

CORRECTIONS DOCUMENT — CPT® CHANGES 2024 An Insider's View

Surgery

Nervous System

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System

Neurostimulators (Peripheral Nerve)

Clinical Example (64597)

A 46-year-old male presents with chronic shoulder pain. He underwent a successful trial of a percutaneously placed peripheral neurostimulator ~~with two~~ electrode arrays and is now referred for placement of two separate subcutaneous ~~neurostimulators-electrode arrays~~ with a single integrated ~~electrode arrays-neurostimulator~~. [Note: This is an add-on code. Only consider the additional work related to the placement of the second ~~integrated neurostimulator that includes an~~ electrode array.]

Description of Procedure (64597)

N/A

Revise the clinical example for code 64597.

Radiology

Diagnostic Radiology (Diagnostic Imaging)

Heart

Clinical Example (75580)

A 60-year-old female, complaining of chest pains after exercising, previously underwent coronary computed tomographic angiography (CCTA) that showed coronary artery plaque and lumen narrowing of moderate severity (eg, 60% of the diameter narrowed) in the left anterior descending and right coronary arteries.

Description of Procedure (75580)

Supervise the computed tomography (CT) technologist to ensure extraction of the appropriate CCTA data and images from the picture archiving and communication system (PACS) and ensure that the appropriate conforming image subsets are identified and collected. Review the computer platform–delivered CT-derived fractional flow reserve computed tomography (FFRCT) preliminary report, which involves the transformation of the static CT images into quantitative and qualitative diagnostic information about the function of the coronary arteries, distinct from the diagnostic output of the underlying CCTA. Once the data are processed and returned to the physician, the physician accesses the web-based interactive viewer. This allows the physician to examine and query the entire model and capture noninvasive estimated coronary FFR values anywhere within the coronary tree. The physician reviews the anatomy and compares it with the estimated FFR model to reconcile discordant data, evaluate multiple and sequential lesions, and determine possible false-positive and false-negative results. This approach allows the imager and the interventional cardiologist to determine the location of the disease burden and the lesion with the most hemodynamic significance, allowing for a targeted interventional approach that yields the most benefit to patient. Prepare and notate a final report and document in patient's record. Communicate study results to patient and referring physician



to facilitate appropriate patient management. Dictate the final report in PACS for patient's medical record. ~~Enter a note into patient's chart.~~

Revise the description of procedure for code 75580.

Category III

Dual-Chamber Leadless Pacemaker

- **0804T** Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers

► (Do not report 0804T in conjunction with 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T) ◀

Rationale

A new Category III subsection, new guidelines, and 10 Category III codes have been established to report transcatheter permanent dual-chamber leadless pacemaker procedures.

A dual-chamber leadless pacemaker system consists of two pulse generators that have built-in batteries and electrodes. The dual-chamber system is used to treat diagnoses, such as sinus node disease and atrioventricular node disease. In addition, patients who have a single, right ventricular chamber leadless pacemaker and who experience sinus-node dysfunction and pacemaker syndrome may require an upgrade from a single-chamber system to a dual-chamber leadless pacemaker. In these scenarios, the single-chamber leadless system (the existing right ventricular leadless pacemaker) is kept or retained and a right atrial leadless pacemaker is inserted to create the dual-chamber system.

Typically, insertion of the complete (right atrial and right ventricular) dual-chamber system is performed at the same session and reported with code 0795T. However, in instances in which the pacemakers are inserted in separate sessions, the right ventricular pacemaker is inserted at an initial session and reported with code 0797T. The right atrial pacemaker is inserted at a subsequent session and reported with code 0796T.

Codes 0798T-0800T describe removal of the pacemaker. Codes 0801T-0803T describe removal and replacement of the pacemaker. Codes 0795T-0803T include imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming) when performed.

Code 0804T describes in-person programming device evaluation of the dual-chamber leadless pacemaker system, with iterative adjustment to test device function and to select optimal permanent programmed values. Code 0804T includes analysis, review, and report by a physician or other QHP. Code 0804T may not be reported with codes 0795T-0803T, because device evaluation is included in these codes when performed at the time of the procedure.

It is important to note that procedures for single-chamber pacemakers that are *not* part of a dual-



chamber leadless pacemaker system are reported using different CPT codes. Specifically, insertion or replacement of a right ventricular leadless pacemaker that is not part of a dual-chamber is reported with code 33274, and removal is reported with code 33275. Codes 0823T-0826T have been established to report right atrial leadless pacemaker procedures when the pacemaker is *not* part of a dual-chamber system. (See the following table for a summary of which of these new codes should be reported.)

Refer to the codebook and the Rationale for codes 0823T-0826T for a full discussion of these changes.

Insertion Procedure		
	Dual-Chamber System	Single-Chamber System (when not part of dual-chamber system)
Right atrial and right ventricular	0795T	–
Right atrial	0796T	0823T
Right ventricular	0797T	33724 33274 (Note: 33274 describes insertion or replacement)
Removal Procedure Only		
	Dual-Chamber System	Single-Chamber System (when not part of dual-chamber system)
Right atrial and right ventricular	0798T	–
Right atrial	0799T	0824T
Right ventricular	0800T	33275
Removal and Replacement Procedure		
	Dual-Chamber System	Single-Chamber System (when not part of dual-chamber system)
Right atrial and right ventricular	0801T	–
Right atrial	0802T	0825T
Right ventricular	0803T	33274

Correct code “33724” to code “33274” as the numbers were inadvertently transposed in the table of the Rationale following code 0804T.