CORRECTIONS DOCUMENT—CPT® 2010

Evaluation and Management (E/M)
Services Guidelines

The E/M section is divided into broad…

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, eg, office consultation. Third, the content of the service is defined, eg, comprehensive history and comprehensive examination. (See {LQQ}Levels of E/M Services,{RQQ} page 3, for details on the content of E/M services.) Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified. (A detailed discussion of time is provided on page 4̶ 6.)

Definitions of Commonly Used Terms

New and Established Patient

No distinction is made between…

The decision tree on page 2̶ 5 is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

Levels of E/M Services

The first three of these components (history, examination, and medical decision making) are considered the {B}key{/B} components in selecting a level of E/M services. (See {LQQ}Determine the Extent of History Obtained,{RQQ} page 1̶1̶ 9.)

Review the Level of E/M Service
Descriptors and Examples in the Selected
Category or Subcategory

The first three of these components (ie, history, examination, and medical decision making) should be considered the {B}key{/B} components in selecting the level of E/M services. An exception to this rule is in the case of visits that consist predominantly of counseling or coordination of care (see numbered paragraph 3̶ 4, page 8̶ 10).

Correct the E/M guidelines to reflect the appropriate placement and page number of the referenced information.

Evaluation and Management
Hospital Observation Services
Observation Care Discharge
Initial Observation Care

New or Established Patient

To report services provided to a patient who is admitted to the hospital after receiving hospital observation care services on the same date, see the notes for initial hospital inpatient care (page 1̶2̶ 14). For a patient admitted to the hospital on a date subsequent to the date of observation status, the hospital admission would be reported with the appropriate Initial Hospital Care code

(99221-99223). For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate. Do not report observation discharge (99217) in conjunction with a hospital admission.

Consultation

To report services provided to a patient who is admitted to a hospital or nursing facility in the course of an encounter in the office or other ambulatory facility, see the notes for Initial Hospital Inpatient Care (page ~~16~~ 14) or Initial Nursing Facility Care (page ~~24~~ 23).

Inpatient Consultations

New or Established Patient

The following codes are used to report physician consultations provided to hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. Only one consultation should be reported by a consultant per admission. Subsequent services during the same admission are reported using subsequent hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310), including services to complete the initial consultation, monitor progress, revise recommendations, or address a new problem. Use subsequent hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310) to report transfer of care services (see page ~~25~~ 4, Concurrent Care and Transfer of Care definitions).

Correct the E/M Observation Care Discharge, new or established patient guidelines, the consultation guidelines and the inpatient consultation guidelines to reflect the appropriate placement and page number of the referenced information.

Evaluation
Evaluation and Management
Prolonged Services
Prolonged Physician Service with
Direct (Face-To-Face) Patient
Contact

Total Duration of Prolonged Services	Code(s)
less than 30 minutes ~~(less than 30 minutes)~~	Not reported separately
30-74 minutes (30 minutes – 1 hr. 14 min.)	99354 X 1
75-104 minutes (1 hr. 15 min. – 1 hr. 44 min.)	99354 X 1 AND 99355 X 1
105 or more (1 hr. 45 min. or more) ~~30 minutes~~	99354 X 1 AND 99355 X 2 or more for each additional 30 minutes

Correct the prolonged physician service table by deleting the duplicate entry "less than 30 minutes" and moving "30 minutes" in its proper location.

Surgery
Respiratory System
Trachea and Bronchi

⊕▲31622   Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

⊕▲31623   with brushing or protected brushings

⊕▲31624   with bronchial alveolar lavage

⊕▲31625   with bronchial or endobronchial biopsy(s), single or multiple sites

Added revision symbol (▲) to codes 31623, 31624 and 31625 to reflect the inclusion of the phrases "include" and "when performed" as identified in the parent code 31622.

Surgery
Digestive System
Anus
Excision

▲46255   Hemorrhoidectomy, internal and external, single column/group;

▲46257   with fissurectomy

▲46258   with fistulectomy, including fissurectomy, when performed

▲46260   Hemorrhoidectomy, internal and external, 2 or more columns/groups;

▲46261   with fissurectomy

▲46262   with fistulectomy, including fissurectomy, when performed

Add revision symbol (▲) to codes 46257 and 46261. Parent code 46255 was revised to include "single, column/group" and parent code 46260 was revised to include "2 or more columns/groups".

Surgery
Nervous System
Extracranial Nerves, Peripheral
Nerves, and Autonomic Nervous
System

Paravertebral Spinal Nerves and Branches

(Image guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of codes 64490-64495. Imaging guidance and localization are required for the performance of paravertebral facet joint injections described by codes 64490-64495. If imaging is not used, report code 20550-20553. If ultrasound guidance is used report ~~64999~~ 0213T-0218T)

(For bilateral procedures, use modifier 50)

(For injection of the T12-L1 joint, or nerves innervating that joint, use 64493)

●*64490   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level*

Revise paravertebral spinal nerves and branches guidelines referencing code 64999 and replace with Category III codes 0213T-0218T.

Pathology and Laboratory
Table of Contents

Table of Drugs and the Appropriate Qualitative Screening, Confirmatory, and Quantitative Codes				
Drug Qualitative	**Multiple Drug Class Method**	**Single Drug Class Method**	**Confirmation**	~~**Qualitative**~~ **Quantitative**
Alcohols	80100^a	80101^b	80102^c	82055 or 82075^d

Delete "Qualitative" in last column heading and replace with "Quantitative" for the Table of Drugs and the Appropriate Qualitative Screening, Confirmatory, and Quantitative Codes.

Pathology and Laboratory
Immunology

86256   *titer, each antibody*

              (Fluorescent technique…)

              (FTA, ~~see~~ use ~~86781~~ 86780)*

              (Gel [agar diffusion…)

Revise second parenthetical note following code 86256 referencing deleted code 86781 and replace with 86780. Also within this parenthetical, delete "see" and replace with "use."

Medicine
Allergy and Clinical Immunology
Allergy Testing

95012   *Nitric oxide expired determination*

              ~~(For nitric oxide determination by spectroscopy, use Category III code 0064T)~~

Delete parenthetical note following code 95012 referencing deleted Category III code 0064T.

Medicine
Neurology and
Neuromuscular Procedures
Sleep Testing

▲95806   Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

►(Do not report 95806 in conjunction with 93012, 93014, 93041-93227, 93228, 93229, 93230-93272, 0203T, 0204T) ◄

►(For unattended sleep study that measures heart rate, oxygen saturation, respiratory analysis, and sleep time, use 0203T) ◄

►(For unattended sleep study that measures heart rate, oxygen saturation, and respiratory analysis, use 0204T) ◄

Added three new parenthetical notes following revised code 95806.

Category III

0130T   *Validated, statically, reliable,…*

(0140T has been deleted. To report use 83987)

Delete code 0140T and add instructional parenthetical note to instruct the user to report 83987.

Appendix B
Summary of Additions,
Deletion, and Revisions
Category III Codes

~~0140T   Exhaled breath condensate pH~~

Add Category III code 0140T to Appendix B to reflect deletion for 2010.

Appendix K
Product Pending FDA Approval

90650   Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use

Remove 90650 from Appendix K, as this code received FDA approval.

Index
Laparoscopy

Abdominal

> Surgical. 49321-493276

Delete reference code 49327 and replace with 49326 in the index following Laparoscopy, Surgical. Code 49327 is deleted.

Index
Laparoscopy

Adrenalectomy. . . . . .~~50545~~ 60650

Delete reference code 50545 and replace with 60650 in the index following laparoscopy adrenalectomy.

Index
Placement

Interstitial Device

> Abdomen. . . . . .~~49410~~

Delete reference code 49410 in the index following Placement, Interstitial Device, Abdomen.

Index
Transcatheter

Placement

> Intravascular Stents 0075T-0076T, 37205-37208, 37215-37216, 92980-92981

Add reference codes 92980-92981 in the index following transcatheter placement for intravascular stents.

Medium Descriptors

27619   EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <~~3~~ 5CM

Revise medium descriptor for 27619.

Medium Descriptors

27632   EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ ~~5~~ 3+CM

Revise medium descriptor for 27632.

Medium Descriptors

78601   BRAIN IMAGING > <4 STATIC VIEWS W VASCULAR FLOW

Revise medium descriptor for 78601.

Medium Descriptors

93701   BIOIMPEDANCE, CV ANALYSIS

Revise medium descriptor for 93701.

Short Descriptors

22901   EXC BACK TUM DEEP = 5+CM

Revise short descriptor for 22901 to reflect its medium descriptor. The equal sign (=) is deleted and the plus (+) is added after 5.   (The strike-thru sign is not visible on the equal sign.)