



Errata and Technical Corrections – CPT® 2015

Date: July 10, 2015

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, 2015.** 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® 2015*

- [Revise exclusionary parenthetical note following 88344 \(technical correction\)](#)

Errata and Technical Corrections	Date posted to Site
<p>Evaluation and Management Emergency Department New or Established patient</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 other physicians, other qualified health care professionals, 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 qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.</p> <p>Revise code 99284 removing reference to the duplicate term "physicians".</p>	<p>Posted 09/23/2014 E</p>
<p>Evaluation and Management Care Management Services Complex Chronic Care Management Services</p> <p>▲ 99487 Complex chronic care management services, with the following required elements:</p> <ul style="list-style-type: none"> ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; ▪ establishment or substantial revision of a comprehensive care plan; ▪ moderate or high complexity medical decision making; ▪ 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. <p>+ ▲ 99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)</p> <p>Revise code 99487 to include only one semicolon to allow the reporting of add-on code 99489 and to reflect the parent child relationship between the two codes.</p>	<p>Posted 10/29/2014</p>

Errata and Technical Corrections	Date posted to Site
<p>Category I Integumentary System Breast Excision</p> <p><i>Excisional breast surgery includes certain biopsy...</i></p> <p>Breast biopsies, without image guidance are reported with 19100 and 19101. Image-guided breast biopsies, including the placement of localization devices when performed, are reported using codes 19081-19086. The image-guided placement of localization devices without biopsy are reported with 19281-19288. When more than one biopsy or localization device placement is performed using the same imaging modality, use an add-on code <u>whether the additional service(s) is on the same or contra-lateral breast</u>. If additional biopsies <u>or localization device placements</u> are performed using different imaging modalities, report another primary code for each additional <u>biopsy or localization device placement performed using a different image guidance</u> modality. When an open incisional biopsy is performed after image-guided placement of a localization device, 19101 is reported and the appropriate image-guided localization device placement code is reported. The open excision of breast lesions (eg, lesions of the breast ducts, cysts, benign or malignant tumors), without specific attention to adequate surgical margins, with or without the preoperative placement of radiological markers, is reported using codes 19110-19126. Partial mastectomy procedures (eg, lumpectomy, tylectomy, quadrantectomy, or segmentectomy) describe open excisions of breast tissue with specific attention to adequate surgical margins.</p> <p><i>Partial mastectomy procedures are reported using codes 19301...</i></p> <p><i>Total mastectomy procedures include simple mastectomy, complete...</i></p> <p><i>Excisions or resections of chest wall tumors including ribs,</i></p> <p><u>When more than one breast biopsy is performed using the same imaging modality, use an add-on code whether the additional service(s) is on the same or contra-lateral breast. If additional biopsies are performed using different imaging modalities, report another primary code for each additional modality.</u></p> <p><u>To report bilateral image-guided breast biopsies, report 19081, 19083, or 19085 for the initial biopsy. The contra-lateral and each additional breast image guided biopsy are then reported with code 19082, 19084 or 19086.</u></p> <p>(To report bilateral procedures <u>for codes 19100-19120</u>, report-modifier 50 with the procedure code.)</p> <p>19081 <i>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance</i></p> <p>19086 <i>each additional lesion, including magnetic resonance guidance</i></p>	<p>Posted 11/11/2014 T</p> <p>Effective 11/11/2014</p>

Errata and Technical Corrections	Date posted to Site
<p>Cont'd</p> <p>Category I Integumentary System Breast Introduction</p> <p>Breast biopsies without image guidance are reported with 19100 and 19101. Image-guided breast biopsies, including the placement of localization devices when performed, are reported using 19081-19086. The image-guided placement of localization devices without image-guided biopsy are reported with 19281-19288. When more than one biopsy or localization device placement is performed using the same imaging modality, use an add-on code <u>whether the additional service(s) is on the same or contra-lateral breast</u>. If additional biopsies <u>or localization device placements</u> are performed using different imaging modalities, report another primary code for each additional <u>biopsy or localization device placement performed using a different image guidance modality</u>. When an open incisional biopsy is performed after image-guided placement of a localization device, 19101 is reported and the appropriate image-guided localization device placement code is reported.</p> <p><u>When more than one breast localization device placement is performed using the same imaging modality, use an add-on code whether the additional service(s) is on the same or contra-lateral breast. If additional localization devices are placed using different imaging modalities, report another primary code for each additional modality. When an open incisional biopsy is performed after image-guided placement of a localization device, 19101 is reported and the appropriate image-guided localization device placement code is reported.</u></p> <p><u>To report bilateral image-guided placement of localization devices report 19281, 19283, 19285, or 19287 for the initial lesion localized. The contra-lateral and each additional breast image-guided localization device placement is reported with code 19282, 19284, 19286 or 19288</u></p> <p>19281 <i>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance</i></p> <p>19288 <i>each additional lesion, including magnetic resonance guidance</i></p> <p>Revision of the breast biopsy guidelines for reporting bilateral breast imaging/biopsy services to clarify that coding for these services is to reflect “lesion” and modality, irrespective of performance on the same or contralateral breast. These revisions also reflect the intent of these codes for reporting combinations of multiple procedures and imaging modalities.</p>	<p>Posted 11/11/2014 T</p> <p>Effective 11/11/2014</p>

Errata and Technical Corrections	Date posted to Site
<p>Consumer Descriptor</p> <p>19081 Biopsy of breast accessed through the skin with stereotactic guidance 19082 Biopsy of breast accessed through the skin with stereotactic guidance 19083 Biopsy of breast accessed through the skin with ultrasound guidance 19084 Biopsy of breast accessed through the skin with ultrasound guidance 19085 Biopsy of breast accessed through the skin with MRI guidance 19086 Biopsy of breast accessed through the skin with MRI guidance</p> <p>Revise consumer descriptor for codes 19081, 19082, 19083, 19084, 19085, and 19086 to reflect “through”.</p>	<p>Posted 11/07/2014 E</p>
<p>Medium Descriptor</p> <p>31287 NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY</p> <p>Revise medium descriptor for code 31287 to reflect “sphenoidotomy.”</p>	<p>Posted 09/23/2014 E</p>
<p>Surgery Digestive System Esophagus Esophagoscopy</p> <p>⊙ 43229 with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</p> <p>▶ (Do not report 43229 in conjunction with 43220, 43226 for the same lesion) ◀ ▶ (Do not report 43229 in conjunction with 43197, 43198, 43200) ◀</p> <p>(For esophagoscopy photodynamic therapy, report 43229 in conjunction with 96570, 96571 as appropriate)</p> <p>⊙ 43231 with endoscopic ultrasound examination</p> <p>▶ (Do not report 43231 in conjunction with 43197, 43198, 43200, 43232, 76975) ◀ ▶ (Do not report 43231 more than once per session) ◀</p> <p>⊙ 43232 with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)</p> <p>▶ (Do not report 43232 in conjunction with 43197, 43198, 43200, 43231, 76942, 76975) ◀ ▶ (Do not report 43232 more than once per session) ◀</p> <p>43233 Code is out of numerical sequence. See 43180-43232 43249-43250</p> <p>(43234 has been deleted. To report esophagogastrosocopy, see 43197, 43200, 43235)</p> <p>Revise the resequence parenthetical note for code 43233 to reflect 43249-43250.</p>	<p>Posted 09/25/2014 E</p>

Errata and Technical Corrections	Date posted to Site
Medium Descriptor 43259 RA SPINAL CANAL W/WO CONTRAST MATERIAL <u>EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM</u> Revise medium descriptor for code 43259 to reflect the accurate description.	Posted 10/29/2014 E
Surgery Digestive System Colon and Rectum Endoscopy <div style="text-align: center;"> <h3>Colonoscopy Decision Tree</h3> <pre> graph TD A[Decision to Undergo Colonoscopy] --> B[Diagnostic Procedure] A --> C[Therapeutic Procedure] B --> B1[Does Not Reach Splenic Flexure] B --> B2[Beyond Splenic Flexure, But Not To the Cecum] B --> B3[To Cecum] C --> C1[Does Not Reach Splenic Flexure] C --> C2[Beyond Splenic Flexure, But Not To the Cecum] C --> C3[To Cecum] B1 --> B1C[Flexible Sigmoidoscopy (45330)] B2 --> B2C[Colonoscopy (45378; Modifier 53)] B3 --> B3C[Colonoscopy (45378; No Modifier)] C1 --> C1C[Flexible Sigmoidoscopy (45331-45347)] C2 --> C2C[Colonoscopy (45379-45398; Modifier 52)] C3 --> C3C[Colonoscopy (45379-45398; Modifier 52)] </pre> <p style="text-align: right; color: red; border: 1px solid red; padding: 2px;">should be "No Modifier"</p> </div> <p>Revise the colonoscopy decision tree illustrated on page 284 of the 2015 CPT Prof book to indicate that when performing a therapeutic procedure to the cecum, report colonoscopy codes 45379-45398 with <u>"No Modifier"</u>.</p>	Posted 09/23/2014 E

Errata and Technical Corrections	Date posted to Site
<p>Surgery Digestive System Colon and Rectum Other Procedures</p> <p>#☹●45399 Unlisted procedure, colon</p> <p>Remove the moderate sedation symbol from code 45399.</p> <p>Appendix G</p> <p>45399</p> <p>Remove code 45399 from Appendix G.</p>	<p>Posted 12/05/14 E</p> <p>Posted 12/09/14 E</p>
<p>Category I Surgery Nervous System Spine and Spinal Cord Injection, Drainage, or Aspiration</p> <p>▲62284 Injection procedure for myelography and/or computed tomography, lumbar-(other than C1-C2 and posterior fossa)-</p> <p>Delete extraneous text from code 62284 that is now inconsistent with the intent for lumbar treatment in the recently revised descriptor.</p>	<p>Posted 11/11/2014 T</p> <p>Effective 11/11/2014</p>
<p>Consumer Descriptor</p> <p>73510 X-RAY OF HIP OF ONE SIDE OF BODY, MINIMUM OF 2 VIEWS</p> <p>Revise consumer descriptor for code 73510 to reflect X-ray of “hip”.</p>	<p>Posted 10/29/2014 E</p>

Errata and Technical Corrections	Date posted to Site
<p>Radiology Radiation Oncology Radiation Treatment Oncology</p> <p>77402 Radiation treatment delivery, \geq 1 MeV; simple 77407 Radiation treatment delivery, \geq 1 MeV; intermediate 77412 Radiation treatment delivery, \geq 1 MeV; complex</p> <p>Revise codes 77402, 77407, and 77412 to reflect greater than or equal to symbol \geq.</p>	<p>Posted 09/23/2014 E</p>
<p>Category I Pathology and Laboratory Microbiology</p> <p>87470 <i>Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique</i></p> <p>87501 <i>influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype</i></p> <p>▲ 87502 <i>influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, <u>when performed</u>, and multiplex amplified probe technique, first 2 types or sub-types</i></p> <p>+▲ 87503 <i>influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, <u>when performed</u>, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)</i></p> <p>Revise codes 87502 and 87503 to include “when performed” to clarify that multiplex amplified probes are included.</p>	<p>Posted 03/26/2015 T</p> <p>Effective 03/26/2015</p>

Errata and Technical Corrections	Date posted to Site
<p>Category I</p> <p>Pathology and Laboratory</p> <p>Surgical Pathology</p> <p>88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure</p> <p>#+88341 each additional single antibody stain procedure (List separately in addition to code for primary procedure)</p> <p>88344 each multiplex antibody stain procedure</p> <p>(Do not use more than one unit of 88341, 88342, <u>or</u> 88344 for <u>the same</u> each separately identifiable antibody per specimen)</p> <p>Revise the exclusionary parenthetical note following code 88344 to instruct reporting of different antibodies.</p>	<p>Posted 07/10/2015 T</p> <p>Effective 07/10/2015</p>
<p>Medicine</p> <p>Physical Medicine and Rehabilitation</p> <p>Therapeutic Procedures</p> <p>97140 <i>Manual therapy technique (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</i></p> <p>(Do not report 97140 in conjunction with 29581-29584)</p> <p>Delete the exclusionary parenthetical note following 97140 referencing codes 29581-29584.</p>	<p>Posted 10/29/2014 E</p>
<p>Category III</p> <p>+•0346T Ultrasound, elastography (List separately in addition to code primary procedure)</p> <p>▶ (Use 0346T in conjunction with 76536, 76604, <u>76641, 76642</u>, 76700, 76705, 76770, 76775, 76830, 76856, 76857, 76870, 76872, 76881, 76882) ◀</p> <p>Revise the parenthetical note following code 0346T to include codes 76641 and 76642.</p>	<p>Posted 09/25/2014 E</p>

Errata and Technical Corrections	Date posted to Site
<p>Category II Therapeutic, Preventive, or Other Interventions</p> <p>4256F Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT)⁵ (Peri) (<u>Peri2</u>)¹¹</p> <p>Revise code 4256F removing reference to (Peri) and adding (Peri2).</p>	<p>Posted 09/23/2014 E</p>
<p>Medium Descriptor</p> <p>11643 EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM/≤ 15116 EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/≤ 15274 APP SKN SUB GRFT T/A/L AREA ≥/≡ 100SCM ADL 100SQCM 15277 SUB GRFT F/S/N/H/F/G/M/D ≥/≡ 100SCM 1ST 100SQ CM 17266 DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM 43259 EGD US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM 44388 COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX 58570 LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/< 63700 REPAIR MENINGOCELE ≤ 5 CM DIAMETER 63704 REPAIR MYELOMENINGOCELE ≤ 5 CM DIAMETER 75958 PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I 80155 DRUG ASSAY CAFFEINE 80156 DRUG ASSAY CARBAMAZEPINE TOTAL 80157 DRUG ASSAY CARBAMAZEPINE FREE 80158 DRUG ASSAY CYCLOSPORINE 80159 DRUG ASSAY CLOZAPINE 80164 DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL 80169 DRUG ASSAY EVEROLIMUS 89290 BX OOCYTE MICROTQ ≤/≡ 5 EMBRY 90721 DTAP/HIB VACCINE INTRAMUSCULAR 3084F KT/V ≥/≡ 1.7 4481F PT RCVNG ACE/ARB AND BETA BLOCKER < 3 MONTHS 5200F CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS</p> <p>Revise medium descriptors for codes 11643, 15116, 15274, 15277, 17266, 43259, 44388, 58570, 63700, 63704, 75958, 80155, 80156, 80157, 80158, 80159, 80164, 80169, 89290, 90721, 3084F, 4481F, 5200F.</p>	<p>Posted 12/5/14 E Posted 11/07/2014 E 10/29/2014 E</p>

Errata and Technical Corrections	Date posted to Site
<p>Short Descriptors</p> <p>11921 CORRECT SKN COLOR 6.1-20.0CM 80155 DRUG ASSAY CAFFEINE 80156 ASSAY CARBAMAZEPINE TOTAL 80157 ASSAY CARBAMAZEPINE FREE 80158 DRUG ASSAY CYCLOSPORINE 80159 DRUG ASSAY CLOZAPINE 80164 ASSAY DIPROPYLACETIC ACD TOT 80169 DRUG ASSAY EVEROLIMUS 2021F DILAT MACULAR EXAM DONE 3084F KT/V \geq 1.7</p> <p>Revise short descriptors for codes 11921, 80155, 80156, 80157, 80158, 80159, 80164, 80169, 2021F, 3084F.</p>	<p>Posted 11/07/2014 E</p>
<p>Index Heroin Screen</p> <p>Unspecified Chromatography Analyte ... 82486</p> <p><u>See Drug Assay..... 80300- 80304</u></p> <p>Delete “unspecified chromatography analyte 82486” and replace with “See Drug Assay 80300-80304.</p>	<p>Posted 10/29/2014 E</p>
<p>Index Injections Subcutaneous</p> <p>Therapeutic ...96372, 90782</p> <p>Delete code 90782 from the injections, subcutaneous, therapeutic index listing.</p>	<p>Posted 03/26/2015 E</p>

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.