



CORRECTIONS DOCUMENT—CPT® 2011

Evaluation and Management

Prolonged Services

Prolonged Physician Service With Direct (Face-To-Face) Patient Contact

+99356 *Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient **Evaluation and Management** service)*

(Use 99356 in conjunction with 99221-~~99223, 99231~~-99233, 99251-99255, 99304-99310, 90822, 90829)

+99357 *each additional 30 minutes (List separately in addition to code for prolonged physician service)*

(Use 99357 in conjunction with 99356)

Revise the parenthetical note following 99356 to split out the range, as the subsequent observation codes (99224-99226) should not be included in the range of codes.

Surgery

Hemic and Lymphatic Systems

General

Bone Marrow or Stem Cell Services/Procedures

38205 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic

38230 *Bone marrow harvesting for transplantation*

(For autologous and allogeneic blood-derived peripheral stem cell harvesting for transplantation, see 38205-38206)

38240 Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic

Editorially revise the term “allogenic” to reflect “allogeneic” in codes 38205, 38240 as well as the parenthetical note following 38230.

Surgery
Digestive System
Biliary Tract
Introduction

- ☐47490 Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

(Do not report 47490 in conjunction with 47505, 74305, 75989, 76942, 77002, 77012, 77021)

~~(For radiological supervision and interpretation, use 75989)~~

Delete the parenthetical note following 47490, referencing radiological supervision and interpretation, use 75989, as code 47490 has been revised and is now a bundled service.

Radiology
Diagnostic Ultrasound
Head and Neck

76512 *B-scan (with or without superimposed nonquantitative A-scan)*

76513 *anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy*

(For scanning computerized ophthalmic diagnostic imaging of the anterior and posterior segments using technology other than ultrasound, see 92132, 92135, 0187T)

Revise the parenthetical note following code 76513 referencing deleted code 0187T and include 92132.

Pathology and Laboratory
Chemistry

82013 *Acetylcholinesterase*

(For acid-gastric acid analysis, use 82930)

Revise the parenthetical note following 82013 to “gastric acid” not “acid gastric”.

Medicine
Psychiatry
Psychiatry Therapeutic Procedures
Other Psychiatric Services or Procedures

~~(For repetitive transcranial magnetic stimulation for treatment of clinical depression, see Category III codes 0160T, 0161T)~~

~~(For analysis/programming of neurostimulators used for vagus nerve stimulation therapy, see 95970, 95974, 95975)~~

90862 *Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy*

Delete the parenthetical note preceding code 90862 that references deleted codes 0160T, 0161T

Medicine
Neurology and Neuromuscular Procedures

*Neurologic services are typically consultative, and any of the levels of consultation (99241-99255) may be appropriate. In addition, services and skills outlined under **Evaluation and Management** levels of service appropriate to neurologic illnesses should be reported similarly.*

The EEG, autonomic function, evoked potential, reflex tests, EMG, NCV, and MEG services (95812-95829 and 95860-95967) include recording, interpretation by a physician, and report. For interpretation only, use modifier 26. For EMG guidance, see 95873, 95874.

▶ Codes 95812-95822, 95920, 95950-95953 and 95956 use recording time as a basis for code use. Recording time is when the recording is underway and data is being collected. Recording time excludes set up and take downtime. Codes 95961-95962 use physician time as a basis for code use. ◀

~~▶ (For repetitive transcranial magnetic stimulation for treatment of clinical depression, see Category III codes 0160T, 0161T) ◀~~

~~(Do not report codes 95860-95875 in addition to 96000-96004)~~

Delete the parenthetical note following the Neurology and Neuromuscular Procedures guidelines referencing deleted codes 0160T, 0161T.

Medicine
Neurology and Neuromuscular Procedures
Sleep Testing

- 95806 *Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)*
- ▶ (Do not report 95806 in conjunction with 93041-93227, 93228, 93229, 93268-93272, 95800, 95801) ◀
- ▶ (For unattended sleep study that measures a heart rate, oxygen saturation, respiratory analysis, and sleep time, use 95800) ◀
- ▶ (For unattended sleep study that measures a minimum heart rate, oxygen saturation, and respiratory analysis, use 95801) ◀

Revise the third parenthetical note following 95806 to include the term “a minimum”.

Appendix B

- ▲ 90670 Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
- 91000- Esophageal intubation and ...
- 90867 Therapeutic repetitive transcranial magnetic stimulation treatment;
planning
- 90868 delivery and management, per session
- ~~91000- Esophageal intubation and collection of washings for cytology, including
preparation of specimens (separate procedure)~~
- ▲ 91010 Esophageal motility (manometric study of the esophagus and/or
gastroesophageal junction) study with interpretation and report; 2-dimensional
data

Reference to deleted code 91000 should be moved to follow code 90868.

Appendix B

- #●99365 Code added and resequenced

Delete code 99365 from Appendix B as this code has been rescinded for 2011.

Appendix B

- ▲ 93268 External Wearable patient and, when performed, auto activated electrocardiographic rhythm derived event recording with pre-symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation

Revise 93268 by retaining the phrase “24-hour attended monitoring” in the code descriptor.

Index

Atherectomy

See Revascularization, Artery

See X-ray, Artery

Open or Percutaneous

Femoral 37225, 37227

Popliteal 37225, 37227

Tibioperoneal 37233, 37235

Coronary 92995-92996

See Artery, Coronary

~~Femoral 37225, 37227~~

~~Popliteal 37225, 37227~~

~~Tibioperoneal 37233, 37235~~

Delete duplicate reference and add “or Percutaneous” to the subheading.

Index

Evaluation and Management

Work-Related and/or Medical Disability . . . 99450 99455

Delete reference code 99450 and replace with 99455.

Index

CT Scan

Guidance

Visceral Tissue Ablation . . . ~~76362~~ 77013

Delete reference code 76362 and replace with 77013.

Index
Urethra

Pressure Profile . . . ~~51772~~ 51727, 51729

Delete reference code 51772 and replace with 51727, 51729.

Short Descriptors

22900 EXC BACK ~~ABDL~~ TUM DEEP < 5 CM

22901 EXC BACK ~~ABDL~~ TUM DEEP > 5 CM

Revise short descriptors for 22900 and 22901.

Short Descriptors

74176 CT ABD & PELVIS W/O CONTRAST

Revise short descriptor for 74176.

Short Descriptors

74177 CT ABDOMEN&PELVIS W/CONTRAST

Revise short descriptor for 74177.

Short Descriptors

74178 CT ABD&PELV 1+ SECTION/REGNS

Revise short descriptor for 74178.

Short Descriptors

99218 INITIAL OBSERVATION CARE ~~E~~

Revise short descriptor for 99218.

CPT Assistant Citation

92978

~~Mar 02:2, Jan 07:28~~

Remove the citations following code 92978.