

Εξειδίκευση στην Παιδονευρολογία

Agreed Description	CPT Code	CPT Description	CPT Weight
Πρώτη επίσκεψη (Consultation)	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	1.26
	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	2.12
	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	3.05
	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	4.65
	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	5.85

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Επιπρόσθετη επίσκεψη (Follow-up consultation)	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	0.61
	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	1.24
	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	2.06
	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	3.04
	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	4.10

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Agreed Description	CPT Code	CPT Description	CPT Weight
Electroencephalography (EEG)	95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	9.16
	95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	11.51
	95816	Electroencephalogram (EEG); including recording awake and drowsy	8.68
	95819	Electroencephalogram (EEG); including recording awake and asleep	12.01
	95822	Electroencephalogram (EEG); recording in coma or sleep only	10.82
	95827	Electroencephalogram (EEG); all night recording	17.79
Ambulatory 24-hour EEG-(pricy-prob inpatient)	95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	9.73
	95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	12.30
	95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	45.24
Lumbar puncture-DAY CASE ACTIVITIES	62270	Spinal puncture, lumbar, diagnostic	4.51
	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	5.78
	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)	2.67
Nerve conduction studies per limb	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	2.06

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Agreed Description	CPT Code	CPT Description	CPT Weight
Electromyography (EMG) per limb	95860	Needle electromyography; 1 extremity with or without related paraspinal areas	3.50
	95861	Needle electromyography; 2 extremities with or without related paraspinal areas	4.96
	95863	Needle electromyography; 3 extremities with or without related paraspinal areas	6.33
	95864	Needle electromyography; 4 extremities with or without related paraspinal areas	7.08
	95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	2.70
	95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	1.68
	95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, 5 or more muscles studied, innervated by 2 or more nerves or 4 or more spinal levels (List separately in addition to code for	2.60
Single fiber Electromyography (EMG)	95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	5.61
Tensilon test	95857	Cholinesterase inhibitor challenge test for myasthenia gravis	1.53
Repetitive nerve stimulation	95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	2.33
Botulinum toxin injection under EMG, per limb - excluding medication	95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	2.13
Visual evoked potential VEP	95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	1.98

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Short-latency somatosensory evoked potential study-SSEP	95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	3.76
	95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	3.69
	95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	3.87
	95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	9.80
MEP-Motor Evoked Potential	95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	6.05
	95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	6.22
	95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	14.40
BAEP-brainstem auditory evoked potentials	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	3.84
	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	2.53
Carotid duplex	93880	Duplex scan of extracranial arteries; complete bilateral study	5.81
	93882	Duplex scan of extracranial arteries; unilateral or limited study	3.72
Transcranial doppler	93886	Transcranial Doppler study of the intracranial arteries; complete study	7.78
	93888	Transcranial Doppler study of the intracranial arteries; limited study	4.42
	93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	7.96
	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	9.13
	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	9.90