



CORRECTIONS DOCUMENT—CPT® 2010

Evaluation and Management (E/M) Services Guidelines

The E/M section is divided into broad...

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, eg, office consultation. Third, the content of the service is defined, eg, comprehensive history and comprehensive examination. (See {LQQ}Levels of E/M Services,{RQQ} page 3, for details on the content of E/M services.) Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified. (A detailed discussion of time is provided on page 4 6.)

Definitions of Commonly Used Terms

New and Established Patient

No distinction is made between...

The decision tree on page 2 5 is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

Levels of E/M Services

The first three of these components (history, examination, and medical decision making) are considered the {B}key{/B} components in selecting a level of E/M services. (See {LQQ}Determine the Extent of History Obtained,{RQQ} page 44 9.)

Review the Level of E/M Service Descriptors and Examples in the Selected Category or Subcategory

The first three of these components (ie, history, examination, and medical decision making) should be considered the {B}key{/B} components in selecting the level of E/M services. An exception to this rule is in the case of visits that consist predominantly of counseling or coordination of care (see numbered paragraph 3 4, page 8 10).

Correct the E/M guidelines to reflect the appropriate placement and page number of the referenced information.

Evaluation and Management Hospital Observation Services Observation Care Discharge Initial Observation Care

New or Established Patient

To report services provided to a patient who is admitted to the hospital after receiving hospital observation care services on the same date, see the notes for initial hospital inpatient care (page 42 14). For a patient admitted to the hospital on a date subsequent to the date of observation status, the hospital admission would be reported with the appropriate Initial Hospital Care code



(99221-99223). For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate. Do not report observation discharge (99217) in conjunction with a hospital admission.

Consultation

To report services provided to a patient who is admitted to a hospital or nursing facility in the course of an encounter in the office or other ambulatory facility, see the notes for Initial Hospital Inpatient Care (page 46 [14](#)) or Initial Nursing Facility Care (page 24 [23](#)).

Inpatient Consultations

New or Established Patient

The following codes are used to report physician consultations provided to hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. Only one consultation should be reported by a consultant per admission. Subsequent services during the same admission are reported using subsequent hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310), including services to complete the initial consultation, monitor progress, revise recommendations, or address a new problem. Use subsequent hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310) to report transfer of care services (see page 25 [24](#), Concurrent Care and Transfer of Care definitions).

Correct the E/M Observation Care Discharge, new or established patient guidelines, the consultation guidelines and the inpatient consultation guidelines to reflect the appropriate placement and page number of the referenced information.

Evaluation

Evaluation and Management

Prolonged Services

Prolonged Physician Service with

Direct (Face-To-Face) Patient

Contact

Total Duration of Prolonged Services	Code(s)
less than 30 minutes (less than 30 minutes)	Not reported separately
30-74 minutes (30 minutes – 1 hr. 14 min.)	99354 X 1
75-104 minutes (1 hr. 15 min. – 1 hr. 44 min.)	99354 X 1 AND 99355 X 1
105 or more (1 hr. 45 min. or more) 30 minutes	99354 X 1 AND 99355 X 2 or more for each additional <u>30 minutes</u>

Correct the prolonged physician service table by deleting the duplicate entry “less than 30 minutes” and moving “30 minutes” in its proper location.



**Surgery
Respiratory System
Trachea and Bronchi**

- Ⓢ ▲ 31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
- Ⓢ ▲ 31623 with brushing or protected brushings
- Ⓢ ▲ 31624 with bronchial alveolar lavage
- Ⓢ ▲ 31625 with bronchial or endobronchial biopsy(s), single or multiple sites

Added revision symbol (▲) to codes 31623, 31624 and 31625 to reflect the inclusion of the phrases “include” and “when performed” as identified in the parent code 31622.

**Surgery
Digestive System
Anus
Excision**

- ▲ 46255 Hemorrhoidectomy, internal and external, single column/group;
- ▲ 46257 with fissurectomy
- ▲ 46258 with fistulectomy, including fissurectomy, when performed
- ▲ 46260 Hemorrhoidectomy, internal and external, 2 or more columns/groups;
- ▲ 46261 with fissurectomy
- ▲ 46262 with fistulectomy, including fissurectomy, when performed

Add revision symbol (▲) to codes 46257 and 46261. Parent code 46255 was revised to include “single, column/group” and parent code 46260 was revised to include “2 or more columns/groups”.

**Surgery
Nervous System
Extracranial Nerves, Peripheral
Nerves, and Autonomic Nervous
System**

Paravertebral Spinal Nerves and Branches

(Image guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of codes 64490-64495. Imaging guidance and localization are required for the performance of paravertebral facet joint injections described by codes 64490-64495. If imaging is not used, report code 20550-20553. If ultrasound guidance is used report ~~64999~~ 0213T-0218T)

(For bilateral procedures, use modifier 50)

(For injection of the T12-L1 joint, or nerves innervating that joint, use 64493)

- 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*

Revise paravertebral spinal nerves and branches guidelines referencing code 64999 and replace with Category III codes 0213T-0218T.

**Pathology and Laboratory
Table of Contents**

Table of Drugs and the Appropriate Qualitative Screening, Confirmatory, and Quantitative Codes				
Drug Qualitative	Multiple Drug Class Method	Single Drug Class Method	Confirmation	Qualitative <u>Quantitative</u>
Alcohols	80100 ^a	80101 ^b	80102 ^c	82055 or 82075 ^d

Delete “Qualitative” in last column heading and replace with “Quantitative” for the Table of Drugs and the Appropriate Qualitative Screening, Confirmatory, and Quantitative Codes.

**Pathology and Laboratory
Immunology**

86256 *titer, each antibody*
 (Fluorescent technique...)
 (FTA, see use 86784 86780)
 (Gel [agar diffusion...])

Revise second parenthetical note following code 86256 referencing deleted code 86781 and replace with 86780. Also within this parenthetical, delete “see” and replace with “use.”

**Medicine
Neurology and
Neuromuscular Procedures
Sleep Testing**

▲ 95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

▶ (Do not report 95806 in conjunction with 93012, 93014, 93041-93227, 93228, 93229, 93230-93272, 0203T, 0204T) ◀

▶ (For unattended sleep study that measures heart rate, oxygen saturation, respiratory analysis, and sleep time, use 0203T) ◀

▶ (For unattended sleep study that measures heart rate, oxygen saturation, and respiratory analysis, use 0204T) ◀

Added three new parenthetical notes following revised code 95806.



Category III

0130T Validated, statically, reliable,...
(0140T has been deleted. To report use 83987)

Delete code 0140T and add instructional parenthetical note to instruct the user to report 83987.

**Appendix B
Summary of Additions,
Deletion, and Revisions
Category III Codes**

0140T ~~Exhaled breath condensate pH~~

Add Category III code 0140T to Appendix B to reflect deletion for 2010.

**Appendix K
Product Pending FDA Approval**

90650 Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use

Remove 90650 from Appendix K, as this code received FDA approval.

**Index
Laparoscopy**

Adrenalectomy. ~~50545~~-60650

Delete reference code 50545 and replace with 60650 in the index following laparoscopy adrenalectomy.

**Index
Transcatheter**

Placement
Intravascular Stents 0075T-0076T, 37205-37208, 37215-37216, 92980-92981

Add reference codes 92980-92981 in the index following transcatheter placement for intravascular stents.

Medium Descriptors

27619 EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <3 5CM

Revise medium descriptor for 27619.



Medium Descriptors

27632 EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 5 3+CM

Revise medium descriptor for 27632.

Medium Descriptors

78601 BRAIN IMAGING > 4 STATIC VIEWS W VASCULAR FLOW

Revise medium descriptor for 78601.

Medium Descriptors

93701 BIOIMPEDANCE, CV ANALYSIS

Revise medium descriptor for 93701.

Short Descriptors

93701 BIOIMPD THRC ELEC

Revise short descriptor for 93701.
