



Errata and Technical Corrections – CPT® 2024 Date: April 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 Interprofessional Telephone/Internet/Electronic Health Record Consultations subsection by replacing “are spent on” with “in” in the published Errata and Technical Corrections document only.

<p>Evaluation and Management Non-Face-to-Face Services Interprofessional Telephone/Internet/Electronic Health Record Consultations</p> <p>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.</p> <p>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</p>	<p>Posted 11/01/23 T</p> <p>Posted 04/01/24 E</p>
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<p>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)</p> <p>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)</p>	
<p>Category I Evaluation and Management Transitional Care Management Services</p> <p><u>Coding Tip</u></p> <p>If another individual provides TCM services within the postoperative period of a surgical package, modifier 54 is not required.</p> <p>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.</p> <p>Revise Coding Tip in the Evaluation and Management Transitional Care Management Services subsection by including instructional language to clarify reporting on weekends and holidays.</p>	<p>Posted 03/06/24 T</p>
<p>Surgery Nervous System Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System Neurostimulators (Peripheral Nerve)</p> <p>▲ 64595 Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array</p> <p>▶ (For revision or removal of percutaneous electrode array with integrated neurostimulator, use 6459764598)◀</p> <p>Revise parenthetical note following code 64595 by replacing code 64597 with code 64598 in the Surgery Neurostimulators (Peripheral Nerve) subsection.</p>	<p>Posted 11/01/23 E</p>
<p>Pathology and Laboratory Genomic Sequencing Procedures and Other Molecular Multianalyte Assays</p> <p>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.◀</p> <p>Revise guideline by adding code 81457 to the Pathology and Laboratory Genomic Sequencing Procedures and Other Molecular Multianalyte Assays subsection.</p>	<p>Posted 12/01/23 E</p>

<p>Medicine Immunization Administration for Vaccines/Toxoids</p> <p>► 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<u>0172A</u>, 0173A, 0174A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-91317). ◀</p> <p>Revise guideline by replacing code 0712A with code 0172A in the Medicine Immunization Administration for Vaccines/Toxoids subsection.</p>	<p>Posted 12/01/23 E</p>
<p>Medicine Immunization Administration for Vaccines/Toxoids</p> <p>► 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, <u>96375</u>. ◀</p> <p>Revise guideline by adding code 96375 in the Medicine Immunization Administration for Vaccines/Toxoids subsection.</p>	<p>Posted 02/09/24 E</p>
<p>Index Hospital Services</p> <p>Admission and Discharge Same Day.....<u>99234-99236</u></p> <p>Revise index by adding code with dash “99234-” to create code range “99234-99236” for Admission and Discharge Same Day services.</p>	<p>Posted 11/01/23 E</p>
<p>Index Preventive Medicine</p> <p>Comprehensive Established Patient.....<u>99382</u><u>99391</u>-99397 New Patient.....99381-99387</p> <p>Revise index by replacing code 99382 with code 99391 to identify comprehensive preventive medicine services for established patients.</p>	<p>Posted 12/01/23 E</p>
<p>Short Descriptor Data File</p> <p>95024 ICUT ALLERGY TEST DRUG/BUG IQ TESTS W/ALLERGENIC XTRCS</p> <p>Revise the short descriptor file for code 95024.</p>	<p>Posted 02/09/24 E</p>
<p>Medium Descriptor Data File</p> <p>61315 CRANIECTOMY HMTMA SUPRATENTORIAL INFRATENTORIAL INTRACEREBRAL INTRACEREBELLAR</p> <p>Revise the medium descriptor file for code 61315.</p>	<p>Posted 02/09/24 E</p>
<p>Medium Descriptor Data File</p> <p>92002 OPH SCVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT 92287 ANT SGM IMAGING W/I&R W/FLUOROESCEIN ANGRPH 99403 PREV MED CNSL&RSK FCTR RDCTJ INDV ARPPROX 45 MIN</p> <p>Revise the medium descriptor file for codes 92002, 92287, and 99403.</p>	<p>Posted 11/01/23 E</p>