



Errata and Technical Corrections – CPT® 2023

Date: August 1, 2023

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, 2023.** Updates to this document are made as issues surface requiring clarification.

Most recent entries added to *Errata and Technical Corrections - CPT® 2023*

- Revise guideline by replacing code 92928 with code 92929 in the Medicine Coronary Therapeutic Services and Procedures subsection.
- Revise guideline by adding “s” to “unit” and “(IMU)” in the Category III Office-Based Measurement of Mechanomyography and Inertial Measurement Units subsection.

Evaluation and Management (E/M) Services Guidelines Levels of E/M Services Amount and/or Complexity of Data to Be Reviewed and Analyzed

Posted
3/01/23
T

Independent interpretation: The interpretation of a test for which there is a CPT code, and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test. A test that is ordered and independently interpreted may count both as a test ordered and interpreted.

Appropriate source: For the purpose of the **discussion of management** data element (see Table 1, Levels of Medical Decision Making), an appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. For the purpose of documents reviewed, documents from an appropriate source may be counted.

Revise definition of “Independent interpretation” to add: “A test that is ordered and independently interpreted may count as both a test ordered and interpreted”; and definition of “Appropriate source” to add: “For the purpose of documents reviewed, documents from an appropriate source may be counted” in the Amount and/or Complexity of Data to Be Reviewed and Analyzed subsection.

<p>Evaluation and Management Office or Other Outpatient Services</p> <p>The following codes are used to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.</p> <p>Revise guideline by removing “A patient is considered an outpatient until inpatient admission to a health care facility occurs” in the Evaluation and Management Office or Other Outpatient Services subsection.</p>	<p>Posted 3/01/23 T</p>										
<p>Evaluation and Management Nursing Facility Services</p> <p>The following codes are used to report evaluation and management services to patients in nursing facilities and skilled nursing facilities. These codes should also be used to report evaluation and management services provided to a patient in a psychiatric residential treatment center and immediate <u>intermediate</u> care facility for individuals with intellectual disabilities.</p> <p>Revise guideline by replacing the term “immediate” with the term “intermediate” in the Evaluation and Management Nursing Facility Services subsection.</p>	<p>Posted 12/22/22 E</p>										
<p>Evaluation and Management Prolonged Services Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service</p> <table border="1" data-bbox="82 978 1325 1518"> <thead> <tr> <th data-bbox="82 978 797 1115">Total Duration of Office or Other Outpatient Consultation Services (use with 99245)</th> <th data-bbox="797 978 1325 1115">Code(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="82 1115 797 1203">less than 70 minutes</td> <td data-bbox="797 1115 1325 1203">Not reported separately</td> </tr> <tr> <td data-bbox="82 1203 797 1291">70-84 minutes</td> <td data-bbox="797 1203 1325 1291">99245 X 1 and 99417 X 1</td> </tr> <tr> <td data-bbox="82 1291 797 1379">80<u>85</u>-99 minutes</td> <td data-bbox="797 1291 1325 1379">99245 X 1 and 99417 X 2</td> </tr> <tr> <td data-bbox="82 1379 797 1518">100 minutes or more</td> <td data-bbox="797 1379 1325 1518">99245 X 1 and 99417 X 3 or more for each additional 15 minutes</td> </tr> </tbody> </table> <p>Revise the time range in the Total Duration of Office or Other Outpatient Consultation Services table for codes 99245 X 1 and 99417 X 2 by replacing 80 with 85 in the Evaluation and Management Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service subsection.</p>	Total Duration of Office or Other Outpatient Consultation Services (use with 99245)	Code(s)	less than 70 minutes	Not reported separately	70-84 minutes	99245 X 1 and 99417 X 1	80 <u>85</u> -99 minutes	99245 X 1 and 99417 X 2	100 minutes or more	99245 X 1 and 99417 X 3 or more for each additional 15 minutes	<p>Posted 2/01/23 E</p>
Total Duration of Office or Other Outpatient Consultation Services (use with 99245)	Code(s)										
less than 70 minutes	Not reported separately										
70-84 minutes	99245 X 1 and 99417 X 1										
80 <u>85</u> -99 minutes	99245 X 1 and 99417 X 2										
100 minutes or more	99245 X 1 and 99417 X 3 or more for each additional 15 minutes										
<p>Evaluation and Management Non-Face-to-Face Services Online Digital Evaluation and Management Services</p>	<p>Posted 06/01/23 T</p>										

<p>If within seven days of the initiation of an online digital E/M service, a separately reported E/M visit occurs, then the physician or other QHP work devoted to the online digital E/M service is incorporated into the separately reported E/M visit (eg, additive of visit time for a time-based E/M visit or additive of decision-making complexity for a key component-based E/M visit). This includes E/M visits and procedures that are provided through synchronous telemedicine visits using interactive audio and video telecommunication equipment, which are reported with modifier 95 appended to the E/M service code.</p> <p>If the patient initiates an online digital inquiry for the same or a related problem within seven days of a previous E/M service, then the online digital visit is not reported. If the online digital inquiry is related to a surgical procedure and occurs during the postoperative period of a previously completed procedure, then the online digital E/M service is not reported separately.</p> <p>If the patient generates the initial online digital inquiry for a new problem within seven days of a previous E/M visit that addressed a different problem, then the online digital E/M service may be reported separately.</p> <p>If the patient presents a new, unrelated problem during the seven-day period of an online digital E/M service, then the physician's or other QHP's time spent on evaluation, assessment, and management of the additional problem is added to the cumulative service time of the online digital E/M service for that seven-day period.</p> <p>Revise guideline by removing “(eg, additive of visit time for a time-based E/M visit or additive of decision-making complexity for a key component-based E/M visit)” in the Evaluation and Management Online Digital Evaluation and Management Services subsection. In addition, the paragraph of guidelines was split into smaller paragraphs for clarity.</p>	
<p>Surgery Cardiovascular System Heart and Pericardium Endovascular Repair of Congenital Heart and Vascular Defects</p> <p>Diagnostic cardiac catheterization and diagnostic angiography codes (93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93566, 93567, 93568, 93593, 93594, 93596, 93597, 93598) should not be used with 33900, 33901, 33902, 33903, 33904 to report:</p> <ol style="list-style-type: none"> 1. TPVI Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the <u>percutaneous pulmonary artery revascularization by stent placement</u>, 2. Pulmonary conduit angiography for guidance of TPVI <u>percutaneous pulmonary artery revascularization by stent placement</u>, or 3. Right heart catheterization for hemodynamic measurements before, during, and after TPVI <u>percutaneous pulmonary artery revascularization by stent placement</u> for guidance of TPVI <u>percutaneous pulmonary artery revascularization by stent placement</u>. <p>Revise guidelines by replacing “TPVI” with “percutaneous pulmonary artery revascularization by stent placement” in the Surgery Endovascular Repair of Congenital Heart and Vascular Defects subsection.</p>	<p>Posted 2/01/23 E</p>
<p>Surgery Digestive System Intestines (Except Rectum) Other Procedures</p> <p>44705 Preparation of fecal microbiota for instillation, including assessment of donor specimen</p>	<p>Posted 12/22/22 E</p>

(Do not report 44705 in conjunction with 74283, 0780T)

(For fecal instillation by oro-nasogastric tube ~~or enema~~, use 44799)

(For instillation of fecal microbiota suspension via rectal enema, use 0780T)

Revise parenthetical note following code 44705 by removing the term “or enema” from the Surgery Other Procedures subsection.

**Surgery
Urinary System
Bladder
Transurethral Surgery
Urethra and Bladder**

**Posted
11/01/22
T**

52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

(To report cystourethroscopy with urethral therapeutic drug delivery, use 0499T)

Reinstate code 0499T and the related parenthetical note following code 52281 in the Surgery Urethra and Bladder subsection.

**Pathology and Laboratory
Molecular Pathology Gene Table**

**Posted
06/30/23
E**

9-Sep SEPT9	9-Sep SEPT9	Septin 9	Colorectal cancer	81327
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Revise Molecular Pathology Gene Table by replacing “9-Sep” with “SEPT9” in the Pathology and Laboratory section.

**Pathology and Laboratory
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays**

**Posted
12/22/22
E**

Genomic sequencing procedures (GSPs) and other molecular multianalyte assays GSPs are DNA or RNA sequence analysis methods that simultaneously assay multiple genes or genetic regions relevant to a clinical situation. They may target specific combinations of genes or genetic material, or assay the exome or genome. The technology typically used for genomic sequencing is referred to as next generation sequencing (NGS) or massively parallel sequencing (MPS) although other technologies may be employed. GSPs are performed on nucleic acids from germline or neoplastic samples. Examples of applications include aneuploidy analysis of cell-free circulating fetal DNA, gene panels for somatic alterations in neoplasms, and sequence analysis of the exome or genome to determine the cause of developmental delay. The exome and genome procedures are designed to evaluate the genetic material in totality or near totality. Although commonly used to identify sequence (base) changes, they can also be used to identify copy number, structural changes, and abnormal zygosity patterns which may be performed in combination or may require separately performed methods and analyses. Another unique feature of GSPs is the ability to “re-query” or re-evaluate the sequence data (eg, complex phenotype such as developmental delay is reassessed when new genetic knowledge is attained, or for a separate unrelated clinical indication). The analyses listed below represent groups of genes that are often performed by GSPs; however, the analyses may also be performed by other molecular techniques (eg, polymerase chain reaction [PCR] methods and microarrays). These codes should be used when the components of the descriptor(s) are fulfilled regardless of the technique used to provide the analysis, unless specifically noted in the code descriptor. When a GSP assay includes gene(s) that is listed in more than one code descriptor, the code for the most specific test for the primary disorder sought should be reported, rather than reporting multiple

<p>codes for the same gene(s). When all of the components of the descriptor are not performed, use individual Tier 1 codes, Tier 2 codes, or 81479 (Unlisted molecular pathology procedure).</p> <p>Testing for somatic alterations in neoplasms may be reported differently based on whether combined methods and analyses are used for both DNA and RNA analytes, or if separate methods and analyses are used for each analyte (DNA analysis only, RNA analysis only). For targeted genomic sequence DNA analysis or DNA and RNA analysis using a single combined method, report 81445, 81450, or 81455. For targeted genomic sequence RNA analysis when performed using a separate method, report 81449, 81451, 81456. For targeted genomic sequence DNA analysis and RNA analysis performed separately rather than via a combined method, report 81445, 81450, or 81455 for the DNA analysis and report 81449, 81451, or 81456 for the RNA analysis.</p> <p>Low-pass sequencing: a method of genome sequencing intended for cytogenomic analysis of chromosomal abnormalities, such as that performed for trait mapping or copy number variation, typically performed to an average depth of sequencing ranging from 0.1 to 5X.</p> <p>The assays in this section represent discrete genetic values, properties, or characteristics in which the measurement or analysis of each analyte is potentially of independent medical significance or useful in medical management. In contrast to multianalyte assays with algorithmic analyses (MAAAs), the assays in this section do not represent algorithmically combined results to obtain a risk score or other value, which in itself represents a new and distinct medical property that is of independent medical significance relative to the individual, component test results.</p> <p>(For cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, <u>81349</u>, 81405, 81406)</p> <p>Revise parenthetical note by adding code 81349 in the Pathology and Laboratory Genomic Sequencing Procedures and Other Molecular Multianalyte Assays subsection.</p>	
<p>Medicine Ophthalmology Special Ophthalmological Services Ophthalmoscopy</p> <p>★92227 Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral</p> <p>(Do not report 92227 in conjunction with 92133, 92134, 92228, 92229, 92250)</p> <p>Correct error in the Medicine Ophthalmoscopy subsection by restoring the missing parenthetical following code 92227 in the printed publication of CPT® 2023 codebook.</p>	<p>Posted 06/30/23 E</p>
<p>Medicine Cardiovascular Therapeutic Services and Procedures Coronary Therapeutic Services and Procedures</p> <p>PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The add-on codes are 92921, 92925, 92928<u>92929</u>, 92934, 92938, and 92944 and follow the same principle in regard to reporting the most intensive service provided. The intensity of service is ranked from highest to lowest as 92944 = 92938 > 92934 > 92925 > 92929 > 92921.</p> <p>Revise guideline by replacing code 92928 with code 92929 in the Medicine Coronary Therapeutic Services and Procedures subsection.</p>	<p>Posted 8/01/23 E</p>

<p>Medicine Cardiovascular Noninvasive Physiologic Studies and Procedures</p> <p>93701 Bioimpedance-derived physiologic cardiovascular analysis</p> <p>(For bioelectrical impedance analysis whole body composition, use 0358T. For left ventricular filling pressure indirect measurement by computerized calibration of the arterial waveform response to Valsalva, use 93799)</p> <p>93745 93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)</p> <p>(For bioelectrical impedance analysis whole body composition, use 0358T)</p> <p>(For bioimpedance-derived physiological cardiovascular analysis, use 93701)</p> <p>Correct duplication error following code 93701 in the Medicine Noninvasive Physiologic Studies and Procedures subsection by replacing code 93745 with code 93702 in the printed publication of CPT® 2023 codebook.</p>	<p>Posted 11/01/22 E</p>
<p>Category II Codes</p> <p>0540F Glucocorticoid Management Plan Documented (RA)⁵</p> <p>Revise spelling of “Glucocorticoid” in the long code descriptor for code 0540F in the Category II section.</p>	<p>Posted 05/01/23 E</p>
<p>Category III Codes</p> <p>0499T Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed Sunset January 20238</p> <p>(Do not report 0499T in conjunction with 52281, 52283)</p> <p>►(0499T has been deleted)◄</p> <p>►(For cystourethroscopy with urethral therapeutic drug delivery, use 53899)◄</p> <p>0619T Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed</p> <p>►(Do not report 0619T in conjunction with 52000, 52441, 52442, 52450, 52500, 52601, 52630, 52640, 52647, 52648, 52649, 53850, 53852, 53854, 76872, <u>0499T</u>)◄</p> <p>Reinstate code 0499T in the listing of Category III codes and in the parenthetical note following code 0619T. Extend sunset date from January 2023 to January 2028 for code 0499T</p>	<p>Posted 11/01/22 T</p>
<p>Category III Codes Office-Based Measurement of Mechanomyography and Inertial Measurement Units</p> <p>Code 0778T represents the measurement and recording of dynamic joint motion and muscle function that includes the incorporation of multiple inertial measurement units (IMUs) with concurrent surface</p>	<p>Posted 8/01/23 E</p>

mechanomyography (sMMG) sensors. Code 0778T is not a remote service and measurements are obtained in the office setting while the patient is physically present.

Revise guideline by adding “s” to “unit” and “(IMU)” in the Category III Office-Based Measurement of Mechanomyography and Inertial Measurement Units subsection.

**Appendix P
CPT Codes That May Be Used For Synchronous Telemedicine Services**

This listing is a summary of CPT codes that may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95. Procedures on this list involve electronic communication using interactive telecommunications equipment that includes, at a minimum, audio and video. The codes listed below are identified in CPT 2023 with the ★ symbol.

90785	90970	<u>96164</u>	99212
90791	92227	<u>96165</u>	99213
90792	92228	<u>96167</u>	99214
90832	92507	<u>96168</u>	99215
90833	92508	<u>96170</u>	99231
90834	92521	<u>96171</u>	99232
90836	92522	97110	99233
90837	92523	97112	99242
90838	92524	97116	99243
90839	92526	97161	99244
90840	92601	97162	99245
90845	92602	97165	99252
90846	92603	97166	99253
90847	92604	97530	99254
90863	93228	97535	99255
90951	93229	97750	99307
90952	93268	97755	99308
90954	93270	97760	99309
90955	93271	97761	99310
90957	93272	97802	99406
90958	96040	97803	99407
90960	96105	97804	99408
90961	96116	98960	99409
90963	<u>96121</u>	98961	99417
90964	96125	98962	99418
90965	<u>96156</u>	99202	99495
90966	<u>96158</u>	99203	99496
90967	<u>96159</u>	99204	99497
90968	96160	99205	99498
90969	96161	99211	

Add codes 96121, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, and 96171 to the listing of CPT Codes That May Be Used For Synchronous Telemedicine Services section of Appendix P.

**Appendix Q
Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines**

Vaccine Code	Vaccine Administration Code(s)	Patient Age	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler	Dosing Interval

Posted
11/01/22
T

Posted
11/01/22
E

Posted
3/01/23
E

					Product ID (Vial)		Posted 5/01/23 E
#91300 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine/Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose: 180 or More Days (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance	
#●91311 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	●0111A (1st Dose) ●0112A (2nd Dose)	▶6 months through 5 years ◀	▶Moderna, Inc ◀	▶Moderna COVID-19 Vaccine ◀	▶80777-279-05 80777-0279-05 ◀	▶1st Dose to 2nd Dose: 1 Month ◀	
#91304 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 days	
	●0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	Booster: Refer to FDA/CDC	
<p>Remove the number “7” in the NDC 10/NDC 11 Labeler Product ID (Vial) section for code 91311 in Appendix Q. (11/01/22)</p> <p>Remove “180 or More Days” in the Dosing Interval section for code 91300 in Appendix Q. (3/01/23)</p> <p>Add “80631-1000-01” in the NDC 10/NDC 11 Labeler Product ID (Vial) section for code 0044A in Appendix Q. (5/01/23)</p>							
▶Appendix T◀							Posted 11/01/22

<p>►CPT Codes That May Be Used For Synchronous Real-Time Interactive Audio-Only Telemedicine Services◀</p> <p>►This listing is a summary of CPT codes that may be used for reporting audio-only services when appended with modifier 93. Procedures on this list involve electronic communication using interactive telecommunications equipment that includes, at a minimum, audio. The codes listed below are identified in CPT 2023 with the  symbol.◀</p> <table border="0"> <tr><td>90785</td><td>92508</td><td><u>96165</u></td></tr> <tr><td>90791</td><td>92521</td><td><u>96167</u></td></tr> <tr><td>90792</td><td>92522</td><td><u>96168</u></td></tr> <tr><td>90832</td><td>92523</td><td><u>96170</u></td></tr> <tr><td>90833</td><td>92524</td><td><u>96171</u></td></tr> <tr><td>90834</td><td>96040</td><td>97802</td></tr> <tr><td>90836</td><td>96110</td><td>97803</td></tr> <tr><td>90837</td><td>96116</td><td>97804</td></tr> <tr><td>90838</td><td><u>96121</u></td><td>99406</td></tr> <tr><td>90839</td><td><u>96156</u></td><td>99407</td></tr> <tr><td>90840</td><td><u>96158</u></td><td>99408</td></tr> <tr><td>90845</td><td><u>96159</u></td><td>99409</td></tr> <tr><td>90846</td><td>96160</td><td>99497</td></tr> <tr><td>90847</td><td>96161</td><td>99498</td></tr> <tr><td>92507</td><td><u>96164</u></td><td></td></tr> </table> <p>Add codes 96121, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, and 96171 to the listing of CPT Codes That May Be Used For Synchronous Real-Time Interactive Audio-Only Telemedicine Services section of Appendix T.</p>	90785	92508	<u>96165</u>	90791	92521	<u>96167</u>	90792	92522	<u>96168</u>	90832	92523	<u>96170</u>	90833	92524	<u>96171</u>	90834	96040	97802	90836	96110	97803	90837	96116	97804	90838	<u>96121</u>	99406	90839	<u>96156</u>	99407	90840	<u>96158</u>	99408	90845	<u>96159</u>	99409	90846	96160	99497	90847	96161	99498	92507	<u>96164</u>		<p>T</p>
90785	92508	<u>96165</u>																																												
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90834	96040	97802																																												
90836	96110	97803																																												
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90838	<u>96121</u>	99406																																												
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90847	96161	99498																																												
92507	<u>96164</u>																																													
<p>Index Canal, Ear See Auditory Canal Canalith Repositioning.95992 Canaloplasty. 69631, 69635</p> <p>Revise index by removing the letter “o” from the term “Canaloplasty” to reflect the term “Canalplasty”.</p>	<p>Posted 11/01/22 E</p>																																													
<p>Index Cornea Reshape Keratophakia.65765 Keratoprosthesis.65767<u>65770</u></p> <p>Revise index by removing code 65767 for the term “Keratoprosthesis” and replacing it with code 65770.</p>	<p>Posted 5/01/23 E</p>																																													
<p>Short Descriptor Data File 81455 TGSAP SO/HL 51/ DNA/DNA&RNA</p> <p>Revise the short descriptor data file by removing the “<” symbol and adding a “>” symbol for code 81455.</p>	<p>Posted 11/01/22 E</p>																																													
<p>Short Descriptor Data File 81456 TGSAP SO/HL 51/ RNA ALYS</p>	<p>Posted 11/01/22 E</p>																																													

<p>Revise the short descriptor data file by removing the “<” symbol and adding a “>” symbol for code 81456.</p>	
<p>Medium Descriptor Data File 81455 TGSAP SO/HEMATOLYMPHOID NEO/DO 51/⟷DNA/DNA&RNA Revise the medium descriptor data file by removing the “<” symbol and adding a “>” symbol for code 81455.</p>	<p>Posted 11/01/22 E</p>
<p>Medium Descriptor Data File 81456 TGSAP SO/HEMATOLYMPHOID NEO/DO 51/⟷RNA ANALYSIS Revise the medium descriptor data file by removing the “<” symbol and adding a “>” symbol for code 81456.</p>	<p>Posted 11/01/22 E</p>
<p>Medium Descriptor Data File 0540F GLUCOCORTICOID MANAGEMENT PLAN DOCUMENTED Revise the medium descriptor file for code 0540F.</p>	<p>Posted 06/01/23 E</p>