



Errata and Technical Corrections – CPT® 2023

Date: March 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 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.
- 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.
- Remove “180 or More Days” in the Dosing Interval section for code 91300 in Appendix Q.

<p>Evaluation and Management (E/M) Services Guidelines Levels of E/M Services Amount and/or Complexity of Data to Be Reviewed and Analyzed</p>	<p>Posted 3/01/23 T</p>
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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 1110">Total Duration of Office or Other Outpatient Consultation Services (use with 99245)</th> <th data-bbox="797 978 1325 1110">Code(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="82 1110 797 1203">less than 70 minutes</td> <td data-bbox="797 1110 1325 1203">Not reported separately</td> </tr> <tr> <td data-bbox="82 1203 797 1295">70-84 minutes</td> <td data-bbox="797 1203 1325 1295">99245 X 1 and 99417 X 1</td> </tr> <tr> <td data-bbox="82 1295 797 1388">80<u>85</u>-99 minutes</td> <td data-bbox="797 1295 1325 1388">99245 X 1 and 99417 X 2</td> </tr> <tr> <td data-bbox="82 1388 797 1518">100 minutes or more</td> <td data-bbox="797 1388 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>Surgery Cardiovascular System Heart and Pericardium Endovascular Repair of Congenital Heart and Vascular Defects</p>	<p>Posted 2/01/23 E</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. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the TPVIpercutaneous pulmonary artery revascularization by stent placement. 2. Pulmonary conduit angiography for guidance of TPVIpercutaneous pulmonary artery revascularization by stent placement, or 3. Right heart catheterization for hemodynamic measurements before, during, and after TPVIpercutaneous pulmonary artery revascularization by stent placement for guidance of TPVIpercutaneous pulmonary artery revascularization by stent placement. <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>Surgery Digestive System Intestines (Except Rectum) Other Procedures</p> <p>44705 Preparation of fecal microbiota for instillation, including assessment of donor specimen</p> <p>(Do not report 44705 in conjunction with 74283, 0780T)</p> <p>(For fecal instillation by oro-nasogastric tube or enema, use 44799)</p> <p>(For instillation of fecal microbiota suspension via rectal enema, use 0780T)</p> <p>Revise parenthetical note following code 44705 by removing the term “or enema” from the Surgery Other Procedures subsection.</p>	<p>Posted 12/22/22 E</p>
<p>Surgery Urinary System Bladder Transurethral Surgery Urethra and Bladder</p> <p>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</p> <p>(To report cystourethroscopy with urethral therapeutic drug delivery, use 0499T)</p> <p>Reinstate code 0499T and the related parenthetical note following code 52281 in the Surgery Urethra and Bladder subsection.</p>	<p>Posted 11/01/22 T</p>
<p>Medicine Cardiovascular Noninvasive Physiologic Studies and Procedures</p> <p>93701 Bioimpedance-derived physiologic cardiovascular analysis</p>	<p>Posted 11/01/22 E</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)

~~93745~~ 93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

(For bioelectrical impedance analysis whole body composition, use 0358T)

(For bioimpedance-derived physiological cardiovascular analysis, use 93701)

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.

**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 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).

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.

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>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>Category III Codes</p> <p>0499T <u>Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed</u> Sunset January 20238</p> <p><u>(Do not report 0499T in conjunction with 52281, 52283)</u></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>Appendix P CPT Codes That May Be Used For Synchronous Telemedicine Services</p> <p>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.</p>	<p>Posted 11/01/22 T</p>

90785	90970	96164	99212
90791	92227	96165	99213
90792	92228	96167	99214
90832	92507	96168	99215
90833	92508	96170	99231
90834	92521	96171	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	96121	98961	99417
90964	96125	98962	99418
90965	96156	99202	99495
90966	96158	99203	99496
90967	96159	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**

Posted
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Vaccine Code	Vaccine Administration Code(s)	Patient Age	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
#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

<p>#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</p>	<p>●0111A (1st Dose) ●0112A (2nd Dose)</p>	<p>▶6 months through 5 years ◀</p>	<p>▶Moderna, Inc ◀</p>	<p>▶Moderna COVID-19 Vaccine ◀</p>	<p>▶80777-279-05 80777-0279-05Z ◀</p>	<p>▶1st Dose to 2nd Dose: 1 Month ◀</p>
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Remove the number “7” in the NDC 10/NDC 11 Labeler Product ID (Vial) section for code 91311 in Appendix Q. (11/01/22)

Remove “180 or More Days” in the Dosing Interval section for code 91300 in Appendix Q. (3/01/23)

▶Appendix T◀

▶CPT Codes That May Be Used For Synchronous Real-Time Interactive Audio-Only Telemedicine Services◀

▶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.◀

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>	

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.

Posted
11/01/22
T

Index

Canal, Ear

See Auditory Canal

Canalith Repositioning95992

Canaloplasty 69631, 69635

Revise index by removing the letter “o” from the term “Canaloplasty” to reflect the term “Canalplasty”.

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11/01/22
E

<p>Short Descriptor Data File 81455 TGSAP SO/HL 51/⟷ DNA/DNA&RNA 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 Revise the short 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 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>