



## Errata and Technical Corrections – CPT® 2022

**Date: August 12, 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*

- Correction of code 0273U by adding a comma after the term “sequencing” in the Proprietary Laboratory Analyses subsection.
- Replace the term “relevant” with “meaningful” to reflect the term “meaningful conclusions” throughout the Artificial Intelligence Taxonomy for Medical Services and Procedures section of Appendix S.

### 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 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.

**Revise front matter language by adding a “C” to the About CPT section.**

**Posted  
3/1/2022  
E**

**Illustrated Anatomical and Procedural Review**  
**Lists of Illustrations**  
**Procedural Illustrations**

**Posted  
12/30/2021  
E**

<p>93452 Left Heart Catheterization</p> <p><b>Revise spelling of “catheterization” for code 93452 in list of Procedural Illustrations.</b></p>	
<p><b>Evaluation and Management Care Management Services</b></p> <p>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. <del>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.</del> 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.</p> <p><b>Revise the Care Management Services guidelines by removing duplicate language.</b></p>	<p><b>Posted 12/30/2021 E</b></p>
<p><b>Surgery Musculoskeletal System Spine (Vertebral Column) Arthrodesis Posterior, Posterolateral or Lateral Transverse Process Technique</b></p> <p>▲22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar</p> <p>(Do not report 22630 in conjunction with 22612 for the same interspace and segment, use 22633)</p> <p>+▲22632 each additional interspace (List separately in addition to code for primary procedure)</p> <p>▲22633 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</p> <p>▶(Do not report with 22612 or 22630 for the same interspace) ◀</p> <p>+▲22634 each additional interspace <del>and segment</del> (List separately in addition to code for primary procedure)</p> <p>(Use 22634 in conjunction with 22633)</p> <p>▶(Do not report 22633, 22634 in conjunction with 63030, 63040, 63042, 63047, 63052, 63053, 63056, for laminectomy performed to prepare the interspace on the same spinal interspace[s] <del>and vertebral segment[s]</del>) ◀</p> <p>▶(For decompression performed on the same interspace[s] <del>and vertebral segment[s]</del> 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) ◀</p> <p><b>Revise the Posterior, Posterolateral or Lateral Transverse Process Technique subsection by: 1) replacing semicolon with a comma following “interspace” and adding a semicolon following “lumbar” to the code descriptor for code 22630; 2) replacing semicolon with a comma following</b></p>	<p><b>Posted 12/30/2021 T</b></p>

<p><b>“interspace” and adding semicolon following “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]”.</b></p>		
<p><b>Surgery</b>  <b>Nervous System</b>  <b>Spine and Spinal Cord</b>  <b>Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Discs</b></p>		<p><b>Posted</b>  <b>12/30/2021</b>  <b>T</b></p>
63020	<p>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical</p> <p>(For bilateral procedure, report 63020 with modifier 50)</p>	
+63035	<p>each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)</p> <p>(Use 63035 in conjunction with 63020-63030)</p> <p>►(Do not report 63030, 63035 in conjunction with 22630, 22632, 22633, 22634, for laminotomy performed to prepare the interspace for fusion on the same <del>spinal</del> interspace[s] <u>and vertebral segment[s]</u>) ◀</p> <p>►(For decompression performed on the same interspace[s] and vertebral segment[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) ◀</p> <p>(For bilateral procedure, report 63035 twice. Do not report modifier 50 in conjunction with 63035)</p> <p>(For percutaneous endoscopic approach, see 0274T, 0275T)</p>	
63040	<p>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical</p> <p>(For bilateral procedure, report 63040 with modifier 50)</p>	
+63044	<p>each additional lumbar interspace (List separately in addition to code for primary procedure)</p> <p>(Use 63044 in conjunction with 63042)</p> <p>►(Do not report 63040, 63042, 63043, 63044 in conjunction with 22630, 22632, 22633, 22634, for laminotomy to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s]) ◀</p> <p>►(For decompression performed on the same <del>vertebral segment[s] and/or</del> interspace[s] <u>and vertebral segment[s]</u> 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) ◀</p> <p>(For bilateral procedure, report 63044 twice. Do not report modifier 50 in conjunction with 63044)</p>	

►Decompression performed on the same interspace(s) and vertebral segment(s) and/or interspace(s) as posterior interbody fusion that includes laminectomy, facetectomy, or foraminotomy may be separately reported using 63052.

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. ◀

63045 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

63046 thoracic

63047 lumbar

✚▲63048 each additional vertebral segment, cervical, thoracic or lumbar (List separately in addition to code for primary procedure)

(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 segments 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)

#✚●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)

#✚●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**

63055 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic

63056 lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)

✚63057 each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)

(Use 63057 in conjunction with 63055, 63056)

►(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]) ◀

►(For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, or

<p>opening/widening of the foramen for decompression of nerves or spinal components such as spinal cord, cauda equina, or nerve roots, see 63052, 63053) ◀</p> <p><b>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.</b></p>	
<p><b>Surgery</b>  <b>Nervous System</b>  <b>Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System</b>  <b>Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Paravertebral Spinal Nerves and Branches</b></p> <p>64490      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</p> <p>✚64491      second level (List separately in addition to code for primary procedure)  (Use 64491 in conjunction with 64490)</p> <p>✚64492      third and any additional level(s) (List separately in addition to code for primary procedure)  <del>(Do not report 64492 more than once per day)</del>  (Use 64492 in conjunction with 64490, 64491)</p> <p>64493      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)</p> <p>✚64494      second level (List separately in addition to code for primary procedure)  (Use 64494 in conjunction with 64493)</p> <p>✚64495      third and any additional level(s) (List separately in addition to code for primary procedure)  <del>(Do not report 64495 more than once per day)</del>  (Use 64495 in conjunction with 64493, 64494)</p> <p><b>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.</b></p>	<p><b>Posted</b>  <b>3/1/2022</b>  <b>T</b></p>
<p><b>Surgery</b>  <b>Eye and Ocular Adnexa</b></p> <p>66984      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  (For complex extracapsular cataract removal, use 66982)</p>	<p><b>Posted</b>  <b>3/1/2022</b>  <b>E</b></p>

<p>(For extracapsular cataract removal with concomitant endoscopic cyclophotocoagulation, use 66988)</p> <p>(For extracapsular cataract removal with concomitant intraocular aqueous drainage device by internal approach, use <del>66989</del>66991)</p> <p>(For insertion of ocular telescope prosthesis including removal of crystalline lens, use 0308T)</p> <p>(For insertion of intraocular anterior segment drainage device into the trabecular meshwork without concomitant cataract removal with intraocular lens implant, use 0671T)</p> <p>#66991                      with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more</p> <p><b>Revise parenthetical note following code 66984 by replacing code 66989 with code 66991 in the Eye and Ocular Adnexa subsection.</b></p>												
<p><b>Pathology and Laboratory Microbiology</b></p> <p>▲87324                      Clostridium difficile toxin(s)</p> <p><del>(For Cryptococcus latex agglutination, use 86403)</del></p> <p>▲87327                      Cryptococcus neoformans</p> <p><del>(For Cryptococcus latex agglutination, use 86403)</del></p> <p><b>Relocated parenthetical note in the Pathology and Laboratory Microbiology subsection following code 87324 to follow code 87327.</b></p>			<p><b>Posted</b> <b>11/05/2021</b> <b>E</b></p>									
<p><b>Pathology and Laboratory Proprietary Laboratory Analyses</b></p> <p>▲0273U                      Hematology (genetic hyperfibrinolysis, delayed bleeding), <del>genomic sequence</del> analysis of <del>8-9</del> genes (<i>F13A1</i>, <i>F13B</i>, <i>FGA</i>, <i>FGB</i>, <i>FGG</i>, <i>SERPINA1</i>, <i>SERPINE1</i>, <i>SERPINF2</i>, <del>by next-generation sequencing, and</del> <i>PLAU</i> <del>by array comparative genomic hybridization</del>), blood, buccal swab, or amniotic fluid</p> <p><b>Appendix O</b> <b>Multianalyte Assays with Algorithmic Analyses and Proprietary Laboratory Analyses</b></p> <table><tr><th>Proprietary Name and Clinical Laboratory or Manufacturer</th><th>Alpha-Numeric Code</th><th>Code Descriptor</th></tr><tr><td colspan="3"><b>Proprietary Laboratory Analyses (PLA)</b></td></tr><tr><td>Versiti™ Fibrinolytic Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™</td><td>▲0273U</td><td>Hematology (genetic hyperfibrinolysis, delayed bleeding), <del>genomic sequence</del> analysis of <del>8-9</del> genes (<i>F13A1</i>, <i>F13B</i>, <i>FGA</i>, <i>FGB</i>, <i>FGG</i>, <i>SERPINA1</i>, <i>SERPINE1</i>, <i>SERPINF2</i>, <del>by next-generation sequencing, and</del> <i>PLAU</i> <del>by array comparative genomic hybridization</del>), blood, buccal</td></tr></table>			Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor	<b>Proprietary Laboratory Analyses (PLA)</b>			Versiti™ Fibrinolytic Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™	▲0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), <del>genomic sequence</del> analysis of <del>8-9</del> genes ( <i>F13A1</i> , <i>F13B</i> , <i>FGA</i> , <i>FGB</i> , <i>FGG</i> , <i>SERPINA1</i> , <i>SERPINE1</i> , <i>SERPINF2</i> , <del>by next-generation sequencing, and</del> <i>PLAU</i> <del>by array comparative genomic hybridization</del> ), blood, buccal	<p><b>Posted</b> <b>3/1/2022</b> <b>T</b></p> <p><b>Posted</b> <b>8/12/2022</b> <b>E</b></p>
Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor										
<b>Proprietary Laboratory Analyses (PLA)</b>												
Versiti™ Fibrinolytic Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™	▲0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), <del>genomic sequence</del> analysis of <del>8-9</del> genes ( <i>F13A1</i> , <i>F13B</i> , <i>FGA</i> , <i>FGB</i> , <i>FGG</i> , <i>SERPINA1</i> , <i>SERPINE1</i> , <i>SERPINF2</i> , <del>by next-generation sequencing, and</del> <i>PLAU</i> <del>by array comparative genomic hybridization</del> ), blood, buccal										

		swab, or amniotic fluid										
<p>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” and “by array comparative genomic hybridization” in the Proprietary Laboratory Analyses subsection. (3/1/2022)</p> <p>Correction of code 0273U by adding a comma after the term “sequencing” in the Proprietary Laboratory Analyses subsection. (8/12/2022)</p>												
<p><b>Pathology and Laboratory Proprietary Laboratory Analyses</b></p> <p>●0311U Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)–based antimicrobial susceptibility for each organisms identified</p> <p>►(Do not report 0311U in conjunction with 87076, 87077, 0086U)◄</p> <p><b>Appendix O Multianalyte Assays with Algorithmic Analyses and Proprietary Laboratory Analyses</b></p> <table><tr><th>Proprietary Name and Clinical Laboratory or Manufacturer</th><th>Alpha-Numeric Code</th><th>Code Descriptor</th></tr><tr><td colspan="3">Proprietary Laboratory Analyses (PLA)</td></tr><tr><td>Accelerate PhenoTest® BC kit, AST configuration, Accelerate Diagnostics, Inc, Accelerate Diagnostics, Inc</td><td>●0311U</td><td>Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)–based antimicrobial susceptibility for each organisms identified  ►(Do not report 0311U in conjunction with 87076, 87077, 0086U)◄</td></tr></table>			Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor	Proprietary Laboratory Analyses (PLA)			Accelerate PhenoTest® BC kit, AST configuration, Accelerate Diagnostics, Inc, Accelerate Diagnostics, Inc	●0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)–based antimicrobial susceptibility for each organisms identified  ►(Do not report 0311U in conjunction with 87076, 87077, 0086U)◄	<p><b>Posted 4/01/2021 E</b></p>
Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor										
Proprietary Laboratory Analyses (PLA)												
Accelerate PhenoTest® BC kit, AST configuration, Accelerate Diagnostics, Inc, Accelerate Diagnostics, Inc	●0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)–based antimicrobial susceptibility for each organisms identified  ►(Do not report 0311U in conjunction with 87076, 87077, 0086U)◄										
<p>Correction of code 0311U by removing “s” from the term “organisms” in the Proprietary Laboratory Analyses subsection. The effective date for this code remains April 1, 2022.</p>												
<p><b>Medicine Psychiatry Interactive Complexity</b></p> <p>★+90785 Interactive complexity (List separately in addition to the code for primary procedure)</p> <p>►(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90833, 90834, 90836, 90837, 90838], and group psychotherapy [90853])◄</p>			<p><b>Posted 10/04/2021 E</b></p> <p><b>Posted 12/30/2021 T</b></p>									

<p>►(Use 90785 in conjunction with 90853 for the specified patient when group psychotherapy includes interactive complexity) ◀</p> <p>►(Do not report 90785 in conjunction with <del>90839, 90840,</del> psychological and neuropsychological testing [96130, 96131, 96132, 96133, <del>96134,</del> 96136, 96137, 96138, 96139, 96146], or E/M services when no psychotherapy service is also reported) ◀</p> <p>(Do not report 90785 in conjunction with 90839, 90840, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)</p> <p><b>Revise parenthetical note in the Medicine Interactive Complexity subsection following code 90785 by removing code 96134. (10/04/2021)</b></p> <p><b>Revise parenthetical note in the Medicine Interactive Complexity subsection following code 90785 by removing codes 90839 and 90840. (12/30/2021)</b></p>	
<p><b>Medicine</b> <b>Cardiovascular</b> <b>Cardiac Catheterization</b></p> <p>►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 <u>catheterization</u> for congenital heart defects (93593, 93594, 93595, 93596, 93597, 93598), see the <b>Medicine/Cardiovascular/Cardiac Catheterization for <u>Congenital</u> Heart Defects</b> subsection. The following guidelines apply to cardiac catheterization performed for indications other than the evaluation of congenital heart defects.</p> <p><b><i>Right heart <u>catheterization</u> for indications other than the evaluation of congenital heart defects (93453, 93456, 93457, 93460, 93461):</i></b> 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).</p> <p><b>Revise spelling of “catheterization” and “Congenital” in the Cardiac Catheterization guidelines.</b></p>	<p><b>Posted</b> <b>12/30/2021</b> <b>E</b></p>
<p><b>Medicine</b> <b>Cardiovascular</b> <b>Intracardiac Electrophysiological Procedures/Studies</b></p> <p>▲93653      Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry</p>	<p><b>Posted</b> <b>6/01/2022</b> <b>T</b></p>



<p>(Do not report 93653 in conjunction with 93600, 93602, 93603, 93610, 93612, 93613, 93618, 93619, 93620, 93621, 93654, 93656)</p> <p>▲93654 with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed</p> <p>(Do not report 93654 in conjunction with 93279-93284, 93286-93289, 93600-93603, 93609, 93610, 93612, 93613, 93618-<del>93620</del><u>93621</u>, 93622, 93653, 93656)</p> <p><b>Revise parenthetical note following code 93654 by replacing code 93620 with 93621 in the Medicine Intracardiac Electrophysiological Procedures/Studies subsection.</b></p>	
<p><b>Medicine</b> <b>Cardiovascular</b> <b>Intracardiac Electrophysiological Procedures/Studies</b></p> <p>✚93662 Intracardiac echocardiography during therapeutic/ diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)</p> <p>(Use 93662 in conjunction with 33274, 33275, 33340, 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477, 33741, 33745, 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, 93653, 93654, <del>93656</del>, 0345T, 0483T, 0484T, 0543T, 0544T, 0545T, as appropriate)</p> <p>(Do not report 93662 in conjunction with 92961, 0569T, 0570T, 0613T)</p> <p><b>Revise parenthetical note following code 93662 by removing code 93656 from the Medicine Intracardiac Electrophysiological Procedures/Studies subsection.</b></p>	<p><b>Posted</b> <b>3/1/2022</b> <b>T</b></p>
<p><b>Medicine</b> <b>Health Behavior Assessment and Intervention</b></p> <p>96156 Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)</p> <p>96158 Health behavior intervention, individual, face-to-face; initial 30 minutes</p> <p>96159 each additional 15 minutes (List separately in addition to code for primary service)</p> <p>(Use 96159 in conjunction with 96158)</p> <p><u>(Do not report 96158, 96159 for service time reported in conjunction with 0702T, 0703T)</u></p> <p><b>Add parenthetical note following code 96159 to the Medicine Health Behavior Assessment and Intervention subsection.</b></p>	<p><b>Posted</b> <b>3/1/2022</b> <b>E</b></p>
<p><b>Medicine</b> <b>Non-Face-to-Face</b> <b>Remote Therapeutic Monitoring Treatment Management Services</b></p> <p>Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (office or other outpatient services [99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215], domiciliary, rest home services [99324, 99325, 99326, 99327, 99328, 99334, 99335,</p>	<p><b>Posted</b> <b>11/05/2021</b> <b>E</b></p>

<p>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]).</p> <p>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, <del>97661</del>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.</p> <p><b>Revise guideline to replace code 97661 with code 97761 in the Medicine Remote Therapeutic Monitoring Treatment Management Services subsection.</b></p>	
<p><b>Category III Codes</b></p> <ul style="list-style-type: none"> <li>●0702T 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</li> <li>●0703T management services by physician or other qualified health care professional, per calendar month</li> </ul> <p><u>(Do not report 0702, 0703T for service time reported in conjunction with 96158, 96159)</u></p> <p><u>(Do not report 0702T, 0703T in conjunction with <del>96158, 96159</del>, 98975, 98976, 98977, 99091, 99424, 99425, 99426, 99427, 99437, 99453, 99454, 99457, 99458, 99484, 99492, 99493, 99494)</u></p> <p><b>Revise parenthetical note by removing codes “96158” and “96159” and adding parenthetical note following code 0703T in the Category III section.</b></p>	<p><b>Posted 3/1/2022 E</b></p>
<p><b>Appendix B</b> <b>Summary of Additions, Deletions, and Revisions</b> <b>Anesthesia</b></p> <p><del><b>01935 Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic</b></del></p> <p><b>Add strikethrough to code 01935 in the Anesthesia section of Appendix B.</b></p>	<p><b>Posted 3/1/2022 E</b></p>
<p><b>Appendix S</b> <b>Artificial Intelligence Taxonomy for Medical Services and Procedures</b></p> <p>This taxonomy provides guidance for classifying various artificial intelligence (AI) applications (eg, expert systems, machine learning, algorithm-based services) for medical services and procedures into one of these three categories: assistive, augmentative, and autonomous. AI as applied to health care may differ from AI in other public and private sectors (eg, banking, energy, transportation). Note that there is no single product, procedure, or service for which the term “AI” is sufficient or necessary to describe its intended clinical use or utility; therefore, the term “AI” is not defined in the code set. In addition, the term “AI” is not intended to encompass or constrain the full scope of innovations that are characterized as “work done by machines.” Classification of AI medical services and procedures as assistive,</p>	<p><b>Posted 08/12/2022 E</b></p>

augmentative, and autonomous is based on the clinical procedure or service provided to the patient and the work performed by the machine on behalf of the physician or other qualified health care professional (QHP).

**Assistive:** The work performed by the machine for the physician or other QHP is assistive when the machine **detects** clinically relevant data without analysis or generated conclusions. Requires physician or other QHP interpretation and report.

**Augmentative:** The work performed by the machine for the physician or other QHP is augmentative when the machine **analyzes** and/or **quantifies** data in a clinically meaningful way. Requires physician or other QHP interpretation and report.

**Autonomous:** The work performed by the machine for the physician or other QHP is autonomous when the machine automatically **interprets** data and independently generates clinically ~~relevant~~ meaningful conclusions without concurrent physician or other QHP involvement. Autonomous medical services and procedures include interrogating and analyzing data. The work of the algorithm may or may not include acquisition, preparation, and/or transmission of data. The clinically ~~relevant~~ meaningful conclusion may be a characterization of data (eg, likelihood of pathophysiology) to be used to establish a diagnosis or to implement a therapeutic intervention. There are three levels of autonomous AI medical services and procedures with varying physician or other QHP professional involvement:

**Level I.** The autonomous AI draws conclusions and offers diagnosis and/or management options, which are contestable and require physician or other QHP action to implement.

**Level II.** The autonomous AI draws conclusions and initiates diagnosis and/or management options with alert/opportunity for override, which may require physician or other QHP action to implement.

**Level III.** The autonomous AI draws conclusions and initiates management, which require physician or other QHP action to contest.

Service Components	AI Category: Assistive	AI Category: Augmentative	AI Category: Autonomous
Primary objective	Detects clinically relevant data	Analyzes and/or quantifies data in a clinically meaningful way	Interprets data and independently generates clinically <del>relevant</del> <u>meaningful</u> conclusions
Provides independent diagnosis and/or management decision	No	No	Yes
Analyzes data	No	Yes	Yes
Requires physician or other QHP interpretation and report	Yes	Yes	No
Examples in CPT code set	Computer-aided detection (CAD) imaging (77048, 77049, 77065-77067, 0042T, 0174T, 0175T)	Continuous glucose monitoring (CGM) (95251), external processing of imaging data sets	Retinal imaging (92229)

**Replace the term “relevant” with “meaningful” to reflect the term “meaningful conclusions” throughout the Artificial Intelligence Taxonomy for Medical Services and Procedures section of Appendix S.**

Index Cardiac Catheterization Congenital Cardiac Defect(s) With Cardiac Output Measurement Right and Left..... <del>93536, 93537</del> 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.	Posted 10/04/2021 E
Index Debridement Metacarpophalangeal joint..... 29901 Metatarsophalangeal joint..... 28289, 28291, <del>29901, 29902</del>  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.	Posted 10/04/2021 E
Index Log Hydrogen Ion Concentration Blood Gases, pH..... <del>82000</del> 82800, 82803, 82930  Revise index to replace code 82000 with code 82800 to identify the blood gases, pH.	Posted 10/04/2021 E
Index Navicular Bone Carpal Repair Nonunion ..... <del>25431</del> , 25440  Revise index by removing code 25431 from the Nonunion subheading following the Navicular Bone heading.	Posted 4/01/2022 E
Index Operation/Procedure Kroenlein Procedure..... 67420, <del>67455</del> 67445  Revise index to replace code 67455 with code 67445 to identify a Kroenlein procedure.	Posted 10/04/2021 E
Index Prolastin Alpha-1 Antitrypsin..... <del>83103, 83104</del> 82103, 82104  Revise index to replace codes 83103 and 83104 with codes 82103 and 82104 to identify Prolastin alpha-1 antitrypsin.	Posted 10/04/2021 E
Index PSA (Prostate Specific Antigen)..... <del>85152-85154</del> 84152-84154  Revise index to replace code range 85152-85154 with code range 84152-84154 to identify prostate specific antigens.	Posted 10/04/2021 E
Index Reconstruction Fallopian Tube Tubouterine Implantation..... <del>58755</del> 58752	Posted 10/04/2021 E

Revise index to replace code 58755 with code 58752 to identify tubouterine implantation.	
Index Resection Tumor Urethra..... 52234, 52235, 52240, 52235-52334, 52355  Revise index to replace code range 52235-52334 with codes 52234 and 52235 to identify urethral tumor resection.	Posted 10/04/2021 E
Index Test Hemagglutination Inhibition..... 8686286280  Revise index to replace code 86862 with code 86280 to identify hemagglutination inhibition testing.	Posted 10/04/2021 E
Short Descriptor Data File 37183 REMOVE HEPATIC SHUNTREVISION (TIPS) Revise the short descriptor data file for code 37183.	Posted 3/1/2022 E
Short Descriptor Data File 0273U HEM GEN HYPRFIBRNLYSIS 89 GEN Revise the short descriptor data file for code 0273U.	Posted 3/1/2022 T
Medium Descriptor Data File 28062 FASCIOTOMY PLANTAR FASCIA RADICAL SPX Revise the medium descriptor data file for code 28062.	Posted 10/04/2021 E
Medium Descriptor Data File 38101 SPLENECTOMY TOTALPARTIAL EN-BLOC W/OTHERSEPARATE PROCEDURE Revise the medium descriptor data file for code 38101.	Posted 12/30/2021 E
Medium Descriptor Data File 52276 CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE Revise the medium descriptor data file for code 52276.	Posted 6/01/2022 E
Medium Descriptor Data File 83516 IMMUNOASSAY ANALYTE QUAL/SEMIQUALN MULTIPLE STEP Revise the medium descriptor data file for code 83516.	Posted 12/30/2021 E
Medium Descriptor Data File 85044 BLOOD COUNT RETICULOCYTE AUTOMATEDMANUAL Revise the medium descriptor data file for code 85044.	Posted 12/30/2021 E
Medium Descriptor Data File 0273U HEM GEN HYPRFIBRNLYSIS DLYD BLD SEQUALYS 89 GEN Revise the medium descriptor data file for code 0273U.	Posted 3/1/2022 T

<b>Medium Descriptor Data File</b> 95249 CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT <b>Revise the medium descriptor data file for code 95249.</b>	<b>Posted</b> <b>11/05/2021</b> <b>E</b>
<b>Medium Descriptor Data File</b> 95250 CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT <b>Revise the medium descriptor data file for code 95250.</b>	<b>Posted</b> <b>11/05/2021</b> <b>E</b>