

Expert guidance to each CPT® 2012 change

An indispensable guide for CPT® codebook users. Written by the CPT coding staff, this book provides the official AMA interpretations and explanations for each CPT code and guideline change in the *CPT 2012* codebook. Every new, revised, and deleted code, text, and guideline change is listed along with a detailed rationale for the change.



Organized by CPT code section and code number, just like the CPT codebook.

Detailed rationales provide an explanation as to why the code change occurred.

Rationale
A parenthetical note has been placed following code 97032 to direct users to the appropriate code to use to identify transcutaneous electrical modulation pain reprocessing (TEMPR/scrambler therapy). For more information regarding reporting for this type of service, see the rationale following code 0278T.

Therapeutic Procedures

97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
▶[Do not report 97140 in conjunction with 29581-29584]◀

Rationale
In support of the addition of new multi-layer compression procedures, an exclusionary parenthetical note has been added following 97140 precluding the reporting of manual therapeutic techniques code 97140 in conjunction with the application of multilayer compression procedures 29581, 29582, 29583, or 29584.

Special Services, Procedures and Reports

The procedures with code numbers . . .
Code 99091 should be reported no . . .
If the services described by 99091 . . .
Do not report 99091 if it occurs within . . .
▶Codes 99050-99060 are reported in addition to an associated basic service. Do not append modifier 51 to 99050-99060. Typically only a single adjunct code from among 99050-99060 would be reported per patient encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.◀

Rationale
The Special Services, Procedures and Reports introductory guidelines have been revised to note that modifier 51 should not be appended to the adjunct to basic services codes 99050-99060.

MISCELLANEOUS SERVICES

99000 Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

99090 Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data);
▶[For physician/qualified health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver, see 99091]◀

258 Medicine ◯-Modifier 51 Exempt ◯-Moderate Sedation ◀-Add-on Code /-FDA approval pending



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"At-a-glance" tabular review of 2012 changes allows you to easily determine the level to which your particular field has been affected by the changes.

Useful clinical examples and procedural descriptions are presented to help you understand the practical application for that code.

537 CPT® changes in 2012!
New: 278
Revised: 139
Deleted: 98
Resequenced: 22

“This annual edition of the CPT code changes is an essential reference for the CPT coder and biller.”
- LouAnn Schraffenberger, MBA, RHIA, CCS, CCS-P



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