



Errata and Technical Corrections – CPT® 2016

Date: March 9, 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, 2016.** Updates to this document are made as issues surface requiring clarification

Most recent entries added to *Errata and Technical Corrections - CPT® 2016*

- Removal of the MAAA code (0010M) from this document as the revision is not a technical correction. This revision is appropriately listed in the MAAA early release document located under the AMA MAAA website at <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/maaa-codes.page?>

Errata and Technical Corrections	Date posted to Site
<p>Category I Surgery Musculoskeletal System Endoscopy/Arthroscopy</p> <p>29889 <i>Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction</i></p> <p>(Procedures 29888 and 29889 should not be used with <u>reconstruction procedures 27427-27429</u>)</p> <p>Revise parenthetical note following 29889 to include missing text.</p>	<p>Posted 02/26/2016 E</p>
<p>Category I Surgery Digestive System Anus Endoscopy</p> <p>46600 <i>Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</i></p> <p>(Do not report 46600 in conjunction with 46020-46942-46947, 0184T, 0249T, 0377T during the same operative session)</p> <p>Revise the exclusionary parenthetical note following 46600 to expand the code range to include 46947.</p>	<p>Posted 11/13/2015 12/17/2015 E</p>

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<p>Category I Surgery Digestive System Biliary Tract Introduction</p> <p><i>Code 47541 describes...</i></p> <p>Codes 47542, 47543, and 47544 describe procedures that may be performed in conjunction with other codes in this family, are add-on codes and do not include access, catheter placement, or diagnostic imaging. Do not report 47542 with 47538, 47539, 47540 because balloon dilation is included in 47538, 47539, and 47540. Code 47544 should not be reported with 47531-47543 for <u>incidental</u> removal of incidental sludge and/or incidental debris. Code 47542 should not be reported with 47544, if a balloon is used for removal of calculi <u>or</u> debris, and/or sludge rather than for dilation.</p> <p>⊕●47544 <i>Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)</i></p> <p>(Do not report 47544 in conjunction with 47531-47543 for <u>incidental</u> removal of incidental sludge and/or debris)</p> <p>Revise the instructions for the percutaneous biliary procedure to clarify that the intent of the instructions is not “removal of incidental sludge and ALL removal of debris” but for removal of incidental debris as indicated in the code descriptors.</p>	<p>Posted 11/13/2015 T</p> <p>Effective 01/01/2016</p>					
<p>Category I Pathology and Laboratory Molecular Pathology Gene Table</p> <table border="1" data-bbox="94 1270 1174 1348"> <tr> <td data-bbox="94 1270 297 1348"></td> <td data-bbox="297 1270 516 1348"><u>ABL1</u></td> <td data-bbox="516 1270 743 1348">ABL proto-oncogene 1, non-receptor tyrosine kinase</td> <td data-bbox="743 1270 963 1348">Acquired imatinib tyrosine kinase inhibitor resistance</td> <td data-bbox="963 1270 1174 1348">81170</td> </tr> </table> <p>Update the molecular pathology gene table to revise the gene name for code 81170 to reflect ALB1.</p>		<u>ABL1</u>	ABL proto-oncogene 1, non-receptor tyrosine kinase	Acquired imatinib tyrosine kinase inhibitor resistance	81170	<p>Posted 11/13/2015 E</p>
	<u>ABL1</u>	ABL proto-oncogene 1, non-receptor tyrosine kinase	Acquired imatinib tyrosine kinase inhibitor resistance	81170		
<p>Category I Medicine Vaccines, Toxoids</p> <p>#▲90644 Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children <u>6 weeks</u> 2-18 months of age, for intramuscular use</p> <p>Revise code 90644 to expand the age range to 6 weeks-18 months of age from the current age for better alignment with the current FDA-approved label.</p>	<p>Posted 11/13/2015 T</p> <p>Effective 01/01/2016</p>					

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<p>Category I Medicine Vaccine, Toxoids</p> <p>▲ 90698 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use</p> <p>Revise code 90698 to reflect (DTaP).</p>	<p>Posted 11/13/2015 E</p>
<p>Category I Medicine Special Otorhinolaryngologic Services</p> <p>92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</p> <p>92523 with evaluation of language comprehension and expression (eg, receptive and expressive language)</p> <p>Revise code 92522 to include a semicolon to reflect it's a parent code to 92523.</p>	<p>Posted 11/13/2015 E</p>

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<p>Category I Medicine Special Dermatological Procedures</p> <p><u>(Codes 96931, 96932, 96933, 96934, 96935, 96936 describe the acquisition and/or diagnostic interpretation of the device generated stitched image mosaics related to a single lesion. Do not report 96931, 96932, 96933, 96934, 96935, 96936 for a reflectance confocal microscopy examination that does not produce mosaic images. For services rendered using reflectance confocal microscopy not generating mosaic images, use 96999)</u></p> <p>96931 <i>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion</i></p> <p>96932 <i>image acquisition only, first lesion</i></p> <p>96933 <i>interpretation and report only, first lesion</i></p> <p>✚96934 <i>image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)</i> <i>(Use 96934 in conjunction with 96931)</i></p> <p>✚96935 <i>image acquisition only, each additional lesion (List separately in addition to primary procedure)</i> <i>(Use 96935 in conjunction with 96932)</i></p> <p>ì✚96936 <i>interpretation and report only, each additional lesion (List separately in addition to primary procedure)</i> <i>(Use 96936 in conjunction with 96933)</i></p> <p>Add an exclusionary parenthetical that precludes using codes 96931-96936 for a reflectance confocal microscopy examination that does not produce mosaic images.</p>	<p>Posted 11/13/2015 T</p> <p>Effective 01/01/2016</p>
<p>Category III</p> <p>0331T Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;</p> <p>0332T with tomographic SPECT</p> <p>Revise code 0331T to include a semicolon to reflect it's a parent code to 0332T.</p>	<p>Posted 11/13/2015 E</p>

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<p>Category III</p> <p>●0439T Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)</p> <p>▶ (Do not report) Use 0439T in conjunction with 93306, 93307, 93308, 93350, 93351 ◀</p> <p>Revise parenthetical note following code 0439T. Code 0439T and associated parenthetical note were posted January 1, 2016 as part of the Category III Early Release document and will be published in the 2017 CPT code set.</p>	<p>Posted 02/16/2016 T</p> <p>Effective 01/01/2016</p>
<p>Appendix A</p> <p>Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use</p> <p><i>27 Multiple Outpatient Hospital E/M Encounters on the Same Date: For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (eg, hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine Services codes.</i></p> <p><u>33 Preventive Services: When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.</u></p> <p><i>50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.</i></p> <p>Revise Appendix A to include Modifier 33, Preventive Services under the Appendix A subsection “Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use”- to bring this subsection into consistency with Medicare instructions for reporting Modifier 33 for anesthesia services associated with a screening colonoscopy in the ASC setting.</p>	<p>Posted 12/17/2015 T</p> <p>Effective 01/01/2016</p>

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<p>Appendix G Summary of CPT Codes that Include Moderate (Conscious) Sedation</p> <p>© 0397T</p> <p>Add Category III code 0397T to the Appendix G, as it includes moderate sedation.</p>	<p>Posted 11/13/2015 E</p>
<p>Appendix N Summary of Resequenced CPT codes</p> <p>27057</p> <p>92597</p> <p>Update Appendix N to remove code 27057 and add code 92597.</p>	<p>Posted 11/13/2015 E</p>
<p>Medium descriptor</p> <p>42825 TONSILLECTOMY ONE-HALFPRIMARY/SECONDARY <AGE 12</p> <p>42826 TONSILLECTOMY ONE-HALFPRIMARY/SECONDARY AGE 12/></p> <p>Revise medium descriptor for codes 42825 and 42826.</p>	<p>Posted 02/26/2016 E</p>
<p>Data file Medium descriptor</p> <p>90644 HIB-MENCY VACC 4 DOSE SCHEDULE 26 WKS-18 MONTHS IM</p> <p>Revise medium descriptor for code 90644</p>	<p>Posted 02/26/2016 E</p>

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<p>Data file Medium descriptor</p> <p>92499 UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE</p> <p>Revise medium descriptor for code 92499.</p>	<p>Posted 11/13/2015 E</p>

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