Errata and Technical Corrections – CPT® 2022
Date: March 1, 2022

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, 2022. Updates to this document are made as issues surface requiring clarification.

Most recent entries added to Errata and Technical Corrections - CPT® 2022

- Revise front matter language by adding a “C” to the About CPT section.
- Remove parenthetical notes following codes 64492 and 64495 in the Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Paravertebral Spinal Nerves and Branches subsection.
- Revise parenthetical note following code 66984 by replacing code 66989 with code 66991 in the Eye and Ocular Adnexa subsection.
- Revise code descriptor for code 0273U in the Proprietary Laboratory Analyses subsection.
- Revise parenthetical note following code 93662 by removing code 93656 from the Medicine Intracardiac Electrophysiological Procedures/Studies subsection.
- Add parenthetical note following code 96159 to the Medicine Health Behavior Assessment and Intervention subsection.
- Revise parenthetical note by removing codes 96158 and 96159 and adding parenthetical note following code 0703T in the Category III section.
- Add strikethrough to code 01935 in the Anesthesia section of Appendix B.
- Revise the short descriptor data file for code 37183.
- Revise the short and medium descriptor data file for code 0273U.

About CPT

Current Procedural Terminology (CPT®), Fourth Edition, is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians and other qualified health care professionals. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians and other qualified health care professionals, patients, and third parties. CPT 2022 is the most recent revision of a work that first appeared in 1966.

CPT descriptive terms and identifying codes currently serve a wide variety of important functions in the field of medical nomenclature. The CPT code set is useful for administrative management purposes such as claims processing and for the development of guidelines for medical care review. The uniform language is also applicable to medical education and outcomes, health services, and quality research by providing a useful basis for local, regional, and national utilization comparisons. The CPT code set is the most widely accepted nomenclature for the reporting of physician and other qualified health care specialists.
Professional procedures and services under government and private health insurance programs. In 2000, the CPT code set was designated by the Department of Health and Human Services as the national coding standard for physician and other health care professional services and procedures under the Health Insurance Portability and Accountability Act (HIPAA). This means that for all financial and administrative health care transactions sent electronically, the CPT code set will need to be used.

### Illustrated Anatomical and Procedural Review

### Lists of Illustrations

**Procedural Illustrations**

- **93452** Left Heart Catheterization

Revise spelling of “catheterization” for code 93452 in list of Procedural Illustrations.

### Evaluation and Management

**Care Management Services**

Care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, or may be provided personally by a physician or other qualified health care professional to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services include establishing, implementing, revising, or monitoring the care plan; coordinating the care of other professionals and agencies; and educating the patient or caregiver about the patient’s condition, care plan, and prognosis. Care management services improve care coordination, reduce avoidable hospital services, improve patient engagement, and decrease care fragmentation. The physician or other qualified health care professional provides or oversees the management and/or coordination of care management services, which include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient’s condition, care plan, and prognosis.

Revise the Care Management Services guidelines by removing duplicate language.

### Surgery

**Musculoskeletal System**

**Spine (Vertebral Column)**

**Arthrodesis**

**Posterior, Posterolateral or Lateral Transverse Process Technique**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22630</td>
<td>Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; (Do not report 22630 in conjunction with 22612 for the same interspace and segment, use 22633)</td>
</tr>
<tr>
<td>+22632</td>
<td>each additional interspace (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22633</td>
<td>Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; (Do not report with 22612 or 22630 for the same interspace)</td>
</tr>
<tr>
<td>+22634</td>
<td>each additional interspace and segment (List separately in addition to code for primary procedure) (Use 22634 in conjunction with 22633)</td>
</tr>
</tbody>
</table>

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Updated: March 1, 2022
Revised Posterior, Posterolateral or Lateral Transverse Process Technique subsection by: 1) replacing colon with a comma after "interspace" and adding colon after "lumbar" to the code descriptor for code 22630; 2) replacing colon with a comma after "interspace" and adding colon after "lumbar" to the code descriptor for code 22633; 3) removing "and segment" from the code descriptor for code 22634; and 4) revising two parenthetical notes following code 22634 by adding "and vertebral segment[s]."

**Surgery**

**Nervous System**

**Spine and Spinal Cord**

**Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Discs**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>63020</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical</td>
<td>(For bilateral procedure, report 63020 with modifier 50)</td>
</tr>
<tr>
<td>63035</td>
<td>each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)</td>
<td>(Use 63035 in conjunction with 63020-63030)</td>
</tr>
<tr>
<td>63040</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical</td>
<td>(For bilateral procedure, report 63040 with modifier 50)</td>
</tr>
<tr>
<td>63044</td>
<td>each additional lumbar interspace (List separately in addition to code for primary procedure)</td>
<td>(Use 63044 in conjunction with 63042)</td>
</tr>
</tbody>
</table>
Decompression performed on the same interspace(s) and vertebral segment(s) and/or interspace(s) as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components such as spinal cord, cauda equina, or nerve roots, see 63052, 63053 ▶

(For bilateral procedure, report 63044 twice. Do not report modifier 50 in conjunction with 63044)

Codes 63052, 63053 may only be reported for decompression at the same anatomic site(s) when posterior interbody fusion (eg, 22630) requires decompression beyond preparation of the interspace(s) for fusion. ◄

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63045</td>
<td>Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical</td>
</tr>
<tr>
<td>63046</td>
<td>thoracic</td>
</tr>
<tr>
<td>63047</td>
<td>lumbar</td>
</tr>
<tr>
<td>63048</td>
<td>each additional vertebral segment, cervical, thoracic or lumbar (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

(Use 63048 in conjunction with 63045-63047)

(Do not report 63047, 63048 in conjunction with 22630, 22632, 22633, 22634, for laminectomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s] and/or interspace[s])

(For decompression performed on the same interspace[s] and vertebral segment[s] and/or interspace[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)

#fühle•63052 Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)

#fühle•63053 each additional vertebral segment (List separately in addition to code for primary procedure)

(Use 63053 in conjunction with 63052) ◄

(Use 63052, 63053 in conjunction with 22630, 22632, 22633, 22634) ◄

Transpedicular or Costovertebral Approach for Posterolateral Extradural Exploration/Decompression

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63055</td>
<td>Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic</td>
</tr>
<tr>
<td>63056</td>
<td>lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>63057</td>
<td>Each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) (Use 63057 in conjunction with 63055, 63056)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 63056, 63057 for a herniated disc in conjunction with 22630, 22632, 22633, 22634 for decompression to prepare the interspace on the same interspace[s] and vertebral segment[s])</td>
</tr>
<tr>
<td></td>
<td>(For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, or opening/widening of the foramen for decompression of nerves or spinal components such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)</td>
</tr>
<tr>
<td>Add “vertebral” to the code descriptor for code 63053 and revise guidelines and multiple parenthetical notes throughout the Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Discs and Transpedicular or Costovertebral Approach for Posterolateral Extradural Exploration/Decompression subsections.</td>
<td></td>
</tr>
</tbody>
</table>

### Surgery

#### Nervous System

**Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System**

**Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Paravertebral Spinal Nerves and Branches**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64490</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level</td>
</tr>
<tr>
<td>64491</td>
<td>second level (List separately in addition to code for primary procedure) (Use 64491 in conjunction with 64490)</td>
</tr>
<tr>
<td>64492</td>
<td>third and any additional level(s) (List separately in addition to code for primary procedure) (Do not report 64492 more than once per day) (Use 64492 in conjunction with 64490, 64491)</td>
</tr>
<tr>
<td>64493</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level (For injection, anesthetic agent, nerves innervating the sacroiliac joint, use 64451)</td>
</tr>
<tr>
<td>64494</td>
<td>second level (List separately in addition to code for primary procedure) (Use 64494 in conjunction with 64493)</td>
</tr>
<tr>
<td>64495</td>
<td>third and any additional level(s) (List separately in addition to code for primary procedure) (Do not report 64495 more than once per day) (Use 64495 in conjunction with 64493, 64494)</td>
</tr>
</tbody>
</table>

Remove parenthetical notes following codes 64492 and 64495 in the Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Paravertebral Spinal Nerves and Branches subsection.
### Surgery
#### Eye and Ocular Adnexa

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>66984</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation&lt;br&gt;&lt;br&gt;(For complex extracapsular cataract removal, use 66982)&lt;br&gt;&lt;br&gt;(For extracapsular cataract removal with concomitant endoscopic cyclophotocoagulation, use 66988)&lt;br&gt;&lt;br&gt;(For extracapsular cataract removal with concomitant intraocular aqueous drainage device by internal approach, use 66989)&lt;br&gt;&lt;br&gt;(For insertion of ocular telescope prosthesis including removal of crystalline lens, use 0308T)&lt;br&gt;&lt;br&gt;(For insertion of intraocular anterior segment drainage device into the trabecular meshwork without concomitant cataract removal with intraocular lens implant, use 0671T)</td>
</tr>
</tbody>
</table>

#66991 with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

**Revise parenthetical note following code 66984 by replacing code 66989 with code 66991 in the Eye and Ocular Adnexa subsection.**

### Pathology and Laboratory Microbiology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲87324</td>
<td><em>Clostridium difficile</em> toxin(s)&lt;br&gt;&lt;br&gt;(For <em>Cryptococcus</em> latex agglutination, use 86403)</td>
</tr>
<tr>
<td>▲87327</td>
<td><em>Cryptococcus neoformans</em>&lt;br&gt;&lt;br&gt;(For <em>Cryptococcus</em> latex agglutination, use 86403)</td>
</tr>
</tbody>
</table>

**Relocated parenthetical note in the Pathology and Laboratory Microbiology subsection following code 87324 to follow code 87327.**
Hematology (genetic hyperfibrinolysis, delayed bleeding), Genomic sequence analysis of 8-9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2), by next-generation sequencing and PLAU by array comparative genomic hybridization, blood, buccal swab, or amniotic fluid

**Proprietary Laboratory Name and Clinical Laboratory or Manufacturer**

<table>
<thead>
<tr>
<th>Proprietary Laboratory Analyses (PLA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Versiti™ Fibrinolytic Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™</td>
</tr>
</tbody>
</table>

**Alpha-Numeric Code**

▲0273U

**Code Descriptor**

Hematology (genetic hyperfibrinolysis, delayed bleeding), Genomic sequence analysis of 8-9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2), by next-generation sequencing and PLAU by array comparative genomic hybridization, blood, buccal swab, or amniotic fluid

Revise code 0273U by: 1) removing the term “genomic sequence”; 2) replacing “8” with “9” to identify the appropriate number of genes; 3) removing a comma following “SERPINF2”; and 4) adding the terms “by next-generation sequencing” and “by array comparative genomic hybridization” in the Proprietary Laboratory Analyses subsection.

**Interactive Complexity**

★✦90785

Interactive complexity (List separately in addition to the code for primary procedure)

►(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90833, 90834, 90836, 90837, 90838], and group psychotherapy [90853])

►(Use 90785 in conjunction with 90853 for the specified patient when group psychotherapy includes interactive complexity)

►(Do not report 90785 in conjunction with 90839, 90840, psychological and neuropsychological testing [96130, 96131, 96132, 96133, 96134, 96136, 96137, 96138, 96139, 96146], or E/M services when no psychotherapy service is also reported)

(Do not report 90785 in conjunction with 90839, 90840, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)
Cardiac catheterization is a diagnostic medical procedure which includes introduction, positioning and repositioning, when necessary, of catheter(s), within the vascular system, recording of intracardiac and/or intravascular pressure(s), and final evaluation and report of procedure. There are two code families for cardiac catheterization: one for congenital heart disease and one for all other conditions. For cardiac catheterization for congenital heart defects (93593, 93594, 93595, 93596, 93597, 93598), see the Medicine/Cardiovascular/Cardiac Catheterization for Congenital Heart Defects subsection. The following guidelines apply to cardiac catheterization performed for indications other than the evaluation of congenital heart defects.

Right heart catheterization for indications other than the evaluation of congenital heart defects (93453, 93456, 93457, 93460, 93461): includes catheter placement in one or more right-sided cardiac chamber(s) or structures (ie, the right atrium, right ventricle, pulmonary artery, pulmonary wedge), obtaining blood samples for measurement of blood gases, and cardiac output measurements (Fick or other method), when performed. For placement of a flow directed catheter (eg, Swan-Ganz) performed for hemodynamic monitoring purposes not in conjunction with other catheterization services, use 93503. Do not report 93503 in conjunction with other diagnostic cardiac catheterization codes. Right heart catheterization does not include right ventricular or right atrial angiography (93566).

Revise spelling of “catheterization” and “Congenital” in the Cardiac Catheterization guidelines.

Intracardiac echocardiography during therapeutic/ diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)

(Use 93662 in conjunction with 33274, 33275, 33340, 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477, 33741, 33743, 92986, 92987, 92990, 92997, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93505, 93580, 93581, 93582, 93583, 93590, 93591, 93593, 93594, 93595, 93596, 93597, 93620, 93635, 93654, 93656, 0345T, 0483T, 0484T, 0543T, 0544T, 0545T, as appropriate)

(Do not report 93662 in conjunction with 92961, 0569T, 0570T, 0613T)

Revise parenthetical note following code 93662 by removing code 93656 from the Medicine Intracardiac Electrophysiological Procedures/Studies subsection.
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], inpatient services [99221, 99222, 99223, 99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255]).

Do not count any time related to other reported services (eg, psychotherapy services [90832, 90833, 90834, 90836, 90837, 90838], interrogation device evaluation services [93290], anticoagulant management services [93793], respiratory monitoring services [94774, 94775, 94776, 94777], health behavior assessment and intervention services [96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171], therapeutic interventions that focus on cognitive function services [97129, 97130], adaptive behavior treatment services [97153, 97154, 97155, 97156, 97157, 97158], therapeutic procedures [97110, 97112, 97116, 97530, 97535], tests and measurements [97750, 97755], physical therapy evaluation services [97161, 97162, 97163, 97164], occupational therapy evaluations [97165, 97166, 97167, 97168], orthotic management and training and prosthetic training services [97760, 97761, 97763], medical nutrition therapy services [97802, 97803, 97804], medication therapy management services [99605, 99606, 99607], critical care services [99291, 99292], principal care management services [99424, 99425, 99426, 99427]) in the cumulative time of the remote therapeutic monitoring treatment management service during the calendar month of reporting.

**Revise guideline to replace code 97661 with code 97761 in the Medicine Remote Therapeutic Monitoring Treatment Management Services subsection.**

**Medicine Health Behavior Assessment and Intervention**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96156</td>
<td>Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)</td>
</tr>
<tr>
<td>96158</td>
<td>Health behavior intervention, individual, face-to-face; initial 30 minutes</td>
</tr>
<tr>
<td>96159</td>
<td>each additional 15 minutes (List separately in addition to code for primary service)</td>
</tr>
</tbody>
</table>

(Use 96159 in conjunction with 96158)

(Do not report 96158, 96159 for service time reported in conjunction with 0702T, 0703T)

**Add parenthetical note following code 96159 to the Medicine Health Behavior Assessment and Intervention subsection.**

**Category III Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0702T</td>
<td>Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days</td>
</tr>
<tr>
<td>0703T</td>
<td>management services by physician or other qualified health care professional, per calendar month</td>
</tr>
</tbody>
</table>

(Do not report 0702, 0703T for service time reported in conjunction with 96158, 96159)

(Do not report 0702T, 0703T in conjunction with 96158, 96159, 98975, 98976, 98977, 99091, 99424, 99425, 99426, 99427, 99437, 99453, 99454, 99457, 99458, 99484, 99492, 99493, 99494)

**Revise parenthetical note by removing codes “96158” and “96159” and adding parenthetical note following code 0703T in the Category III section.**

**Appendix B Summary of Additions, Deletions, and Revisions**

**Anesthesia**

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Updated: March 1, 2022
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01935</td>
<td>Anesthesia for percutaneous image guided procedures on the spine and spinal cord - diagnostic</td>
</tr>
</tbody>
</table>

Add strikethrough to code 01935 in the Anesthesia section of Appendix B.

### Index
- **Cardiac Catheterization**
- **Congenital Cardiac Defect(s)**
  - With Cardiac Output Measurement
  - Right and Left: 93536, 93537, 93596, 93597

Revise index to replace codes 93536 and 93537 with codes 93596 and 93597 to identify right and left cardiac catheterization for congenital cardiac defects.

### Index
- **Debridement**
  - Metacarpophalangeal joint: 29901
  - Metatarsophalangeal joint: 28289, 28291, 29901, 29902

Add subheading “Metacarpophalangeal joint” and code 29901 to identify debridement of the metacarpophalangeal joint and remove codes “29901, 29902” from the Metatarsophalangeal joint subheading in the CPT index.

### Index
- **Log Hydrogen Ion Concentration**
  - Blood Gases, pH: 82000, 82800, 82803, 82930

Revise index to replace code 82000 with code 82800 to identify the blood gases, pH.

### Index
- **Operation/Procedure**
  - Kroenlein Procedure: 67420, 67455, 67445

Revise index to replace code 67455 with code 67445 to identify a Kroenlein procedure.

### Index
- **Prolastin**
  - Alpha-1 Antitrypsin: 83103, 83104, 82103, 82104

Revise index to replace codes 83103 and 83104 with codes 82103 and 82104 to identify Prolastin alpha-1 antitrypsin.

### Index
- **PSA (Prostate Specific Antigen)**: 85152-85154, 84152-84154

Revise index to replace code range 85152-85154 with code range 84152-84154 to identify prostate specific antigens.

### Index
- **Reconstruction**
  - Fallopian Tube
    - Tubouterine Implantation: 58755, 58752

Revise index to replace code 58755 with code 58752 to identify tubouterine implantation.
### Index
- **Resection**
- **Tumor**
  - Urethra

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
<th>Posted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>52234, 52235, 52240, 52235-52334, 52335</td>
<td>Urethral tumor resection. Revise index to replace code range 52235-52334 with codes 52234 and 52235 to identify urethral tumor resection.</td>
<td>10/04/2021 E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Posted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>86862</td>
<td>86280</td>
<td>Hemagglutination inhibitors. Revise index to replace code 86862 with code 86280 to identify hemagglutination inhibition testing.</td>
</tr>
</tbody>
</table>

- **Short Descriptor Data File**
  - 37183 REMOVE HEPATIC SHUNTREVISION (TIPS)
  Revise the short descriptor data file for code 37183.

- **Short Descriptor Data File**
  - 0273U HEM GEN HYPRFIBRNLYSIS GEN
  Revise the short descriptor data file for code 0273U.

- **Medium Descriptor Data File**
  - 28062 FASC | ECOTOMY PLANTAR FASCIA RADICAL SPX
  Revise the medium descriptor data file for code 28062.

- **Medium Descriptor Data File**
  - 38101 SPLENECTOMY TOTAL PARTIAL EN BLOC W/OTHER SEPARATE PROCEDURE
  Revise the medium descriptor data file for code 38101.

- **Medium Descriptor Data File**
  - 83516 IMMUNOASSAY ANALYTE QUAL/SEMIQUAL/MULTIPLE STEP
  Revise the medium descriptor data file for code 83516.

- **Medium Descriptor Data File**
  - 85044 BLOOD COUNT RETICULOCYTE | AUTOMATED | MANUAL
  Revise the medium descriptor data file for code 85044.

- **Medium Descriptor Data File**
  - 0273U HEM GEN HYPRFIBRNLYSIS DLYD BLD | SEQUALYS | GEN
  Revise the medium descriptor data file for code 0273U.

- **Medium Descriptor Data File**
  - 95249 CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT
  Revise the medium descriptor data file for code 95249.

- **Medium Descriptor Data File**
  - 95250 CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT
  Revise the medium descriptor data file for code 95250.

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