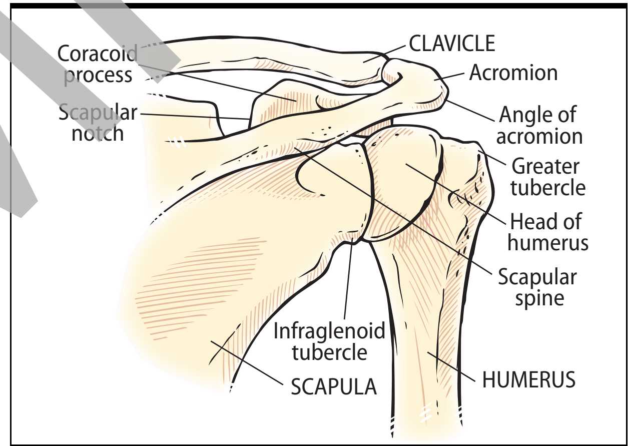
Nose



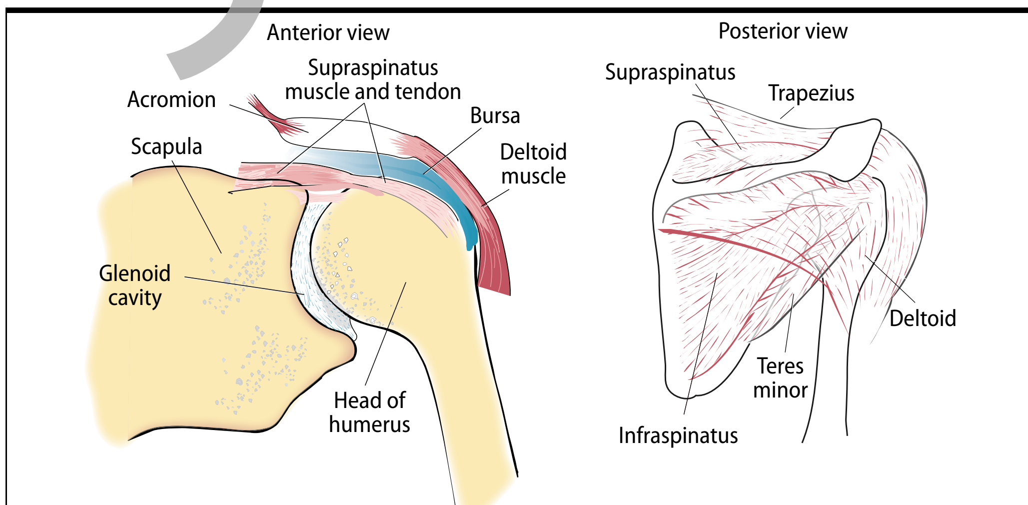
Shoulder (Anterior View)



Shoulder (Posterior View)



Shoulder Muscles



SAMPLE

10030-10180 Treatment of Lesions: Skin and Subcutaneous Tissues

EXCLUDES *Excision benign lesion (11400-11471)*

10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

INCLUDES Radiologic guidance (75989, 76942, 77002-77003, 77012, 77021)

EXCLUDES *Percutaneous drainage with imaging guidance:*
Peritoneal or retroperitoneal collections (49406)
Visceral collections (49405)
Transvaginal or transrectal drainage with imaging guidance peritoneal or retroperitoneal collections (49407)

Code also every instance of fluid collection drained using a separate catheter (10030)

3.94 19.91 FUD 000 MUE 2(3) T G2 80

AMA: 2022,Feb; 2019,Apr; 2017,Aug

10035 Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

INCLUDES Radiologic guidance (76942, 77002, 77012, 77021)

EXCLUDES *Reporting code more than one time per site, regardless number markers used*
Sites with more specific code descriptor, such as breast

Code also each additional target on same or opposite side (10036)

2.48 11.38 FUD 000 MUE 1(2) T N1 80 50

AMA: 2022,Feb; 2016,Jun

+ 10036 each additional lesion (List separately in addition to code for primary procedure)

INCLUDES Radiologic guidance (76942, 77002, 77012, 77021)

EXCLUDES *Reporting code more than one time per site, regardless number markers used*
Sites with more specific code descriptor, such as breast

Code first (10035)

1.25 9.50 FUD ZZZ MUE 2(3) N N1 80

AMA: 2022,Feb; 2016,Jun

10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

1.52 3.45 FUD 010 MUE 1(2) Q1 N1

AMA: 2022,Feb

10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

3.08 3.69 FUD 010 MUE 1(2) T P3

AMA: 2022,Feb; 2021,Oct

10061 complicated or multiple

5.40 6.32 FUD 010 MUE 1(2) T P3

AMA: 2022,Feb; 2021,Oct

10080 Incision and drainage of pilonidal cyst; simple

3.09 7.71 FUD 010 MUE 1(3) T P3

AMA: 2022,Feb

10081 complicated

EXCLUDES *Excision pilonidal cyst (11770-11772)*

5.05 10.47 FUD 010 MUE 1(3) T P3

AMA: 2022,Feb

10120 Incision and removal of foreign body, subcutaneous tissues; simple

3.04 4.46 FUD 010 MUE 3(3) T P3

AMA: 2022,Feb

10121 complicated

EXCLUDES *Debridement associated with fracture or dislocation (11010-11012)*
Exploration penetrating wound (20100-20103)

5.41 7.89 FUD 010 MUE 2(3) J1 A2

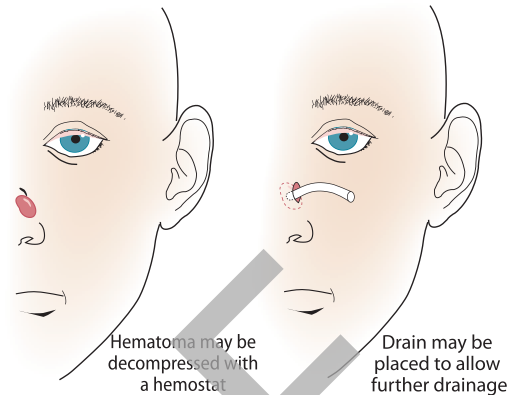
AMA: 2022,Feb

10140 Incision and drainage of hematoma, seroma or fluid collection

(76942, 77002, 77012, 77021)

3.47 5.07 FUD 010 MUE 2(3) J1 P3

AMA: 2022,Feb



10160 Puncture aspiration of abscess, hematoma, bulla, or cyst

(76942, 77002, 77012, 77021)

2.79 3.84 FUD 010 MUE 3(3) T P3

AMA: 2022,Feb; 2021,Aug; 2017,Aug; 2017,May

10180 Incision and drainage, complex, postoperative wound infection

EXCLUDES *Wound dehiscence (12020-12021, 13160)*

5.26 7.88 FUD 010 MUE 2(3) J1 A2

AMA: 2022,Feb

11000-11012 Removal of Foreign Substances and Infected/Devitalized Tissue

EXCLUDES *Debridement:*
Burns (16000-16030)
Deeper tissue (11042-11047 [11045, 11046])
Nails (11720-11721)
Nonelective debridement/active care management (97597-97598)
Wounds (11042-11047 [11045, 11046])
Dermabrasions (15780-15783)
Pressure ulcer excision (15920-15999)

11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface

EXCLUDES *Necrotizing soft tissue infection:*
Abdominal wall (11005-11006)
External genitalia and perineum (11004, 11006)

0.81 1.73 FUD 000 MUE 1(2) T P3

AMA: 2022,Feb; 2018,Feb

+ 11001 each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

EXCLUDES *Necrotizing soft tissue infection:*
Abdominal wall (11005-11006)
External genitalia and perineum (11004, 11006)

Code first (11000)

0.42 0.79 FUD ZZZ MUE 1(3) N N1

AMA: 2022,Feb; 2018,Feb

11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum

Code also skin grafts or flaps, when performed (14000-14350, 15040-15770 [15769], 15771-15776)

16.79 16.79 FUD 000 MUE 1(2) C

AMA: 2022,Aug; 2022,Feb; 2019,Nov; 2018,Feb

11005 abdominal wall, with or without fascial closure

Code also skin grafts or flaps, when performed (14000-14350, 15040-15770 [15769], 15771-15776)

22.94 22.94 FUD 000 MUE 1(2) C 80

AMA: 2022,Aug; 2022,Feb; 2019,Nov; 2018,Feb

SAMPLE

 CPT © 2023 American Medical Association. All Rights Reserved. © 2023 Optum, Inc.

23490 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
25.60 25.60 FUD 090 MUE 1(2) J1 J8 80 50

23491 proximal humerus
30.19 30.19 FUD 090 MUE 1(2) J1 J8 80 50

23500-23680 Treatment of Shoulder Fracture/Dislocation

23500 Closed treatment of clavicular fracture; without manipulation
6.83 6.69 FUD 090 MUE 1(2) T A2 50
AMA: 2022,May; 2019,Feb

23505 with manipulation
10.06 10.83 FUD 090 MUE 1(2) J1 A2 50
AMA: 2022,May; 2019,Feb

23515 Open treatment of clavicular fracture, includes internal fixation, when performed
21.43 21.43 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May; 2021,Sep

23520 Closed treatment of sternoclavicular dislocation; without manipulation
7.15 7.25 FUD 090 MUE 1(2) J1 A2 80 50
AMA: 2022,May; 2019,Feb

23525 with manipulation
10.90 11.91 FUD 090 MUE 1(2) T A2 80 50
AMA: 2022,May; 2019,Feb

23530 Open treatment of sternoclavicular dislocation, acute or chronic;
17.20 17.20 FUD 090 MUE 1(2) J1 A2 80 50
AMA: 2022,May

23532 with fascial graft (includes obtaining graft)
18.69 18.69 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May

23540 Closed treatment of acromioclavicular dislocation; without manipulation
7.08 7.19 FUD 090 MUE 1(2) T A2 50
AMA: 2022,May; 2019,Feb

23545 with manipulation
9.50 10.58 FUD 090 MUE 1(2) T A2 80 50
AMA: 2022,May; 2019,Feb

23550 Open treatment of acromioclavicular dislocation, acute or chronic;
17.07 17.07 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May

23552 with fascial graft (includes obtaining graft)
19.50 19.50 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May; 2019,Nov

23570 Closed treatment of scapular fracture; without manipulation
7.28 7.07 FUD 090 MUE 1(2) T A2 50
AMA: 2022,May; 2019,Feb

23575 with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
11.42 12.36 FUD 090 MUE 1(2) J1 A2 80 50
AMA: 2022,May; 2019,Feb

23585 Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
29.07 29.07 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May

23600 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
9.51 10.04 FUD 090 MUE 1(2) T P2 50
AMA: 2022,May; 2019,Feb

23605 with manipulation, with or without skeletal traction
12.82 14.12 FUD 090 MUE 1(2) J1 A2 50
AMA: 2022,May; 2019,Feb

23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
26.26 26.26 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May; 2021,Sep

23616 with proximal humeral prosthetic replacement
36.60 36.60 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May

23620 Closed treatment of greater humeral tuberosity fracture; without manipulation
7.84 8.16 FUD 090 MUE 1(2) T P2 50
AMA: 2022,May; 2019,Feb

23625 with manipulation
10.59 11.57 FUD 090 MUE 1(2) J1 A2 50
AMA: 2022,May; 2019,Feb

23630 Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23.16 23.16 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May

23650 Closed treatment of shoulder dislocation, with manipulation; without anesthesia
8.89 9.84 FUD 090 MUE 1(2) T A2 50
AMA: 2022,May

23655 requiring anesthesia
12.27 12.27 FUD 090 MUE 1(2) J1 A2 50
AMA: 2022,May

23660 Open treatment of acute shoulder dislocation
EXCLUDES *Chronic dislocation repair (23450-23466)*
17.43 17.43 FUD 090 MUE 1(2) J1 A2 80 50
AMA: 2022,May

23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
12.01 13.04 FUD 090 MUE 1(2) J1 A2 50
AMA: 2022,May; 2019,Feb

23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
25.82 25.82 FUD 090 MUE 1(2) J1 A2 80 50
AMA: 2022,May

23675 Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
15.00 16.55 FUD 090 MUE 1(2) J1 A2 50
AMA: 2022,May; 2019,Feb

23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
27.55 27.55 FUD 090 MUE 1(2) J1 J8 80 50
AMA: 2022,May

23700-23929 Other/Unlisted Shoulder Procedures

23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
5.83 5.83 FUD 010 MUE 1(2) J1 A2 50
AMA: 2019,Feb

23800 Arthrodesis, glenohumeral joint;
30.50 30.50 FUD 090 MUE 1(2) J1 G2 80 50
AMA: 2021,Jul; 2020,May

23802 with autogenous graft (includes obtaining graft)
38.02 38.02 FUD 090 MUE 1(2) J1 G2 80 50
AMA: 2021,Jul; 2020,May

23900 Interthoracoscapular amputation (forequarter)
41.03 41.03 FUD 090 MUE 1(2) C 80

23920 Disarticulation of shoulder;
33.30 33.30 FUD 090 MUE 1(2) C 80 50

23921 secondary closure or scar revision
14.05 14.05 FUD 090 MUE 1(2) T A2 50

SAMPLE

© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.

38780 **Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)**
30.68 30.68 FUD 090 MUE 1(2) C 80
AMA: 2019,Feb

38790-38999 Cannulation/Injection/Other Procedures

38790 **Injection procedure; lymphangiography**
(75801-75807)
2.38 2.38 FUD 000 MUE 1(2) N N1 50
AMA: 2021,Apr

38792 **radioactive tracer for identification of sentinel node**
EXCLUDES *Sentinel node excision (38500-38542)*
Sentinel node(s) identification (mapping) intraoperative with nonradioactive dye injection (38900)
(78195)
0.97 2.46 FUD 000 MUE 1(3) Q1 N1 50
AMA: 2019,Feb

38794 **Cannulation, thoracic duct**
8.59 8.59 FUD 090 MUE 1(2) N N1 80
AMA: 2017,May

\+ **38900** **Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)**
EXCLUDES *Injection tracer for sentinel node identification (38792)*
Code first (19302, 19307, 38500, 38510, 38520, 38525, 38530-38531, 38542, 38562-38564, 38570-38572, 38740, 38745, 38760, 38765, 38770, 38780, 56630-56634, 56637, 56640)
4.08 4.08 FUD ZZZ MUE 1(3) N N1 80 50
AMA: 2019,Feb

38999 **Unlisted procedure, hemic or lymphatic system**
0.00 0.00 FUD YYY MUE 1(3) S 80
AMA: 2021,Oct; 2020,Dec

39000-39499 Surgical Procedures: Mediastinum

39000 **Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach**
14.77 14.77 FUD 090 MUE 1(2) C 80
AMA: 2021,Apr

39010 **transthoracic approach, including either transthoracic or median sternotomy**
EXCLUDES *ECMO/ECLS insertion or reposition cannula (33955-33956, [33963, 33964])*
Video-assisted thoracic surgery (VATS) pericardial biopsy (32604)
23.23 23.23 FUD 090 MUE 1(2) C 80
AMA: 2021,Apr

39200 **Resection of mediastinal cyst**
25.61 25.61 FUD 090 MUE 1(2) C 80

39220 **Resection of mediastinal tumor**
EXCLUDES *Thymectomy (60520)*
Thyroidectomy, substernal (60270)
Video-assisted thoracic surgery (VATS) resection cyst, mass, or tumor of mediastinum (32662)
33.37 33.37 FUD 090 MUE 1(2) C 80

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**
9.05 9.05 FUD 000 MUE 1(3) J1

39402 **with lymph node biopsy(ies) (eg, lung cancer staging)**
11.82 11.82 FUD 000 MUE 1(3) J1

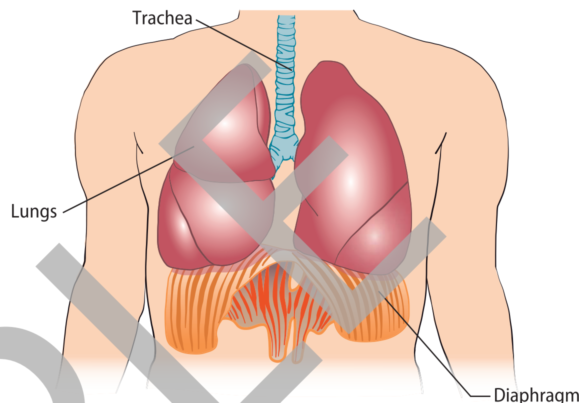
39499 **Unlisted procedure, mediastinum**
0.00 0.00 FUD YYY MUE 1(3) C 80

39501-39599 Surgical Procedures: Diaphragm

EXCLUDES *Esophagogastric fundoplasty, with fundic patch (43325)*
Repair diaphragmatic (esophageal) hernias:
Laparoscopic with fundoplication (43280-43282)
Laparotomy (43332-43333)
Thoracoabdominal (43336-43337)
Thoracotomy (43334-43335)

39501 **Repair, laceration of diaphragm, any approach**
25.37 25.37 FUD 090 MUE 1(3) C 80

39503 **Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia**
A



A defect of the diaphragm can allow abdominal contents to herniate into the thoracic cavity

170.74 170.74 FUD 090 MUE 1(2) 63 C 80

39540 **Repair, diaphragmatic hernia (other than neonatal), traumatic; acute**
25.63 25.63 FUD 090 MUE 1(2) C 80

39541 **chronic**
27.92 27.92 FUD 090 MUE 1(2) C 80

39545 **Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic**
26.47 26.47 FUD 090 MUE 1(2) C 80

39560 **Resection, diaphragm; with simple repair (eg, primary suture)**
23.71 23.71 FUD 090 MUE 1(3) C 80

39561 **with complex repair (eg, prosthetic material, local muscle flap)**
36.86 36.86 FUD 090 MUE 1(3) C 80

39599 **Unlisted procedure, diaphragm**
EXCLUDES *Insertion/replacement diaphragmatic stimulation system (0674T-0675T, 0680T)*
0.00 0.00 FUD YYY MUE 1(3) C 80

SAMPLE

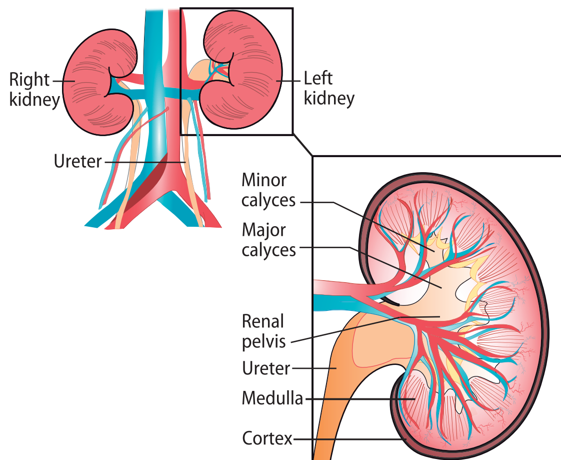
© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.

50010-50045 Kidney Procedures for Exploration or Drainage

EXCLUDES *Donor nephrectomy performed laparoscopically (50547)*
Retroperitoneal
Abscess drainage (49060)
Exploration (49010)
Tumor/cyst excision (49203-49205)

50010 Renal exploration, not necessitating other specific procedures

EXCLUDES *Laparoscopic ablation mass lesions of kidney (50542)*



20.63 20.63 FUD 090 MUE 1(2) C 80 50

50020 Drainage of perirenal or renal abscess, open

EXCLUDES *Image-guided percutaneous drainage perirenal or renal abscess (49405)*

29.68 29.68 FUD 090 MUE 1(3) J1

50040 Nephrostomy, nephrotomy with drainage

27.04 27.04 FUD 090 MUE 1(2) C 50

50045 Nephrotomy, with exploration

EXCLUDES *Renal endoscopy through nephrotomy (50570-50580)*

27.25 27.25 FUD 090 MUE 1(2) C 80 50

50060-50081 Treatment of Kidney Stones

CMS: 100-03,230.1 NCD for Treatment of Kidney Stones

EXCLUDES *Retroperitoneal:*
Abscess drainage (49060)
Exploration (49010)
Tumor/cyst excision (49203-49205)

50060 Nephrolithotomy; removal of calculus

33.25 33.25 FUD 090 MUE 1(2) C 80 50

50065 secondary surgical operation for calculus

35.25 35.25 FUD 090 MUE 1(2) C 80 50

50070 complicated by congenital kidney abnormality

34.58 34.58 FUD 090 MUE 1(2) C 80 50

50075 removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)

42.49 42.49 FUD 090 MUE 1(2) C 80 50

▲ **50080 Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)**

EXCLUDES *Catheter placement/exchange ([50433, 50434, 50435])*
Cystourethroscopy to establish percutaneous nephrostomy (52334)
Dilation existing tract by same provider ([50436, 50437])
Injection, antegrade nephrostogram/ureterogram ([50430, 50431])
Nephrostomy without nephrolithotomy (50040, [50432, 50433], 52334)
Stone removal without lithotripsy (50561)

(76000)

25.36 25.36 FUD 090 MUE 1(2) J1 G2 50

▲ **50081 complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)**

EXCLUDES *Catheter placement/exchange ([50433, 50434, 50435])*
Cystourethroscopy to establish percutaneous nephrostomy (52334)
Dilation existing tract by same provider ([50436, 50437])
Injection, antegrade nephrostogram/ureterogram ([50430, 50431])
Nephrostomy without nephrolithotomy (50040, [50432, 50433], 52334)
Stone removal without lithotripsy (50561)

(76000)

37.30 37.30 FUD 090 MUE 1(2) J1 G2 80 50

50100 Repair of Anomalous Vessels of the Kidney

EXCLUDES *Retroperitoneal:*
Abscess drainage (49060)
Exploration (49010)
Tumor/cyst excision (49203-49205)

50100 Transection or repositioning of aberrant renal vessels (separate procedure)

32.35 32.35 FUD 090 MUE 1(2) C 80 50

50120-50135 Procedures of Renal Pelvis

EXCLUDES *Retroperitoneal:*
Abscess drainage (49060)
Exploration (49010)
Tumor/cyst excision (49203-49205)

50120 Pyelotomy; with exploration

INCLUDES Gol-Vernet pyelotomy

EXCLUDES *Renal endoscopy through pyelotomy (50570-50580)*

27.73 27.73 FUD 090 MUE 1(2) C 80 50

50125 with drainage, pyelostomy

28.72 28.72 FUD 090 MUE 1(2) C 80 50

50130 with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)

30.15 30.15 FUD 090 MUE 1(2) C 80 50

50135 complicated (eg, secondary operation, congenital kidney abnormality)

32.74 32.74 FUD 090 MUE 1(2) C 80 50

50200-50205 Biopsy of Kidney

EXCLUDES *Laparoscopic renal mass lesion ablation (50542)*
Retroperitoneal tumor/cyst excision (49203-49205)

50200 Renal biopsy; percutaneous, by trocar or needle

EXCLUDES *Fine needle aspiration ([10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012])*

(76942, 77002, 77012, 77021)

(88172-88173)

3.70 15.93 FUD 000 MUE 1(3) J1 A2 50

AMA: 2017,May

50205 by surgical exposure of kidney

22.43 22.43 FUD 090 MUE 1(3) C 80 50

© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.

SAMPLE

+ **63088** **each additional segment (List separately in addition to code for primary procedure)**
Code first (63087)
7.56 7.56 FUD ZZZ MUE 3(3) C 80

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**
58.06 58.06 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar; 2016,Apr

+ **63091** **each additional segment (List separately in addition to code for primary procedure)**
Code first (63090)
5.23 5.23 FUD ZZZ MUE 3(3) C 80

63101-63103 Corpectomy: Lateral Extracavitary Approach

INCLUDES Partial removal:
Cervical: Removal ≥ 1/2 vertebral body
Lumbar: Removal ≥ 1/3 vertebral body
Thoracic: Removal ≥ 1/3 vertebral body

63101 **Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment**
68.99 68.99 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar

63102 **lumbar, single segment**
67.22 67.22 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar

+ **63103** **thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)**
Code first (63101-63102)
8.66 8.66 FUD ZZZ MUE 3(3) C 80

63170-63295 Laminectomies

63170 **Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar**
47.45 47.45 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63172 **Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space**
42.05 42.05 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63173 **to peritoneal or pleural space**
51.36 51.36 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63185 **Laminectomy with rhizotomy; 1 or 2 segments**
INCLUDES Dana rhizotomy
Stoffel rhizotomy
33.74 33.74 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar

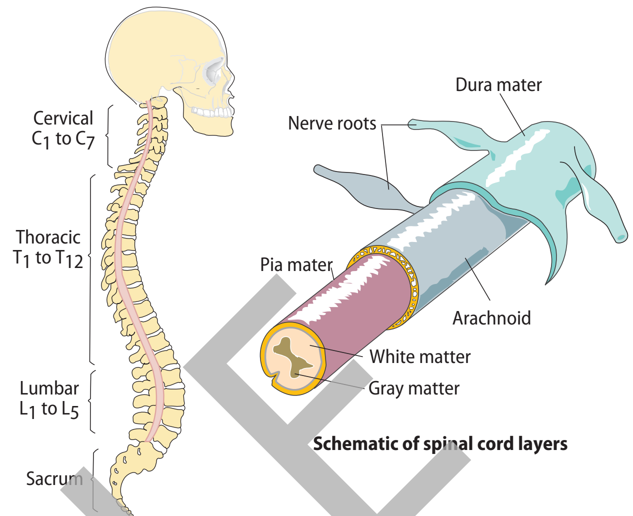
63190 **more than 2 segments**
36.77 36.77 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar

63191 **Laminectomy with section of spinal accessory nerve**
EXCLUDES *Division sternocleidomastoid muscle for torticollis (21720)*
41.15 41.15 FUD 090 MUE 1(2) C 80 50
AMA: 2017,Mar

63197 **Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic**
50.92 50.92 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar

63200 **Laminectomy, with release of tethered spinal cord, lumbar**
45.10 45.10 FUD 090 MUE 1(2) C 80
AMA: 2017,Mar

63250 **Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical**
87.96 87.96 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar



Schematic of spinal cord layers

63251 **thoracic**
89.92 89.92 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63252 **thoracolumbar**
89.90 89.90 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63265 **Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical**
49.62 49.62 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63266 **thoracic**
51.17 51.17 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63267 **lumbar**
40.82 40.82 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63268 **sacral**
42.21 42.21 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63270 **Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical**
61.80 61.80 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63271 **thoracic**
61.57 61.57 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63272 **lumbar**
55.67 55.67 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63273 **sacral**
55.59 55.59 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63275 **Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical**
53.78 53.78 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

63276 **extradural, thoracic**
53.18 53.18 FUD 090 MUE 1(3) C 80
AMA: 2017,Mar

SAMPLE

© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**
9.58 9.58 FUD XXX MUE 1(3) Q3 Z2 80
AMA: 2020,Sep; 2017,Mar

74176-74178 Computerized Tomography: Abdomen and Pelvis

CMS: 100-04,4,250.16 Multiple Procedure Payment Reduction: Certain Diagnostic Imaging Procedures Rendered by Physicians

EXCLUDES *CT abdomen or pelvis alone (72192-72194, 74150-74170)*
Procedure performed more than one time for each combined abdomen and pelvis examination
Quantitative CT tissue characterization same gland, organ, tissue, or target area during same session (0721T)

Code also quantitative CT tissue characterization when performed with concurrent CT exam (0722T)

74176 **Computed tomography, abdomen and pelvis; without contrast material**
5.66 5.66 FUD XXX MUE 2(3) Q3 Z3
AMA: 2020,Sep

74177 **with contrast material(s)**
9.63 9.63 FUD XXX MUE 2(3) Q3 Z2
AMA: 2020,Sep

74178 **without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**
10.78 10.78 FUD XXX MUE 1(3) Q3 Z2
AMA: 2020,Sep

74181-74183 Magnetic Resonance Imaging: Abdomen–General

CMS: 100-04,4,250.16 Multiple Procedure Payment Reduction: Certain Diagnostic Imaging Procedures Rendered by Physicians

EXCLUDES *Quantitative magnetic resonance cholangiopancreatography without diagnostic MRI of same gland, organ, tissue, or target area (0723T)*

Code also quantitative magnetic resonance cholangiopancreatography performed same gland, organ, tissue or target area (0724T)

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**
6.15 6.15 FUD XXX MUE 1(3) Q3 Z2 80
AMA: 2022,May; 2018,Mar

74182 **with contrast material(s)**
9.57 9.57 FUD XXX MUE 1(3) Q3 Z2 80
AMA: 2022,May; 2018,Mar

74183 **without contrast material(s), followed by with contrast material(s) and further sequences**
10.70 10.70 FUD XXX MUE 1(3) Q3 Z2 80
AMA: 2022,May; 2021,Apr; 2018,Mar

74185 Magnetic Resonance Angiography: Abdomen–General

CMS: 100-04,13,40.1.1 Magnetic Resonance Angiography; 100-04,13,40.1.2 HCPCS Coding Requirements; 100-04,4,250.16 Multiple Procedure Payment Reduction: Certain Diagnostic Imaging Procedures Rendered by Physicians

74185 **Magnetic resonance angiography, abdomen, with or without contrast material(s)**
10.61 10.61 FUD XXX MUE 1(3) B 80
AMA: 2017,Mar

74190 Peritoneography

74190 **Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation**
EXCLUDES *CT pelvis or abdomen (72192, 74150)*
Code also injection procedure (49400)
0.00 0.00 FUD XXX MUE 1(3) Q2 N1 80

74210-74235 Radiography: Throat and Esophagus

EXCLUDES *Percutaneous placement gastrostomy tube, endoscopic (43246)*
Percutaneous placement gastrostomy tube, fluoroscopic guidance (49440)

74210 **Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**
2.98 2.98 FUD XXX MUE 1(3) Q1 N1 80
AMA: 2020,Aug

74220 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**
EXCLUDES *Double-contrast study (74221)*
Small bowel follow-through (74248)
Upper GI tract studies (74240-74246)
3.01 3.01 FUD XXX MUE 1(3) Q1 N1 80
AMA: 2020,Aug

74221 **double-contrast (eg, high-density barium and effervescent agent) study**
EXCLUDES *Single-contrast study (74220)*
Small bowel follow-through (74248)
Upper GI tract studies (74240-74246)
3.39 3.39 FUD XXX MUE 1(3) 80
AMA: 2020,Aug

74230 **Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**
EXCLUDES *Swallowing function motion fluoroscopic examination (92611)*
3.90 3.90 FUD XXX MUE 1(3) Q1 Z2 80
AMA: 2020,Aug

74235 **Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation**
Code also procedure (43499)
0.00 0.00 FUD XXX MUE 1(3) N N1 80

74240-74283 Radiography: Intestines

EXCLUDES *Percutaneous placement gastrostomy tube, endoscopic (43246)*
Percutaneous placement gastrostomy tube, fluoroscopic guidance (49440)

74240 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**
INCLUDES Upper GI with KUB
EXCLUDES *Double-contrast study (74246)*
Esophagus studies (74220-74221)
Code also small bowel follow-through when performed (74248)
3.77 3.77 FUD XXX MUE 2(3) Q1 Z3 80
AMA: 2020,Aug; 2016,Sep

74246 **double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered**
INCLUDES Upper GI with KUB
EXCLUDES *Esophagus studies (74220-74221)*
Single-contrast study (74240)
4.30 4.30 FUD XXX MUE 1(3) Q1 Z2 80
AMA: 2020,Aug; 2016,Sep

\+ **74248** **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**
EXCLUDES *Single- or double-contrast small intestine studies (74250-74251)*
Code first (74240, 74246)
2.54 2.54 FUD ZZZ MUE 1(2) 80
AMA: 2020,Aug

Radiology
74175 — 74248

© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.

SAMPLE

Evaluation and Management (E/M) Services Guidelines

E/M Guidelines Overview

▶The E/M guidelines have sections that are common to all E/M categories and sections that are category specific. Most of the categories and many of the subcategories of service have special guidelines or instructions unique to that category or subcategory. Where these are indicated, eg, "Hospital Inpatient and Observation Care," special instructions are presented before the listing of the specific E/M services codes. It is important to review the instructions for each category or subcategory. These guidelines are to be used by the reporting physician or other qualified health care professional to select the appropriate level of service. These guidelines do not establish documentation requirements or standards of care. The main purpose of documentation is to support care of the patient by current and future health care team(s). These guidelines are for services that require a face-to-face encounter with the patient and/or family/caregiver. (For 99211 and 99281, the face-to-face services may be performed by clinical staff.)

In the **Evaluation and Management** section (99202-99499), there are many code categories. Each category may have specific guidelines, or the codes may include specific details. These E/M guidelines are written for the following categories:

- Office or Other Outpatient Services
- Hospital Inpatient and Observation Care Services
- Consultations
- Emergency Department Services
- Nursing Facility Services
- Home or Residence Services
- Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service◀

Classification of Evaluation and Management (E/M) Services

▶The E/M section is divided into broad categories, such as office visits, hospital inpatient or observation care visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital inpatient and observation care visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of codes with levels of E/M services based on medical decision making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified (eg, office or other outpatient visit). Third, the content of the service is defined. Fourth, time is specified. (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time.)

The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code.◀

New and Established Patients

▶Solely for the purposes of distinguishing between new and established patients, **professional services** are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the **exact** same specialty **and subspecialty** who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the **exact** same specialty **and subspecialty** who belongs to the same group practice, within the past three years. See Decision Tree for New vs Established Patients.

In the instance where a physician or other qualified health care professional is on call for or covering for another physician or other qualified health care professional, the patient's encounter will be classified as it would have been by the physician or other qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the **exact** same specialty **and subspecialty** as the physician.◀

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

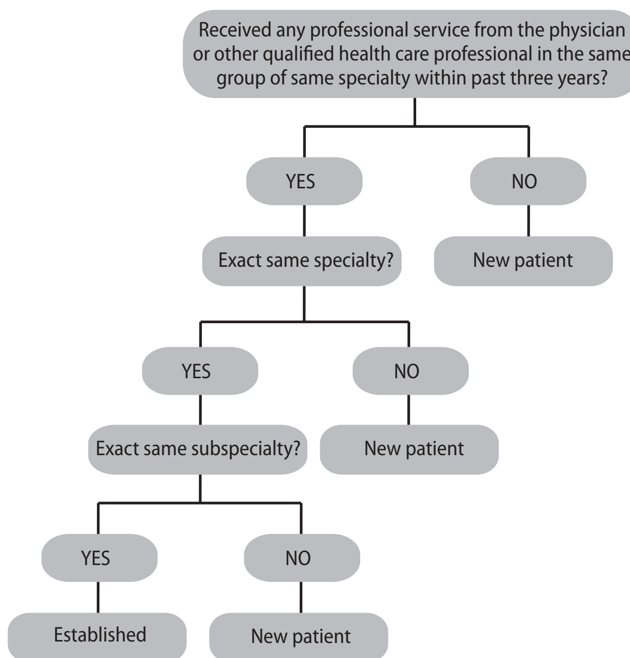
The Decision Tree for New vs Established Patients is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

▶Initial and Subsequent Services◀

▶Some categories apply to both new and established patients (eg, hospital inpatient or observation care). These categories differentiate services by whether the service is the initial service or a subsequent service. For the purpose of distinguishing between initial or subsequent visits, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. An initial service is when the patient has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

A subsequent service is when the patient has received professional service(s) from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.

Decision Tree for New vs Established Patients



AMA CPT® Evaluation and Management (E/M) Services Guidelines reproduced with permission of the American Medical Association.

SAMPLE

99374-99380 Care Plan Oversight: Patient Under Care of HHA, Hospice, or Nursing Facility

CMS: 100-04,11,40.1.3 Independent Attending Physician Services; 100-04,12,180 Payment of Care Plan Oversight (CPO); 100-04,12,180.1 Billing for Care Plan Oversight (CPO); 100-04,12,30.6.4 Services Furnished Incident to Physician's Service

INCLUDES Analysis reports, diagnostic tests, treatment plans
Discussions with other health care providers, outside practice, involved in patient's care
Establishment and revisions to care plans within 30-day period
Payment to one physician per month for covered care plan oversight services (must be same one who signed plan of care)

EXCLUDES *Care plan oversight services provided in hospice agency (99377-99378)*
Care plan oversight services provided in assisted living, rest home, or private residence, not under home health agency or hospice care ([99424, 99425], [99437], [99491])
Patient management services during same time frame as ([99421, 99422, 99423], 99441-99443, 98966-98968)
Routine postoperative care provided during global surgery period
Time discussing treatment with patient and/or caregivers

Code also office/outpatient visits, hospital, home, nursing facility, domiciliary, or non-face-to-face services

99374 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

EXCLUDES *Complex chronic care management services during same time frame as (99487, 99489)*

1.62 2.01 **FUD** XXX **MUE** 0(3) B

AMA: 2022,Jul; 2022,Jan; 2021,Jan; 2020,Mar; 2019,Jul; 2019,Jan

99375 30 minutes or more

EXCLUDES *Complex chronic care management services during same time frame as (99487, 99489)*

2.52 2.99 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2022,Jan; 2021,Jan; 2020,Mar; 2019,Jul; 2019,Jan

99377 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

EXCLUDES *Complex chronic care management services during same time frame as (99487, 99489)*

1.62 2.01 **FUD** XXX **MUE** 0(3) B

AMA: 2022,Jul; 2022,Jan; 2021,Jan; 2020,Mar; 2019,Jul; 2019,Jan

99378 30 minutes or more

EXCLUDES *Complex chronic care management services during same time frame as (99487, 99489)*

2.52 2.99 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2022,Jan; 2021,Jan; 2020,Mar; 2019,Jul; 2019,Jan

99379 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

1.62 2.01 **FUD** XXX **MUE** 0(3) B

AMA: 2022,Jul; 2022,Jan; 2021,Jan; 2020,Mar; 2019,Jul; 2019,Jan

99380 30 minutes or more

2.52 2.99 **FUD** XXX **MUE** 0(3) B

AMA: 2022,Jul; 2022,Jan; 2021,Jan; 2020,Mar; 2019,Jul; 2019,Jan

99381-99397 Preventive Medicine Visits

CMS: 100-04,11,40.1.3 Independent Attending Physician Services; 100-04,12,30.6.2 Medically Necessary and Preventive Medicine Service on Same Date; 100-04,12,30.6.4 Services Furnished Incident to Physician's Service

INCLUDES Care for small problem or pre-existing condition that requires no extra work
New patients or established patients (99381-99387, 99391-99397)
Regular preventive care (e.g., well-child exams) for all age groups

EXCLUDES *Behavioral change interventions (99406-99409)*
Counseling/risk factor reduction interventions not provided with preventive medical examination (99401-99412)
Diagnostic tests and other procedures

Code also:
Immunization counseling, administration, and product (90460-90461, 90471-90474, 0001A-0004A, [0051A, 0052A, 0053A, 0054A], [0124A], [0071A, 0072A, 0073A, 0074A], [0154A], [0081A, 0082A, 0083A], 0011A-0013A, [0064A], [0134A], [0144A], [0091A, 0092A, 0093A, 0094A], 0021A-0022A, 0031A, [0034A], 0041A-0042A, 0044A, 0104A, 0111A-0113A, [91300, 91301, 91305, 91306, 91307, 91308, 91311, 91312, 91313, 91314, 91315], 90476-90749 [90584, 90611, 90619, 90620, 90621, 90622, 90625, 90626, 90627, 90630, 90644, 90672, 90673, 90674, 90677, 90694, 90750, 90756, 90758, 90759])
Significant, separately identifiable E/M service on same date for substantial problems requiring additional work append modifier 25 to (99202-99215)

99381 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) A

2.19 3.21 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

99382 early childhood (age 1 through 4 years) A

2.34 3.35 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

99383 late childhood (age 5 through 11 years) A

2.48 3.48 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

99384 adolescent (age 12 through 17 years) A

2.95 3.96 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

99385 18-39 years A

2.83 3.84 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

99386 40-64 years A

3.43 4.44 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

99387 65 years and older A

3.68 4.80 **FUD** XXX **MUE** 0(3) E

AMA: 2022,Jul; 2021,Nov; 2021,Feb; 2021,Jan; 2019,Jul; 2016,Mar

SAMPLE

 CPT © 2023 American Medical Association. All Rights Reserved. © 2023 Optum, Inc.

Appendix E — Add-on Codes, Optum Modifier 50 Exempt, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, Modifier 95 Telemedicine, and Modifier 93 Audio-Only Services

Codes specified as add-on, exempt from modifiers 50, 51 and 63, modifiers 95 (telemedicine services) and 93 (audio-only services) are listed. The lists are designed to be read left to right rather than vertically.

Add-on Codes

0054T 0055T 0076T 0095T 0098T 0164T 0165T
0174T 0214T 0215T 0217T 0218T 0222T 0397T
0437T 0439T 0443T 0450T 0480T 0496T 0513T
0523T 0560T 0562T 0570T 0599T 0628T 0630T
0649T 0663T 0676T 0678T 0690T 0698T 0701T
0709T 0715T 0722T 0724T 0735T 0742T 0751T
0752T 0753T 0754T 0755T 0756T 0757T 0758T
0759T 0760T 0761T 0762T 0763T 0764T 0767T
0769T 0770T 0772T 0774T 0777T 0071U 0072U
0073U 0074U 0075U 0076U 0130U 0131U 0132U
0133U 0134U 0135U 0136U 0137U 0138U 0157U
0158U 0159U 0160U 0161U 0162U 0207U 01953
01968 01969 10004 10006 10008 10010 10012
10036 11001 11008 11045 11046 11047 11103
11105 11107 11201 11732 11922 13102 13122
13133 13153 14302 15003 15005 15101 15111
15116 15121 15131 15136 15151 15152 15156
15157 15201 15221 15241 15261 15272 15274
15276 15278 15772 15774 15777 15787 15847
15853 15854 16036 17003 17312 17314 17315
19001 19082 19084 19086 19126 19282 19284
19286 19288 19294 19297 20700 20701 20702
20703 20704 20705 20930 20931 20932 20933
20934 20936 20937 20938 20939 20985 22103
22116 22208 22216 22226 22328 22512 22515
22527 22534 22552 22585 22614 22632 22634
22840 22841 22842 22843 22844 22845 22846
22847 22848 22853 22854 22858 22859 22860
22868 22870 26125 26861 26863 27358 27692
29826 31627 31632 31633 31637 31649 31651
31654 32501 32506 32507 32667 32668 32674
33141 33225 33257 33258 33259 33268 33367
33368 33369 33370 33419 33508 33517 33518
33519 33521 33522 33523 33530 33572 33746
33768 33866 33884 33904 33924 33929 33987
34709 34711 34713 34714 34715 34716 34717
34808 34812 34813 34820 34833 34834 35306
35390 35400 35500 35572 35681 35682 35683
35685 35686 35697 35700 36218 36227 36228
36248 36474 36476 36479 36483 36907 36908
36909 37185 37186 37222 37223 37232 37233
37234 37235 37237 37239 37247 37249 37252
37253 38102 38746 38747 38900 43273 43283
43338 43635 44015 44121 44128 44139 44203
44213 44701 44955 47001 47542 47543 47544
47550 48400 49326 49327 49412 49435 49623
49905 50606 50705 50706 51797 52442 56606
57267 57465 58110 58611 59525 60512 61316
61517 61611 61641 61642 61651 61781 61782
61783 61797 61799 61800 61864 61868 62148
62160 63035 63043 63044 63048 63052 63053
63057 63066 63076 63078 63082 63086 63088
63091 63103 63295 63308 63621 64421 64462
64480 64484 64491 64492 64494 64495 64629
64634 64636 64643 64645 64727 64778 64783
64787 64832 64837 64859 64872 64874 64876
64901 64902 64913 65757 66990 67225 67320
67331 67332 67334 67335 67340 69990 74248
74301 74713 75565 75774 76125 76802 76810
76812 76814 76937 76979 76983 77001 77002
77003 77063 77293 78020 78434 78496 78730
78835 80506 81266 81416 81426 81536 82952
86826 87187 87503 87904 88155 88177 88185
88311 88314 88332 88334 88341 88350 88364
88369 88373 88388 90461 90472 90474 90785
90833 90836 90838 90840 90863 90913 91013
92547 92608 92618 92621 92627 92921 92925
92929 92934 92938 92944 92973 92974 92978
92979 92998 93319 93320 93321 93325 93352
93356 93462 93463 93464 93563 93564 93565
93566 93567 93568 93569 93571 93572 93573
93574 93575 93592 93598 93609 93613 93621
93622 93623 93655 93657 93662 94645 94729
94781 95079 95873 95874 95885 95886 95887
95940 95941 95962 95967 95984 96113 96121
96131 96133 96137 96139 96159 96165 96168
96171 96203 96361 96366 96367 96368 96370
96371 96375 96376 96411 96415 96417 96423
96570 96571 96934 96935 96936 97130 97546
97598 97811 97814 98981 99100 99116 99135
99140 99153 99157 99292 99359 99415 99416
99417 99418 99425 99427 99437 99439 99458
99467 99486 99489 99494 99498 99602 99607

Optum Modifier 50 Exempt Codes

0214T 0215T 0217T 0218T 15777 20939 34713
34714 34715 34716 34717 34812 34820 34833
34834 35572 63035 63043 63044 64421 64480
64484 64491 64492 64494 64495 64634 64636

AMA Modifier 51 Exempt Codes

20697 20974 20975 33509 35600 44500 61107
93600 93602 93603 93610 93612 93615 93616
93618 94610 95905 99151 99152

Optum Modifier 51 Exempt Codes

22585 22614 22632 69990 90281 90283 90284
90287 90288 90291 90296 90371 90375 90376
90377 90378 90384 90385 90386 90389 90393
90396 90399 90476 90477 90581 90585 90586
90587 90619 90620 90621 90625 90630 90632
90633 90634 90636 90644 90647 90648 90649
90650 90651 90653 90654 90655 90656 90657
90658 90660 90661 90662 90664 90666 90667
90668 90670 90672 90673 90674 90675 90676
90680 90681 90682 90685 90686 90687 90688
90689 90690 90691 90694 90696 90697 90698
90700 90702 90707 90710 90713 90714 90715
90716 90717 90723 90732 90733 90734 90736
90738 90739 90740 90743 90744 90746 90747
90748 90749 90750 90756 97010 97012 97014
97016 97018 97022 97024 97026 97028 97032
97033 97034 97035 97036 97110 97112 97113
97116 97124 97129 97130 97140 97150 97161
97162 97163 97164 97165 97166 97167 97168
97169 97170 97171 97172 97530 97533 97535

SAMPLE

© 2023 Optum, Inc. CPT © 2023 American Medical Association. All Rights Reserved.