



CORRECTIONS DOCUMENT—CPT® 2011

Front Matter Modifier Approved for Hospital Outpatient Use Level II (HCPCS/National)

A1A Principal Physician or Record

Revise modifier A1 to “AI Principal Physician or Record” listed in the front matter for level II HCPCS modifiers.

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

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

(Use 99356 in conjunction with 99221-~~99223, 99231~~-99233, 99251-99255, 99304-99310, 90822, 90829)

+99357 *each additional 30 minutes (List separately in addition to code for prolonged physician service)*

(Use 99357 in conjunction with 99356)

This errata has been corrected to affirm the appropriate inclusion of the observation codes in the series of codes appropriately reported with 99356; therefore, the range has been reverted back to its original state 99221-99233.

Surgery Cardiovascular System Arteries and Veins Vascular Injection Procedures Intra-Arterial—Intra-Aortic

36215 *Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family*

(For catheter placement for coronary angiography, use see 93454-93964 93461)

Replace “use” with “see” per CPT convention. Replace 93964 with 93461 in the parenthetical note following code 36215.

**Surgery
Cardiovascular System
Arteries and Veins
Transcatheter Procedures
Other Procedures**

- 37204 *Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck*
CPT Assistant Sep 98:2, Oct 98:10, Feb 08:5, ~~April 09:8~~
- ▲ 37205 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, ~~iliac~~ iliac, and lower extremity arteries), percutaneous; initial vessel
- ▲ 37206 each additional vessel (List separately in addition to code for primary procedure)

Revise the misspelled term “iliac” in the parent code 37205 .

**Surgery
Hemic and Lymphatic Systems
General
Bone Marrow or Stem Cell Services/Procedures**

- 38205 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; ~~allogeneic~~
- 38230 *Bone marrow harvesting for transplantation*

(For autologous and ~~allogeneic~~ blood-derived peripheral stem cell harvesting for transplantation, see 38205-38206)
- 38240 Bone marrow or blood-derived peripheral stem cell transplantation; ~~allogeneic~~

Editorially revise the term “allogenic” to reflect “allogeneic” in codes 38205, 38240 as well as the parenthetical note following 38230.

Surgery

Digestive System

Biliary Tract

Introduction

- ☐ 47490 Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

(Do not report 47490 in conjunction with 47505, 74305, 75989, 76942, 77002, 77012, 77021)

~~(For radiological supervision and interpretation, use 75989)~~

Delete the parenthetical note following 47490, referencing radiological supervision and interpretation, use 75989, as code 47490 has been revised and is now a bundled service.

Digestive System

Abdomen, Peritoneum, and Omentum

Introduction, Revision, Removal

- ©49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous*
- 49419 *Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)*

(For removal, use 49422)

► (49420 has been deleted. To report open placement of a tunneled peritoneal ~~tunneled~~ catheter for dialysis, use 49421. To report open or percutaneous peritoneal drainage or lavage, see 49020, 49021, 49040, 49041, 49060, 49061, 49062, 49080, 49081, as appropriate. To report percutaneous insertion of a tunneled peritoneal ~~tunneled~~ catheter without subcutaneous port, use 49418) ◀

- 49421 *Insertion of tunneled intraperitoneal catheter for dialysis, open*

Revise the parenthetical note following code 49419 that references deleted code 49420 as follows: 1) include the terms “or lavage”, 2) include the reference codes “49020, 49021, 49040 and 49041”, 3) remove reference codes “49060, 49061, and 49062 from the second sentence; and 4) include the terms “without subcutaneous port” in the third sentence.

Surgery
Nervous System
Skull, Meninges, and Brain
Twist Drill, Burr Hole(s), or Trephine

61107 *Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device*

(For intracranial neuroendoscopic ventricular catheter placement, use 62160)

(For twist drill or burr hole performed to place thermal perfusion probe, see Category III code 0077T)

Delete the parenthetical note following 61107, as it makes reference to the deleted code 0077T.

Radiology
Diagnostic Ultrasound
Heart

Cardiac magnetic imaging...

Cardiac MRI for velocity...

Listed procedures may...

Cardiac MRI studies...

Cardiac computed tomography...

*(For separate injection procedures for vascular radiology, see **Surgery** section, 36000-36299)*

*(For cardiac catheterization procedures, see 93451-93570 **93572**)*

(75552-75556 have been deleted. To report, see 75557, 75559, 75561, 75563, 75565)

75557 *Cardiac magnetic resonance imaging for morphology and function without contrast material;*

Revise the parenthetical preceding code 75557 by removing code 93570 and including 93572.

Diagnostic Ultrasound Head and Neck

76512 *B-scan (with or without superimposed nonquantitative A-scan)*

76513 *anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy*

(For scanning computerized ophthalmic diagnostic imaging of the anterior and posterior segments using technology other than ultrasound, see 92132, 92133, 92134 92135, 0187T)

Revise the parenthetical note following code 76513 referencing deleted codes 92135, 0187T and include codes 92132, 92133, and 92134.

Radiology Diagnostic Ultrasound Pelvis Obstetrical

76818 *Fetal biophysical profile; with non-stress testing*
CPT Assistant Apr 97:2, May 98:10, Sep 01:4, Oct 01:3, Dec 01:6, ~~Oct 04:10~~;
CPT Changes: An Insider's View 2001

Remove the citation to CPT Assistant Oct 04:10 following code 76818.

Radiology Diagnostic Ultrasound Ultrasonic Guidance Procedures

+76937 *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)*
CPT Assistant Dec 04:13, Jan 09:7; CPT Changes: An Insider's View 2004
Clinical Examples in Radiology Inaugural 04:1-2, Winter 05:5-6, Summer 06:8-9, Spring 08:7, 8, Fall 08:5, 6, Spring 09:8, 10, Winter 09:8, 9

Remove the citation to Clinical Examples in Radiology, Spring 09:8 following code 76937.

Pathology and Laboratory Chemistry

82013 *Acetylcholinesterase*

(For ~~acid~~-gastric acid analysis, use 82930)

Revise the parenthetical note following 82013 by revising the terms "gastric acid".



Pathology and Laboratory Chemistry

- 87502 Influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, first 2 types of sub-types

Add the term “multiplex” to the code descriptor for 87502.

Medicine Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes ~~Codes 90460, and 90461, 90471-90474 must be reported~~ in addition to the vaccine and toxoid code(s) 90476-90749.

Report codes 90460 and 90461 only when the physician or qualified health care professional provides face-to-face counseling of the patient/~~and~~ family during the administration of a vaccine. For immunization administration of any vaccine that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family or for administration of vaccines to patients over 18 years of age, report codes 90471-90474.

If a significant separately identifiable Evaluation and Management service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

A component refers to all each antigens in a vaccine that prevents ~~a~~ disease(s) caused by one organism (see codes 90460 and 90461). Combination vaccines are those vaccines that contain multiple vaccine components.

Revise the immunization administration for vaccines/toxoids guidelines to include reference to all administration codes, and include reference to “all antigens in a vaccine that prevent disease(s)”.

Medicine Psychiatry Psychiatry Therapeutic Procedures Other Psychiatric Services or Procedures

~~(For repetitive transcranial magnetic stimulation for treatment of clinical depression, see Category III codes 0160T, 0161T)~~

~~(For analysis/programming of neurostimulators used for vagus nerve stimulation therapy, see 95970, 95974, 95975)~~

- 90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

Delete the parenthetical note preceding code 90862 that references deleted codes 0160T, 0161T



Medicine

Cardiovascular

Therapeutic Services and Procedures

92978 *Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)*
CPT Assistant Nov 97:43-44, Nov 99:49, ~~Mar 02:2, Jan 07:28~~;
CPT Changes: An Insider's View 2000

Remove the CPT Assistant citations to Mar 02:2, and Jan 07:28 following code 92979.

Medicine

Cardiovascular Monitoring Services

► Cardiovascular monitoring services are diagnostic medical procedures using in-person and remote technology to assess cardiovascular rhythm (ECG) data. Holter monitors (93224-93227) include up to 48 hours of continuous recording. Mobile cardiac telemetry monitors (93228, 93229) have the capability of transmitting a tracing at any time, always have internal ECG analysis algorithms designed to detect major arrhythmias, and transmit to an attended surveillance center. Event monitors (93268-93272) record segments of ECGs with recording initiation triggered either by patient activation or by an internal automatic, preprogrammed detection algorithm (or both) and transmit the recorded electrocardiographic data when requested (but cannot transmit immediately based upon the patient or algorithmic activation rhythm) and ~~do not~~ require attended surveillance. ◀

Revise the introductory guidelines in the Cardiovascular Monitoring Services by removing the phrase “do not” from the last sentence in the guidelines.

Medicine

Cardiovascular Monitoring Services

- ☐ **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, physician review and interpretation
- ☐ **93270** recording (includes connection, recording, and disconnection)
- ☐ **93271** transmission ~~download~~ and analysis

Revise 93271 by deleting the term “download” from the descriptor.



Medicine
Cardiovascular
Echocardiography

- 93318 *Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis*

CPT Assistant Mar 2008:4, Jan 2010:8, Apr 2010:6; *CPT Changes: An Insider's View* 2001

- + 93320 *Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete*

CPT Assistant Nov 1997:44, Dec 1997:5, Mar 2008:4;
Clinical Examples in Radiology Fall 2006:9-10

(Use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351)

Remove the CPT Assistant citation to Mar 2008:4 following codes 93318 and 93320.

Medicine
Cardiovascular
Cardiac Catheterization

Contrast injection to image the access site(s) for the specific purpose of placing a closure device is inherent to the catheterization procedure and not separately reportable. Closure device placement at the vascular access site is inherent to the catheterization procedure and not separately reportable.

Modifier 51 should not be appended to 93451, 93456, 93503.

Please see the cardiac catheterization table located following 93572.

- 93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

(Do not report 93451 in conjunction with 93453, 93456, 93457, 93460, 93461)

- 93456 with right heart catheterization

Revise codes 93451 and 93456 to include the moderate sedation indicator, as noted in the Cardiac Catheterization guidelines.



Medicine
Cardiovascular
Intracardiac Electrophysiological Procedures/Studies

+93662 *Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)*

(Use 93662 in conjunction with 92987, 93532, 93543, 93453, 93460-93462, 93580, 93581, 93621, 93622, 93651, or 93652, as appropriate)

Revise the parenthetical note following 93662 by deleting reference code 93543 and replace it with 93453, as code 93543 was transposed in the parenthetical note following 93662.

Medicine
Noninvasive Vascular Diagnostic Studies
Extremity Arterial Studies (Including Digits)

☐ **93922** Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, -(eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)

(When only 1 arm or leg is available for study, report 93922 with modifier 52 for a unilateral study when recording 1-2 levels. Report 93922 when recording 3 or more levels or performing provocative functional maneuvers)

(Report 93922 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93922 may be reported twice by adding modifier 59 to the second procedure)

☐ **93923** Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study—with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

(When only 1 arm or leg is available for study, report 93922 for a unilateral study when recording 3 or more levels or when performing provocative functional maneuvers)



(Report 93923 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, ~~93922~~ **93923** may be reported twice ~~by~~ adding modifier 59 to the second procedure)

Revise the second parenthetical note following 93922 by revising the misspelled term “maneuvers” and adding the term “by” between the phrase “twice by adding”.

Revise code 93923 by removing the open parens between the phrase “level(s)”, and identifying the open and close parenthetical (eg, for lower extremity...3 or more levels) within the code descriptor.

Revise the second parenthetical note following 93923 by deleting reference to code 93922 and replacing it with 93923 and adding the term “by” between the phrase “twice by adding”.

Medicine

Neurology and Neuromuscular Procedures

*Neurologic services are typically consultative, and any of the levels of consultation (99241-99255) may be appropriate. In addition, services and skills outlined under **Evaluation and Management** levels of service appropriate to neurologic illnesses should be reported similarly.*

The EEG, autonomic function, evoked potential, reflex tests, EMG, NCV, and MEG services (95812-95829 and 95860-95967) include recording, interpretation by a physician, and report. For interpretation only, use modifier 26. For EMG guidance, see 95873, 95874.

► Codes 95812-95822, 95920, 95950-95953 and 95956 use recording time as a basis for code use. Recording time is when the recording is underway and data is being collected. Recording time excludes set up and take downtime. Codes 95961-95962 use physician time as a basis for code use. ◀

► (For repetitive transcranial magnetic stimulation for treatment of clinical depression, see Category III codes 0160T, 0161T) ◀

(Do not report codes 95860-95875 in addition to 96000-96004)

Delete the parenthetical note following the Neurology and Neuromuscular Procedures guidelines referencing deleted codes 0160T, 0161T.



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 93041-93227, 93228, 93229, 93268-93272, 95800, 95801) ◀

► (For unattended sleep study that measures a heart rate, oxygen saturation, respiratory analysis, and sleep time, use 95800) ◀

► (For unattended sleep study that measures a minimum heart rate, oxygen saturation, and respiratory analysis, use 95801) ◀

Revise the third parenthetical note following 95806 to include the term “a minimum”.

Category II

3080F Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD)1 (DM)2, 4

Revise the misspelled word “greater” in the descriptor for code 3080F.

Category III

●0253T internal approach, into the suprachoroidal space

Code is out of numerical sequence. See 0188T-0261T 0259T

Delete reference code 0261T from the resequence parenthetical note and replace with 0259T.

Appendix B

#●99365 ——— Code added and resequenced

Delete code 99365 from Appendix B as this code is not an active CPT code.

Appendix B

- ▲ 90670 Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
- 91000- Esophageal intubation and ...
- 90867 Therapeutic repetitive transcranial magnetic stimulation treatment;
planning
- 90868 delivery and management, per session
- 91000- Esophageal intubation and collection of washings for cytology, including
preparation of specimens (separate procedure)
- ▲ 91010 Esophageal motility (manometric study of the esophagus and/or
gastroesophageal junction) study with interpretation and report; 2-dimensional
data

Reference to deleted code 91000 should be moved to follow code 90868.

Appendix B

- ▲ 93268 External Wearable patient and, when performed, auto activated
electrocardiographic rhythm derived event recording with pre-symptom-related
memory loop with remote download capability up to 30 days, 24-hour attended
monitoring, per 30-day period of time; includes transmission, physician review
and interpretation

Revise code 93268 to note continued inclusion of the phrase “24-hour attended monitoring” in the code descriptor.

Appendix D

32507
 32667
 32668
 32674

Delete codes 32507, 32667, 32668, and 32674 that have been inappropriately included in Appendix D.



Appendix M

Current Codes	Deleted Former Code	Year Code Deleted	Citations Referencing Former Code--Applicable To Current Code(s)
99365 99366 -99368	99361	2008	May 05:1
99365 99366 -99368	99362	2008	

Delete inactive code 99365 from Appendix M and replace with existing code 99366.

Index

Atherectomy

See Revascularization, Artery

See X-ray, Artery

Open or Percutaneous

Femoral 37225, 37227

Popliteal 37225, 37227

Tibioperoneal 37233, 37235

Coronary 92995-92996

See Artery, Coronary

~~Femoral 37225, 37227~~

~~Popliteal 37225, 37227~~

~~Tibioperoneal 37233, 37235~~

Delete duplicate reference and add "or Percutaneous" to the subheading.

Index

Catheterization

Cardiac

Combined Left and Right

Heart93433, 93460-93461
with Left Ventriculography93453,
93460-93461
Combined Right and Retrograde Left
for Congenital Cardiac Anomalies . . .93531
Combined Right and Transseptal Left
for Congenital Cardiac
Anomalies93532-93533
Flow Directed93503
for Angiography
Bypass Graft(s)93455, 93457,
93459-93461
Congenital Heart 93563-93564
Coronary 93454-93461, 93563
Left Atrial93565
Left Ventricular93565
Pulmonary93568
Right Atrial 93566 ~~93565~~
Right Ventricular 93566 ~~93565~~

Delete reference to code 93565 and replace with 93566.

Index

Cerebral Thermography

See Thermogram, Cephalic

Delete reference to thermography and thermogram.

Index

CT Scan

Guidance

Visceral Tissue Ablation . . . ~~76362~~ 77013

Delete reference code 76362 and replace with 77013.

Index

Evaluation and Management

Work-Related and/or Medical Disability . . . ~~99450~~ 99455

Delete reference code 99450 and replace with 99455.

Index

Newborn Care

Standby for Cesarean Delivery . . . ~~99360~~, ~~99365~~

Delete reference to inactive code 99365.

Index Thermographies

See Thermogram

Delete reference to thermographies, and thermogram.

Index Thermography, Cerebral

See Thermogram, Cephalic

Delete reference to thermography, and thermogram.

Index Unlisted Services and Procedures

Kidney . . . 49659 53899

Delete reference to code 49659 and replace with 53899.

Index Urethra

Pressure Profile . . . 51772 51727, 51729

Delete reference to code 51772 and replace with 51727, 51729.

Short Descriptors

0251T REMOV BRONCHIAL VALVE ~~ADDL~~

0252T REMOV BRONCH VALVE ADDL

Revise short descriptors for 0251T and 0252T.

Short and Medium Descriptors

22551 NECK SPINE FUSE&REMOV ~~ADDL~~ BEL C2

22551 ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2

Revise short and medium descriptors for 22551.

Short Descriptors

22900 EXC BACK ~~ABDL~~ TUM DEEP < 5 CM

22901 EXC BACK ~~ABDL~~ TUM DEEP > 5 CM

Revise short descriptors for 22900 and 22901.

Short and Medium Descriptors

65779 COVER EYE W/MEMBRANE STENT- SUTURE

65779 PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED

Revise short and medium descriptors for 65779.



Short and Medium Descriptors

74176 CT ANGIO ABD & PELVIS

74176 CT ANGIO ABDOMEN & PELVIS W/O CONTRAST MATERIAL

Revise short and Medium descriptor for 74176.

Short and Medium Descriptors

74177 CT ANGIO ABD & PELV W/CONTRAST

74177 CT ANGIO ABDOMEN & PELVIS W/CONTRAST MATERIAL

Revise short and medium descriptor for 74177.

Short and Medium Descriptors

74178 CT ANGIO ABD & PELV 1/> REGNS

74178 CT ANGIO ABDOMEN & PELVIS W/O CONTRST 1/> BODY REGIONS

Revise short and medium descriptor for 74178.

Short and Medium Descriptors

88177 CYTP CAV AUTO THIN LXR FNA EVAL EA ADDL

88177 CYTP CAV AUTHO THIN LXR PREPJ ADEQUACY FINE NDL ASPIRATE IMMT
CYTOHIST STD EA EVAL

Revise short and medium descriptor for 88177.

Short Descriptors

99218 INITIAL OBSERVATION CARE E

Revise short descriptor for 99218.

ASCII Files

29861 Arthroscopy, hip, surgical; with removal of loose body or foreign body

29862 with debridement/shaving of articular cartilage (chondroplasty), abrasion
arthroplasty, and/or resection of labrum

29863 with synovectomy

#●29914 Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)

#●29915 Arthroscopy, hip, subtalar joint, surgical; with acetabuloplasty (ie, treatment of
pincer lesion)

#●29916 Arthroscopy, hip, subtalar joint, surgical; with labral repair



Long Description for codes 29914, 29915, and 29916:

29914 ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)

29915 ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)

29916 ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR

Revise the ASCII file for codes 29915, and 29916 by removing the terms “subtalar joint,” and replacing them with the term “hip”.
