



AMA Products and AHA Coding Clinics Access Made Easier

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AMA CPT® content – Articles and other content tied to codes

13152 Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm

CCI IOM  M  \$    C+  CDI  A2 MUE 10

AMA CPT® Content Module - 13152

CPT® Assistant is a monthly publication of the American Medical Association. Editions of CPT® Assistant that discuss the selected code are referenced here:

CPT® Knowledge Base is a monthly data load of the Questions and Answers answered by the American Medical Association. Questions and Answers that discuss the selected code are referenced here:

Article Filter: Exact Code Match Found in Range Assigned by Coding Expert

Section Guidelines **AMA CPT® Content Module** Optum Specialty Articles

CPT® Assistant

AHA Coding Clinic

CPT® Changes: Insider's View

CPT® Knowledge Base

CPT® Vignettes

AMA CPT® content – Access by year, month or keyword search

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Code Set Search • Image Search • DrugReimbursement.com Search • Index Only Search • EncoderPro.com **Plus** Search Custom Code Set: **pediatrics** Manage Custom Code Sets

CPT®, HCPCS, I10CM Enter Term / Code Search Help with Search?

Coding Policy Lookup Reimbursement Optum Post-acute Care Library Add-ons Available Add-ons

AMA CPT® Content Module

Search Options

CPT® Assistant CPT® Changes CPT® Knowledge Base*

**If you desire to submit a question for a response from the AMA, click the link below which will allow you to access the AMA Knowledge Base. User will be directed to the CPT® Network link, which will allow you the ability to purchase access and ask question via the CPT® Network. [Submit an Electronic Inquiry \(Question\) directly to CPT® Network.](#)*

Search Filters

- All Years
 - 2024
 - March
 - [Reporting Right Atrial Leadless Pace](#)
 - [Reporting Neurostimulator Program](#)
 - [Coronary FFR with Coronary Comput](#)
 - [Psychedelic Drug Monitoring Service](#)
 - [Questions and Answers](#)
 - February
 - January
 - 2023
 - December
 - November
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 - September
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 - July
 - June
 - May
 - April
 - March
 - February
 - January
 - 2022
 - 2021
 - 2020

Search Criteria

Search Logic: And Or

Search for keyword or code: *May use "Search Filters" on the left for specific date searches*

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Year	Issue	Source	Title	Snippet
2024	March	CPT® Assistant	Reporting Right Atrial Leadless Pacemaker Procedures (0823T 0826T)	conditions have occurred (eg, stored arrhythmia events, lead-function parameter c determine if the arrhythmia was
2023	October	CPT® Assistant	Questions and Answers	catheters, induction or attempted induction of an arrhythmia with right atrial pacing
2023	May	CPT® Assistant	Reporting Pulmonary Angiography (93568 93569 and 93573 93575)	, arrhythmia , hemodynamic instability, and contrast-induced nephropathy. Clinical E Example (93573) A 2-year reaction, arrhythmia , hemodynamic instability, and cont reaction, arrhythmia , hemodynamic ...
2023	May	CPT® Assistant	Reporting Cardiac Ablation Radiation Therapy	focal ablation for arrhythmia using radiation therapy. This article provides appropria site (nidus electrophysiologic evaluation, see 93609, 93619, 93620, 0746T convers
2022	November	CPT® Assistant	Coding Brief PCM Codes for Preprocedural Optimization	. She has a history of a cardiac arrhythmia and diabetes and she lives alone. The s
2022	October	CPT® Assistant	Questions and Answers	room in the event of any concerning arrhythmias . Procainamide 10 mg/kg was ther
2021	December	CPT® Assistant	Reporting Cardiac Ablation 93653 93654 93656	assist in identifying the arrhythmia circuit and localizing the origin (for focal arrhyth pacing and and interpretation, induction or attempted induction of an arrhythmia inc

AMA CPT® content – New CPT® Vignettes on your code detail page

Official	<p>93653</p> <p>Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed, with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry</p>
<input checked="" type="checkbox"/> Consumer Friendly Full <input checked="" type="checkbox"/> Consumer Friendly Short <input checked="" type="checkbox"/> Spanish	<p>Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated.</p> <p>Heart rhythm study</p> <p>Estudio del ritmo cardiaco</p>
Lay Description (Code):	
<p>Catheter ablation is performed on dual atrioventricular nodal pathways, accessory atrioventricular connections, or other atrial foci causing supraventricular tachycardia (SVT). The physician places three venous sheaths, usually in one or both femoral veins, using standard techniques. The physician advances three electrical catheters through the venous sheaths and into the right heart under fluoroscopic guidance. The three catheters are attached to an electrical recording device to allow depiction of the intracardiac electrograms obtained from electrodes on the catheter tips. The tips of the three catheters are moved to the right atrium, the bundle of His, left atrium and atrial pacing, and the right ventricle and recordings are obtained when clinically indicated. Selective destruction (ablation) of cardiac tissue to correct the SVT is based on the recordings. This code includes the use of three-dimensional mapping software when used.</p>	
Tips	
<input checked="" type="checkbox"/> Coding Tip <input checked="" type="checkbox"/> Documentation Tip <input checked="" type="checkbox"/> Reimbursement Tip	<p>When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151-99153. When provided by another physician, report 99155-99157. Do not report 93653 with 93600-93603, 93610, 93612, 93613, 93618-93621, 93654, or 93656. Do not report 93654 with 93279-93284, 93286-93289, 93600-93603, 93609, 93610, 93612, 93613, 93618-93620, 93622, 93653, or 93656.</p> <p>No Documentation Tip available for this code.</p> <p>No Reimbursement Tip available for this code.</p>
AMA CPT(R) Clinical Vignette	
<p><input checked="" type="checkbox"/> typical patient: A 64-year-old female has recurrent palpitations. An event monitor has documented supraventricular tachycardia (SVT). A comprehensive electrophysiologic evaluation with catheter ablation is ordered.</p> <p><input checked="" type="checkbox"/> pre service info: Explain the procedure and the risks, benefits, and alternatives associated with electrophysiology testing and SVT ablation to the patient. Communicate management of anti-arrhythmic medications to the patient. Make arrangements for the X-ray technician, electrophysiology laboratory technician, and nurse. Obtain informed consent. Evaluate the patient on the day of the procedure with a history and physical examination (H&P). Review preprocedure laboratory testing as well as current medications and changes in health status.</p> <p><input type="checkbox"/> intra service info: Administer local analgesia along with anesthesia appropriate to the patient including moderate sedat...</p> <p><input checked="" type="checkbox"/> post service info: Monitor the patient in the recovery unit for delayed complications. Discuss results of the procedure with the patient and the patient's family and perform postprocedure assessments.</p> <p>RUC review date: 02/06/2015 Learn more about RUC by clicking HERE</p>	
Code-Specific Reference Information	
<p>▶ AHA Coding Clinic References</p> <p>▶ AMA CPT® Knowledge Base</p>	

AHA Coding Clinics – Access by year, month or keyword search

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Code Set Search • Image Search • DrugReimbursement.com Search • Index Only Search • EncoderPro.com **Plus** Search • Custom Code Set: **pediatrics** Manage Custom Code Sets

CPT®, HCPCS, I10CM Enter Term / Code Search Help with Search?

Coding Policy Lookup Reimbursement Optum Post-acute Care Library Add-ons Available Add-ons

AHA Coding Clinic for HCPCS

Search Options

AHA ICD Coding Clinic ICD Coding Clinic Alphabetical Index AHA HCPCS Coding Clinic HCPCS Coding Clinic Alphabetical Index

Search Filters *Hover over title of the article for the full title*

- All Years
 - 2024
 - First Quarter
 - First Quarter 2024 Volume 24 Number
 - First Quarter 2024 Quiz
 - 2023
 - Fourth Quarter
 - Fourth Quarter 2023 Quiz
 - Fourth Quarter 2023 Volume 23 Number
 - Surveillance/Screening Colonoscopy
 - Surveillance/Screening Colonoscopy
 - Pericapsular Nerve Group (PENG) Bl
 - Other New CPT Vaccine Codes
 - New Deleted and Revised HCPCS Le
 - New Deleted and Revised CPT PLA C
 - New Deleted and Replacement COVI
 - New Deleted and Replacement COVI
 - New CPT Category III codes
 - Mesenteric Arterial Mapping without
 - Fourth Quarter 2023 Coding Clinic fo
 - Excision of Spermatic Cord Lipoma v
 - Excision of Spermatic Cord Lipoma v
 - Code Updates for the Prevention of F
 - Code Updates for the Prevention of F
 - ACL Repair with Iliotibial (ITB) Tend
 - Third Quarter
 - Second Quarter
 - First Quarter
 - 2022
 - 2021

Search Criteria

Search Logic: And Or

Search for keyword or code: May use "Search Filters" on the left for specific date searches

Search Result *Click the "Title" to view full article*

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Year	Quarter	Title	Snippet
2023	Fourth Quarter	New Deleted and Revised CPT PLA Codes	e, sex, family history, and personal history of diabetes , blood, algorithm reported as a 5-year (d
2023	Third Quarter	Respiratory Syncytial Virus with New CPT Category	of 65 who have certain chronic diseases such as diabetes , COPD, asthma, congestive heart failure
2023	Third Quarter	Respiratory Syncytial Virus with New CPT Category I Code	of 65 who have certain chronic diseases such as diabetes , COPD, asthma, congestive heart failure
2020	First Quarter	Total Hip Arthroplasty Removed from Inpatient Onl	cluding multiple co-morbidities such as obesity, diabetes , heart disease, may not be strong candida
2020	First Quarter	Total Hip Arthroplasty Removed from Inpatient Only List	cluding multiple co-morbidities such as obesity, diabetes , heart disease, may not be strong candida
2019	Third Quarter	Introduction to Coding Telehealth Services	I disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician
2015	Second Quarter	Chronic care management	ulmonary disease • Depression • Diabetes • Heart failure • Hyper
2013	Fourth Quarter	Modifier 58, Staged or related procedure	difier usage. EXAMPLE 2 A patient with diabetes and peripheral vascular disease involvin
2013	First Quarter	Recovery Audit Program & RACs Update	rom code range 250.70-250.73 or 250.80-250.83 (diabetes -related condition) and one from code rang
2011	Fourth Quarter	Takedown of AV Fistula&Brachial Artery Repair.Q&A	ber 4, Page 7 QUESTION 14: Patient with diabetes , end-stage renal disease, and dialysis de
2008	Third Quarter	Debridement of Osteomyelitis, Q&A	is of the second metatarsal of the left foot and diabetes mellitus presents for debridement of the
2004	First Quarter	IV Administration	failure (CHF), end stage renal disease (ESRD) or diabetes has medical concerns that are different f

AHA Coding Clinics – More access coming soon!

Chapter Notes	Section Notes	Range Notes	Code Notes
<p>NOTE Functional activity All neoplasms are classified in this chapter, whether they are functionally active or not. An additional code from Chapter 4 may be used, to identify functional activity associated with any neoplasm.</p> <p>Morphology [Histology] Chapter 2 classifies neoplasms primarily by site (topography), with broad groupings for behavior, malignant, in situ, benign, etc. The Table of Neoplasms should be used to identify the correct topography code. In a few cases, such as for malignant melanoma and certain neuroendocrine tumors, the morphology (histologic type) is included in the category and codes.</p> <p>Primary malignant neoplasms overlapping site boundaries A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ("overlapping lesion"), unless the combination is specifically indexed elsewhere. For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.</p> <p>Malignant neoplasm of ectopic tissue Malignant neoplasms of ectopic tissue are to be coded to the site mentioned, e.g., ectopic pancreatic malignant neoplasms are coded to pancreas, unspecified (C25.9).</p>	<p>MALIGNANT NEOPLASMS (C00-C96) Malignant neoplasms, stated or presumed to be primary (of specified sites), and certain specified histologies, except neuroendocrine, and of lymphoid, hematopoietic and related tissue (C00-C75)</p> <p>Physician Tip: Codes from this code block can be assigned for outpatient encounters based on the diagnosis listed in a pathology or cytology report when authenticated by a pathologist and available at the time of code assignment.</p>	<p>INCLUDES connective tissue of breast Paget's disease of breast Paget's disease of nipple</p> <p>Use additional code to identify estrogen receptor status (Z17.0, Z17.1)</p> <p>EXCLUDES skin of breast (C44.501, C44.511, C44.521, C44.591)</p> <p>AHA: 2017, 4Q, 19</p>	
<p>E86.2 Morbid (severe) obesity with alveolar hypoventilation User Notes: Click to see all AHA Coding Clinic references for this code...</p>			
Chapter Notes	Section Notes	Range Notes	Code Notes
<p>Chapter 4. Endocrine, Nutritional and Metabolic Diseases (E00-E89)</p> <p>NOTE All neoplasms, whether functionally active or not, are classified in Chapter 2. Appropriate codes in this chapter (i.e. E05.8, E07.0, E16-E31 E34.-) may be used as additional codes to indicate either functional activity by neoplasms and ectopic endocrine tissue or hyperfunction and hypofunction of endocrine glands associated with neoplasms and other conditions classified elsewhere.</p> <p>EXCLUDES transitory endocrine and metabolic disorders specific to newborn (P70-P74)</p>		<p>Overweight and obesity Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)</p> <p>Use additional code to identify body mass index (BMI), if known (Z68.-)</p> <p>EXCLUDES adiposogenital dystrophy (E23.6) lipomatosis NOS (E88.2) lipomatosis dolorosa [Dercum] (E88.2) Prader-Willi syndrome (Q87.11)</p> <p>Physician Tip: Do not assign a BMI code (Z68.-) when a pregnant patient is documented as being overweight or obese. Only a code from subcategory O99.21- and a code from this category should be assigned.</p>	<p>Morbid (severe) obesity with alveolar hypoventilation Obesity hypoventilation syndrome (OHS) Pickwickian syndrome</p>
<p>E33.41 Major depressive disorder, recurrent, in partial remission User Notes: Click to see all AHA Coding Clinic references for this code...</p>			
Chapter Notes	Section Notes	Range Notes	Code Notes
<p>INCLUDES disorders of psychological development</p> <p>EXCLUDES symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)</p>		<p>Major depressive disorder, recurrent</p> <p>INCLUDES recurrent episodes of depressive reaction recurrent episodes of endogenous depression recurrent episodes of major depression recurrent episodes of psychogenic depression recurrent episodes of reactive depression recurrent episodes of seasonal affective disorder recurrent episodes of seasonal depressive disorder recurrent episodes of vital depression</p> <p>EXCLUDES bipolar disorder (E31.-) manic episode (E30.-)</p> <p>DEF:</p>	

Q&A



Thank you

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