



Code Addendum

Frequency	Expected Peer Group	Procedure Code	Procedure Description
Per Month	Endocrinology	90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
Per Month	Endocrinology	90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS
Per Month	Endocrinology	90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS
Per Month	Endocrinology	90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS
Per Month	Endocrinology	90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OLDER
Per Month	Endocrinology	90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE
Per Month	Endocrinology	90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 2-11 YEARS OF AGE
Per Month	Endocrinology	90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 12-19 YEARS OF AGE
Per Month	Endocrinology	90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 20 YEARS OF AGE AND OLDER
Per Month	Pulmonology	94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME (EG, ASSISTED LIVING) REQUIRING REVIEW OF STATUS, REVIEW OF LABORATORIES AND OTHER STUDIES AND REVISION OF ORDERS AND RESPIRATORY CARE PLAN (AS APPROPRIATE), WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE
Per Month	Behavioral Health	98980	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST ONE INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE CALENDAR MONTH; FIRST 20 MINUTES
Per Month	Behavioral Health	98981	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST ONE INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE CALENDAR MONTH; EACH ADDITIONAL 20 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Per Month	Any	99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME (EG, ASSISTED LIVING FACILITY) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF RELATED LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S), FAMILY MEMBER(S), SURROGATE DECISION MAKER(S) (EG, LEGAL GUARDIAN) AND/OR KEY CAREGIVER(S) INVOLVED IN PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH; 15-29 MINUTES
Per Month	Any	99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME (EG, ASSISTED LIVING FACILITY) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF RELATED LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S), FAMILY MEMBER(S), SURROGATE DECISION MAKER(S) (EG, LEGAL GUARDIAN) AND/OR KEY CAREGIVER(S) INVOLVED IN PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH; 30 MINUTES OR MORE
Per Month	Any	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
Per Month	Any	99375	SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR EQUIVALENT ENVIRONMENT (EG, ALZHEIMER'S FACILITY) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND/OR REVISION OF CARE PLANS BY THAT INDIVIDUAL, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF RELATED LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S), FAMILY MEMBER(S), SURROGATE DECISION MAKER(S) (EG, LEGAL GUARDIAN) AND/OR KEY CAREGIVER(S) INVOLVED IN PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH; 30 MINUTES OR MORE
Per Month	Any	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
Per Month	Any	99378	SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND/OR REVISION OF CARE PLANS BY THAT INDIVIDUAL, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF RELATED LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S), FAMILY MEMBER(S), SURROGATE DECISION MAKER(S) (EG, LEGAL GUARDIAN) AND/OR KEY CAREGIVER(S) INVOLVED IN PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH; 30 MINUTES OR MORE
Per Month	Any	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
Per Month	Any	99380	SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND/OR REVISION OF CARE PLANS BY THAT INDIVIDUAL, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF RELATED LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S), FAMILY MEMBER(S), SURROGATE DECISION MAKER(S) (EG, LEGAL GUARDIAN) AND/OR KEY CAREGIVER(S) INVOLVED IN PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH; 30 MINUTES OR MORE
Per Month	Any	99424	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS, AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION, ACUTE EXACERBATION/DECOMPENSATION, FUNCTIONAL DECLINE, OR DEATH, THE CONDITION REQUIRES DEVELOPMENT, MONITORING, OR REVISION OF DISEASE-SPECIFIC CARE PLAN, THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND/OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES, ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE; FIRST 30 MINUTES PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH.
Per Month	Any	99425	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS, AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION, ACUTE EXACERBATION/DECOMPENSATION, FUNCTIONAL DECLINE, OR DEATH, THE CONDITION REQUIRES DEVELOPMENT, MONITORING, OR REVISION OF DISEASE-SPECIFIC CARE PLAN, THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND/OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES, ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE; EACH ADDITIONAL 30 MINUTES PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Per Month	Any	99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS, AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION, ACUTE EXACERBATION/DECOMPENSATION, FUNCTIONAL DECLINE, OR DEATH, THE CONDITION REQUIRES DEVELOPMENT, MONITORING, OR REVISION OF DISEASE-SPECIFIC CARE PLAN, THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND/OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES, ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE; FIRST 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH.

Per Month	Any	99427	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS, AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION, ACUTE EXACERBATION/DECOMPENSATION, FUNCTIONAL DECLINE, OR DEATH, THE CONDITION REQUIRES DEVELOPMENT, MONITORING, OR REVISION OF DISEASE-SPECIFIC CARE PLAN, THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND/OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES, ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS/FURNISHING CARE; 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)
Per Month	Any	99437	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 THAT PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH, ACUTE EXACERBATION/DECOMPENSATION, OR FUNCTIONAL DECLINE, COMPREHENSIVE CARE PLAN ESTABLISHED, IMPLEMENTED, REVISED, OR MONITORED; EACH ADDITIONAL 30 MINUTES BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Per Month	Any	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 THAT 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)
Per Month	Any	99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, CLINICAL STAFF/PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THE MONTH; FIRST 20 MINUTES
Per Month	Any	99458	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, CLINICAL STAFF/PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THE MONTH; EACH ADDITIONAL 20 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Per Month	Behavioral Health	99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW-UP MONITORING, INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES, BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL/PSYCHIATRIC HEALTH PROBLEMS, INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES, FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY, PHARMACOTHERAPY, COUNSELING AND/OR PSYCHIATRIC CONSULTATION, AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM.
Per Month	Any	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 THAT PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH, ACUTE EXACERBATION/DECOMPENSATION, OR FUNCTIONAL DECLINE, COMPREHENSIVE CARE PLAN ESTABLISHED, IMPLEMENTED, REVISED, OR MONITORED, MODERATE OR HIGH COMPLEXITY MEDICAL DECISION MAKING; FIRST 60 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH.
Per Month	Any	99489	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 THAT PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH, ACUTE EXACERBATION/DECOMPENSATION, OR FUNCTIONAL DECLINE, COMPREHENSIVE CARE PLAN ESTABLISHED, IMPLEMENTED, REVISED, OR MONITORED, MODERATE OR HIGH COMPLEXITY MEDICAL DECISION MAKING; EACH ADDITIONAL 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Per Month	Any	99490	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 THAT 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.
Per Month	Any	99491	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 THAT PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH, ACUTE EXACERBATION/DECOMPENSATION, OR FUNCTIONAL DECLINE, COMPREHENSIVE CARE PLAN ESTABLISHED, IMPLEMENTED, REVISED, OR MONITORED; FIRST 30 MINUTES PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH.
Per Month	Behavioral Health	99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH TO AND ENGAGEMENT IN TREATMENT OF A PATIENT DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INITIAL ASSESSMENT OF THE PATIENT, INCLUDING ADMINISTRATION OF VALIDATED RATING SCALES, WITH THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN, REVIEW BY THE PSYCHIATRIC CONSULTANT WITH MODIFICATIONS OF THE PLAN IF RECOMMENDED, ENTERING PATIENT IN A REGISTRY AND TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, AND PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT, AND PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TREATMENT STRATEGIES.
Per Month	Behavioral Health	99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 60 MINUTES IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT, ONGOING COLLABORATION WITH AND COORDINATION OF THE PATIENT'S MENTAL HEALTH CARE WITH THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND ANY OTHER TREATING MENTAL HEALTH PROVIDERS, ADDITIONAL REVIEW OF PROGRESS AND RECOMMENDATIONS FOR CHANGES IN TREATMENT, AS INDICATED, INCLUDING MEDICATIONS, BASED ON RECOMMENDATIONS PROVIDED BY THE PSYCHIATRIC CONSULTANT, PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TREATMENT STRATEGIES, MONITORING OF PATIENT OUTCOMES USING VALIDATED RATING SCALES, AND RELAPSE PREVENTION PLANNING WITH PATIENTS AS THEY ACHIEVE REMISSION OF SYMPTOMS AND/OR OTHER TREATMENT GOALS AND ARE PREPARED FOR DISCHARGE FROM ACTIVE TREATMENT.
Per Month	Behavioral Health	99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Per Month	Ophthalmology	0688T	TREATMENT OF AMBLYOPIA USING AN ONLINE DIGITAL PROGRAM; ASSESSMENT OF PATIENT PERFORMANCE AND PROGRAM DATA BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH REPORT, PER CALENDAR MONTH
Per Month	Behavioral Health	0703T	REMOTE THERAPEUTIC MONITORING OF A STANDARDIZED ONLINE DIGITAL COGNITIVE BEHAVIORAL THERAPY PROGRAM ORDERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH
Per Month	Ophthalmology	0706T	REMOTE TREATMENT OF AMBLYOPIA USING AN EYE TRACKING DEVICE; INTERPRETATION AND REPORT BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH
Up to 30 Days	Cardiology	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Cardiology	93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE, ATTENDED SURVEILLANCE, ANALYSIS AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Cardiology	93264	REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR UP TO 30 DAYS, INCLUDING AT LEAST WEEKLY DOWNLOADS OF PULMONARY ARTERY PRESSURE RECORDINGS, INTERPRETATION(S), TREND ANALYSIS, AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Cardiology	93268	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS, 24-HOUR ATTENDED MONITORING; INCLUDES TRANSMISSION, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Cardiology	93270	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS, 24-HOUR ATTENDED MONITORING; RECORDING (INCLUDES CONNECTION, RECORDING, AND DISCONNECTION)
Up to 30 Days	Cardiology	93271	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS, 24-HOUR ATTENDED MONITORING; TRANSMISSION AND ANALYSIS
Up to 30 Days	Cardiology	93272	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS, 24-HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Cardiology	93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR SYSTEM, INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS, ANALYSIS, REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Cardiology	93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM, INCLUDING ANALYSIS OF RECORDED HEART RHYTHM DATA, ANALYSIS, REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Neurology	95836	ELECTROCORTICOGRAM FROM AN IMPLANTED BRAIN NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, INCLUDING RECORDING, WITH INTERPRETATION AND WRITTEN REPORT, UP TO 30 DAYS
Up to 30 Days	Pulmonology	98976	REMOTE THERAPEUTIC MONITORING (EG, RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); DEVICE(S) SUPPLY WITH SCHEDULED (EG, DAILY) RECORDING(S) AND/OR PROGRAMMED ALERT(S) TRANSMISSION TO MONITOR RESPIRATORY SYSTEM, EACH 30 DAYS
Up to 30 Days	Any	98977	REMOTE THERAPEUTIC MONITORING (EG, RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); DEVICE(S) SUPPLY WITH SCHEDULED (EG, DAILY) RECORDING(S) AND/OR PROGRAMMED ALERT(S) TRANSMISSION TO MONITOR MUSCULOSKELETAL SYSTEM, EACH 30 DAYS
Up to 30 Days	Any	99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG, ECG, BLOOD PRESSURE, GLUCOSE MONITORING) DIGITALLY STORED AND/OR TRANSMITTED BY THE PATIENT AND/OR CAREGIVER TO THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, QUALIFIED BY EDUCATION, TRAINING, LICENSURE/REGULATION (WHEN APPLICABLE) REQUIRING A MINIMUM OF 30 MINUTES OF TIME, EACH 30 DAYS
Up to 30 Days	Any	99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE OXIMETRY, RESPIRATORY FLOW RATE), INITIAL; DEVICE(S) SUPPLY WITH DAILY RECORDING(S) OR PROGRAMMED ALERT(S) TRANSMISSION, EACH 30 DAYS
Up to 30 Days	Ophthalmology	0378T	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Ophthalmology	0379T	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT AND PATIENT INSTRUCTIONS, SURVEILLANCE, ANALYSIS, AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Up to 30 Days	Endocrinology	0488T	PREVENTIVE BEHAVIOR CHANGE, ONLINE/ELECTRONIC STRUCTURED INTENSIVE PROGRAM FOR PREVENTION OF DIABETES USING A STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO AN INDIVIDUAL, PER 30 DAYS
Up to 30 Days	Cardiology	0498T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24-HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER 30 DAYS WITH AT LEAST ONE PATIENT-GENERATED TRIGGERED EVENT
Up to 30 Days	Ophthalmology	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
Up to 30 Days	Ophthalmology	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
Up to 30 Days	Behavioral Health	0702T	REMOTE THERAPEUTIC MONITORING OF A STANDARDIZED ONLINE DIGITAL COGNITIVE BEHAVIORAL THERAPY PROGRAM ORDERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; SUPPLY AND TECHNICAL SUPPORT, PER 30 DAYS
Up to 30 Days	Ophthalmology	0705T	REMOTE TREATMENT OF AMBLYOPIA USING AN EYE TRACKING DEVICE; SURVEILLANCE CENTER TECHNICAL SUPPORT INCLUDING DATA TRANSMISSION WITH ANALYSIS, WITH A MINIMUM OF 18 TRAINING HOURS, EACH 30 DAYS