

## CORRECTIONS DOCUMENT—CPT® 2012

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### Front Matter

#### Section Numbers and Their Sequences

Evaluation and Management	99201-99499
Anesthesiology	00100-01999, 99100-99140
Surgery	10021-69990
Radiology (Including Nuclear Medicine and Diagnostic Ultrasound)	70010-79999
Pathology and Laboratory	<del>80047-89398</del> 80048-89356
Medicine (except Anesthesiology)	90281-99199, 99500- <del>99602</del> <del>99607</del>

Revise the Pathology and Laboratory Medicine (except Anesthesiology) section to reflect appropriate code range.

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### Front Matter

#### Instructions for Use of the CPT Codebook

*Select the name of the procedure or service...*

*Select the name of the procedure or service...*

► It is important to recognize that the listing of a service or procedure and its code number in a specific section of this book does not restrict its use to a specific specialty group. Any procedure or service in any section of this book may be used to designate the services rendered by any qualified physician or other qualified health care professional or entity (eg, hospital, clinical laboratory, home health agency).

A “physician or other qualified healthcare professional” is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from “clinical staff”. A clinical staff member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. Other policies may also affect who may report specific services. ◀

New and revised instructions for use of the CPT codebook guidelines have been added for 2012 and should appear in green with bow ties.

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### Front Matter

#### List of Illustrations

##### Procedural Illustrations

64568-64570 Implantation Neurostimulator Electrodes,  
Cranial Nerve (~~Vagal~~ Vagus Nerve Stimulation)

Revise the title to the illustration to reflect “Vagus Nerve Stimulation”.

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## Evaluation and Management Critical Care Services Coding Tip

### **Coding Tip**

#### **Services Included in Critical Care Services**

For reporting by professionals, the following services are included in critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest X-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data [99090]; gastric intubation (43752, **43753**, **91105**); temporary transcutaneous pacing (92953); ventilatory management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed that are not listed above should be reported separately. Facilities may report the above services separately.

*CPT Coding Guideline, Critical Care*

**Revise the coding tip for “Services Included in Critical Care Services” by removing reference code 91105 and replacing it with code 43753 as code 91105 was deleted in 2011.**

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

+▲99356 Prolonged service in the inpatient or observation 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 99218-99220, 99221-**99223**, **99224-99226**, **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)

**Revise the parenthetical note following 99356 by expanding the code range including inpatient and subsequent observation codes which are appropriately reported with 99356.**

## Surgery Integumentary System Skin, Subcutaneous, and Accessory Structures

11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

11045 Code is out of numerical sequence. See 11000-11047

11046 Code is out of numerical sequence. See 11000-11047

~~#~~+ 11047 each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

(Do not report 11042-11047 in conjunction with 97597-97602 for the same wound)

(Use 11047 in conjunction with 11044)

**Delete the resequence symbol from 11047, as code 11047 is not resequenced.**

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## **Surgery**

### **Musculoskeletal System**

#### **Application of Casts and Strapping**

*The listed procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care, or when the cast application or strapping is an initial service performed without a restorative treatment or procedure(s) to stabilize or protect a fracture, injury, or dislocation and/or to afford comfort to a patient. Restorative treatment or procedure(s) rendered by another physician following the application of the initial cast/splint/strap may be reported with a treatment of fracture and/or dislocation code.*

*A physician who applies the initial cast, strap or splint and also assumes all of the subsequent fracture, dislocation, or injury care cannot use the application of casts and strapping codes as an initial service, since the first cast/splint or strap application is included in the treatment of fracture and/or dislocation codes. (See notes under Musculoskeletal System, page 75 88.) A temporary*

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**Revise the Application of Casts and Strapping guidelines to reflect the appropriate placement and page number of the referenced information.**

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## **Surgery**

### **Musculoskeletal**

#### **Introduction or Removal**

20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar “fascia”)*

*(For injection of Morton’s neuroma, see 64455, 64632)*

20551 *single tendon origin/insertion*

►(Do not report 20550, 20551 in conjunction with 0232T)◄

*(For injection(s) of platelet rich plasma, use 0232T)*

**The new parenthetical note following code 20551 should be in green text with bow-ties.**

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## **Surgery**

### **Musculoskeletal**

#### **General**

#### **Grafts (or Implants)**

- +20930** *Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)*  
(Use 20930 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 0195T, 0196T)
- +20931** *Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)*  
(Use 20931 in conjunction with 22319, 22532-22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812)
- +20936** *Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)*  
(Use 20936 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 0195T, 0196T)
- +20937** *morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)*  
(Use 20937 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 0195T, 0196T)
- +20938** *structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)*  
(Use 20938 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812)  
(For needle aspiration of bone marrow for the purpose of bone grafting, use 38220)

**Add reference codes 22633 and 22634 to the parenthetical notes following the bone graft codes 20930-20938 to include the combined posterior or posterolateral arthrodesis codes 22633 and 22634.**

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**Surgery**  
**Musculoskeletal**  
**Spine (Vertebral Column)**  
**Spinal Instrumentation**

- + 22840** *Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)*  
(Use 22840 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

*(For insertion of posterior spinous process distraction devices, see 0171T, 0172T)*

- +22841** *Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)*
- (Use 22841 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)
- +22842** *Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)*
- (Use 22842 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)
- +22843** *7 to 12 vertebral segments (List separately in addition to code for primary procedure)*
- (Use 22843 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)
- +22844** *13 or more vertebral segments (List separately in addition to code for primary procedure)*
- (Use 22844 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)
- +22845** *Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)*
- (Use 22845 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)
- +22846** *4 to 7 vertebral segments (List separately in addition to code for primary procedure)*
- (Use 22846 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-

22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

**+22847** *8 or more vertebral segments (List separately in addition to code for primary procedure)*

(Use 22847 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

**+22848** *Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)*

(Use 22848 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

22849 *Reinsertion of spinal fixation device*

22850 *Removal of posterior nonsegmental instrumentation (eg, Harrington rod)*

**+22851** *Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)*

(Use 22851 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

*(For application of an intervertebral bone device/graft, see 20930-20938)*

*(For insertion of posterior spinous process distraction devices, see 0171T, 0172T)*

**Add reference codes 22633 and 22634 to the parenthetical notes following the spinal instrumentation codes 22840-22848 and 22851 to include the combined posterior or posterolateral arthrodesis codes 22633 and 22634.**

## **Surgery**

### **Musculoskeletal System**

#### **Endoscopy/Arthroscopy**

29806 *Arthroscopy, shoulder, surgical; capsulorrhaphy*

- + ▲ 29826                      decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)

*(For open procedure, use 23130 or 23415)*

► (Use 29826 in conjunction with 29806-29825, 29827, 29828) ◀

- 29827                      *with rotator cuff repair*

*(For open or mini-open rotator cuff repair, use 23412)*

~~(When arthroscopic subacromial decompression is performed at the same setting, use 29826 and append 51)~~

*(When arthroscopic distal clavicle resection is performed at the same setting, use 29824 and append modifier 51)*

**Remove the parenthetical note following 29827 referencing when *arthroscopic distal...use 29826 and append 51*, as code 29826 has been revised to an add-on code and therefore, no longer appropriate to append modifier 51.**

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## **Surgery**

### **Respiratory System**

#### **Lungs and Pleura**

#### **Incision**

*(32000 has been deleted. To report, use 32421)*

*(32002 has been deleted. To report, use 32422)*

*(32005 has been deleted. To report, use 32560)*

*(32019 has been deleted. To report, use 32550)*

*(32020 has been deleted. To report, use 32551)*

► ~~(To report wound exploration due to penetrating trauma without thoracotomy, use 20101)~~ ◀

- 32035                      *Thoracostomy; with rib resection for empyema*

- 32036                      *with open flap drainage for empyema*

► (To report wound exploration due to penetrating trauma without thoracotomy, use 20101) ◀

► (32095 has been deleted. To report, see 32096, 32097, 32098 for thoracotomy with biopsy of the lung or pleura) ◀

- 32098                      Thoracotomy, with biopsy(ies) of pleura

► (To report wound exploration due to penetrating trauma without thoracotomy, use 20101) ◀

Delete the parenthetical note preceding 32035 and following 32098 as it was incorrectly placed in multiple locations, reference to the parenthetical note directing users “to report wound exploration due to penetrating trauma without thoracotomy, use 20101” should only appear following 32036.

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**Surgery**  
**Cardiovascular System**  
**Heart and Pericardium**  
**Pacemaker or Pacing Cardioverter-Defibrillator**

33221 ► Code is out of numerical sequence. See 33202-33249 ◀

Add missing red bow-ties to identify that it's a new resequence parenthetical note.

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**Surgery**  
**Cardiovascular System**  
**Heart and Pericardium**  
**Pacemaker or Pacing Cardioverter-Defibrillator**

+ ▲ 33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (List separately in addition to code for primary procedure)

(Use 33225 in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, ~~33222~~, **33228**, **33229**, 33230, 33231, 33233, 33234, 33235, 33240, 33249, **33263**, **33264**)

Remove code 33222 and add 33228, 33229...33263 and 33264 to the parenthetical note following 33225.

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**Surgery**  
**Cardiovascular System**  
**Heart and Pericardium**  
**Pacemaker or Pacing Cardioverter-Defibrillator**

33227 ► Code is out of numerical sequence. See 33202-33249 ◀

33228 ► Code is out of numerical sequence. See 33202-33249 ◀

33229 ► Code is out of numerical sequence. See 33202-33249 ◀

33230 ► Code is out of numerical sequence. See 33202-33249 ◀

33231 ► Code is out of numerical sequence. See 33202-33249 ◀

Add missing red bow-ties to identify that it's a new resequence parenthetical note.

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**Surgery  
Cardiovascular System  
Heart and Pericardium  
Electrophysiologic Operative Procedures**

33262 ▶ Code is out of numerical sequence. See 33202-33264 ◀

33263 ▶ Code is out of numerical sequence. See 33202-33264 ◀

33264 ▶ Code is out of numerical sequence. See 33202-33264 ◀

**Add missing red bow-ties to identify that it's a new resequence parenthetical note.**

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**Surgery  
Cardiovascular System  
Heart and Pericardium  
Cardiac Assist**

▲ **33960** Prolonged extracorporeal circulation for cardiopulmonary insufficiency;  
initial day

◻ ▲ **33961** each subsequent day

▶ ~~[Do not use in conjunction with modifier 63, 33961]~~ ◀

~~**33961** [Do not use in conjunction with modifier 63, 33961]~~

*(Do not report modifier 63 in conjunction with 33960, 33961)*

*(For insertion of cannula for prolonged extracorporeal circulation, use 36822)*

**Revise code 33961 by adding the Modifier 51 exempt symbol, and delete duplicate exclusionary parenthetical note following code 33961.**

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**Surgery  
Cardiovascular System  
Arteries and Veins  
Vascular Injection Procedures**

*Listed services for injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast media with or without automatic power injection, and/or necessary pre- and postinjection care specifically related to the injection procedure.*

▶ Selective vascular catheterization should be coded to include introduction and all lesser order selective catheterization used in the approach (eg, the description for a selective right middle cerebral artery catheterization includes the introduction and placement catheterization of the right common and internal carotid arteries). ◀

**The guidelines for the vascular injection procedures have been revised and should include bow-ties with green text.**

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**Surgery**  
**Cardiovascular System**  
**Arteries and Veins**  
**Vascular Injection Procedures**

The arterial inflow to the AV access is considered a separate vessel. If a more proximal inflow problem separate from the peri-anastomotic segment is suspected and additional catheter work and imaging must be done for adequate evaluation, this work is not included in 36147. If a catheter is selectively advanced from the AV shunt puncture into the inflow artery, an additional catheterization code may be reported. In the typical case of an upper extremity AV shunt, 36215 is used to report this work, and includes placement of the catheter retrograde into the inflow artery and into the aorta if necessary (ie, 36200 may not be also reported since that work is included in the work defined by 36215). ◀

▶ *Interventions for Arteriovenous (AV) Shunts Created for Dialysis (AV Grafts and AV Fistulae):* For the purposes of coding interventional procedures in arteriovenous (AV) shunts created for dialysis (both arteriovenous fistulae [AVF] and arteriovenous grafts [AVG]), the AV shunt is artificially divided into two vessel segments. The first segment is peripheral and extends from the peri-arterial anastomosis through the axillary vein (or entire cephalic vein in the case of cephalic venous outflow). The second segment includes the veins central to the axillary and cephalic veins, including the subclavian and innominate veins through the vena cava. Interventions performed in a single segment, regardless of the number of lesions treated, are coded as a single intervention.

**Remove bow-ties between continues new guidelines in the vascular injection procedures section.**

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**Surgery**  
**Cardiovascular System**  
**Arteries and Veins**  
**Vascular Injection Procedures**

**36475**      *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*

**+36476**      *second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*

*(Use 36476 in conjunction with 36475)*

▶ (Do not report ~~29581, 29582~~, 36475, 36476 in conjunction with 29581, 29582, 36000-36005, 36410, 36425, 36478, 36479, 37204, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971) ◀

**Revise the parenthetical note following 36476 by moving 29581 and 29582 to precede the word “in conjunction with” since one does not report 29581 and 29582 with endovenous ablation therapy (36475-36479) as the compression wrap is included in the endovenous ablation therapy post service work.**

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

37207      *Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel*

**Revise the misspelled word “coronary” in the descriptor for 37207.**

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**Surgery**  
**Cardiovascular System**  
**Arteries and Veins**  
**Endovascular Revascularization (Open or Percutaneous, Transcatheter)**

⊕37222      *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*

*(Use 37222 in conjunction with 37220, 37221)*

⊕37223      *with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

*(Use 37223 in conjunction with 37221, ~~37229, 37231~~)*

**Revise the parenthetical note following 37223 by removing codes 37229 and 37231 from the parenthetical note.**

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**Surgery**  
**Stomach**  
**Other Procedures**

43882      *Revision or removal of gastric neurostimulator electrodes, antrum, open*

*(For laparoscopic approach, see 43647, 43648)*

*(For insertion of gastric neurostimulator pulse generator, use 64590)*

*(For revision or removal of gastric neurostimulator pulse generator, use 64595)*

*(For electronic analysis and programming of gastric neurostimulator pulse generator, see 95980-95982)*

► *(For open implantation, revision, or removal of gastric neurostimulator electrodes, lesser curvature [morbid obesity], use 43999)* ◀

(For electronic analysis and programming of gastric neurostimulator, lesser curvature, use Category III code 0162T)

**Delete the parenthetical note following 43882 that references deleted code 0162T.**

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**Surgery**  
**Female Genital System**  
**Vagina Introduction**

**Q57155**      *Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy*

**Remove the “s” from the word “tandem” in the descriptor for 57155.**

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**Surgery**  
**Nervous System**  
**Neurostimulators (Intracranial)**

61885      *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array*

61886      *with connection to 2 or more electrode arrays*

(For percutaneous placement of cranial nerve (eg, vagal-vagus, trigeminal) neurostimulator electrode(s), use 64553)

► (For revision or removal of cranial nerve (eg, vagal-vagus, trigeminal) neurostimulator electrode array, use 64569) ◀

**Revise the parenthetical notes following 61886 to reflect (eg, vagus, trigeminal).**

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**Surgery**  
**Nervous System**  
**Spine and Spinal Cord**  
**Injection, Drainage, or Aspiration**

**▲62287**      Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

► (This includes endoscopic approach) ◀

► (Do not report 62287 in conjunction with 62267, 62290, 62311, 77003, 77012, 72295, when performed at same level) ◀

► (For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see codes 0274T, 0275T, 0276T, 0277T) ◀

Revise the parenthetical note following 62287 by removing the bronchography codes 0276T, 0277T and replacing with the percutaneous decompression of nucleus pulposus codes 0274T, 0275T.

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**Surgery**  
**Nervous System**  
**Extracranial Nerves, Peripheral**  
**Nerves, and Autonomic Nervous System**  
**Introduction/Injection of Anesthetic Agent**  
**(Nerve Block), Diagnostic or Therapeutic**

- 64479                      *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level*
- (For transforaminal epidural injection under ultrasound guidance, use 0228T)*
- +64480                      *cervical or thoracic, each additional level (List separately in addition to code for primary procedure)*
- (Use 64480 in conjunction with 64479)*
- (For transforaminal epidural injection under ultrasound guidance, use 0229T)*
- (For transforaminal epidural injection at the T12-L1 level, use 64479)*
- 64483                      *lumbar or sacral, single level*
- (For transforaminal epidural injection under ultrasound guidance, use 0230T)*
- +64484                      *lumbar or sacral, each additional level (List separately in addition to code for primary procedure)*
- (Use 64484 in conjunction with 64483)*
- (For transforaminal epidural injection under ultrasound guidance, use 0231T)*
- (64479-64484 are unilateral procedures. For bilateral procedures, use modifier 50)*

Revise the parent code 64479 by adding “(s)” to the word “injection(s)” to the code descriptor.

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**Surgery**  
**Nervous System**  
**Extracranial Nerves, Peripheral Nerves, and**  
**Autonomic Nervous System**  
**Introduction/Injection of Anesthetic Agent**  
**(Nerve Block), Diagnostic or Therapeutic**

- ▲64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve
- (For open placement of cranial nerve (eg, ~~vagal~~ vagus, trigeminal) neurostimulator pulse generator or receiver, see 61885, 61886, as appropriate)

#### Illustration

#### Implantation Neurostimulator Electrodes, Cranial Nerve (~~Vagal~~ Vagus, Nerve Stimulation)

64568-64570

Implantation of a cranial nerve (eg, vagus nerve) neurostimulator electrode with connection of the electrode to an implanted programmable pulse generator in the infraclavicular area (64568). Revision or replacement of the cranial nerve electrode (64569). Replacement of the cranial nerve pulse generator (61885)

**Revise the parenthetical note following 64553 to reflect (eg, vagus, trigeminal), and revise the title to the illustration to reflect (Vagus, Nerve Stimulation).**

#### Surgery

#### Operating Microscope

- +69990 *Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)*

CPT Assistant Nov 98:20, Apr 99:11, Jun 99:11, Jul 99:1044, Oct 99:10, Oct 00:3, Oct 02:8, Jan 04:28, Mar 05:11, Jul 05:14, Aug 05:1, Nov 07:4, Sep 08:10, Mar 09:10; CPT Changes: An Insider's View 2002

**Revise the page number for the CPT Assistant citation July 99:10 following 69990.**

#### Radiology

#### Diagnostic Radiology

#### (Diagnostic Imaging)

#### Abdomen

Stand Alone Code	74150 CT Abdomen WO Contrast	74160 CT Abdomen W Contrast	74170 CT Abdomen WO/W Contrast
72192 CT Pelvis WO Contrast	74176	74178	74178

**Revise the misspelled word “contrast” included in the table for CT of the abdomen.**

#### Pathology and Laboratory TOC

Molecular Pathology (81200-81099 81408)

Tier 1 Molecular Pathology Procedure (81200-81408 81383)

Revise the pathology and laboratory guidelines table of contents to correct the code range for Tier 1 molecular pathology procedure (81200-81383).

## Pathology and Laboratory Guideline

### ► Molecular Pathology ◀

► Molecular pathology procedures are medical...

Codes that describe tests to assess for the presence...

The molecular pathology codes include all analytical...

The results of the procedure may require...

All analyses are qualitative unless otherwise noted.

For microbial identification, see 87149-87153...

Molecular pathology procedures that are not specified in 81200-~~81350~~ **81383** should be reported using either the appropriate Tier 2 code (81400-81408) or the appropriate methodology codes in the 83890-83914 and 88384-88386 series.

- **81342** *TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)*

(For T cell antigen alpha [TRA@] gene rearrangement analysis, report the appropriate methodology code(s) in the 83890-83914 series)

(For T cell antigen delta [~~TCD@~~] [TRD@] gene rearrangement analysis, report ~~81401~~ 81402)

### ► Tier 2 Molecular Pathology Procedures ◀

► The following molecular pathology procedure (Tier 2) codes are used to report procedures not listed in the Tier 1 molecular pathology codes (81200-~~81350~~ **81383**). They represent medically useful procedures that are generally performed in lower volumes than Tier 1 procedures (eg, the incidence of the disease being tested is rare). They are arranged by level of technical resources and interpretive work by the physician or other qualified health care professional. The individual analyses listed under each code (ie, level of procedure) utilize the definitions and coding principles as described in the introduction preceding the Tier 1 molecular pathology codes. The parenthetical examples of methodologies presented near the beginning of each code provide general guidelines used to group procedures for a given level and are not allinclusive.

Use the appropriate molecular pathology procedure level... ◀

- **81402** Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon)

*CYP21A2* (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant)

*ESR1/PGR* (receptor 1/progesterone receptor) ratio (eg, breast cancer)

*KIT* (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F)

*MEFV* (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H)

*MPL* (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, *TPOR*) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R)

~~TCD@~~ **TRD@** (*T cell antigen receptor, delta*) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population

**Revise the molecular pathology guidelines and the tier 2 molecular pathology guidelines to expand the referenced code range to include the HLA codes 81200-81383.**

**Revise the parenthetical note following 81342 by removing “[TCD@]” and replacing with “[TRD@]” and removing code “81401” and replacing with “81402”.**

**Revise code 81402 by removing “TCD@” and replacing with “TRD@”.**

---

## **Pathology and Laboratory**

### **Cytopathology**

(For cell enumeration using immunologic selection and identification in fluid specimen [eg, circulating tumor cells in blood], see ~~026XT1~~, **0279T**, 0280T)

88199 Unlisted cytopathology procedure

(For electron microscopy, see 88348, 88349)

**Revise the parenthetical note preceding 88199 by removing 026XT1 and replacing it with code 0279T.**

---

## **Medicine**

### **Pulmonary**

### **Pulmonary Diagnostic Testing and Therapies**

► (94350 has been deleted. To report, use ~~94726~~, 94727) ◀

**Remove 94726 from the parenthetical note for deleted code 94350.**

---



## Medicine

### Neurology and Neuromuscular Procedures

#### Intraoperative Neurophysiology

**#95920** *Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)*

(Use 95920 in conjunction with the study performed, 92585, 95822, 95860, 95861, 95867, 95868, 95870, 95900, 95904, 95925-95937, 95938, 95939)

**Add reference codes 95938 and 95939 to the parenthetical note following 95920.**

## Category II

### Therapeutic, Preventive, or Other Interventions

~~4009F~~ ~~Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed (CKD)<sup>1</sup>; (CM)<sup>2</sup>~~

► (4009F has been deleted. To report Angiotensin converting enzyme [ACE] inhibitor or angiotensin receptor blocker [ARB] therapy, use 4010F) ◀

●4010F Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF)<sup>1</sup> (DM)<sup>2</sup>

**Remove reference to code 4009F as this code has been deleted for 2012. Add cross-reference for deletion of code 4009F that instructs use of code 4010F for 2012; add CKD and (DM)<sup>2</sup> to suffixes following 4010F.**

## Category III

(Do not report 0159T in conjunction with 76376, 76377)

► (0160T, 0161T have been deleted. To report, see 90867, 90869) ◀

(0162T has been deleted. To report, see 95980-95982)

**Remove bow ties and green text from the deleted parenthetical note for codes 0160T, 0161T as these codes were deleted in 2011.**

## Appendix B

~~35459~~

~~49420~~

~~91012~~

~~0161T~~

**Remove reference to these codes from Appendix B as these codes were deleted in 2011.**

## Appendix B

0141T

0142T  
4002F  
4006F  
4009F

Add reference to these deleted codes in Appendix B as these codes have been deleted for 2012.

---

## Appendix B

~~1128F Subsequent episode for condition (ML)5;~~

~~▲1127F~~  
~~▲1128F~~

Remove the revised symbol for codes 1127F and 1128F from Appendix B and replace with the reinstated symbol as these codes have been reinstated for 2012 and remove reference to deleted code 1128F.

---

## Appendix D and Medium Descriptors

95915  
95916

Remove codes 95915 and 95916 from appendix D and medium descriptor files as these are inactive codes.

---

## Appendix E

33961  
93451  
93456

Add reference codes 33961, 93451 and 93456 to Appendix E as these codes are considered modifier 51 exempt.

---

## Appendix I Genetic Testing Code Modifiers

### Histocompatibility/Blood Typing/Identity/ Microsatellite

▲4A HLA-A\*  
▲4B HLA-B\*  
▲4C HLA-C\*

(Modifier 4D has been deleted)

▲4E HLA-DRB all  
# ●4P HLA-DRB1\*  
# ●4Q HLA-DRB3\*  
# ●4R HLA-DRB4\*  
# ●4S HLA-DRB5\*  
# ●4T HLA-DQA1\*  
▲4F HLA-DQB1\*  
# ●4U HLA-DPA1\*  
▲4G HLA-DPB1\*

4H Kell  
4I Fingerprint for engraftment (post allogeneic progenitor cell transplant)  
4J Fingerprint for donor allelotype (allogeneic transplant)  
4K Fingerprint for recipient allelotype (allogeneic transplant)  
4L Fingerprint for leukocyte chimerism (allogeneic solid organ transplant)  
4M Fingerprint for maternal versus fetal origin  
4N Microsatellite instability  
4O Microsatellite loss (loss of heterozygosity)  
# 4P Modifier is out of numerical sequence. See Modifier 4A-4Z  
# 4Q Modifier is out of numerical sequence. See Modifier 4A-4Z  
# 4R Modifier is out of numerical sequence. See Modifier 4A-4Z  
# 4S Modifier is out of numerical sequence. See Modifier 4A-4Z  
# 4T Modifier is out of numerical sequence. See Modifier 4A-4Z  
# 4U Modifier is out of numerical sequence. See Modifier 4A-4Z  
▲ 4Z Histocompatibility/typing, not otherwise specified

**Revise Appendix I by removing the revised symbol from Modifiers 4A, 4B, 4C, 4E, 4F, 4G and 4Z; and removing the new symbol from Modifiers 4P, 4Q, 4R, 4S, 4T and 4U as these edits were for 2011.**

---

## **Index**

### **Catheterization**

Bladder .... ~~51010~~, 51102, 51045

**Delete reference to deleted code 51010 and replace 51102.**

---

## **Index**

### **Collection and Processing**

Allogeneic Blood

**Revise the term “allogenic to reflect “allogeneic”.**

---

## **Index**

### **Graft**

#### **Allograft**

Skin Substitute Graft ...15271-15278

#### **Graft**

Skin

Biological

See Allograft, Skin Substitute Graft

#### **Skin**

Allografts

See Allograft, Skin Substitute Graft

Add reference to “Skin Substitute Graft ...15271-15278” following the subheading “Allograft”, and add reference to “Substitute Graft” following the subheadings “Graft” and “Skin”

---

## Index Insertion

Catheter  
Suprapubic . . . . 51010 **51102**, 51045

**Delete reference to deleted code 51010 and replace with 51102.**

---

## Index Neurology

Neurophysiological Testing  
Intraoperative ..... ~~95915~~-95920

### Neurophysiologic Testing

Intraoperative  
Each 15 Minutes..... ~~95915~~  
Per Hour..... ~~95916~~, 95920

### Testing, Neurophysiologic

0Intraoperative..... ~~95915~~-95920

**Delete reference to codes 95915 and 95916 from the Index as these are inactive codes.**

---

## Index

Gastrointestinal, Upper  
~~Suturing Esophagegastic Junction ... 0008T~~

**Delete reference to deleted code 0008T.**

---

## Index

### Heart

Hemodynamic Monitoring  
Non-invasive ... ~~0086T~~ **93799**

**Delete reference to deleted code 0086T and replace with 93799.**

---

## Index

Cryosurgery  
Fibroadenoma ... ~~0120T~~ **19105**

**Delete reference to deleted code 0120T and replace with 19105.**

---

## Index



Computer-Aided Detection  
Chest X-ray ... 0152T

**Delete reference to deleted code 0152T.**

---

## Index

### Ultrasound

Computer-Assisted Surgical Navigation  
Intraoperative 20986  
Preoperative 20987  
    Fluoroscopic ... 0054T  
    CT/MRI ... 0055T

**Delete reference to deleted codes 20986 and 20987.**

---

## Index

### Insertion

Trachea 31700

**Delete reference to deleted code 31700.**

---

## Index

Catheterization  
Bronchography 31710

**Delete reference to deleted code 31710.**

---

## Index

Urodynamic Tests  
Urethra Pressure Profile ... 51772 51727, 51729

**Delete reference to deleted code 51772 and replace with 51727 and 51729.**

---

## Index

### Hemorrhage

Bladder Postoperative 52606  
Transurethral fulguration prostate ... 52214

**Delete reference to deleted code 52606 and replace with 52214.**

---

## Index

### Cardiac Magnetic Resonance Imaging (CMRI)

Complete Study 75554  
Limited Study 75555  
Morphology 75553 75557-75563  
Velocity Flow Mapping 75556-75565

**Delete reference to deleted codes 75553, 75554, 75555, 75556 and replace with 75557-75563, and 75565 when appropriate.**

---

## Index

### Blood

~~Gastric Contents 82273~~

~~Other Source 82273~~

**Delete reference to deleted codes 82273.**

---

## Index

### Gastroenterology, Diagnostic

~~Esophagus Tests~~

~~Intubation with Specimen Collection 91000~~

~~Intestine~~

~~Bleeding Tube 91100~~

### Intestines

~~Bleeding Tube 91100~~

### Bleeding

~~Tube~~

~~Passage and Placement 91100~~

**Delete reference to deleted codes 91000 and 91100.**

---

## Index

### Artery

~~Coronary~~

~~Angiography 93556~~

### Bypass Graft

~~Coronary Artery~~

~~Angiography 93556~~

### X-ray

~~Artery~~

~~Coronary 93556~~

~~Coronary Bypass 93556~~

**Delete reference to deleted code 93556.**

---

## Index

### Allergy Tests

~~Provocative Testing 95078~~

**Delete reference to deleted code 95078.**

---

## Index

### Newborn Care

~~Preventive~~

~~Office ... 99432 99461~~

**Office and/or Other Outpatient  
Services**

New Patient 99201-99205

Normal Newborn ... 99432 99461

**Preventive Medicine**

Newborn Care ... 99432 99461

**Well-Baby Care** 99381, 99391, 99432-99461

**Delete reference to deleted code 99432 and replace with 99461.**

---

**Short Descriptor**

38205 HARVEST ALLOGENEIC STEM CELLS

**Revise short descriptor for code 38205.**

---

**Short Descriptor**

57155 INSERT UTERI TANDEM S/OVOIDS

**Revise short descriptor for code 57155.**

---

**Short and Medium Descriptor**

94729 CO<sub>2</sub>/MEMBANE DIFFUSE CAPACITY

94729 CO DIFFUSING CAPACITY

**Revise short and medium descriptor for code 94729.**

---

**Medium Descriptor**

1052F TYPE ANATOMIC LOCATION AND ACTIVITY ALL ASSESSED

**Add medium descriptor for code 1052F.**

---

**Data Files**

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

**38230** Bone marrow harvesting for transplantation; allogeneic

**38240** Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic

**38242** Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions

**Revise the data files for codes 38205, 38230, 38240, and 38242 by editorially revising the term “allogenic” to reflect “allogeneic”.**

---

## Data Files

#●95939 ~~Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; Central motor evoked potential study (transcranial motor stimulation);~~ in upper and lower limbs

Revise the data files for code 95939.

---

## E-mail notifications

Sign up to receive e-mail notification when changes are posted to the AMA Web site for CPT Announcements, Category II codes, Category III codes, Vaccine codes, Errata and Panel Agenda Proposals and Subsequent Actions. You may also receive notice when registration opens for the CPT Editorial Panel meeting.

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