



CORRECTIONS DOCUMENT—CPT® 2009

Front Matter

Modifiers (See Appendix A for Definitions)

22 Unusual **Increased** procedural services

Correct the description for consistency with the primary listing in Appendix A.

Evaluation and Management

Newborn Care Services

Delivery/Birthing Room Attendance and Resuscitation Services

- 99465 Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
(Do not report 99465 may be reported in conjunction with 99460, 99468, 99477)

Revise parenthetical instruction below 99465 to instruct that the listed services are appropriately reported in addition to 99465.

Pathology and Laboratory

Microbiology

- 87802 *Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B*
- ▲87810 ~~Infectious agent detection by immunoassay with direct optical observation;~~
Chlamydia trachomatis
- ▲87850 Neisseria gonorrhoeae
- ▲87880 Streptococcus, group A
- ▲87899 not otherwise specified

Add revision symbol (▲) to codes 87850, 87880, and 87899. The descriptors for these codes were also revised to reflect the inclusion of antigen as in code 87810 and the parent code 87802.

**Pathology and Laboratory
Reproductive Medicine Procedures**

89335 *Cryopreservation, reproductive tissue, testicular*

(For cryopreservation of embryo(s), use 89258. For cryopreservation of sperm, use 89259)

(For cryopreservation of reproductive tissue, ovarian, use Category III code 0058T)

(For cryopreservation of oocyte, use Category III code 0059T)

(For cryopreservation, ovarian reproductive tissue, oocytes, use 89240)

Delete parenthetical notes that refer to deleted codes 0058T, 0059T, and replace with a new parenthetical note to instruct the appropriate reporting for this service with 89240.

Medicine

Cardiovascular

Cardiovascular Device Monitoring—Implantable ~~and Wearable~~ Devices

*Cardiovascular monitoring services are ...
ECG rhythm derived elements are distinct...
For monitoring...*

Transtelephonic rhythm strip...

93279 *Programming device evaluation...*

Strike through “and Wearable” to delete this from the subheading.

Medicine

Cardiovascular

Cardiovascular Device Monitoring—Implantable ~~and Wearable~~ Devices

Cardiovascular monitoring services...

A service center may report...

ECG rhythm derived elements are ...

For monitoring by wearable devices, see 93224-93272, ~~93228, 93229~~.

Delete 93228, 93229 from guidelines. Codes 93228 and 93229 are already included in the code range 93224-93272, and therefore should not be listed separately

Medicine
Cardiovascular
Cardiovascular Device Monitoring—Implantable and Wearable Devices

Cardiovascular monitoring services...

A service center may report 93296 or 93299 during a period in which a physician performs an in-person interrogation device evaluation. A physician may not report an in-person and remote interrogation of the same device during the same period. Report only remote services when an in-person interrogation device evaluation is performed during a period of remote interrogation device evaluation. A period is established by the initiation of the remote monitoring or the 91st day of a pacemaker or implantable cardioverter-defibrillator (ICD) monitoring or the 31st day of an implantable loop recorder (ILR) or implantable cardiovascular monitor (ICM) monitoring and extends for the subsequent ~~30~~ **90** or ~~90~~ **30** days, respectively, for which remote monitoring is occurring. Programming device evaluations and in-person interrogation device evaluations may not be reported on the same date by the same physician. Programming device evaluations and remote interrogation device evaluations may both be reported during the remote interrogation device evaluation period.

ECG rhythm derived elements are ...

Correct “subsequent 30 or 90 days” to reflect the correct respective order of the preceding instructions in the Cardiovascular Device Monitoring guidelines.

Medicine
Cardiovascular
Cardiovascular Device Monitoring—Implantable and Wearable Devices

●93279 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system

●93285 implantable loop recorder system

(Do not report 93285 in conjunction with 33282, 93279, ~~93284~~, 93291)

Strike through the comma and add a hyphen between 93279-93284 to reflect a sequence of codes in the parenthetical note following 93285.

Medicine

Cardiovascular

Cardiovascular Device Monitoring—Implantable and Wearable Devices

- 93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)
- 93298 implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)

(Do not report 93298 in conjunction with 33282, 93291, 93297)

(Report 93298 only once per 30 days)

Add code 33282 to the parenthetical note following 93298.

Appendix A

**Summary of Additions,
Deletion, and Revisions**

- 35632 Code added

Add code 35632 to Appendix A to reflect new code added for 2009.

Appendix K

Product Pending FDA Approval

- 90696 Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use

Remove 90696 from Appendix K, as this code received FDA approval.

Index

Implantation

Mesh

~~Debridement Closure~~

Hernia Repair.49568, 49652-49657

The “Debridement Closure” entry should be removed from the CPT Index for 2010

Category II

- 0519F Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of ~~course of treatment~~ a new treatment regimen (ONC)¹

Delete the language “course of treatment” and add the language “a new treatment regimen” to code 0519F:

Diagnostic/Screening Process or Results

- 3290F Patient is D (Rh) negative and unsensitized (~~Prenatal~~ Pre-Cr)¹
3291F Patient is D (Rh) positive or sensitized (~~Prenatal~~ Pre-Cr)¹
3292F HIV testing ordered or documented and reviewed during the first or second prenatal visit (~~Prenatal~~ Pre-Cr)¹

Therapeutic, Preventive, or Other Interventions

- 4178F Anti-D immune globulin received between 26 and 30 weeks gestation ((~~Prenatal~~ Pre-Cr)¹

Change suffix for codes used in “Prenatal Care clinical topic” (3290F-3292F, 4178F) from “Prenatal” to “Pre-Cr”.

Therapeutic, Preventive, or Other Interventions

- 4200F External beam radiotherapy as primary therapy to the prostate (PRCA)¹

Add the words “. . . as primary therapy” and “. . . the . . .” to the descriptor for code 4200F.

Appendix H Changes

Back Pain (BkP)
Brief Description of Performance Measure & Source
<p>Physical Exam after Back Pain Onset²</p> <p>Whether or not a patient with a diagnosis of back pain received a physical examination during the initial visit for the episode of back pain</p> <p>Numerator:</p> <p>Patients who had a physical exam on the date of the initial visit for back pain*</p> <ul style="list-style-type: none"> • For patients with radicular symptoms, documentation of physical exam must include the following (at a minimum): <ul style="list-style-type: none"> – Indication of straight leg raise test, <i>and</i> – Notation of completion of neurovascular exam (a neurovascular exam must include ankle and knee reflexes; quadriceps, ankle and great toe dorsiflexion strength; plantar flexion; muscle strength; motor testing; pulses in lower extremities; and sensory exam) • For patients without radicular symptoms, documentation of physical exam must include the following: <ul style="list-style-type: none"> – Documentation of straight leg raise or neurovascular exam or clear notation of absence or presence of neurologic deficits <p>Denominator:</p> <p>All patients with diagnosis of back pain at the initial visit of the episode</p> <p>Exclusion(s): Medical exclusion for not receiving a physical examination (ie, patients with bilateral lower extremity amputations)</p> <p>Percentage of patients with a diagnosis of back pain who received a physical examination on the date of the initial visit</p> <p>Reporting Instructions:</p> <p>Report 0525F or 0526F for each patient. Use code 0525F to indicate the initial visit and 0526F to indicate a subsequent visit during the episode of low back pain. Only initial visits (0508F0525F) will be included in the numerator.</p> <p>Report 2040F if a physical exam occurred as specified.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p> <p><u>If there is a valid medical reason for not receiving a physical examination during the initial visit for the episode of back pain, report 1P with 2040F</u></p> <p><u>*Note: Measure specifications should be referred to in order to determine criteria to meet any of the required assessments.</u></p>

Replace code number 0508F for (0525F) and include corrected reporting instruction regarding 1P modifier in Appendix H measure for Physical Exam after Back Pain Onset² measure in the Back Pain measure set.

Major Depressive Disorder (MDD)

Brief Description of Performance Measure & Source

Depression Screening and Assessment in High Risk Patients²

Whether or not a patient who is 18 years and older and is identified in a high risk category (ie age or condition) **who** has a documented result from a depression screen or assessment during the measurement year.

Numerator:

Documented results of depression screen or assessment during the measurement year.

Note: Patients who are screened positive for depressive symptoms who do not receive further assessment of depressive symptoms with a standardized tool do not count toward the numerator.

Documentation of any one of the following counts toward this measure:

- *Negative screen for depressive symptoms using a standardized tool***
- *No significant depressive symptoms using a standardized tool***
- *Mild to moderate depressive symptoms using a standardized tool***
- *Clinically significant depressive symptoms using a standardized tool***

*Note: Measure specifications should be referred to determine criteria to meet any of the listed risk categories (ie, the denominators.)

**Note: Measure specifications should be referred to identify acceptable standardized tools for screening and assessment.

Denominator:

Adults, 18 years and older, who have been identified in one or more of following the high risk categories (ie age or condition)*:

- Patients with diabetes
- Patients with cardiovascular disease including acute myocardial infraction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA)
Two methods can be used to identify the eligible population: 1) a cardiac event or 2) an ischemic vascular disease (IVD) diagnosis. For the cardiac event (AMI, CABG, or PTCA) the look back is from January 1 through November 1 of the year prior to the measurement year; for the IVD diagnosis the look back is the measurement and the year prior to the measurement year.
- Patients with persistent asthma
- Patients with chronic obstructive pulmonary disease (COPD)
- Patients with low back pain
- Patients who are 65 years and older

Exclusion(s): None

REPORTING INSTRUCTIONS:

Report code 3351F, 3352F, 3353F, or 3354F for patients identified as high risk when acceptable screening or assessment has been documented. There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.

**Note: Measure specifications should be referred to identify acceptable standardized tools for screening and assessment.



Delete the word “who” in the Appendix H measure statement for the Depression Screening and Assessment in High Risk Patients² measure, Major Depressive Disorder (MDD)

Hepatitis C (HEP C) Hepatitis C Ribonucleic Acid (RNA) Testing Before Initiating Therapy ¹ Whether or not . . .

Add the superscript for “Hepatitis C Ribonucleic Acid (RNA) Testing Before Initiating Therapy¹” measure

▶ Prenatal Care (Prenatal Pre-Cr) ◀		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
▶ Anti-D Immune Globulin ¹ -Whether or not the . . .		

Revision of clinical topic heading to reflect revision made to suffix abbreviation for Prenatal Care clinical topic

MEDIUM DESCRIPTOR REVISIONS:

Revise code 1136F from “6 WEEKS” to “12 WEEKS”

1136F EPISODE OF BACK PAIN LASTING 6¹² WEEKS OR LESS

Revise code 4040F replace “IMMUNIZATION ORDERED/ADMINISTERED” to “VACCINE ADMIN RCVD B/4”

4040F PNEUMOCOCCAL ~~IMMUNIZATION ORDERED/ADMINISTERED~~ VACCINE ADMIN RCVD B/4