

Internal Medicine Coding Alert

CPT 2011 Errata: 93268-93272 Require Attended Surveillance -- Mark The Guidelines

Plus: 93923 replaces 93922 in a key parenthetical note, and your index requires update

If you've been wondering why your CPT manual's atherectomy index entry doesn't point out your percutaneous options, you've got a good eye.

The answer is simple. Everyone makes mistakes. The AMA noted the problem and has published that and several other corrections to its CPT 2011 manual.

Checking the AMA errata for such corrections is very important, says **Dena M. Merrill, CPC**, HCC coding specialist in Saginaw, Mich. Take the time to mark the following three in your manual, or you'll risk reporting the wrong code or not meeting key requirements.

1. Don't Let 93268-93272 Typo Lead to Noncompliance

CPT guidelines for Cardiovascular Monitoring Services fall just before 93224-93278 in your manual. As published, the first paragraph of the guidelines state: "Event monitors (93268-93272) ... do not require attended surveillance."

Correction: The AMA's published errata indicates you should delete the words "do not" from the guidelines. Event monitor codes 93268-93272 **do** require attended surveillance.

2. Watch Change to 93923 Upper + Lower Rule

Along with correcting several minor typos in the updated 93922-93923 (... bilateral noninvasive physiologic studies of upper or lower extremity arteries ...) definitions and guidelines, the AMA makes one correction you want to be sure you catch.

The second parenthetical note under 93923 (complete study), as published, states: "Report 93923 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93922 may be reported twice adding modifier 59 to the second procedure)."

Correction: The last sentence should refer to 93923 rather than 93922. The AMA also adds the word "by" before "adding." The corrected text reads as follows (bold added): "When both the upper and lower extremities are evaluated in the same setting, **93923** may be reported twice **by** adding modifier 59 to the second procedure)."

3. Avoid Index Confusion for These Revascularization Codes

With all of the changes to revascularization coding, you don't need index mistakes adding to the puzzle.

As published, the Atherectomy entry reads:

Open

Femoral 37225, 37227

Popliteal 37225, 37227

Tibioperoneal 37233, 37235

Coronary92995-92996

See Artery, Coronary

Femoral 37225, 37227

Popliteal37225, 37227

Tibioperoneal37233, 37235

Correction: In addition to deleting the last three entries (which simply repeat the first three under "Open"), the AMA replaces "Open" with "Open or Percutaneous." This change is the key correction as it lets you know that the codes are appropriate whether the procedure is open or percutaneous.

Smart move: Check the corrections throughout the year, especially for services that may see changes such as immunizations, Merrill suggests. You can locate the 2011 errata at www.ama-assn.org/ama1/pub/upload/mm/362/cpt-2011-corrections.pdf.