



Errata and Technical Corrections – CPT® 2019

Date: August 1, 2019

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, 2019.** Updates to this document are made as issues surface requiring clarification.

Most recent entries added to *Errata and Technical Corrections - CPT® 2019*

- **Revise the code listing following the Carotid Artery subheading under the Angiography heading in the Index.**

<p>Category I Evaluation and Management Non Face-to-Face Services Remote Physiologic Monitoring Treatment Management Services</p> <p>► Remote physiologic monitoring treatment management services are provided when clinical staff/physician/other qualified health care professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Use 99457 for time spent managing care when patients or the practice do not meet the requirements to report more specific services. Code 99457 may be reported during the same service period as chronic care management services (99487, 99489, 99490), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494).</p> <p>However, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Code 99457 requires a live, interactive communication with the patient/caregiver and 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month. Report 99457 99491 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.</p> <p>Do not count any time on a day when the physician or other 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). Do not count any time related to other reported services (eg, 93290). ◀</p> <p>Revise the Remote Physiologic Monitoring Treatment Management Services introductory guidelines to remove reference to code 99491 and add that code 99457 is to be reported one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.</p>	<p>Posted 11/14/18 E</p>
<p>Category I Evaluation and Management Cognitive Assessment and Care Plan Services</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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]); 	<p>Posted 11/14/18 T</p>

<ul style="list-style-type: none"> ▪ 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, neurocognitive 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. <p>Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.</p> <p>(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, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; brief emotional/behavioral assessment [96127]; <u>psychological or neuropsychological test administration [96146]</u>; health risk assessment administration [96160, 96161]; medication therapy management services [99605, 99606, 99607])</p> <p>Revise the parenthetical note following code 99483 to include psychological or neuropsychological test administration [96146].</p>	
<p>Category I Evaluation and Management Care Management Services</p> <p>► E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. 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 (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, 99491 if reporting ESRD services (90951-90970) during the same month. If the care management services are reported within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490, 99491.</p> <p>Revise the Care Management Services guidelines to remove codes 99366, 99367, 99368 incorrectly listed as telephone services.</p>	<p>Posted 7/12/19 E</p>
<p>Anesthesia Guidelines Anesthesia Services</p> <p>Services rendered in the office, home, or hospital; consultation; and other medical services are listed in the Evaluation and Management Services section (99201-99499 series) on page 11.</p>	<p>Posted 5/3/19 E</p> <p>Posted 7/12/19</p>

<p>“Special Services, <u>Procedures</u>, and Reporting” (99000-9908294 series) are listed in the Medicine section.</p> <p>Revise the Anesthesia Services subsection of the Anesthesia Guidelines to remove reference to code 99091 in the Special Services and Reporting subsection of the Medicine section.</p> <p>Revise the subheading to “Special Services, Procedures, and Reports” in the Anesthesia Services subsection of the Anesthesia Guidelines.</p>	<p>E</p>
<p>Surgery Guidelines Services</p> <p>Services rendered in the office, home, or hospital, consultations, and other medical services are listed in the Evaluation and Management Services section (99201-99499) beginning on page 11. “Special Services, <u>Procedures</u>, and Reports” (99000-9908294) are listed in the Medicine section.</p> <p>Revise the Services subsection of the Surgery Guidelines to remove reference to code 99091 in the Special Services and Reporting subsection of the Medicine section.</p> <p>Revise the subheading to add “, Procedures” in the Services subsection of the Surgery Guidelines.</p>	<p>Posted 5/3/19 E</p> <p>Posted 7/12/19 E</p>
<p>Category I Surgery Integumentary System Repair (Closure) Other Procedures</p> <p>15876 Suction assisted lipectomy; head and neck</p> <p>15877 trunk</p> <p>15878 upper extremity</p> <p>15879 lower extremity</p> <p>(Do not report 15876, 15877, 15878, 15879 in conjunction with 0489T, 0490T)</p> <p>(For harvesting of adipose tissue for autologous adipose-derived regenerative cell therapy, <u>see use</u> 0489T, 0490T)</p> <p>Revise the parenthetical note following code 15879 to remove code 0490T.</p>	<p>Posted 11/14/18 T</p>
<p>Category I Surgery Musculoskeletal System General Introduction or Removal</p> <p>(For injection procedure for arthrography, see anatomical area)</p> <p>(For injection of autologous adipose-derived regenerative cells, <u>see use</u> 0489T, 0490T)</p> <p>20500 Injection of sinus tract; therapeutic (separate procedure)</p> <p>20501 diagnostic (sinogram)</p>	<p>Posted 11/14/18 T</p>

Revise the parenthetical note preceding code 20500 to remove code 0489T.		
Category I Surgery Musculoskeletal System General Grafts (or Implants)		Posted 11/14/18 T
20926 Tissue grafts, other (eg, paratenon, fat, dermis) (Do not report 20926 in conjunction with 0489T, 0490T) (For harvesting of adipose tissue for autologous adipose-derived regenerative cell therapy, see use 0489T, 0490T) (For injection of autologous adipose-derived regenerative cells, see use 0489T, 0490T) (For harvesting, preparation, and injection[s] of platelet-rich plasma, use 0232T)		
Revise two parenthetical notes following code 20926 to remove codes 0490T and 0489T respectively.		
Category I Surgery Musculoskeletal System Grafts (or Implants)		Posted 3/6/19 E
+ ● 20932 Allograft, includes templating, cutting, placement and internal fixation when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure) (Do not report 20932 in conjunction with 20933, 20934, 23200, 24152, 27078, 27090, 27091, 27448, 27646, 27647, 27648)		
+ ● 20933 hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure) (Do not report 20933 in conjunction with 20932, 20934, 20955, 20956, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25126, 25136, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27448, 27638, 27646, 27647, 27648, 28103, 28107)		
+ ● 20934 intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure) (Do not report 20934 in conjunction with 20932, 20933, 20955, 20956, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25126, 25136, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27448, 27638, 27646, 27647, 27648, 28103, 28107)		
Revise the code listings in the parenthetical notes following codes 20933-20934.		
Category I Surgery		Posted 3/6/19

<p>Respiratory System Lungs and Pleura Thoracoscopy (Video-assisted thoracic surgery [VATS])</p> <p>32601 Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy</p> <p>32604 pericardial sac, with biopsy (For open pericardial biopsy, use 39010)</p> <p>Add an “o” to biopsy in the parenthetical note following codes 32601, 32604.</p>	E
<p>Category I Surgery Cardiovascular System Arteries and Veins Endovascular Repair of Abdominal Aorta and/or Iliac Arteries</p> <p>✚34714 Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)</p> <p>(Use 34714 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-, <u>33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416,</u> 33417, 33422, 33425, 33426, 33427, 33430, <u>33440,</u> 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</p> <p>(34714 may only be reported once per side. For bilateral procedure, report 34714 twice)</p> <p>(Do not report 34714 in conjunction with 33362, 33953, 33954, 33959, 33962, 33969, 33984, 34812 when performed on the same side)</p> <p>#✚34833 Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)</p> <p>(Use 34833 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-, <u>33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416,</u> 33417, 33422, 33425, 33426, 33427, 33430, <u>33440,</u> 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688,</p>	Posted 3/6/19 T

33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)

(34833 may only be reported once per side. For bilateral procedure, report 34833 twice)

(Do not report 34833 in conjunction with 33364, 33953, 33954, 33959, 33962, 33969, 33984, 34820 when performed on the same side)

✚34716

Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

(Use 34716 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259-33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702-33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)

(34716 may only be reported once per side. For bilateral procedure, report 34716 twice)

(Do not report 34716 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984, 0451T, 0452T, 0455T, 0456T)

Revise the parenthetical notes following codes 34714, 34716, 34833 to break apart the code range 33404-33417 which included resequenced code 33440.

**Category I
Surgery
Cardiovascular System
Vascular Injection Procedures
Central Venous Access Procedures**

36565 Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)

36566 with subcutaneous port(s)

►Peripherally inserted central venous catheters (PICCs) may be placed or replaced with or without imaging guidance. When performed without imaging guidance, report using 36568 or 36569. When

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imaging guidance (eg, ultrasound, fluoroscopy) is used for PICC placement or **complete replacement repositioning**, bundled service codes 36572, 36573, and 36584 include all imaging necessary to complete the procedure, image documentation (representative images from all modalities used are stored to patient’s permanent record), associated radiological supervision and interpretation, venography performed through the same venous puncture, and documentation of final central position of the catheter with imaging. Ultrasound guidance for PICC placement should include documentation of evaluation of the potential puncture sites, patency of the entry vein, and real-time ultrasound visualization of needle entry into the vein.

Codes 71045, 71046, 71047, 71048 should not be reported for the purpose of documenting the final catheter position on the same day of service as 36572, 36573, 36584. Codes 36572, 36573, 36584 include confirmation of catheter tip location. The physician or other qualified health care professional reporting image-guided PICC insertion cannot report confirmation of catheter tip location separately (eg, via X ray, ultrasound). Report 36572, 36573, 36584 with modifier 52 when performed without confirmation of catheter tip location.

“Midline” catheters by definition terminate in the peripheral venous system. They are NOT central venous access devices and may not be reported as a PICC service. Midline catheter placement may be reported with 36400, ~~36405~~, 36406, or 36410. PICCs placed using magnetic guidance or any other guidance modality that does not include imaging or image documentation are reported with 36568, 36569. ◀

Revise the PICC coding guidelines to: 1) replace the term “repositioning” with “complete replacement; and 2) remove code 36405 from the midline catheter guidelines.

<p>Category I Surgery Cardiovascular System Arteries and Veins Dialysis Circuit</p> <p>36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report.</p> <p>(Do not report 36901 in conjunction with 36833, 36902, 36903, 36904, 36905, 36906)</p> <p>36902 with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty</p> <p>(Do not report 36902 in conjunction with 36903)</p> <p>36903 with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment</p> <p>(Do not report 36902, 36903 in conjunction with 36833, 36904, 36905, 36906)</p> <p>(Do not report 36901, 36902, 36903 more than once per operative session)</p>	<p>Posted 5/3/19 E</p>
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<p>36904</p>	<p>(For transluminal balloon angioplasty within central vein(s) when performed through dialysis circuit, use 36907)</p> <p>(For transcatheter placement of intravascular stent(s) within central vein(s) when performed through dialysis circuit, use 36908)</p> <p>Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s).</p> <p>(For open thrombectomy within the dialysis circuit, see 36831, 36833)</p> <p>36905 with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty</p> <p>(Do not report 36905 in conjunction with 36904)</p> <p>36906 with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit</p> <p>(Do not report 36906 in conjunction with 36901, 36902, 36903, 36904, 36905)</p> <p>(Do not report 36904, 36905, 36906 more than once per operative session)</p> <p>(For transluminal balloon angioplasty within central vein(s) when performed through dialysis circuit, use 36907)</p> <p>(For transcatheter placement of intravascular stent(s) within central vein(s) when performed through dialysis circuit, use 36908)</p> <p>Add a semicolon following “report” to the code descriptor for code 36901 and following “injection(s)” in the code descriptor for code 36904 because they were inadvertently omitted during book production.</p>	
<p>Category I Surgery Female Genital System Vagina Repair</p> <p>57260</p> <p>57265</p>	<p>Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed.</p> <p>(Do not report 57260 in conjunction with 52000)</p> <p>with enterocele repair</p> <p>(Do not report 57265 in conjunction with 52000)</p> <p>Add a semicolon following “when performed” to the code descriptor for code 57260 because it was inadvertently omitted during book production.</p>	<p>Posted 5/3/19 E</p>
<p>Category I Radiology</p>		<p>Posted 1/9/19</p>

<p>Diagnostic Radiology Gastrointestinal Tract</p> <p>74250 Radiologic examination, small intestine, includes multiple serial images; Add a semicolon following “images” in the code descriptor for code 74250 as it was inadvertently omitted from the 2019 codebook.</p>	<p>E</p>
<p>Category I Radiology Breast, Mammography</p> <p>▲77061 Diagnostic digital breast tomosynthesis; unilateral ▲77062 bilateral (Do not report 77061, 77062 in conjunction with 76376, 76377, 77067)</p> <p>Editorially revise codes 77061, 77062 to include the term “Diagnostic.”</p>	<p>Posted 11/14/18 T</p>
<p>Category I Radiology Radiation Oncology Radiation Treatment Delivery</p> <p>77402 Radiation treatment delivery, \geq 1 MeV; simple (Do not report 77402 in conjunction with 77373) 77407 intermediate (Do not report 77407 in conjunction with 77373) 77412 complex (Do not report 77412 in conjunction with 77373)</p> <p>Remove the “>” symbol and add “≥” for codes 77402, 77407, and 77412 as it was inadvertently removed during book production.</p>	<p>Posted 11/14/18 E</p>
<p>Category I Radiology Nuclear Medicine Diagnostic Gastrointestinal System</p> <p>78264 Gastric emptying imaging study (eg, solid, liquid, or both); 78265 with small bowel transit 78266 with small bowel and colon transit, multiple days (Report 78264, 78265, 78266 only once per imaging study)</p> <p>Add a semicolon following “(eg, solid, liquid, or both)” to the code descriptor for code 78264 because it was inadvertently omitted during book production.</p>	<p>Posted 5/3/19 E</p>
<p>Category I</p>	<p>Posted</p>

Pathology and Laboratory Molecular Pathology Gene Table					11/14/18 E
FBN1	FBN1	B Fibrillin1	Marfan syndrome, aortic dysfunction or dilation	81408, 81410	
Revise the full gene name to remove the “B” from Fibrillin1 in the Molecular Pathology gene table.					
Category I Medicine Psychiatry Psychiatric Diagnostic Procedures Other Psychotherapy					Posted 3/6/19 T
★90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes (Do not report 90846, 90847 for family psychotherapy services less than 26 minutes) ►(Do not report 90846, 90847 in conjunction with 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)◀ <u>(For family psychotherapy services [90847] of 80 minutes or more, see the appropriate prolonged services code [99354, 99355, 99356, 99357])</u>				
Addition of a parenthetical note following code 90847 to see prolonged service codes for family psychotherapy services of 80 minutes or more.					
Category I Medicine Special Otorhinolaryngologic Services					Posted 5/3/19 E
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) _i				
92523	with evaluation of language comprehension and expression (eg, receptive and expressive language)				
Add a semicolon following “(eg, articulation, phonological process, apraxia, dysarthria)” to the code descriptor for code 92522 because it was inadvertently omitted during book production.					
Category I Medicine Special Otorhinolaryngologic Services Evaluative and Therapeutic Services					Posted 5/3/19 E
92612	Flexible endoscopic evaluation of swallowing by cine or video recording _i (If flexible endoscopic evaluation of swallowing is performed without cine or video recording, use 92700)				

92613	(Do not report 92612 in conjunction with 31575) interpretation and report only (To report an evaluation of oral and pharyngeal swallowing function, use 92610) (To report motion fluoroscopic evaluation of swallowing function, use 92611)
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; (If flexible endoscopic evaluation of swallowing is performed without cine or video recording, use 92700) (Do not report 92614 in conjunction with 31575)
92615	interpretation and report only
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; (If flexible endoscopic evaluation of swallowing is performed without cine or video recording, use 92700) (Do not report 92616 in conjunction with 31575)
92617	interpretation and report only
Add a semicolon following “video recording” to the code descriptors for codes 92612, 92614, and 92616 because they were inadvertently omitted during book production.	

Category I Medicine Adaptive Behavior Services Adaptive Behavior Treatment	Posted 11/14/18 T
# ● 97153 Adaptive behavior treatment by protocol , administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Do not report 97153 in conjunction with 90785-90899, 92507, 96105-96155, 97127)	
# ● 97155 Adaptive behavior treatment with protocol modification , administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes (Do not report 97155 in conjunction with 90785-90899, 96105-96155, 92507, 97127)	
Revise the parenthetical notes following codes 97153 and 97155 to include code 97127.	

Category I Medicine Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	Posted 7/12/19 E																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Cognitive Services</th> <th colspan="2">Test Administration/Scoring</th> <th colspan="2">Interpretation and Report or Automated Result</th> </tr> <tr> <th>Code #</th> <th>Unit</th> <th>Evaluation</th> <th>Interactive Feedback</th> <th>Physician or Qualified Health Care Professional</th> <th>Clinical Staff</th> <th>Physician or Health Care Professional</th> <th>Automated Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Cognitive Services		Test Administration/Scoring		Interpretation and Report or Automated Result		Code #	Unit	Evaluation	Interactive Feedback	Physician or Qualified Health Care Professional	Clinical Staff	Physician or Health Care Professional	Automated Result									
		Cognitive Services		Test Administration/Scoring		Interpretation and Report or Automated Result																			
Code #	Unit	Evaluation	Interactive Feedback	Physician or Qualified Health Care Professional	Clinical Staff	Physician or Health Care Professional	Automated Result																		

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96110	Per instrument				X			
96112	Per hour	X		X		X		
+96113	Per hour 30 min (add-on)	X		X		X		
96127	Per instrument				X			
<p>Revise the Central Nervous System Assessments/Tests table for code 96113 from “Per hour (add-on)” to “Per 30 min (add-on).”</p>								
<p>Category I Medicine Health and Behavior Assessment/Intervention</p> <p>Health and behavior assessment procedures <u>services</u> are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.</p> <p>Remove “procedures” and add “services” in the Health and Behavior Assessment/Intervention guidelines.</p>								<p>Posted 3/6/19 T</p>
<p>Category III Codes</p> <p>0331T Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;</p> <p>0332T with tomographic SPECT</p> <p>Add a semicolon following “assessment” to the code descriptor for code 0331T because it was inadvertently omitted during book production.</p>								<p>Posted 5/3/19 E</p>
<p>Appendix O Multianalyte Assays with Algorithmic Analyses <u>and Proprietary Laboratory Analyses</u></p> <p>Revise the name of Appendix O to include “and Proprietary Laboratory Analyses.”</p>								<p>Posted 3/6/19 T</p>
<p>Index Angiography</p> <p>Carotid Artery...36221, 36222, 36223, 36224, 36225, 36226, 37227, 36228</p> <p>Revise the listing following “Carotid Artery” under the Angiography heading to revise code 37227 to 36227.</p>								<p>Posted 8/1/19 E</p>
<p>Index Nonunion Repair</p> <p>Ulna...25400, 254105, 25415, 25415, 25420</p> <p>Revise the listing following “Ulna” under the Nonunion Repair heading to revise the first instance of code 25415 to 25405 and to remove the third instance of code 25415.</p>								<p>Posted 7/12/19 E</p>
<p>Index Repair</p> <p>Radius</p>								<p>Posted 3/6/19 E</p>

<p>Epiphyseal...25450-25455 Malunion or Nonunion....25400, 254015, 25415, 25420</p> <p>Ulna Epiphyseal...25450-25455 Malunion or Nonunion....25400, 254015, 25415, 25420</p> <p>Revise the first instance of code 25415 to 25405 in the “Malunion or Nonunion” subheading following the “Radius” and “Ulna” subheadings under the “Repair” heading in the Index.</p>	
<p>Index Transcatheter Procedures</p> <p>Occlusion Cranial.....61624-61626 Paravalvular Leak Aortic Valve.....93591, 93592 Mitral Valve.....93590, 93592 Vascular.....37241-37244</p> <p>Placement <u>Intravascular Stent...0075T, 0076T, 0505T, 37215-37218, 37236-37239, 92928, 92929</u> <u>Central Dialysis Segment..36908</u> <u>Peripheral Dialysis Segment..36906</u></p> <p>Pulmonary Valve Implantation.....33477</p> <p>Removal Leadless Pacemaker System....33275</p> <p>Replacement Leadless Pacemaker System....33274</p> <p>Retrieval Foreign Body (Fractured Catheter)..37197</p> <p>Stent Placement See Stent, Placement, Transcatheter</p> <p>Revise the Transcatheter Procedures heading in the index to: 1) remove “Procedures” from the Transcatheter Procedures heading; 2) add a “Placement” subheading with additional subheadings; and 3) remove the “Stent Placement” subheading and following reference of “See Stent, Placement, Transcatheter.”</p>	<p>Posted 1/9/19 E</p>
<p>Index Ulna</p> <p>Repair Collateral Ligament....29902 Epiphyseal Arrest.....25450-25455 Malunion or Nonunion....25400, 254015, 25415, 25420 Osteotomy.....25360, 25370-25375 and Radius.....25365 with Graft.....25405, 254520-25426</p> <p>Revise the first instance of code 25415 to 25405 in the “Malunion or Nonunion” subheading following the “Repair” subheading under the “Ulna” heading in the Index.</p>	<p>Posted 3/6/19 E</p>
<p>Medium Descriptor Data File 81479 UNLISTED MOLECULAR PATHOLOGY PROCEDURE</p>	<p>Posted 5/3/19 E</p>

<p>Revise the medium descriptor data file for code 81479 to remove the extra “L” in “MOLECULAR.”</p>	
<p>Medium Descriptor Data File 93296 REM INTERROG PM/LDLS PM/IDS <90 D <u>PHYS/QHPTECH REVIEW</u></p> <p>Revise the medium descriptor data file for code 93296 to remove reference to physician/QHP and add “tech review.”</p>	<p>Posted 11/14/18 E</p>