Errata and Technical Corrections – CPT® 2020
Date: January 31, 2020

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, 2020. Updates to this document are made as issues surface requiring clarification.

Most recent entries added to Errata and Technical Corrections - CPT® 2020
- Revise the long-term EEG technical component services guidelines.
- Revise the long descriptor data file for code 99489.
### Introduction

#### Instructions for Use of the CPT Codebook

#### Code Symbols

Duplicate proprietary laboratory analyses (PLA) tests are annotated by the \( \times \) symbol. PLA codes describe proprietary clinical laboratory analyses and can be either provided by a single ("sole-source") laboratory or licensed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration [FDA]). All codes that are included in the PLA section are also included in Appendix O, with the procedure’s proprietary name. 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 test has an identical descriptor, the codes will be denoted by the symbol \( \leftrightarrow \times \).

Revise the duplicate PLA symbol to “\( \times \)” in the Code Symbols section of the Introduction of the CPT codebook.

### Category I

#### Surgery

#### Cardiovascular System

#### Heart and Pericardium

#### Electrophysiologic Operative Procedures

#### Incision

\( \pm 33257 \)

Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)

(Use 33257 in conjunction with 33120-33130, 33250, 33251, 33261, 33300-33335, 33365, 33395, 33396, 33404-33417, 33420-33468, 3348, 33496, 33500-33507, 33510-33516, 33533-33548, 33600-33619, 33641-33697, 33702-33732, 33735-33767, 33770-33877, 33910-33922, 33925, 33926, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983)

Remove the comma and add a hyphen following code 33770 in the inclusionary parenthetical note following code 33257 to indicate that it is a range of codes between 33770 and 33877 (ie, 33770-33877).

### Category I

#### Surgery

#### Cardiovascular System

#### Arteries and Veins

#### Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta

\( \pm 34709 \)

Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

(Use 34709 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34845, 34846, 34847, 34848)
(34709 may only be reported once per vessel treated [ie, multiple endograft extensions placed in a single vessel may only be reported once])

(Do not report 34709 for placement of a docking limb that extends into the external iliac artery)

(For placement of an iliac branched endograft, see 34717, 34718)

(For endograft placement into a renal artery that is being covered by a proximal extension, see 37236, 37237)

Revise the first inclusionary parenthetical note following code 34709 to include codes 34845, 34846, 34847, and 34848.

Category I
Surgery
Nervous System
Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System
Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic
Somatic Nerves

▶ Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Unit</th>
<th>Image Guidance Included</th>
<th>Image Guidance Separately Reported, When Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic Nerve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64400-64450</td>
<td>1 unit per plexus, nerve, or branch injected regardless of the number of injections</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Revise the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System chart to remove the term “Nerve” following “Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic.”

Category I
Radiology
Radiologic Guidance
Fluoroscopic Guidance

+ 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 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27369, 27648, 32400, 32405, 32406, 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, 64400-64448, 64450, 64455, 64505, 64600, 64605)
Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

(Use 77003 in conjunction with 61050, 61055, 62267, 62273, 62280, 62281, 62282, 62284, 64449, 64510, 64517, 64520, 64610, 96450)

(Do not report 77003 in conjunction with 62270, 62272, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62328, 62329)

Revise the inclusionary parenthetical notes following code 77002 to include 64400-64448, 64450, 64455, and code 77003 to include 64449.

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**Category I**

**Pathology and Laboratory**

**Molecular Pathology**

**Tier 1 Molecular Pathology Procedures**

#81162  **BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated)**

(eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)

(Do not report 81162 in conjunction with 81163, 81164, 81165, 81166, 81167, 81215, 81216, 81217, 81432)

#81163  full sequence analysis

#81164  full duplication/deletion analysis (ie, detection of large gene rearrangements)

(To report BRCA1, BRCA2 full sequence analysis and full duplication/deletion analysis on the same date of service, use 81162)

(For analysis of common duplication/deletion variant(s) in BRCA1 [ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb], use 81479)

(Do not report 81163 in conjunction with 81162, 81164, 81165, 81216, 81432)

(Do not report 81164 in conjunction with 81162, 81163, 81166, 81167, 81217)

81212  185delAG, 5385insC, 6174delT variants

(81211, 81213 have been deleted. To report see 81162, 81163, 81164)

(81214 has been deleted. To report, see 81165, 81166)

Revise the exclusionary parenthetical note following code 81162 to include code 81215.
anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease), beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (e.g., ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)

(If spinal muscular atrophy testing is performed separately, use 81401-81329)
(If testing is performed only for Ashkenazi Jewish-associated disorders, use 81412)
(If FMR1 [expanded allele] testing is performed separately, use 81243)
(If hemoglobin A testing is performed separately, use 81257)
(Do not report 81443 in conjunction with 81412)

Revise the first instructional parenthetical note following code 81443 to remove code 81401 and add code 81329 for reporting spinal muscular atrophy testing when it is performed separately.

Category I
Medicine
Neurology and Neuromuscular Procedures
Special EEG Tests

Technical Component Services

Code 95700 describes any long-term continuous EEG/VEEG recording, setup, takedown when performed, and patient/caregiver education by the EEG technologist(s). To report 95700, the setup must include a minimum of eight channels of EEG. Services with fewer than eight channels may be reported using 95999. Eight to 15 channels are typically used for neonates and when electrodes cannot be placed on certain regions of the scalp that are sterile. Twenty or more channels are typically used for children and adults. If setup is performed by someone who does not meet the definition of an EEG technologist(s), report 95999.

Revise the long-term EEG technical component services guidelines by deleting the comma between “recording” and “setup” to clarify that code 95700 includes recording setup (i.e., setup of the recording, not recording and setup).

<table>
<thead>
<tr>
<th>Duration of Long-Term EEG/VEEG Recording</th>
<th>Professional Services</th>
<th>Technical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>With report each 24 hours</td>
<td>With report at conclusion of entire recording period</td>
<td>Unmonitored</td>
</tr>
<tr>
<td>36 hours and 1 minute to 50 hours (w/video)</td>
<td>95720 x 2</td>
<td>95722 x 1</td>
</tr>
</tbody>
</table>
Revise the Long-Term EEG Monitoring Table under the Technical Services, Unmonitored column (4th column) for the row “50 hours and 1 minute to 60 hours (w/out video)” to state 95708 x 2.

### Category II Codes

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲2022F</td>
<td>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented reviewed; with evidence of retinopathy (DM)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>●2023F</td>
<td>without evidence of retinopathy (DM)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>▲2024F</td>
<td>7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>●2025F</td>
<td>without evidence of retinopathy (DM)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>▲2026F</td>
<td>Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>#●2033F</td>
<td>without evidence of retinopathy (DM)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Indent codes 2023F, 2025F, and 2033F to indicate they are child codes.

### Appendix O

Multianalyte Assays with Algorithmic Analyses and Proprietary Laboratory Analyses

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 (81500-81490-81599). 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.

Revise the first code in the Category I Multianalyte Assays with Algorithmic Analyses code range in the Appendix O guidelines from code 81500 to 81490.

<table>
<thead>
<tr>
<th>Index</th>
<th>Allergen Immunotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigens</td>
<td>Preparation and Provision............. 95144-95165</td>
</tr>
<tr>
<td>Insect Venom............. 95145-95149</td>
<td></td>
</tr>
</tbody>
</table>

Revise the code listing in the “Insect Venom” subheading following the “Antigens” subheading under the “Allergen Immunotherapy” heading to remove the “4” and add a “5” (ie, 95149) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Angiography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid Artery............. 36221, 36222, 36223, 36224, 36225, 36226, 376227, 36228</td>
<td></td>
</tr>
</tbody>
</table>

Revise the code listing following the “Carotid Artery” subheading under the “Angiography” heading to remove the “7” and add a “6” (ie, 36227) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Artery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary</td>
<td>Angiography............. 93454-93461, 92924-92295, 92933, 92934</td>
</tr>
<tr>
<td>Atherectomy............. 92924, 92925, 92933, 92934</td>
<td></td>
</tr>
</tbody>
</table>

Revise the code listing in the “Angiography” subheading following the “Coronary” subheading under the “Artery” heading to remove “92924-92295, 92933, 92934” in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Cauda Equina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decompression</td>
<td>Cervical............. 63001, 63015, 63045, 63048</td>
</tr>
<tr>
<td>Lumbar............. 63005, 63012, 63017, 63087, 63088, 630910-63091, 63047, 63048, 63056, 63057</td>
<td></td>
</tr>
<tr>
<td>Sacral............. 63011, 630910-63091</td>
<td></td>
</tr>
<tr>
<td>Thoracic............. 63003, 63016, 63087, 63088, 630910-63091, 63046, 63048, 63055, 63057</td>
<td></td>
</tr>
</tbody>
</table>

Revise the code listings in the “Lumbar”, “Sacral”, and “Thoracic” subheadings following the “Decompression” subheading under the “Cauda Equina” heading to remove the “1” and add a “0” (ie, 63090-63091) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Computer-Assisted Navigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranial Procedure............. 671781-61782</td>
<td></td>
</tr>
</tbody>
</table>

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Updated: January 31, 2020
Revise the code listing following the “Cranial Procedure” subheading under the “Computer-Assisted Navigation” heading to remove the “7” and add a “1” (ie, 61781) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Drainage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyst</td>
<td>Intramedullary…..63172-631723</td>
</tr>
<tr>
<td>Syrinx</td>
<td>Intramedullary…..63172-631723</td>
</tr>
</tbody>
</table>

Revise the code listing in the “Intramedullary” subheadings under the “Cyst” and “Syrinx” subheadings following the “Drainage” heading to remove the “2” and add a “3” (ie, 63173) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Fetal Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td>Biophysical Profile…..76818, 76819</td>
</tr>
<tr>
<td></td>
<td>Fetal……76813-76816</td>
</tr>
</tbody>
</table>

Revise the code listing in the “Fetal” subheading following the “Ultrasound” subheading under the “Fetal Testing” heading to remove the “3” and add a “6” (ie, 76816) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Foot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendon</td>
<td>Lengthening…..28261-28262</td>
</tr>
</tbody>
</table>

Revise the code listing in the “Lengthening” subheading following the “Tendon” subheading under the “Foot” heading to reverse the order of the “6” and the “2” (ie, 28261) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Lung</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empyema</td>
<td>Drainage…..32035, 32036</td>
</tr>
<tr>
<td></td>
<td>Excision…..32540</td>
</tr>
<tr>
<td></td>
<td>Thoracostomy…..32035-32036</td>
</tr>
<tr>
<td></td>
<td>Thoracostomy</td>
</tr>
</tbody>
</table>

Revise the code listing in the “Thoracostomy” and “Empyema” subheadings following the “Empyema” and “Thoracostomy” subheadings under the “Lung” heading to remove the “2” and add a “3” (ie, 32036) in the Index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Pathology and Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular Pathology…..81200-8109981105-81408, 81479</td>
<td></td>
</tr>
</tbody>
</table>
Revise the code listing following the “Molecular Pathology” subheading under the “Pathology and Laboratory” heading to remove “81200-81099” and add “81105-81408, 81479” in the Index.

Index
Radiology
Diabetic Imaging
Heart.....7555-755274

Revise the code listing in the “Heart” subheading following the “Diagnostic Imaging” subheading under the Radiology heading to remove the “2” and add a “7” (ie, 75574) in the Index.

Medium Descriptor Data File
50740 EXC URACHAL CYST/SINUS W/O UMBILICAL HERNIA RPR-
URETEROPYELOSTOMY ANAST URETER RENAL PELVIS
81277 CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS

Revise the medium descriptor data file for codes 50740 and 81277.

Long Descriptor Data File
99489 COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED ELEMENTS: 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.; 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)

Revise the long descriptor data file to remove the extension “60 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH.;” in the long descriptor for code 99489.

Illustrations
Punch Biopsy of Skin
11104, 11105

Posted 11/19/19

Posted 11/19/19

Posted 01/31/20

Posted 11/1/19
Incisional Biopsy of Skin
11106, 11107

Excision of Lesion
11400 and 11600 series
Revise Integumentary System illustrations to: 1) correctly label the layers of skin and revise “subcutaneous fat” to “subcutaneous tissue” in the Punch Biopsy of Skin (11104, 11105) illustration; and 2) revise “subcutaneous fat” to “subcutaneous tissue” in the Incisional Biopsy of Skin (11106, 11107) and Excision of Lesion (11400 and 11600 series) illustrations.