Errata and Technical Corrections – CPT® 2024
Date: October 1, 2024

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, 2024**. Updates to this document are made as issues surface requiring clarification.

Most recent entries added to *Errata and Technical Corrections - CPT® 2024*

- Correct error in the Medicine Cardiac Catheterization subsection by restoring the missing semicolon to code 93454 in the printed publication of CPT® 2024 codebook.

Evaluation and Management **Non-Face-to-Face Services** **Interprofessional Telephone/Internet/Electronic Health Record Consultations** The treating/requesting physician or other qualified health care professional may report 99452, if spending 16-30 minutes ~~are spent on~~in a service day preparing for the referral and/or communicating with the consultant. Do not report 99452 more than once in a 14-day period. ~~The treating/requesting physician or other qualified health care professional may report the prolonged service codes 99417, 99418 for the time spent on the interprofessional telephone/Internet/electronic health record discussion with the consultant (eg, specialist), if the time exceeds 30 minutes beyond the typical time of the appropriate E/M service performed and the patient is present (on site) and accessible to the treating/requesting physician or other qualified health care professional.~~ If the telephone/Internet/electronic health record referral service(s) and an E/M service are performed on the same day by the treating/requesting physician or other qualified health care professional and total time is used to select the level of E/M service, the time spent providing the referral service is added to the time spent on the day of the encounter performing the E/M service. If MDM is used to select the level of E/M service, the work of performing the referral service is considered part of the MDM. Do not report 99452 separately on the same date an E/M service is reported. ~~If the interprofessional telephone/Internet/electronic health record assessment and management service occurs when the patient is not present and the time spent in a day exceeds 30 minutes, then the non-face-to-face prolonged service codes 99358, 99359 may be reported by the treating/requesting physician or other qualified health care professional.~~ **Revise guidelines by: 1) adding language to describe telephone/Internet/electronic health record referral service(s) (99452) when performed on the same day as an E/M service; 2) removing the guidelines stating the time thresholds that meet criteria may report the prolonged service codes 99417, 99418; and 3) removing the guidelines stating interprofessional telephone/Internet/electronic**	**Posted 11/01/23 T** **Posted 04/01/24 E**

health record assessment and management service (99451) may be reported with prolonged service codes 99358, 99359 in the Interprofessional Telephone/Internet/Electronic Health Record Consultations subsection. (11/01/23) **Correct error in the Interprofessional Telephone/Internet/Electronic Health Record Consultations subsection by replacing "are spent on" with "in" in the published Errata and Technical Corrections document only. (04/01/24)**	
Category I **Evaluation and Management** **Transitional Care Management Services** _____***Coding Tip***_____ **If another individual provides TCM services within the postoperative period of a surgical package, modifier 54 is not required.** The required contact with the patient or caregiver, as appropriate, may be by the physician or qualified health care professional or clinical staff and must occur before the end of the second business day after discharge. A business day is Monday through Friday except holidays without respect to normal practice hours or date of notification of discharge. ~~Within two business days of discharge is Monday through Friday except holidays without respect to normal practice hours or date of notification of discharge.~~ However, the contact may occur on weekends and holidays. The contact must include capacity for prompt interactive communication addressing patient status and needs beyond scheduling follow-up care. If two or more separate attempts are made in a timely manner, but are unsuccessful and other transitional care management criteria are met, the service may be reported. **Revise Coding Tip in the Evaluation and Management Transitional Care Management Services subsection by including instructional language to clarify reporting on weekends and holidays.**	**Posted 03/06/24 T**
Surgery **Integumentary System** **Skin, Subcutaneous, and Accessory Structures** **Biopsy** 11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion ✚11107 each separate/additional lesion (List separately in addition to code for primary procedure) **Indent code 11107 to indicate it is a child code to code 11106 in the Biopsy subsection of Surgery.**	**Posted 08/02/24 E**
Surgery **Musculoskeletal System** **Pelvis and Hip Joint** **Arthrodesis** ▲27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of ~~transfixing~~ transfixation device **Editorially revise 27279 code descriptor by replacing the term "transfixing" with the term "transfixation" in the Surgery Arthrodesis subsection.**	**Posted 07/01/24 T**
Surgery **Nervous System** **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Neurostimulators (Peripheral Nerve)**	**Posted 11/01/23 E**

▲64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array ►(For revision or removal of percutaneous electrode array with integrated neurostimulator, use ~~64597~~64598)◄ **Revise parenthetical note following code 64595 by replacing code 64597 with code 64598 in the Surgery Neurostimulators (Peripheral Nerve) subsection.**	

Pathology and Laboratory
Pathology Clinical Consultations
Instructions for Selecting a Level of Pathology Clinical Consultation Services
Medical Decision Making

Posted 07/01/24 T

See Medical Decision Making table on page 612.

Elements of Medical Decision Making				
Code	**Level of MDM (Based on 2 out of 3 Elements of MDM)**	**Number and Complexity of Problems Addressed**	**Amount and/or Complexity of Data to be Reviewed and Analyzed** ***Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.***	**Risk of Complications and/or Morbidity or Morality of Patient Management**
80503	**Straightforward** ~~**Low**~~	**Low** • **1** to **2** laboratory or pathology findings; **or** • **2** or more self-limited problems	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ▪ Review of prior note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering or recommending additional or follow-up testing* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test*	**Low risk of morbidity from additional diagnostic testing or treatment**

			interpretation, see moderate or high)		

Revise the Elements of Medical Decision Making table in the Pathology and Laboratory Medical Decision Making subsection by replacing the term "Low" with the term "Straightforward" in the row for code 80503 only.

Pathology and Laboratory
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

Testing for somatic alterations in neoplasms may be reported differently depending on whether combined or separate methods and analyses are used for both DNA and RNA analytes. Procedures for somatic alterations in neoplasms which include DNA analysis or DNA and RNA analysis using a single combined method are reported with 81445, 81450, 81455, 81457, 81458, 81459, 81462, 81463, 81464. RNA analysis performed using a separate method is reported with 81449, 81451, 81456. When evaluation for tumor mutation burden (TMB) and/or microsatellite instability (MSI) is performed as part of the same test for somatic alterations in neoplasms, report 81457, 81458, 81459. When a genomic sequencing procedure (GSP) is performed on cell-free nucleic acid (eg, plasma), sometimes referred to as a liquid biopsy, report 81462, 81463, 81464.◀

Revise guideline by adding code 81457 to the Pathology and Laboratory Genomic Sequencing Procedures and Other Molecular Multianalyte Assays subsection.

Posted 12/01/23 E

Medicine
Immunization Administration for Vaccines/Toxoids

▶Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, ~~0712A~~0172A, 0173A, 0174A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-91317).◀

Revise guideline by replacing code 0712A with code 0172A in the Medicine Immunization Administration for Vaccines/Toxoids subsection.

Posted 12/01/23 E

Medicine
Immunization Administration for Vaccines/Toxoids

▶For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374, 96375.◀

Revise guideline by adding code 96375 in the Medicine Immunization Administration for Vaccines/Toxoids subsection.

Posted 02/09/24 E

Medicine
Gastroenterology

91111 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report

(Do not report 91111 in conjunction with 91110, 91113, 0651T)

(Incidental visualization of the ~~esophagus,~~ stomach, duodenum, ileum, and/or colon is not reported separately)

(For measurement of gastrointestinal tract transit times or pressure using wireless capsule, use 91112)

Posted 08/02/24 E

Revise parenthetical note following code 91111 by removing the term "esophagus" in the Gastroenterology subsection.	
Medicine **Cardiovascular** **Cardiac Catheterization** 93454 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; (Do not report 93454 in conjunction with 33418, 0345T, 0483T, 0484T, 0544T, 0545T, 0643T, for coronary angiography intrinsic to the valve repair, annulus reconstruction procedure, or left ventricular restoration device implantation) **Correct error in the Medicine Cardiac Catheterization subsection by restoring the missing semicolon to code 93454 in the printed publication of CPT® 2024 codebook.**	**Posted 10/01/24 E**
Index **Hospital Services** Admission and Discharge Same Day……..……..99234-99236 **Revise index by adding code with dash "99234-" to create code range "99234-99236" for Admission and Discharge Same Day services.**	**Posted 11/01/23 E**
Index **Preventive Medicine** Comprehensive Established Patient……~~99382~~99391-99397 New Patient…….99381-99387 **Revise index by replacing code 99382 with code 99391 to identify comprehensive preventive medicine services for established patients.**	**Posted 12/01/23 E**
Short Descriptor Data File 95024 ~~ICUT ALLERGY TEST DRUG/BUG~~IQ TESTS W/ALLERGENIC XTRCS **Revise the short descriptor file for code 95024.**	**Posted 02/09/24 E**
Medium Descriptor Data File 61315 CRANIECTOMY HMTMA ~~SUPRATENTORIAL~~INFRATENTORIAL ~~INTRACEREBRAL~~ INTRACEREBELLAR **Revise the medium descriptor file for code 61315.**	**Posted 02/09/24 E**
Medium Descriptor Data File 92002 OPH S~~C~~VCS MEDICAL XM&EVAL INTERMEDIATE NEW PT 92287 ANT SGM IMAGING W/I&R W/FLUOR~~O~~ESCEIN ANGRPH 99403 PREV MED CNSL&/RSK FCTR RDCTJ INDV A~~R~~RPPROX 45 MIN **Revise the medium descriptor file for codes 92002, 92287, and 99403.**	**Posted 11/01/23 E**