



CORRECTIONS DOCUMENT —CPT® CHANGES 2020 An Insider's View

Surgery

Musculoskeletal System

General

Introduction or Removal

Description of Procedure (20560)

Physician or other qualified health care professional palpates and locates the trigger points to be needled. Secure the first muscle between the fingers of the nonneedling hand. Insert sterile, single-use, solid filament needles, varying from 32 to 38 gauge and 25 to 100 mm in length, at various depths and angles to achieve the desired result of releasing tight tissue, improving microcirculation, and removing neuronoxious chemicals. Make interactive reassessments throughout the procedure, noting needle fibrillation, local twitch response, and/or reproduction of symptoms, including but not limited to achiness, burning, and electricity. Repeat this process for each additional muscle to be treated. Withdraw the needles and apply pressure (hemostasis) directly to the skin over the needle-insertion site.

Description of Procedure (20561)

Physician or other qualified health care professional palpates and locates the trigger points to be needled. Secure the first muscle between the fingers of the nonneedling hand. Insert sterile, single-use, solid filament needles, varying from 32 to 38 gauge and 25 to 100 mm in length, at various depths and angles to achieve the desired result of releasing tight tissue, improving microcirculation, and removing neuronoxious chemicals. Make interactive reassessments throughout the procedure, noting needle fibrillation, local twitch response, and/or reproduction of symptoms, including but not limited to achiness, burning, and electricity. Repeat this process for each additional muscle to be treated. Withdraw the needles and apply pressure (hemostasis) directly to the skin over the needle-insertion site.

Revise the description of procedure for codes 20560 and 20561 to include “other qualified health care professional” as it was inadvertently omitted from the publication.

Category III Codes

Description of Procedure (0571T)

Prepare the sternum to the left chest and administer general anesthesia. Create a subxiphoid incision. Under fluoroscopic guidance, insert the prepared sternal tunneling



rod, with introducer sheath anterior to the mediastinum while maintaining close contact with the underside of the sternum. Tunnel to the top of cardiac silhouette, just left of the sternal midline. Hold the introducer sheath in place while removing the sternal tunneling rod. Insert the lead into the sheath, then withdraw the sheath to expose the lead in its extravascular position, confirming that the defibrillation coil is directed towards the patient's right chest over the right ventricle. Fixate the lead. Confirm under fluoroscopy that the lead is in the substernal position without entering the mediastinum. Make a device pocket incision just below the left inframammary crease, and fashion a subcutaneous pocket between the 5th-6th ribs. Insert the transverse tunneling rod at the subxiphoid incision and tunnel above the coastal rib margin toward the device pocket. At the pocket, connect the lead to the pulse generator and place the system in the pocket. After closing the first tissue layer of the pocket, perform initial sensing, pacing, and lead impedance measurements. Program the device to detect and differentiate ventricular arrhythmias and to deliver antitachycardia pacing and ventricular fibrillation therapy (included). Perform defibrillation threshold testing by inducing ventricular fibrillation through the device (included). Complete closure of the pocket, close subxiphoid incisions, and dress the wound. Dictate report of procedure for the medical record.

Revise the description of procedure for code 0571T to include “, and fashion a subcutaneous pocket between the 5th-6th ribs” as it was inadvertently omitted from the publication.
