



Errata and Technical Corrections – CPT® 2018

Date: June 27, 2018

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, 2018.** Updates to this document are made as issues surface requiring clarification.

Most recent entries added to *Errata and Technical Corrections - CPT® 2018*

- **Revise the parenthetical note following code 99356 to include code 90847. (T)**
- **Revise the second parenthetical note following code 77002 to include code 38222. (T)**
- **Revise the parenthetical note following code 93568 to include codes 93582 and 93583. (T)**
- **Revise the medium descriptor data file for code 57505 to remove reference to “W/
DILATION&CURRETAGE.” (E)**

<p>Category I Evaluation and Management Prolonged Services Prolonged Service With Direct Patient Contact</p> <p>✚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)</p> <p>(Use 99356 in conjunction with 90837, <u>90847</u>, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310)</p> <p>Revise the inclusionary parenthetical note following code 99356 to include code 90847.</p>	<p>Posted 6/27/18 T</p>
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<p>Category I Evaluation and Management Prolonged Services Prolonged Service Without Direct Patient Contact</p> <p>Codes 99358 and 99359 are used when a prolonged service is provided that is neither face-to-face time in the office or outpatient setting, nor additional unit/floor time in the hospital or nursing facility setting during the same session of an evaluation and management service and is beyond the usual physician or other qualified health care professional service time.</p> <p>This service is to be reported in relation to other physician or other qualified health care professional services, including evaluation and management services at any level. This prolonged service may be reported on a different date than the primary service to which it is related. For example, extensive record review may relate to a previous evaluation and management service performed earlier and commences upon receipt of past records. However, it must relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management. A typical time for the primary service need not be established within the CPT code set.</p> <p>Codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service, even if the time spent by the physician or other qualified health care professional on that date is not continuous. Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service. It should be used only once per date.</p> <p>► Prolonged service of less than 30 minutes total duration on a given date is not separately reported <u>because the work involved is included in the total work of the evaluation and management or psychotherapy codes.</u> ◀</p> <p>Code 99359 is used to report each additional 30 minutes beyond the first hour regardless of the place of service. It may also be used to report the final 15 to 30 minutes of prolonged service on a given date.</p> <p>Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.</p>	<p>Posted 10/30/2017 T</p>
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► Do not report 99358, 99359 for time spent in care plan oversight services (99339, 99340, 99374-99380), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), or on-line medical evaluations (99444), ~~or other non-face-to-face services that have more specific codes and no upper time limit in the CPT code set. Codes 99358, 99359 may be reported when related to other non-face-to-face services codes that have a published maximum time (eg, telephone services).~~ ◀

99358 **Prolonged evaluation and management service** before and/or after direct patient care; first hour

+99359 each additional 30 minutes (List separately in addition to code for prolonged service)

(Use 99359 in conjunction with 99358)

► (Do not report 99358, 99359 during the same month with 99484, 99487-99489, 99490, 99492, 99493, 99494) ◀

(Do not report 99358, 99359 when performed during the service time of codes 99495 or 99496)

<u>Total Duration of Prolonged Services Without Direct Face-to-Face Contact</u>	<u>Code(s)</u>
<u>Less than 30 minutes</u>	<u>Not reported separately</u>
<u>30-74 minutes</u> <u>(30 minutes – 1 hr. 14 minutes)</u>	<u>99358 X 1</u>
<u>75-104 minutes</u> <u>(1 hr. 15 minutes – 1 hr. 44 minutes)</u>	<u>99358 X 1 AND</u> <u>99359 X 1</u>
<u>105 minutes or more</u> <u>(1 hr. 45 min or more)</u>	<u>99358 X 1 AND</u> <u>99359 X 2</u>

Revise the Prolonged Service Without Direct Patient Contact guidelines to: 1) mirror the Prolonged Service With Direct Patient Contact guidelines and to provide rationale and guidance for services of less than 30 minutes; and 2) clarify services reported with codes 99358 and 99359 and add specific instruction to guide the appropriate use of these codes. A time chart was also added to clarify that time providing prolonged service without direct patient contact must pass the halfway point to align the times in these services with the current time reporting conventions.

**Category I
Evaluation and Management
Non-Face-to-Face Services
Telephone Services**

**Posted
10/30/2017
T**

►Telephone services are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a physician or other qualified health care professional, who may report evaluation and management services. These codes are used to report episodes of patient care initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise if the telephone call refers to an E/M service performed and reported by that individual within the previous seven days (either requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure. (Do not report 99441-99443 if ~~reporting~~ 99441-99444 have been reported by the same provider performed in the previous seven days.) ◀

Revise the exclusionary parenthetical note instruction within the Telephone Services introductory guidelines from “performed” to “reported by the same provider”.

**Category I
Evaluation and Management
►Cognitive Assessment and Care Plan Services◀**

**Posted
10/30/2017
T**

►Cognitive assessment and care plan services are provided when a comprehensive evaluation of a new or existing patient, who exhibits signs and/or symptoms of cognitive impairment, is required to establish or confirm a diagnosis, etiology and severity for the condition. This service includes a thorough evaluation of medical and psychosocial factors, potentially contributing to increased morbidity. Do not report cognitive assessment and care plan services if any of the required elements are not performed or are deemed unnecessary for the patient’s condition. For these services, see the appropriate evaluation and management code. A single physician or other qualified health care professional should not report 99483 more than once every 180 days.

Services for cognitive assessment and care plan include a cognition-relevant history, as well as an assessment of factors that could be contributing to cognitive impairment, including, but not limited to, psychoactive medication, chronic pain syndromes, infection, depression and other brain disease (eg, tumor, stroke, normal pressure hydrocephalus). Medical decision making includes current and likely progression of the disease, assessing the need for referral for rehabilitative, social, legal, financial, or community-based services, meal, transportation, and other personal assistance services. ◀

- 99483 Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements:
 - Cognition-focused evaluation including a pertinent history and examination;

- Medical decision making of moderate or high complexity;
- Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity;
- Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]);
- Medication reconciliation and review for high-risk medications;
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s);
- Evaluation of safety (eg, home), including motor vehicle operation;
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks;
- Development, updating or revision, or review of an Advance Care Plan;
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support.

Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.

► (Do not report 99483 in conjunction with E/M services [99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99367, 99368, 99487, 99489, 99490, 99495, 99496, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; psychological testing [96103]; neuropsychological testing [96120]; brief emotional/behavioral assessment [96127]; health risk assessment administration [96160, 96161]; medication therapy management services [99605, 99606, 99607]) ◀

Revise the exclusionary parenthetical note following code 99483 to: 1) remove the monthly chronic care management codes (99487, 99489, 99490); 2) remove the transitional care management codes (99495, 99496); and 3) add the health risk administration codes (96160, 96161).

**Category I
Evaluation and Management
Inpatient Neonatal and Pediatric Critical Care**

99480 **Subsequent intensive care**, per day, for the evaluation and ...

~~99485 Code is out of numerical sequence. See 99466-99469~~

~~99486 Code is out of numerical sequence. See 99466-99469~~

**Posted
10/30/2017
T**

<p>Category I Evaluation and Management ► Cognitive Assessment and Care Plan Services ◀</p> <ul style="list-style-type: none"> ● 99483 Assessment of and care planning for a patient with cognitive... 99484 Code is out of numerical sequence. See 99497-99499 <u>99485</u> <u>Code is out of numerical sequence. See 99466-99469</u> <u>99486</u> <u>Code is out of numerical sequence. See 99466-99469</u> <p>Revise the placement of the navigational resequence alerts for codes 99485 and 99486 subsequent to code 99480 to instead follow the navigational resequence alert for code 99484 in the Cognitive Assessment and Care Plan Services subsection.</p>	
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<p>Category I Evaluation and Management Care Management Services</p> <p>► Care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services may include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living. ◀</p> <p>A plan of care must be documented and shared with the patient and/or caregiver...</p> <p>Codes 99487, 99489, 99490 are reported only once per calendar month and may only be reported by the single physician or other qualified health care professional who assumes the care management role with a particular patient for the calendar month.</p> <p>► The face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals, and agencies; creating, revising, documenting, and implementing the care plan; or teaching self-management is used in determining the care management clinical staff time for the month. Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient. Note: Do not count any clinical staff time on a day when the physician or qualified health care professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350). ◀</p> <p>Care management activities performed by clinical staff typically include...</p> <p>The care management office/practice must have the following capabilities...</p>	<p>Posted 10/30/17 T</p> <p>4/16/18 T</p>
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► E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. Care management services include A physician or other qualified health care professional who reports codes 99487, 99489, 99490 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490 if reporting ESRD services (90951-90970) during the same month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490. ◀

Care management may be reported in any calendar month during which the clinical staff time requirements are met. If care management resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report Transitional Care Management Services. Do not report 99487, 99489, 99490 for any post-discharge care management services for any days within 30 days of discharge, if reporting 99495, 99496.

► When For behavioral or psychiatric collaborative care management services are also provided, see-99484, 99492, 99493, 99494 may also be reported in addition. ◀

Revise the Care Management Services guidelines to: 1) clarify services that are a requirement of care management services; 2) clarify that creating a care plan is a requirement of care plan services; 3) remove instruction related to clinical staff time on the same day as a physician or other qualified health care professional; 4) clarify codes 99484, 99492, 99493, 99494 may also be reported when behavioral or psychiatric collaborative care management services are provided.

Delete the redundant “also” and add “in addition” to the last paragraph of the Care Management Services guidelines.

**Category I
Evaluation and Management
Complex Chronic Care Management Services**

**Posted
10/30/17
T**

Coding Tip

~~Time of care management with the emergency department is reportable using 99487, 99489, 99490, but time while the patient is inpatient or admitted as observation is not.~~

If the physician personally performs the clinical staff activities, his or her time may be counted toward the required clinical staff time to meet the elements of the code.

Revise the Complex Chronic Care Management Services coding tip to remove instruction related to reporting codes 99487, 99489, and 99490 based on site of service.

**Category I
Evaluation and Management
►Psychiatric Collaborative Care Management Services◄**

**Posted
10/30/17
T**

Type of Service	Total Duration of Collaborative Care Management Over Calendar Month	Code(s)
Initial – 70 minutes	Less than 36 minutes	Not reported separately
	36-85 minutes (36 minutes – 1 hr. 25 minutes)	99492 X 1
Initial plus each additional increment up to 30 minutes	86- 116 <u>115</u> minutes (1 hr. 26 minutes – 1 hr. 54 <u>55</u> minutes)	99492 X 1 AND 99494 X 1
Subsequent – 60 minutes	Less than 31 minutes	Not reported separately
	31-75 minutes (31 minutes – 1 hr. 15 minutes)	99493 X 1
Subsequent plus each additional increment up to 30 minutes	76-105 minutes (1 hr. 16 minutes – 1 hr. 45 minutes)	99493 X 1 AND 99494 X 1

Revise the Psychiatric Collaborative Care Management Services table to accurately reflect the reporting for additional 30 minutes of reporting to exceed half of the required service.

**Category I
Evaluation and Management
►Psychiatric Collaborative Care Management Services◄**

**Posted
10/30/17
T**

Coding Tip

If the treating physician or other qualified health care professional personally performs behavioral health care manager activities and those activities are not used to meet criteria for a separately reported code, his or her time may be counted toward the required behavioral health care manager time to meet the elements of codes 99492, 99493, 99494.

~~Behavioral health care manager time spent coordinating care with the emergency department may be reported using 99492, 99493, 99494, but time while the patient is inpatient or admitted to observation status may not be reported using 99492, 99493, 99494.~~

Revise the coding tip in the Psychiatric Collaborative Care Management Services subsection to remove instruction related to reporting codes 99492, 99493, and 99494 based on site of service.

Category I
Evaluation and Management
►General Behavioral Health Integration Care Management◀

Posted
10/30/17
T

Coding Tips

If the treating physician or other qualified health care professional personally performs behavioral health care manager activities and those activities are not used to meet criteria for a separately reported code, his or her time may be counted toward the required behavioral health care manager time to meet the elements of 99484, 99492, 99493, 99494.

~~Behavioral health care manager time spent coordinating care with the emergency department may be reported using 99484, 99492, 99493, 99494, but time while the patient is inpatient or admitted to observation status may not be reported using 99484, 99492, 99493, 99494.~~

Clinical staff time spent coordinating care with the emergency department may be reported using 99484, but time spent while the patient is inpatient or admitted to observation status may not be reported using 99484.

Revise the coding tip in the General Behavioral Health Integration Care Management subsection to remove instruction related to reporting codes 99484, 99492, 99493, and 99494 based on site of service.

Surgery
Integumentary System
Repair (Closure)
Burn, Local Treatment

Posted
2/2/18
E

Lund-Browder Diagram and Classification Method Table for Burn Estimations

Area	Birth 1 year
R. thigh	2 5 1/2

Revise the Lund-Browder Diagram to reflect that the “Birth 1 year” old patient for the right thigh should measure 5 ½.

Category I
Surgery
Urinary System
Bladder
Transurethral Surgery
Ureter and Pelvis

Posted
10/30/17
T

<p>52341</p> <p>52342</p> <p>52343</p> <p>52344</p> <p>52345</p> <p>52346</p> <p>52351</p>	<p>Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)</p> <p>with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)</p> <p>with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)</p> <p>(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)</p> <p>(For image-guided dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, use 50706)</p> <p>► (For radiological supervision and interpretation, use 74485) ◀</p> <p>Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)</p> <p>with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)</p> <p>with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)</p> <p>(For transurethral resection or incision of ejaculatory ducts, use 52402)</p> <p>(Do not report 52344, 52345, 52346 in conjunction with 52351)</p> <p>(For image-guided dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, use 50706)</p> <p>► (For radiological supervision and interpretation, use 74485) ◀</p> <p>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic</p> <p>(For radiological supervision and interpretation, use 74485)</p> <p>(Do not report 52351 in conjunction with 52341, 52342, 52343, 52344, 52345, 52346, 52352-52356)</p> <p>Remove parenthetical note following code 52351 and adding parenthetical notes following codes 52343 and 52346.</p>	
<p>Category I</p> <p>Surgery</p> <p>Female Genital System</p> <p>Oviduct/Ovary</p> <p>Laparoscopy</p> <p>58674</p> <p>58679</p>	<p><u>Code is out of numerical sequence. See 58520-58542</u></p> <p>Unlisted laparoscopy procedure, oviduct, ovary</p> <p>Add the navigational resequence alert for code 58674 to the Oviduct/Ovary subsection as it was inadvertently omitted from the 2018 codebook.</p>	<p>Posted</p> <p>10/30/17</p> <p>T</p>

**Category I
Radiology
Radiologic Guidance
Fluoroscopic Guidance**

**Posted
6/27/18
T**

+77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

(See appropriate surgical code for procedure and anatomic location)

(Use 77002 in conjunction with 10022, 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38222, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)

(77002 is included in all arthrography radiological supervision and interpretation codes. See **Administration of Contrast Material[s]** introductory guidelines for reporting of arthrography procedures)

Revise the second parenthetical note following code 77002 to include code 38222.

**Category I
Pathology and Laboratory
Molecular Pathology Gene Table**

**Posted
2/2/18
E**

HTRA1	HTRA1	HtrA serine peptidase 1	Macular degeneration	81400 81405
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Revise the code for HTRA1 in the Molecular Pathology Gene Table from 81400 to 81405.

**Category I
Pathology and Laboratory
Drug Assay
Definitive Drug Classes Listing**

**Posted
4/16/18
E**

80324-80326	Amphetamines	Amphetamine, ephedrinelisdexamphetamine, <u>ephedrine,</u> <u>lisdexamphetamine,</u> methamphetamine, phentermine, phenylpropanolamine, pseudoephedrine
80346, 80347	Benzodiazepines	Alprazolam, clordiazepoxide, clonazepam, clorazepate, diazepam, estazolam, flunitrazepam, flurazepam, halazepam, lorazepam, <u>midazolam,</u> <u>halazepam,</u> <u>lorazepam,</u> <u>midazolam,</u> nitrazepam, nordazepam, oxazepam, prazepam, quazepam, temazepam

Revise the drugs in the Amphetamines drug class of the Definitive Drug Classes Listing from “ephedrinelisdexamphetamine” to “ephedrine, lisdexamphetamine,”

<p>Revise the drugs in the Benzodiazepines drug class of the Definitive Drug Classes Listing from “halazepam/lorazepam/midazolam” to “halazepam, lorazepam, midazolam,”</p>	
<p>►Proprietary Laboratory Analyses◀</p> <p>►Proprietary laboratory analyses (PLA) codes describe proprietary clinical laboratory analyses and can be either provided by a single (“sole-source”) laboratory or licensed or marketed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration [FDA]).</p> <p><u>These codesThis subsection includes advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs), as defined under the Protecting Access to Medicare Act (PAMA) of 2014. These analyses may include a range of medical laboratory tests including, but not limited to, multianalyte assays with algorithmic analyses (MAAA) and genomic sequencing procedures (GSP). The descriptor nomenclature follows, where possible, existing code conventions (eg, MAAA, GSP).</u></p> <p><u>These codes are not required to fulfill the Category I criteria. The standards for inclusion in this section are:</u></p> <ul style="list-style-type: none"> • <u>The test must be commercially available in the United States for use on human specimens and</u> • <u>The clinical laboratory or manufacturer that offers the test must request the code.</u> <p><u>For similar laboratory analyses that fulfill Category I criteria, see codes listed in the numeric 80000 series.</u></p> <p><u>When a PLA code is available to report a given proprietary laboratory service, that PLA code takes precedence. The service should not be reported with any other CPT code(s) and other CPT code(s) should not be used to report services that may be reported with that specific PLA code. These codes encompass all analytical services required for the analysis (eg, cell lysis, nucleic acid stabilization, extraction, digestion, amplification, hybridization and detection). For molecular analyses, additional procedures that are required prior to cell lysis (eg, microdissection [codes 88380 and 88381]) may be reported separately.</u></p> <p><u>Codes in this subsection are released on a quarterly basis to expedite dissemination for reporting. PLA codes will be published electronically on the AMA CPT website (www.ama-assn.org/practice-management/cpt-pla-codes), distributed via CPT data files on a quarterly basis, and, at a minimum, made available in print annually in the CPT codebook. Go to www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/cpt-pla-codes-long.pdf for the most current listing.</u></p> <p><u>All codes that are included in this section are also included in Appendix O, with the procedure’s proprietary name. In order to report a PLA code, the analysis performed must fulfill the code descriptor and must be the test represented by the proprietary name listed in Appendix O. In some instances, the descriptor language of PLA codes may be identical and the code may only be differentiated by the listed proprietary name in Appendix O. When more than one PLA has an identical descriptor, the codes will be denotedit is denoted by the symbol “X.”◀</u></p>	<p>Posted 10/30/17 T</p> <p>Posted 4/16/18 T</p>

<p>Proprietary Laboratory Analyses</p> <p>✕● 0007U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service ▶(For additional PLA code with identical clinical descriptor, see 0020U. See Appendix O to determine appropriate code assignment)◀</p> <p>✕● 0020U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service ▶(For additional PLA code with identical clinical descriptor, see 0007U. See Appendix O to determine appropriate code assignment)◀</p> <p>Revise the Proprietary Laboratory Analyses guidelines to reference the proprietary listing of PLA codes in Appendix O, define appropriate code selection for duplicate descriptors with differentiation only by the proprietary name, and addition of a new symbol “✕” to denote duplicate PLA codes.</p> <p>Editorially revise the introductory Proprietary Laboratory Analyses guidelines from “it is denoted” to “the codes will be”.</p>	<p>Posted 10/30/17 T</p> <p>Posted 4/16/18 T</p>
<p>Category I Medicine Cardiovascular Cardiac Catheterization Injection Procedures</p> <p>+93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)</p> <p>+93568 for pulmonary angiography (List separately in addition to code for primary procedure) (Use 93568 in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93530-93533, <u>93582, 93583</u>)</p> <p>Revise the parenthetical note following code 93568 to include codes 93582 and 93583.</p>	<p>Posted 6/27/18 T</p>
<p>Category III Codes</p> <p>● 0487T Biomechanical mapping, transvaginal, with report</p> <p>0488T Code is out of numerical sequence. See 0486T-0489T <u>0402T-0405T</u></p>	<p>Posted 10/30/17 T</p>

Revise the resequence navigational alert for code 0488T to direct users to the range of codes 0402T-0405T to assist with locating code 0488T in the codebook.

Category III Codes

**Posted
12/21/17
E**

- #● 0488T Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
Sunset January 2023
- 0489T Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
Sunset January 2023
- 0490T multiple injections in one or both hands
Sunset January 2023
- 0491T Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less
Sunset January 2023
- +● 0492T each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
Sunset January 2023
- 0493T Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
Sunset January 2023
- 0494T Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Sunset January 2023
- 0495T Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Sunset January 2023
- +● 0496T each additional hour (List separately in addition to code for primary procedure)
Sunset January 2023

<ul style="list-style-type: none"> ● 0497T ● 0498T ● 0499T ● 0500T ● 0501T ● 0502T ● 0503T ● 0504T <p>Add the sunset dates for Category III codes 0488T-0504T as they were inadvertently omitted from the 2018 codebook.</p>	<p>External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection</p> <p><u>Sunset January 2023</u></p> <p>review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event</p> <p><u>Sunset January 2023</u></p> <p>Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed</p> <p><u>Sunset January 2023</u></p> <p>Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)</p> <p><u>Sunset January 2023</u></p> <p>Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report</p> <p><u>Sunset January 2023</u></p> <p>data preparation and transmission</p> <p><u>Sunset January 2023</u></p> <p>analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model</p> <p><u>Sunset January 2023</u></p> <p>anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report</p> <p><u>Sunset January 2023</u></p>	
<p>Appendix O Multianalyte Assays with Algorithmic Analyses</p> <p>► The following list includes <u>three types of CPT codes:</u></p> <ol style="list-style-type: none"> 1. <u>Multianalyte assays with algorithmic analyses (MAAA) administrative codes</u> 2. <u>Category I MAAA codes</u> 3. <u>Proprietary laboratory analyses (PLA) codes</u> 	<p>Posted 10/30/17 T</p>	

1. Multianalyte assays with algorithmic analyses (MAAAs) are procedures that utilize multiple results derived from assays of various types, including molecular pathology assays, fluorescent in situ hybridization assays and non-nucleic acid based assays (eg, proteins, polypeptides, lipids, carbohydrates). Algorithmic analysis using the results of these assays as well as other patient information (if used) is then performed and reported typically as a numeric score(s) or as a probability. MAAAs are typically unique to a single clinical laboratory or manufacturer. The results of individual component procedure(s) that are inputs to the MAAAs may be provided on the associated laboratory report, however these assays are not reported separately using additional codes. MAAAs, by nature, are typically unique to a single clinical laboratory or manufacturer. ◀

The list includes a proprietary name and clinical laboratory or manufacturer in the first column, an alpha-numeric code in the second column and code descriptor in the third column. The format for the code descriptor usually includes (in order):

- Disease type (eg, oncology, autoimmune, tissue rejection),
- Chemical(s) analyzed (eg, DNA, RNA, protein, antibody),
- Number of markers (eg, number of genes, number of proteins),
- Methodology(s) (eg, microarray, real-time [RT]-PCR, in situ hybridization [ISH], enzyme linked immunosorbent assays [ELISA]),
- Number of functional domains (if indicated),
- Specimen type (eg, blood, fresh tissue, formalin-fixed paraffin-embedded),
- Algorithm result type (eg, prognostic, diagnostic),
- Report (eg, probability index, risk score).

MAAA procedures that have been assigned a Category I code are noted in the list below and additionally listed in the Category I MAAA section (81500-81599). The Category I MAAA section introductory language and associated parenthetical instruction(s) should be used to govern the appropriate use for Category I MAAA codes. If a specific MAAA procedure has not been assigned a Category I code, it is indicated as a four-digit number followed by the letter M.

When a specific MAAA procedure is not included in either the list below or in the Category I MAAA section, report the analysis using the Category I MAAA unlisted code (81599). The codes below are specific to the assays identified in Appendix O by proprietary name. In order to report an MAAA code, the analysis performed must fulfill the code descriptor **and**, if proprietary, must be the test represented by the proprietary name listed in Appendix O. When an analysis is performed that may potentially fall within a specific descriptor, however the proprietary name is not included in the list below, the MAAA unlisted code (81599) should be used.

▶ Additions in this section may be released tri-annually (or quarterly for PLA codes) via the AMA CPT website to expedite dissemination for reporting. The list will be published annually in the CPT codebook. Go to www.ama-assn.org/go/cpt for the most current listing. ◀

▶ These administrative codes encompass all analytical services required for the algorithmic analysis (eg, cell lysis, nucleic acid stabilization, extraction, digestion, amplification, hybridization and detection) in addition to the algorithmic analysis itself, when applicable. Procedures that are required prior to cell lysis (eg, microdissection, codes 88380 and 88381) should be reported separately. ◀

The codes in this list are provided as an administrative coding set to facilitate accurate

reporting of MAAA services. The minimum standard for inclusion in this list is that an analysis is generally available for patient care. The AMA has not reviewed procedures in the administrative coding set for clinical utility. The list is not a complete list of all MAAA procedures.

2. ► Category I MAAA codes are included below along with their proprietary names. These codes are also listed in the Pathology and Laboratory section of the CPT code set (81490-81599). ◀

3. ► Proprietary laboratory analyses (PLA) codes created in response to the Protecting Access to Medicare Act (PAMA) of 2014 are listed along with their proprietary names. These codes are also located at the end of the Pathology and Laboratory section of the CPT code set. In some instances, the descriptor language of PLA codes may be identical, which are differentiated only by the listed proprietary names. ◀

Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor
Administrative Codes for Multianalyte Assays with Algorithmic Analyses (MAAA)		
HCV FibroSURE™, LabCorp FibroTest™, Quest Diagnostics/BioPredictive	0001M	Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver
ASH FibroSURE™, LabCorp	0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)
NASH FibroSURE™, LabCorp	0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)
ScoliScore™ Transgenomic	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score
—	(0005M has been deleted, use 81507)	—
HeproDX™, GoPath Laboratories, LLC	0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier
NETest, Wren Laboratories, LLC	0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR

		expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index
—	► (0008M has been deleted, use 81520)◄	—
VisibiliT test, Sequenom Center for Molecular Medicine, LLC	0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
—	(0010M has been deleted, use 81539)	—
Category I Codes for Multianalyte Assays with Algorithmic Analyses (MAAA)		
Vectra® DA, Crescendo Bioscience, Inc.	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score (Do not report 81490 in conjunction with 86140)
Corus® CAD, CardioDx, Inc.	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
AlloMap®, CareDx, Inc.	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Risk of Ovarian Malignancy Algorithm (ROMA)™, Fujirebio Diagnostics	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
OVA1™, Vermillion, Inc.	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
Pathwork® Tissue of Origin Test, Pathwork Diagnostics	81504	Oncology (tissue of origin), microarray gene expression profiling of >2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
PreDx Diabetes Risk Score™, Tethys Clinical Laboratory	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
Harmony™ Prenatal Test, Ariosa Diagnostics	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy

<p>No proprietary name and clinical laboratory or manufacturer.</p> <p>Maternal serum screening procedures are well-established procedures and are performed by many laboratories throughout the country. The concept of prenatal screens has existed and evolved for over 10 years and is not exclusive to any one facility.</p>	81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
	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
Oncotype DX [®] , Genomic Health	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
► Prosigna [®] Breast Cancer Assay, NanoString Technologies, Inc. ◀	●81520	► Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score ◀
► MammaPrint [®] , Agendia, Inc. ◀	●81521	► Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis ◀
Oncotype DX [®] Colon Cancer Assay, Genomic Health	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
Cologuard [™] , Exact Sciences, Inc.	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result (Do not report 81528 in conjunction with 81275, 82274)
ChemoFX [®] , Helomics, Corp.	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first

	✚81536	single drug or drug combination each additional single drug or drug combination (List separately in addition to code for primary procedure) (Use 81536 in conjunction with 81535)
VeriStrat, Biodesix, Inc.	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival
4Kscore test, OPKO Health, Inc.	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
CancerTYPE ID, bioTheranostics, Inc.	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
►Prolaris [®] , Myriad Genetic Laboratories, Inc.◄	●81541	►Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score◄
Afirma [®] Gene Expression Classifier, Veracyte, Inc.	81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
►ConfirmMDx [®] for Prostate Cancer, MDxHealth, Inc.◄	●81551	►Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (<i>GSTP1</i> , <i>APC</i> , <i>RASSF1</i>), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy◄
	81599	Unlisted multianalyte assay with algorithmic analysis
►Proprietary Laboratory Analyses (PLA)◄		
►PreciseType [®] HEA Test Immucor, Inc.◄	●0001U	►Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported◄
►PolypDX [™] Atlantic Diagnostic Laboratories, LLC Metabolomic Technologies Inc.◄	●0002U	►Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps◄

<p>►Overa (OVA1 Next Generation)</p> <p>Aspira Labs, Inc.</p> <p>Vermillion, Inc. ◀</p>	●0003U	<p>►Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score ◀</p>
<p>►Gram-Negative Bacterial Resistance Gene PCR Panel</p> <p>Mayo Clinic</p> <p>Check-Points Health BV, Wageningen, Netherlands ◀</p>	●0004U	<p>►Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes detected or not detected, per isolate ◀</p>
<p>►ExosomeDx[®] Prostate (IntelliScore)</p> <p>Exosome Diagnostics, Inc. ◀</p>	●0005U	<p>►Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score ◀</p>
<p>Aegis Drug-Drug Interaction Test</p> <p>Aegis Sciences Corporation</p>	●0006U	<p>Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service</p>
<p>ToxProtect</p> <p>Genotox Laboratories LTD</p>	✕●0007U	<p>Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service</p> <p>(For additional PLA code with identical clinical descriptor, see 0020U. See Appendix O to determine appropriate code assignment)</p>
<p>AmHPR Helicobacter pylori Antibiotic Resistance Next Generation Sequencing Panel</p> <p>American Molecular Laboratories, Inc.</p>	●0008U	<p>Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin</p>
<p>DEPArray™ HER2</p> <p>PacificDx</p>	●0009U	<p>Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified</p>
<p>Bacterial Typing by Whole Genome Sequencing</p>	●0010U	<p>Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per</p>

Mayo Clinic		submitted isolate
Cordant CORE™ Cordant Health Solutions	●0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
▶MatePair Targeted Rearrangements, Congenital Mayo Clinic◀	●0012U	▶Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)◀
▶MatePair Targeted Rearrangements, Oncology Mayo Clinic◀	●0013U	▶Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)◀
▶MatePair Targeted Rearrangements, Hematologic Mayo Clinic◀	●0014U	▶Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)◀
▶OneOme RightMed Pharmacogenomic Test OneOme, LLC◀	●0015U	▶Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support◀
▶BCR-ABL1 major and minor breakpoint fusion transcripts University of Iowa, Department of Pathology, Asuragen◀	●0016U	▶Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation◀
▶JAK2 Mutation University of Iowa, Department of Pathology◀	●0017U	▶Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected◀

Revise Appendix O introductory guidelines and code table to reference the proprietary listing of the PLA codes.

<p>Short descriptor Data file</p> <p>74283 CONTRAST X-RAY EXAM OF COLON <u> THER NMA RDCTJ INTUS/OBSTR CJ</u></p> <p>Revise the short descriptor data file for code 74283 to remove “CONTRAST X-RAY EXAM OF COLON” and add “THER NMA RDCTJ INTUS/OBSTR CJ”.</p>	<p>Posted 12/21/17 E</p>
<p>Short descriptor Data file</p> <p>90750 HZV VACC RECOMBINANT IM-NJX</p> <p>Revise the short descriptor data file for code 90750 to remove “NJX”.</p>	<p>Posted 12/21/17 E</p>
<p>Short descriptor Data file</p> <p>90967 ESRD SVCHOME PT SERV PR DAY <u>PT</u> <2 90968 ESRD SVCHOME PT SERV PR DAY <u>PT</u> 2-11 90969 ESRD SVCHOME PT SERV PR DAY <u>PT</u> 12-19 90970 ESRD SVCHOME PT SERV PR DAY <u>PT</u> 20+</p> <p>Revise the short descriptor data file for codes 90967, 90968, 90969, 90970 to remove reference to home.</p>	<p>Posted 4/16/18 E</p>
<p>Medium descriptor Data file</p> <p>22812 ARTHRODESIS POSTERIOR<u>ANTERIOR</u> SPINAL DFRM 8/> VRT SEG</p> <p>Revise the medium descriptor data file for code 22812 to remove “posterior” and add “anterior”.</p>	<p>Posted 12/21/17 E</p>
<p>Medium descriptor Data file</p> <p>57505 ENDOCERVICAL CURETTAGE W/DILATION & CURETTAGE <u>NOT DONE AS PART OF D&C</u></p> <p>Revise the medium descriptor data file for code 57505 to remove “W/DILATION&CURRETTAGE” and add “NOT DONE AS PART OF D&C.”</p>	<p>Posted 6/27/18 E</p>

<p>Medium descriptor Data file</p> <p>90662 IIV VACCINE PRESERV FREE INCREASED AG COUNT <u>CONTENT</u> IM</p> <p>Revise the medium descriptor data file for code 90662 to remove “count” and add “content”.</p>	<p>Posted 10/30/17 E</p>
<p>Consumer Descriptors Data file</p> <p>52441 Insertion of implant-material in bladder canal (urethra) within prostate gland using an endoscope</p> <p>52442 Insertion of implant-material in bladder canal (urethra) within prostate gland using an endoscope</p> <p>Revise the consumer descriptor data file for codes 52441 and 52442 to indicate an implant into the bladder canal (urethra) within the prostate gland.</p>	<p>Posted 10/30/17 E</p>