



Errata and Technical Corrections – CPT® 2013

November 26, 2013

The information that follows is sourced to either a publication errata or a technical correction by the CPT Editorial Panel. An errata (denoted as **E**) for the current edition of the CPT code set will publish information that was approved by the CPT Editorial Panel and inadvertently excluded from the current code set. Technical corrections (denoted as **T**) are clarifications of original Panel intent for the current code structure. All items below are errata if they are not designated as a technical correction in the right hand column. The order of the entries on this document is by code order. Additionally, each entry shows the date of publication to this document. The links immediately following are provided as a guide to the most recently added items. **The effective date for each item is January 1, 2013.** Updates to this document are made as issues surface requiring clarification. Users are encouraged to sign up on the [CPT listserv](#) to receive email notification as updates are posted to the AMA website.

Most recent entries added to *Errata and Technical Corrections - CPT® 2013*

- [Revise the parenthetical cross-reference following code 93463 \(technical correction\)](#)
- [Revise the transplantation and post-transplantation cellular infusion guidelines \(technical correction\)](#)
- [Revise medium descriptor for code 37618.](#)
- [Revise medium descriptor for code 61751.](#)

Errata and Technical Corrections	Date posted to site										
<p>Introduction</p> <p>► <i>Current Procedural Terminology (CPT®), Fourth Edition, is a set of...</i></p> <p><i>Inclusion of a descriptor and its associated five-digit code number in ...</i> ◀</p> <p>Add new text symbols ►◀ to denote revision of the text in the Introduction to the CPT code set.</p>	<p>09/11/12 E</p>										
<p>Evaluation and Management (E/M) Services Guidelines Counseling</p> <p><i>Counseling is a discussion with a patient and/or family concerning one or more of the following areas:</i></p> <ul style="list-style-type: none"> ▪ <i>Diagnostic results, impressions, and/or recommended diagnostic studies</i> ▪ <i>Prognosis</i> ▪ <i>Risks and benefits of management (treatment) options</i> ▪ <i>Instructions for management (treatment) and/or follow-up</i> ▪ <i>Importance of compliance with chosen management (treatment) options</i> ▪ <i>Risk factor reduction</i> ▪ <i>Patient and family education</i> <p>► <u>(For psychotherapy, see 90832-90834, 90836-90840)</u> ◀</p> <p>Add an instructional parenthetical note following the counseling guidelines to coincide with the new psychotherapy range of codes 90832-90834 and 90836-90840.</p>	<p>09/11/12 E</p>										
<p>Evaluation and Management Tables Initial Neonatal Intensive Care</p> <table border="1" data-bbox="116 1117 581 1341"> <thead> <tr> <th colspan="2">Initial Neonatal Intensive Care</th></tr> </thead> <tbody> <tr> <td>Code</td><td>99477</td></tr> <tr> <td>Age</td><td>28 days of age or younger</td></tr> <tr> <td>Weight</td><td>1500-5000 gms +</td></tr> <tr> <td>Presenting Problem</td><td>Requires Intensive Observation, Frequent Interventions/Other Intensive Care Services</td></tr> </tbody> </table> <p>Remove reference to weight “1500-5000 gms” from the (E/M) Initial Neonatal Intensive Care table.</p>	Initial Neonatal Intensive Care		Code	99477	Age	28 days of age or younger	Weight	1500-5000 gms +	Presenting Problem	Requires Intensive Observation, Frequent Interventions/Other Intensive Care Services	<p>10/19/12 E</p>
Initial Neonatal Intensive Care											
Code	99477										
Age	28 days of age or younger										
Weight	1500-5000 gms +										
Presenting Problem	Requires Intensive Observation, Frequent Interventions/Other Intensive Care Services										

**Evaluation and Management
Continuing Neonatal and Infant Inpatient
Low Birth-Weight Intensive Care**

10/19/12
E

Continuing Neonatal and Infant Inpatient Low Birth-Weight Intensive Care				
Code	99478	99479	99480	See 99231-
				99233
Age	28 days of age or less			
Weight	1500 gms or less	1500- 2500 gms	2501- 5000 gms	+5000 gms
Presenting Problem	Recovering			

Remove reference to age “28 days of age or less” from the (E/M) Continuing Neonatal and Infant Inpatient Low Birth-Weight Intensive Care table.

**Evaluation and Management
Nursing Facility Services guidelines**

09/11/12
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The following codes are used...

These codes should also be used...

Nursing facilities that provide...

►Physicians and other qualified health care professionals have a central role in assuring that all residents receive thorough assessments and that medical plans of care are instituted or revised to enhance or maintain the residents' physical and psychosocial functioning. This role includes providing input in the development of the MDS and a multi-disciplinary plan of care, as required by regulations pertaining to the care of nursing facility residents.◀

Two major subcategories of nursing facility services...

For definitions of key components...

Revise the Nursing Facility Services guidelines by removing reference to the terms “and other qualified health care professionals” as initial assessments in the nursing facility are only done by physicians.

Errata and Technical Corrections	Date posted to site
<p>Evaluation and Management Hospital Inpatient Services Subsequent Hospital Care Hospital Discharge Services</p> <p><i>The hospital discharge day...</i></p> <p>99238 <i>Hospital discharge day management; 30 minutes or less</i></p> <p>99239 <i>more than 30 minutes</i></p> <p>► (These codes are to be utilized by the physician to report all services provided to a patient on the date of discharge, if other than the initial date of inpatient status. To report services to a patient who is admitted as an inpatient and discharged on the same date, see codes 99234-99236 for observation or inpatient hospital care including the admission and discharge of the patient on the same date. To report concurrent care services provided by a physician[s] other than the ordering physician or another qualified health care professional, use subsequent hospital care codes [99231-99233] on the day of discharge.) ◀</p> <p>Revise the parenthetical note following code 99239 to remove reference to provider</p>	<p>09/11/12 E</p>
<p>Evaluation and Management Prolonged Services Prolonged Service with Direct Patient Contact</p> <p>✚99354 <i>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)</i></p> <p>► (Use 99354 in conjunction with <u>90837</u>, 99201-99215, 99241-99245, 99324-99337, 99341-99350) ◀</p> <p>✚99355 <i>each additional 30 minutes (List separately in addition to code for prolonged service)</i></p> <p>(Use 99355 in conjunction with 99354)</p> <p>✚99356 <i>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)</i></p> <p>► (Use 99356 in conjunction with <u>90837</u>, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310) ◀</p> <p>✚99357 <i>each additional 30 minutes (List separately in addition to code for prolonged service)</i></p> <p>(Use 99357 in conjunction with 99356)</p> <p>Revise the prolonged services codes 99354, 99356 to include 90837 to allow the reporting of extended psychotherapy with codes 99354-99357.</p>	<p>12/13/12 E</p>

Errata and Technical Corrections	Date posted to site
<p>Evaluation and Management Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services Pediatric Critical Care Patient Transport</p> <p><i>Codes 99466, 99467 are used to report...</i> <i>Codes 99485, 99486 are used to report control physician's...</i> <i>For the definition of the critically injured pediatric...</i> <i>The non-face-to-face direction of emergency care...</i> <i>Emergency department services (99281-99285), initial...</i></p> <p><u>The following services are included when performed during the pediatric patient transport by the physician providing critical care and may not be reported separately: routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry), the interpretation of cardiac output measurements (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), temporary transcutaneous pacing (92953), ventilatory management (94002, 94003, 94660, 94662) and vascular access procedures (36000, 36400, 36405, 36406, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately. Services provided by the specialized transport team during non- face-to-face transport supervision are not reported by the control physician.</u></p> <p><i>Code 99466 is used to report the first 30 to 74 minutes...</i></p> <p>Code 99485 is used to report the first 30 minutes of non-face-to-face supervision of an interfacility transport of a critically ill or critically injured pediatric patient and should be reported only once per date of service. Code 99486 is used to report each additional 30 minutes beyond the initial 30 minutes. Non- face-to-face interfacility transport of 15 minutes or less is not reported.</p> <p><i>(For total body cooling of neonates, see 0260T, 0261T)</i></p> <p>99466 Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport</p> <p>99467 each additional 30 minutes (List separately in addition to code for primary service)</p> <p><i>(Use 99467 in conjunction with 99466)</i></p> <p><i>(Critical care of less than 30 minutes total duration should be reported with the appropriate E/M code)</i></p> <p>99485 Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes</p> <p>99486 each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p><i>(Use 99486 in conjunction with 99485)</i> <i>(For physician direction of emergency medical systems supervision for a pediatric patient older than 24 months of age, or at any age if not critically ill or injured, use 99288)</i> <i>(Do not report 99485, 99486 with any other services reported by the control physician for the same period)</i> <i>(Do not report 99485, 99486 in conjunction with 99466, 99467 when performed by the same physician)</i></p> <p>Revise the pediatric critical care patient transport guidelines to re-insert the services that are performed during the pediatric patient transport process.</p>	<p>Posted 03/22/13 T Effective 01/01/13</p> <p>05/02/13 E</p>

Errata and Technical Corrections	Date posted to site
<p>Surgery Musculoskeletal System General Grafts (or Implants)</p> <p>+20930 <i>Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)</i></p> <p>▶(Use 20930 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, <u>22633</u>, <u>22634</u>, 22800-22812, 0195T, 0196T)◀</p> <p>+20936 <i>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)</i></p> <p>▶(Use 20936 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, <u>22633</u>, <u>22634</u>, 22800-22812, 0195T, 0196T)◀</p> <p>+20937 <i>morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</i></p> <p>▶(Use 20937 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, <u>22633</u>, <u>22634</u>, 22800-22812, 0195T, 0196T)◀</p> <p>Revise the parenthetical notes following 20930, 20936 and 20937 by removing reference to Category III codes 0195T and 0196T to reflect code revisions that now make these inappropriate for reporting with these graft services.</p>	<p>Posted 09/11/12 E</p>
<p>Surgery Respiratory System Trachea and Bronchi Endoscopy</p> <p>▶For endoscopy procedures, code appropriate endoscopy of each anatomic site examined. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Codes 31622-31649<u>31651</u>, 31660, <u>31661</u> include fluoroscopic guidance, when performed.◀</p> <p>(For tracheoscopy, see laryngoscopy codes 31515-31578)</p> <p>◎31615 <i>Tracheobronchoscopy through established tracheostomy incision</i></p> <p>Revise the Endoscopy introductory guidelines to include the new range of codes 31622-31651, 31660, 31661 that include fluoroscopic guidance when performed.</p>	<p>Posted 09/11/12 E</p>

Errata and Technical Corrections	Date posted to site
<p>Surgery Respiratory System Trachea and Bronchi Endoscopy</p> <p>31622 <i>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)</i></p> <p>⊕+31627 <i>with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])</i></p> <p>(31627 includes 3D reconstruction. Do not report 31627 in conjunction with 76376, 76377)</p> <p>(Use 31627 in conjunction with 31615, 31622-31634, <u>31622-31626, 31628-31631, 31635, 31636, 31638-31643</u>)</p> <p>Revise the second parenthetical note following 31627 by expanding the code range 31622-31631 to exclude code 31627.</p>	<p>Posted 09/11/12 E</p>
<p>Surgery Respiratory System Trachea and Bronchi Endoscopy</p> <p>Bronchoscopy (Illustration) 31622-31646 <u>31661</u></p> <p><i>A rigid or flexible bronchoscope is inserted through the oropharynx and vocal cords and beyond the trachea into the right or left bronchi.</i></p> <p>Revise the range of codes included in the bronchoscopy illustration to include the entire range of bronchoscopy codes.</p>	<p>Posted 09/11/12 E</p>
<p>Surgery Cardiovascular System Heart and Pericardium Patient-Activated Event Recorder</p> <p>33282 <i>Implantation of patient-activated cardiac event recorder</i> <i>(Initial implantation includes programming. For subsequent electronic analysis and/or reprogramming, use 93285, 93291, 93298, <u>93299</u>)</i></p> <p>Add code 93299 to the parenthetical note following 33282.</p>	<p>Posted 09/11/12 E</p>
<p>Surgery Cardiovascular System Arteries and Veins Vascular Injections</p> <p>36420 <i>Venipuncture, cutdown: younger than age 1 year</i></p> <p>36425 Clinical Examples in Radiology Summer 08:1 <i>age 1 or over</i></p> <p>Remove the citation content from the code descriptor 36425.</p>	<p>Posted 12/13/12 E</p>

Errata and Technical Corrections	Date posted to site
<p>Cardiovascular System Arteries and Veins Transcatheter Procedures Other Procedures</p> <p>37205 <i>Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel</i></p> <p><i>(For radiological supervision and interpretation, use 75960)</i></p> <p><i>(For transcatheter placement of intravascular cervical carotid artery stent(s), see 37215, 37216)</i></p> <p><i>(For transcatheter placement of intracranial stents, use 61635)</i></p> <p>► (For transcatheter <u>transcatheter</u> coronary stent placement, see 92928-92944) ◀</p> <p>Revise the misspelled word “transcatheter” noted in the parenthetical note following 37205.</p>	<p>Posted 09/11/12 E</p>
<p>Surgery Hemic and Lymphatic Systems General Transplantation and Post-Transplantation Cellular Infusions</p> <p><i>Hematopoietic cell transplantation (HCT) refers to the infusion of hematopoietic progenitor ...</i> HCT may be autologous (when the HPC donor and recipient are the same person) or allogeneic (when the HPC donor and recipient are not the same person). Code 38241 is used to report any autologous transplant while 38240 is used to report an allogeneic transplant. In some cases allogeneic transplants involve more than one donor and cells from each donor are infused sequentially whereby one unit of 38240 is reported for each donor infused. Code 38242 is used to report a donor lymphocyte infusion. Code 38243 is used to report a HPC boost from the original allogeneic HPC donor. A lymphocyte infusion or HPC boost can occur days, months or even years after the initial hematopoietic cell transplant. The lymphocyte infusion is used to treat relapse, infection, or post-transplant lymphoproliferative syndrome. HPC boost represents an infusion of hematopoietic progenitor cells from the original donor that is being used to treat a relapse or post-transplant cytopenia(s). Codes 38240, 38242, and 38243 should not be reported together on the same date of service.</p> <p><i>If a separately identifiable evaluation and management service is performed on the same date...</i></p> <p>38240 <i>Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor</i> 38241 <i><u>autologous transplantation</u></i> # 38243 <i>HPC boost</i></p> <p>Revise the transplantation and post-transplantation cellular infusion guidelines by removing the inaccurate statement that HPC boost is used for treatment of relapse, infection, or post-transplant lymphoproliferative syndrome.</p>	<p>Posted 11/11/13 T</p> <p>Effective 10/14/13</p>

Errata and Technical Corrections		Date posted to site
Surgery Digestive System Pharynx, Adenoids, and Tonsils Excision, Destruction		Posted 12/4/12 E
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis <u>anastomosis</u>	
Revise the misspelled word “anastomosis” noted in code 42894.		
Radiology Diagnostic Radiology (Diagnostic Imaging) Spine and Pelvis		Posted 03/22/13 T
72020	Radiologic examination, spine, single view, specify level	
▲72040	Radiologic examination, spine, cervical; 2 <u>or</u> 3 views <u>or less</u>	Effective 01/01/13
72050	4 or 5 views	
72052	6 or more views	
Short	X-RAY EXAM NECK SPINE 2-3 VW	Posted 05/02/13
Medium	RADEX SPINE CERVICAL 2 OR 3 VIEWS	E
Revise code 72040 to include the exact number of views “2 or 3 views” to eliminate overlap in the code structure.		
Errata and Technical Corrections		Date posted to site
Pathology and Laboratory Molecular Pathology Tier 1 Molecular Pathology Procedures		10/19/12 E
#●81161	DMD (<i>dystrophin</i>) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
Short	DMD DUP/DELET ANALYSIS	
Medium	DMD DUPLICATION/DELETION ANALYSIS	
Add code 81161 as an active code for 2013, and respective short and medium descriptors		
Pathology and Laboratory Molecular Pathology Tier 1 Molecular Pathology Procedures		10/19/12 E
●81201	<i>APC (adenomatous polyposis coli)</i> (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
Revise code 81201 by italicizing the gene name “ <i>APC (adenomatous polyposis coli)</i> ”.		

<p>Pathology and Laboratory Molecular Pathology Tier 1 Molecular Pathology Procedures</p> <p>●81252 <i>GJB2</i> (<i>gap junction protein, beta 2, 26kDa, connexin 26</i>) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence</p> <p>Revise code 81252 by adding a comma after “26KDa,” and removing the semicolon.</p>	<p>10/19/12 E</p>
<p>Pathology and Laboratory Tier 2 Molecular Pathology Procedures</p> <p>▲81401 Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically usig nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)</p> <p>▶ <i>ADRB2</i> (<i>adrenergic beta-2 receptor surface</i>) (eg, drug metabolism), common variants (eg, G16R, Q27E) ◀ <i>APOB</i> (<i>apolipoprotein B</i>) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W)</p> <p>▶ <u><i>APOB</i> (<i>apolipoprotein B</i>) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) ◀</u></p> <p>▶ <i>AR</i> (<i>androgen receptor</i>) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ◀</p> <p>▶ <i>ATN1</i> (<i>atrophin 1</i>) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ◀</p> <p>Tier 2 Molecular Pathology Procedures - Continued</p> <p>▶ <i>CBS</i> (<i>cystathionine-beta-synthase</i>) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) ◀</p> <p>▶ <i>E2A/PBX1</i> (<i>t(1;19)</i>) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed ◀</p> <p>▶ <i>EML4/ALK</i> (<i>inv(2)</i>) (eg, non-small cell lung cancer), translocation or inversion analysis ◀</p> <p>▶ <i>ETV6/RUNX1</i> (<i>t(12;21)</i>) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed ◀</p> <p>▶ <i>EWSR1/ERG</i> (<i>t(21;22)</i>) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ◀</p> <p>▶ <i>EWSR1/FLI1</i> (<i>t(11;22)</i>) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ◀</p> <p>▶ <u><i>EWSR1/WT1</i> (<i>t(11;22)</i>) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ◀</u></p> <p>▶ <i>FOXO1/PAX3</i> (<i>t(1;13)</i>) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ◀</p>	<p>12/04/12 E</p> <p>12/04/12 E</p> <p>Posted 09/11/12 E ↓</p> <p>Posted 09/11/12 E ↓</p>

- ▶ *FOXO1/PAX7 (t(2;13))* (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ◀
- ▶ *FXN (frataxin)* (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles ◀
- ▶ *H19 (imprinted maternally expressed transcript [nonprotein coding])* (eg, Beckwith-Wiedemann syndrome), methylation analysis ◀
- ▶ *KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding])* (eg, Beckwith-Wiedemann syndrome), methylation analysis ◀
- ▶ *MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila])* (eg, intrauterine growth retardation), methylation analysis ◀
- ▶ *MLL/AFF1 (t(4;11))* (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed ◀
- ▶ *MLL/MLLT3 (t(9;11))* (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed ◀
- ▶ *MT-RNR1 (mitochondrially encoded 12S RNA)* (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) ◀
- ▶ *MUTYH (mutY homolog [E. coli])* (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) ◀
- ▶ *MT-ATP6 (mitochondrially encoded ATP synthase 6)* (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) ◀

Tier 2 Molecular Pathology Procedures - Continued

- ▶ *MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6)* (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) ◀
- ▶ *MT-TK (mitochondrially encoded tRNA lysine)* (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) ◀
- ▶ *MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G])* (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1,
- ▶ *MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5)* (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) ◀
- ▶ *MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA)* (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) ◀
- ▶ *NPM1/ALK (t(2;5))* (eg, anaplastic large cell lymphoma), translocation analysis ◀

Posted
09/11/12
E
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► *PAX8/PPARG (t(2;3) (q13;p25))* (eg, follicular thyroid carcinoma), translocation analysis ◀

► *PRSS1 (protease, serine, 1 [trypsin 1])* (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) ◀

► *PYGM (phosphorylase, glycogen, muscle)* (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) ◀

► *SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric)* (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) ◀

► *TYMS (thymidylate synthetase)* (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant ◀

Revise 81401 by splitting “ADRB2” and “APOB” into two separate analytes, include the missing analyte “EWSR1/WT1...” and identify all new analytes in green text with bowties.

Errata and Technical Corrections	Date posted to site
<p>Pathology and Laboratory Tier 2 Molecular Pathology Procedures</p> <p>▲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)....</p> <p><u>IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative</u></p> <p>TCD@ <u>TRD@</u> (<i>T cell antigen receptor, delta</i>) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population</p> <p>Add new analyte "<u>IGH@/BCL2...</u>" following code 81402 and revise the analyte "[TCD@]" and replace it with "[TRD@]".</p>	<p>01/09/12 E</p> <p>09/11/12 E</p>
<p>Pathology and Laboratory Multianalyte Assays with Algorithmic Analyses</p> <p>●81503 Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein <u>apolipoprotein</u> A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score</p> <p>Revise the misspelled word "apolipoprotein" noted in code 81503.</p>	<p>10/19/12 E</p>
<p>Pathology and Laboratory Multianalyte Assays with Algorithmic Analyses</p> <p>●81506 Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin <u>adiponectin</u>, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score</p> <p>Revise the misspelled word "adiponectin" noted in code 81506.</p>	<p>10/19/12 E</p>
<p>Pathology and Laboratory Transfusion Medicine</p> <p>86890 <i>Autologous blood or component, collection processing and storage; predeposited</i></p> <p>86891 <i>intra- or postoperative salvage</i></p> <p>(For physician services to autologous donors, see 99201-99204)</p> <p>Delete the parenthetical note following 86891.</p>	<p>09/11/12 E</p>

Errata and Technical Corrections		Date posted to site
Pathology and Laboratory Microbiology		07/09/13 T
87470	<i>Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique</i>	
▲87498	enterovirus, reverse transcription and amplified probe technique, <u>includes reverse transcription when performed</u>	
87501	<i>Influenza virus, reverse transcription and amplified probe technique, each type or subtype</i>	
87502	<i>Influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, first 2 types or sub-types</i>	
✚87503	<i>Influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or subtype beyond 2 (List separately in addition to code for primary procedure)</i>	
▲87521	hepatitis C, reverse transcription and amplified probe technique, <u>includes reverse transcription when performed</u>	
▲87522	hepatitis C, reverse transcription and quantification, <u>includes reverse transcription when performed</u>	
▲87535	HIV-1, reverse transcription and amplified probe technique, <u>includes reverse transcription when performed</u>	
▲87536	HIV-1, reverse transcription and quantification, <u>includes reverse transcription when performed</u>	
▲87538	HIV-2, reverse transcription and amplified probe technique, <u>includes reverse transcription when performed</u>	
▲87539	HIV-2, reverse transcription and quantification, <u>includes reverse transcription when performed</u>	
Revise the infectious agent detection codes 87498, 87521-87522, 87535, 87536, 87538, 87539 to indicate that reverse transcription is included when performed.		

Errata and Technical Corrections	Date posted to site
<p>Pathology and Laboratory Cytopathology</p> <p>88187 <i>Flow cytometry, interpretation; 2 to 8 markers</i></p> <p>88188 <i>9 to 15 markers</i></p> <p>88189 <i>16 or more markers</i></p> <p><i>(Do not report 88187-88189 for interpretation of 86355, 86356, 86357, 86359, 86360, 86361, 86367)</i></p> <p><i>(For assessment of circulating antibodies by flow cytometric techniques, see analyte and method-specific codes in the Chemistry section [83516-83520] or Immunology section [86000-86849])</i></p> <p><i>(For cell enumeration using immunologic selection and identification in fluid specimen [eg, circulating tumor cells in blood], see <u>86152, 86153</u> 0279T, 0280T)</i></p> <p>Revise the parenthetical note following 88189 removing reference to deleted codes 0279T, 0280T and replace with 86152, 86153.</p>	<p>03/25/13 E</p>
<p>Medicine Psychiatry Psychotherapy</p> <p>90837 <i>Psychotherapy, 60 minutes with patient and/or family member</i></p> <p><i>(Use the appropriate prolonged services code [99354-99357] for psychotherapy services not performed with an E/M service of <u>90</u> 68 minutes or longer face-to-face with the patient)</i></p> <p>90838 <i>Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</i></p> <p><i>► (Use 90838 in conjunction with 99201-99255, 99304-99337, 99341-99350)◄</i></p> <p><i>(Use the appropriate prolonged services code [99354-99357] for psychotherapy services 68 minutes or longer)</i></p> <p><i>► (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services)</i></p> <p>Add a cross-reference parenthetical note following 90837 to reference a 90 minute threshold requirement for reporting prolonged services 99354-99357 with psychotherapy, and deletion of the cross-reference following 90838.</p>	<p>Posted 12/4/12 T</p> <p>Effective 01/01/13</p>

Errata and Technical Corrections	Date posted to site
<p>Medicine Cardiovascular Cardiography</p> <p>Codes 93040-93042 are appropriate when an order for the test is triggered by an event, the rhythm strip is used to help diagnose the presence or absence of an arrhythmia, and a report is generated. There must be a specific order for an electrocardiogram or rhythm strip followed by a separate, signed, written, and retrievable report. It is not appropriate to use these codes for reviewing the telemetry monitor strips taken from a monitoring system. The need for an electrocardiogram or rhythm strip should be supported by documentation in the patient medical record.</p> <p>(For echocardiography, see 93303-93350)</p> <p>► (For electrocardiogram, 64 leads or greater, with graphic presentation and analysis, see 0178T-0180T use 93799) ◀</p> <p>93000 <i>Electrocardiogram, routine ECG...</i></p> <p>Delete reference to code 93799 from the parenthetical note preceding 93000 and replace with codes 0178T-0180T.</p>	<p>Posted 09/11/12 E</p>
<p>Medicine Cardiovascular Cardiac Catheterization</p> <p>⓪93454 <i>Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;</i></p> <p>93461 <i>with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography</i></p> <p>✚93462 <i>Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)</i> (Use 93462 in conjunction with 93452, 93453, 93458- 93461, 93653, 93654) (Do not report 93462 in conjunction with 93656)</p> <p>✚93463 <i>Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)</i> (Use 93463 in conjunction with 93451-93453, 93456-93461, 93530, 93531, 93532, 93533, 93563, 93564, 93580, 93581) (Report 93463 only once per catheterization procedure) (Do not report 93463 for pharmacologic agent administration in conjunction with coronary interventional procedure codes 92920-92944, 92975, 92977)</p> <p>Revise the parenthetical cross-reference following code 93463 to include the congenital cardiac catheterization codes 93530-93533 and delete codes 93563, 93564.</p>	<p>Posted 11/11/13 T</p> <p>Effective 10/14/13</p>

Errata and Technical Corrections	Date posted to site
<p>Medicine Cardiovascular Intracardiac Electrophysiologic Procedures/Studies</p> <p><i>Intracardiac electrophysiologic studies (EPS) are invasive...</i> Arrhythmia Induction: <i>In most electrophysiologic studies,...</i> Mapping: <i>When a tachycardia is induced, the site of tachycardia...</i> <i>Mapping is a distinct procedure performed in...</i></p> <p>Ablation: Once the part of the heart involved in the tachycardia is localized, the tachycardia may be treated by ablation (the delivery of a radiofrequency or cryo-energy to the area to selectively destroy cardiac tissue). Ablation procedures (93653-93657) are performed at the same session as electrophysiology studies and therefore represent a combined code description. When reporting ablation therapy codes (93653-93657), the single site electrophysiology studies (93600-93603, 93610, 93612, 93618) and the comprehensive electrophysiology studies (93619, 93620) may not be reported separately. <u>Code 93622 may be reported separately with 93653 and 93656</u> Codes 93622 and 93623 may be reported separately with <u>93653, 93654, and 93656</u> 93653-93657 <u>93656 for treatment of atrial fibrillation</u>. However, 93621 for left atrial pacing and recording from coronary sinus or left atrium should not be reported in conjunction with 93656, as this procedure is a component of 93656. <u>Codes 93653 and 93654 include right ventricular pacing and recording and His bundle recording when clinically indicated. When performance of one or more components is not possible or indicated, document the reason for not performing. Code 93656 includes each of left atrial pacing/recording, right ventricular pacing/recording, and His bundle recording when clinically indicated. When performance of one or more components is not possible or indicated, document the reason for not performing.</u></p> <p><i>The differences in the techniques involved for ...</i> <i>Codes 93655 and 93657 are add-on codes ...</i> <i>In certain circumstances, depending on the chamber ...</i> <i>Modifier 51 should not be appended to 93600-93603, 93610, 93612, 93615-93618, 93631.</i></p> <p>⊖ 93600 <i>Bundle of His recording</i> <u>(Do not report 93600 in conjunction with 93619, 93620, 93653, 93654, 93656)</u></p> <p>⊖ 93602 <i>Intra-atrial recording</i> <u>(Do not report 93602 in conjunction with 93619, 93620, 93653, 93654, 93656)</u></p> <p>⊖ 93603 <i>Right ventricular recording</i> <u>(Do not report 93603 in conjunction with 93619, 93620, 93653, 93654, 93656)</u></p> <p>⊕ 93609 <i>Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)</i> (Use 93609 in conjunction with 93620, 93653, <u>93656</u>) (Do not report 93609 in addition to 93613, 93654)</p> <p>⊖ 93610 <i>Intra-atrial pacing</i> <u>(Do not report 93610 in conjunction with 93619, 93620, 93653, 93654, 93656)</u></p> <p>⊖ 93612 <i>Intraventricular pacing</i> (Do not report 93612 in conjunction with <u>93619, 93620-93622, 93653, 93654, 93656</u>)</p>	<p>03/22/13 T</p> <p>Effective 01/01/13</p> <p>Posted 07/09/13 T</p> <p>05/02/13 E</p>

Intracardiac Electrophysiologic Procedures/Studies - Continued

93613	<i>Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)</i> (Use 93613 in conjunction with 93620, 93653, <u>93656</u>) (Do not report 93613 in conjunction with 93609, 93654)
⊙⊙ 93618	<i>Induction of arrhythmia by electrical pacing</i> (Do not report 93618 in conjunction with 93619, 93620-93622, 93653, 93654, 93656) (For intracardiac phonocardiogram, use 93799)
⊙ 93619	<i>Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia</i> (Do not report 93619 in conjunction with 93600, 93602, <u>93603</u> , 93610, 93612, 93618, or 93620-93622, <u>93653-93657</u>)
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording (Do not report 93620 in conjunction with 93600, 93602, <u>93603</u> , 93610, 93612, 93618 or 93619, <u>93653-93657</u>)
⊙+ 93621	<i>with left atrial pacing and recording from coronary sinus or left atrium</i> (List separately in addition to code for primary procedure) (Use 93621 in conjunction with 93620, <u>93653</u> , <u>93654</u>) (Do not report 93621 in conjunction with 93656)
+93622	<i>with left ventricular pacing and recording (List separately in addition to code for primary procedure)</i> (Use 93622 in conjunction with 93620, <u>93653</u> , <u>93654</u> , 93656) (Do not report 93622 in conjunction with 93654)
+93623	<i>Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)</i> (Use 93623 in conjunction with <u>93610</u> , <u>93612</u> , 93619, 93620, <u>93653</u> , <u>93654</u> , <u>93656</u>)
⊙▲ 93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (<u>when necessary</u>), <u>and</u> His <u>bundle</u> recording (<u>when necessary</u>) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspidisthmus or other single atrial focus or source of atrial re-entry (<u>Use 93653 in conjunction with 93462, 93609 or 93613, 93621, 93622, 93623, 93655, 93662</u>) (Do not report 93653 in conjunction with 93600 - 93603, 93610, 93612, 93618 - 93620, 93642, 93654, <u>93656</u>)

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Intracardiac Electrophysiologic Procedures/Studies - Continued

◎▲ 93654 for treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed

~~(Use 93654 in conjunction with 93462, 93621, 93623, 93655, 93662)~~

(Do not report 93654 in conjunction with 93279-93284, 93286-93289, 93600-93603, 93609, 93610, 93612, 93613, 93618-93620, 93622, 93642, 93653, 93656)

+93655 *Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)*

(Use 93655 in conjunction with 93653, 93654, 93656)

◎▲ 93656 Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia ~~with including left or right atrial pacing/recording and pacing, when possible/necessary, right ventricular pacing/recording when possible/necessary and recording.~~ His bundle recording ~~when possible/necessary~~ with intracardiac catheter ablation ~~of arrhythmogenic focus, with treatment~~ of atrial fibrillation ~~by ablation~~ by pulmonary vein isolation

(Do not report 93656 in conjunction with 93279-93284, 93286-93289, 93462, 93600, 93602, 93602, 93610, 93612, 93618, 93619, 93620, 93621, 93653, 93654)

+93657 *Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)*

(Use 93657 in conjunction with 93656)

✚ 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, 93453, 93460-93462, 93532, 93580, 93581, 93620, 93621, 93622, 93653, 93654, 93656 as appropriate)

(Do not report 92961 in addition to 93662)

Revise the intracardiac electrophysiologic procedures/studies guidelines to: 1) allow reporting code 93622 with 93653 and 93656 and allow reporting of 93623 with 93653-93656; 2) remove the terms “treatment of atrial fibrillation”; 3) revise the guidelines to provide further details of the intent of the complex descriptor for codes 93653, 93654 and 93656; 4) revise the descriptor for code 93653 to change the phrase “when possible” to “when necessary” and add the term “bundle within the code descriptor; and 5) clarify the complex descriptor for the use of code 93656. Further revise the descriptor for code 93656 and parenthetical notes following 93613, 93622 and 93654 to coincide with the revised guidelines.

Add exclusionary parenthetical notes following codes 93600-93623, 93653-93662; 2) revise existing parenthetical notes following 93609, 93612, 93619, 93620, 93621, 93654, and 93662 to include additional services regarding electrophysiological procedures.

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Errata and Technical Corrections	Date posted to site
<p>Medicine Neurology and Neuromuscular Procedures Guidance for Chemodenervation and Ischemic Muscle Testing</p> <p>+95873 <i>Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)</i> <i>(Do not report 95873 in conjunction with 95860-95870, 95874)</i></p> <p>+95874 <i>Needle electromyography for guidance in conjunction with chemodenervation</i> <i>(List separately in addition with primary procedure)</i> (Use 95873, 95874 in conjunction with 64612-64615. Do not report more than one guidance code for each corresponding chemodenervation code) (Do not report 95874 in conjunction with 95873) (Do not report 95873, 95874 in conjunction with 95860-95870, 95873)</p> <p>Revise the parenthetical note following 95874 to include 64615 with the addition of further instructions to note that only one guidance code is appropriately reported with the listed chemodenervation codes.</p>	<p>Posted 03/22/13 T</p> <p>Effective 01/01/13</p>
<p>Medicine Health and Behavior Assessment/Intervention</p> <p>For patients that require psychiatric services (90785, 90801-90899) as well as health and behavior assessment/intervention (96150-96155), report the predominant service performed. Do not report 96150-96155 in conjunction with 90785, 90801-90899 on the same date.</p> <p>Revise the Health and Behavior guidelines to remove reference to deleted codes.</p>	<p>01/25/13 E</p>
<p>Category III</p> <p>0182T High dose rate electronic brachytherapy, per fraction Sunset December 2017 <u>January 2018</u></p> <p>Revise sunset date for Category III code to January 1, 2018</p>	<p>12/04/12 E</p>
<p>Category III</p> <p>►(0258T has been deleted. To report, see 33365, 33366 0318T)◀</p> <p>Revise the instructional parenthetical note for deleted code 0258T by removing code 33666 and adding Category III code 0318T.</p>	<p>09/11/12 E</p>
<p>Category III</p> <p>⊙ 0308T Insertion of ocular telescope prosthesis including removal of crystalline lens</p> <p>Remove modifier 51 exempt symbol from Cat III code 0308T and remove code 0308T from Appendix E.</p>	<p>02/13/13 E</p>

Errata and Technical Corrections	Date posted to site
<p>Appendix B Summary of Additions, Deletions, and Revisions</p> <p>▲ 99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; and • Medical decision making of moderate complexity. <p>Counseling and/or coordination of care with <u>other physicians</u>, other providers <u>qualified health care professionals</u>, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other <u>qualified health care professionals</u> but do not pose an immediate significant threat to life or physiologic function.</p> <p>Revise the code descriptor for code 99284 noted in Appendix B.</p>	<p>01/18/13 E</p>
<p>Appendix D Summary of CPT Add-on Codes</p> <p>95915 95916</p> <p>Delete reference to codes 95915 and 95916 from Appendix D, as these are not active CPT codes.</p>	<p>09/11/12 E</p>
<p>Appendix E Summary of CPT Codes Exempt from Modifier 51</p> <p>0308T</p> <p>Delete reference to code 0308T from Appendix E.</p>	<p>02/13/13 E</p>
<p>Appendix F Summary of CPT Codes Exempt from Modifier 63</p> <p>99337</p> <p>Delete reference to code 99337 from Appendix F.</p>	<p>10/19/12 E</p>

Appendix O
Multianalyte Assays with
Algorithmic Analyses

Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor	
Category I Codes for Multianalyte Assays with Algorithmic Analyses (MAAA)			
No proprietary name and clinical laboratory or manufacturer: Maternal serum screening procedures are well established procedures and are performed by many labs throughout the country. The concept of prenatal screens has existed and evolved for over ten years and is not exclusive to any one facility.	●81508	<u>Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score</u>	09/11/12 E
	●81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	
	●81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
	●81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	
	●81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	
	●81599	<u>Unlisted Multianalyte assay with algorithmic analysis</u>	
Add multianalyte assay reference codes 81508 and 81599 to the Appendix O table.			

Errata and Technical Corrections		Date posted to site
Data files Front Matter Modifiers Approved for Hospital Outpatient Use Level II (HCPCS/National) T1 Left foot, second digit T2 Left foot, <u>third</u> fourth digit T3 Left foot, fourth digit T4 Left foot, fifth digit Revise the HCPCS Level II modifier T2.		07/09/13 E
Short Descriptors 19301 <u>PARTIAL</u> MASTECTOMY Revise short descriptor for code 19301.		12/04/12 E
Medium/Short Descriptor 31647 BRONCHIAL VALVE <u>INIT</u> INSERT BRNCHSC OCCLUSION&INSERT BRONCH VALVE <u>INIT LOBE</u> 31648 BRONCHIAL VALVE REMOV <u>INIT</u> BRNCHSC REMOVAL BRONCHIAL VALVE <u>INITIAL</u> 31649 BRONCHIAL VALVE REMOV <u>ADDL</u> BRNCHSC REMOVAL BRONCHIAL VALVE <u>EA ADDL</u> 31651 BRONCHIAL VALVE <u>ADDL INSERT</u> BRNCHSC OCCLUSION&INSERT BRONCH VALVE <u>ADDL LOBE</u> Revise medium and short descriptor for codes 31547, 31648, 31649 and 31651		12/04/12 E
Short Descriptor 35103 REPAIR ARTERY RUPTURE GROIN <u>AORTA</u> Revise short descriptor for 35103.		05/01/13 E
Medium Descriptor 54130 AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE Revise medium descriptor for 54130.		07/09/13 E
Medium Descriptor 73201 CT UPPER EXTREMITY W/O & W/ CONTRAST MATERIAL Revise the medium descriptor for code 73201		02/13/13 E

Short Descriptor		12/13/12 E
87631	RESP VIRUS 3-5 3-44 TARGETS	
Revise short descriptor for code 87631.		
Medium Descriptors/Short Descriptors		01/25/13 E
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC ≤ 7 YR IM DTAP VACCINE ≤ 7 YRS IM	
90702	DIPHTHERIA TETANUS TOXOID ADSORBED ≤ 7 YR IM DT VACCINE ≤ 7 YRS IM	
Revise medium and short descriptor for codes 90700 and 90702		
Medium Descriptors/Short Descriptors		10/19/12 E
95907	MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB MOTOR&/SENS 1-2 NRV CNDJ TST <u>NERVE CONDUCTION STUDIES 1-2 STUDIES</u> <u>NRV CNDJ TST 1-2 STUDIES</u>	
95908	MOTOR &/SENS 3-4 NRV CNDJ PRECONF ELTRODE LIMB MOTOR&/SENS 3-4 NRV CNDJ TST <u>NERVE CONDUCTION STUDIES 3-4 STUDIES</u> <u>NRV CNDJ TST 3-4 STUDIES</u>	
95909	MOTOR &/SENS 5-6 NRV CNDJ PRECONF ELTRODE LIMB MOTOR&/SENS 5-6 NRV CNDJ TST <u>NERVE CONDUCTION STUDIES 5-6 STUDIES</u> <u>NRV CNDJ TST 5-6 STUDIES</u>	
95910	MOTOR &/SENS 7-8 NRV CNDJ PRECONF ELTRODE LIMB MOTOR&SENS 7-8 NRV CNDJ TEST <u>NERVE CONDUCTION STUDIES 7-8 STUDIES</u> <u>NRV CNDJ TEST 7-8 STUDIES</u>	
95911	MOTOR &/SENS 9-10 NRV CNDJ PRECONF ELTRODE LIMB MOTOR&SEN 9-10 NRV CNDJ TEST <u>NERVE CONDUCTION STUDIES 9-10 STUDIES</u> <u>NRV CNDJ TEST 9-10 STUDIES</u>	
95912	MOTOR &/SENS 11-12 NRV CNDJ PRECONF ELTRODE LIMB MOTOR&SEN 11-12 NRV CND TEST <u>NERVE CONDUCTION STUDIES 11-12 STUDIES</u> <u>NRV CNDJ TEST 11-12 STUDIES</u>	
95913	MOTOR &/SENS 13/> NRV CNDJ PRECONF ELTRODE LIMB MOTOR&SENS 13/> NRV CND TEST <u>NERVE CONDUCTION STUDIES 13/> STUDIES</u> <u>NRV CNDJ TEST 13/> STUDIES</u>	
Revise medium and short descriptor for codes 95907-95913.		

Errata and Technical Corrections		Date posted to site
Medium/Short Descriptor		Posted 12/04/12 E
0195T	ARTHRODESIS PRESACRAL INTRBDY <u>W/O INSTRUM L5/S1</u> <u>PRESCLR FUSE W/O INSTR L5/S1</u>	
0196T	ARTHRODESIS PRESACRAL INTRBDY <u>W/O INSTRUM L4/L5</u> <u>PRESCLR FUSE W/O INSTR L4/L5</u>	
0206T	<u>CPTR DBS ALYS MLT CYCLS CAR ELEC DTA 2/> ECG LDS</u> <u>CPTR DBS ALYS CAR ELEC DTA</u>	
Revise medium and short descriptor for codes 0195T, 0196T, and 0206T.		
Medium Descriptor		Posted 10/19/12 E
27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&AM <u>NRVE</u>	
75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG <u>RS&I</u>	
75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG <u>RS&I</u>	
75958	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG <u>RS&I</u>	
75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA <u>RS&I</u>	
88154	CYTP SLIDES C/V MNL SCR&CPTR-RESCR CELL <u>S&I</u>	
88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL <u>S&I</u>	
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG <u>S&I</u>	
Revise medium descriptor for codes 27499, 75956, 75957, 75958, 75959, 88154, 88167, and 93459.		
Medium Descriptor		Posted 01/25/13 E ↓
80150	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> AMIKACIN	
80152	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> AMITRIPTYLINE	
80154	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> BENZODIAZEPINES	
80156	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> CARBAMAZEPINE TOTAL	
80157	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> CARBAMAZEPINE FREE	
80158	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> CYCLOSPORINE	
80160	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> DESIPRAMINE	
80162	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> DIGOXIN	
80164	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> DIPROPYLACETIC ACID	
80166	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> DOXEPIN	
80168	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> ETHOSUXIMIDE	

Medium Descriptor - Continued		
80170	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> GENTAMICIN	
80172	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> GOLD	
80173	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> HALOPRIDOL	
80174	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> IMIPRAMINE	
80176	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> LIDOCAINE	
80178	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> LITHIUM	
80182	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> NORTRIPTYLINE	
80184	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> PHENOBARBITAL	
80185	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> PHENYTOIN TOTAL	
80186	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> PHENYTOIN FREE	
80188	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> PRIMIDONE	
80190	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> PROCAINAMIDE	
80192	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> PROCAINAMIDE METABOLITES	
80194	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> QUINIDINE	
80195	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> SIROLIMUS	
80196	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> SALICYLATE	
80197	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> TACROLIMUS	
80198	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> THEOPHYLLINE	
80200	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> TOBRAMYCIN	
80201	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> TOPIRAMATE	
80202	DRUG SCREEN QUALITATIVE <u>QUANTITATIVE</u> VANCOMYCIN	
Revise medium descriptor for codes 80150 – 80202		
Medium Descriptor		Posted 05/02/13 E
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL ≤ 7.0%	
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE ≤ 130 MM HG	
Revise medium descriptor for codes 3044F, 3074F.		
Medium Descriptor		Posted 05/01/13 E
3082F	KT/V <1.2 (CLEARANCE OF UREA (K1)/VOLUME (V))	
3082F	KT/V <1.2	
Revise medium and short descriptor for code 3082F.		
Short Descriptor		Posted 07/09/13
9003F	AORTIC ANRYSM 5.5-5.9 CM DIAM	
Revise short descriptor for code 9003F.		

Errata and Technical Corrections	Date posted to site
Index Catheter for Cystourethroscopy 52326 <u>52320-52355</u> Remove deleted code 52356 and replace with existing range 52320 – 52355	Posted 03/22/13 E
Index Anesthesia Wrist <u>00400, 01810-01860</u> Add reference codes 00400, 01810-01860.	Posted 07/09/13 E
Index Endoscopy Nose Surgical.....31237-31240, 31254 -31356, Revise transposed code to 31254.	Posted 07/09/13 E
Index Resection Tumor Bladder..... <u>52234</u> , 52235, 52240 Revise transposed code to 52234	Posted 07/09/13 E
Medium Descriptor 37618 LIGATION MAJOR ARTERY EXTREMITY Revise medium descriptor for code 37618	Posted 11/11/13 E
Medium Descriptor 61751 STRTCTC BX ASPIR/EXC BURR ICRA LES W/CT&I/MR Revise medium descriptor for code 61751	Posted 11/11/13 E

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