

## October 2011 CPT Editorial Panel Meeting Summary of Actions

Tab	Title of Request	Description of Request	Description of CPT Editorial Panel Action	Request for Review
3	Neonatal, Pediatric Transport	Request to establish two codes to report non face-to-face supervision of the emergency transport care for neonatal and pediatric patients, and to revise the Other Emergency Services heading to include "and Critical Care" and clarification of guidelines.	Accepted addition of two codes, 9928X1 and 9928X2, and guidelines to report non-face-to-face supervision of the emergency transport care for critically ill neonatal and pediatric patients.	
4	Clarification of Implant and Tissue Expander	This request is intended to include a new parenthetical note and revise an existing parenthetical note following code 19361 to clarify concerns regarding the reporting of implants and tissue expanders during the same session.	Postponed until February 2012.	
5	Median Nerve Stimulation	Request to establish a Category I code (645XXX) to report median nerve neurostimulation with patient training for use of wearable electrical pulse generator.	Withdrawn from agenda.	
6	Electromyography and Nerve Conduction Studies	Request to delete, revise, and establish new codes and guidelines for the reporting of concurrent electromyography and nerve conduction studies, and to revise Appendix J the Electrodiagnostic Medicine Listing of Sensory, Motor, and Mixed Nerves Table to reflect the changes.	Postponed until February 2012.	
7	Bone Marrow Aspiration Platelet Stem Cells	Request to add parenthetical instructions following codes 20938, 38820-38230 and 0232T to clarify the use of Category III code 0232T for the harvest, preparation and injection of platelet rich stem cells derived by bone marrow aspiration.	Accepted editorial revisions to parenthetical notes following 20938, 38220, and 0232T to clarify appropriate reporting of 0232T for the harvest, preparation and injection of platelet rich stem cells derived by bone marrow aspiration.	

8	Total Shoulder Revision	Request for new codes for total shoulder revision in order to solve the bundling issue – to differentiate between the removal of a natural joint and removal of an artificial implant.	Accepted addition of two new codes, 234X1 and 234X2 to reflect replacement of total joint components, and instructions to provide granularity between revision of total shoulder arthroplasty on the humeral or glenoid component and revision of shoulder arthroplasty on the humeral and glenoid component.	
9	Total Elbow Revision	Request for new codes for total elbow revision in order to solve a bundling issue – to differentiate between the removal of a natural joint and removal of an artificial implant.	Accepted addition of two new codes, 243X1 and 243X2 to reflect replacement of total joint components, and instructions to provide granularity between revision of total elbow arthroplasty on the humeral or ulnar component and revision of shoulder arthroplasty on the humeral and ulnar component.	
10	Stereotactic Body Radiation Therapy	Request to establish a code (327X1) and guidelines to describe radiosurgery treatment of conditions involving the thorax.	Accepted addition of a new code, 327XX1, and guidelines to report stereotactic body radiation therapy target delineation for procedures involving the thorax.	
11	Implantable Ischemic Monitoring Services	Request for 4 new codes to describe implantation of: 1) insertion or replacement of device; 2) insertion or replacement of generator only; 3) post-procedure programming evaluation; and interrogation device evaluation.	Accepted addition of six Category III codes to report insertion, removal, programming, and interrogation of implantable ischemic monitors or their components.	
12	Aortography	Request to revise, delete, and add parenthetical notes in the Surgery/Cardiovascular System section, the Radiology section and the Medicine section to provide more appropriate instruction on reporting the cardiac catheterization and imaging services to be consistent with the RUC screen related changes that were made to the cardiac catheterization codes in CPT 2011.	Accepted revision and deletion of parenthetical notes clarifying the reporting of diagnostic cardiac catheterization.	

13	Powered Bone Marrow Biopsy and Aspiration	Request for the development of 2 new codes for bone marrow aspiration and biopsy procedures.	Withdrawn from agenda.	
14	Bone Marrow Stem Cell Transplant Codes	Request to revise codes 38240-38242 and add Introductory language/guidelines for reporting these codes.	Accepted revision of codes 38240, 38241, and 38242, and addition of a new code to report hematopoietic cell transplant in addition to guidelines that direct the appropriate codes and circumstances under which a separately identifiable evaluation and management service is reported on the same date of service.	
15	Chemodenervation Muscles Innervated by the Trigeminal Nerve	Request to revise code 64612 by adding "or trigeminal" nerve and add instructional notes following 64612, 64613 and 64614.	Postponed until February 2012.	
16	Telescope Prosthesis	Request to establish a code to describe implantation of a prosthetic intraocular telescope for treatment of central vision loss due to end-stage age-related macular degeneration (AMD).	Accepted a new Category III code to report insertion of ocular telescope prosthesis including removal of crystalline lens.	
17	X-ray Cervical Spine	Request to revise codes 72040, 72050, 72052 to clearly define and accurately reflect the work performed by 72050 and 72052.	Accepted revision of codes 72040, 72050, and 72052 to clarify reporting of various number of radiologic examination views of the spine.	
18	Bundle Thrombolysis	Request to establish two new codes (372X1, 372X2) to describe infusion for thrombolysis other than coronary including radiologic supervision and interpretation and to delete 37201, revise 75896, and revise related guidelines and parenthetical notes.	Accepted deletion of codes 37201, 37209, and 75900, addition of four new codes, 372XX1-372XX4, and revision of codes 75896 and 75898 to report the bundled service of transcatheter therapy services for thrombolysis with radiological supervision and interpretation.	
19	Paracentesis Eye Combine 65800 65805	Request to revise 65800 and delete 65805 in order to combine services currently reported as either 65800 or 65805 under a single code which can be valued by the RUC.	Accepted revision of code 65800 and deletion of code 65805 to clarify the inclusion of the removal of aqueous when reporting of paracentesis of anterior chamber of eye.	

20	Anterior Segment Imaging Revise 92286 92287	Request to revise 92286 to reflect better RUC valuation, and editorial revision of 92287.	Accepted revision of codes 92286 and 92287, and parenthetical notes to clarify the current practice and intent of these codes to report anterior segment imaging rather than photography.	
21	Percutaneous Coronary Intervention	Abbreviated RUC CCP for Multi-Specialty Points of Comparison screen. Request to create 14 new percutaneous coronary intervention codes; revise codes 92973, 92978, 92979, 93571, 93572; and delete codes 92980-92984, 92995 and 92996.	Accepted addition of introductory language, addition of 13 Category I codes, 9298X1- 9298X13, and deletion of codes 92980-92982, 92984, 92995, and 92996, and revisions of cross references which restructures the entire section and allows for accurate reporting of percutaneous coronary intervention services.	
22	Bundling EPS and Transcatheter Ablation	Request to combine the comprehensive EPS code with existing ablation codes, delete the stand alone ablation codes, and establish a code bundling an EP study with AF ablation and add-on codes for additional ablation lesions/lesion sets.	Accepted deletion of codes 93651 and 93652, and addition of 5 new codes, 9365X1-9365X5, to report intracardiac catheter ablation of arrhythmogenic focus with comprehensive electrophysiologic evaluation services.	
23	Autonomic Function Testing	This request is at the direction of the Relativity Assessment Workgroup, to ensure those providers who do not use a tilt table during automatic testing report an appropriate CPT code. Request to clarify and add instructional guidelines for the reporting of autonomic function testing codes 95921 and 95922.	Postponed until February 2012.	
24	Chemistry Subsection Instruction	Request to editorially revise the Chemistry subsection guidelines of the Pathology and Laboratory section of CPT.	Accepted editorial revisions to the Chemistry Subsection guidelines in the Pathology and Laboratory section of CPT to provide more detailed coding instructions regarding calculated analyte determinations using values derived from other analytes.	

25	Molecular Pathology Tier 2a	Request for 1) the addition of three new definitions to the introduction of the Molecular Pathology section, and 2) revision of eight of the nine codes approved in February 2011 for the 2012 CPT book cycle by the addition of additional procedures that have been determined to fall into that level of Tier 2 coding.	Accepted addition of definitions of inversion, loss of heterozygosity and uniparental disomy to the introduction of the molecular pathology section and editorial revision of codes 81400-81407 to include additional tests.	
26	Galectin-3 Assay	Request to establish a code in the Chemistry subsection of the Pathology and Laboratory section of CPT for reporting Galectin-3 Assay.	Accepted addition of a new code, 8277XX, to report Galectin-3 Assay.	
27	Steroid Measurement	Request for a new code to report steroids units of one or more individual steroids.	Withdrawn from agenda.	
28	Respiratory Virus Multiplex Nucleic Acid Assays	Request for three codes to report Respiratory Virus Multiplex Nucleic Acid Assays for: 1) 3-5 targets; 2) 6-11 targets; 3) 12-25 targets.	Accepted addition of three codes, 8763X1, 8763X2, and 8763X3, to report respiratory virus multiplex nucleic acid assays for various numbers of targets.	
29	Adjuvanted Influenza Vaccine	Request to add a new code for influenza vaccine product	Withdrawn from agenda.	
30	Lyme Disease Vaccine – Delete 90665	Request to delete code 90665 for Lyme disease vaccine as product is no longer available.	Accepted deletion of code 90665 as the vaccine is no longer available.	
31	Psychological and Psychiatric Services Workgroup	Delete Diagnostic Interview Exam codes 90801, 90802 and add replacement codes.	Workgroup report provided.	
32	Serial Extremity Transcutaneous Oxygen Tension Measurements	Request to establish a code (9399X) to describe transcutaneous oxygen tension measurements.	CPT Process terminated.	
33	Medication Administration	Request to establish a new oral medication administration code (9636X) representing the clinical nursing staff utilization associated for this drug and other oral drug(s) requiring nursing staff extended post-administration monitoring.	Postponed until May 2012.	
34	UVA1 Phototherapy	Request to add a new code (969XX) for phototherapy.	CPT Process terminated.	
35	Vision Screening, 99174	Request to revise code 99174 to exclude “interpretation and report”.	Withdrawn from agenda.	

36	Online Evaluation and Management Service Revision	Request to revise codes 99444 and 98969 to clarify the intent of these codes and remove the perception of the intent currently included in the descriptor for provision of an "online evaluation and management service provided by a physician to ...a health care provider".	Accepted editorial revision of codes 99444 and 98969 to more appropriately describe the intent of these services.	
37	Modifier 62 Revision	Request to revise Modifier 62, <i>Two Surgeons</i> , to specifically clarify the circumstance when the physician(s) act as both co-surgeon and assistant surgeon at the same operative session.	Accepted Editorial revision of the CPT Modifier 62, <i>Two Surgeons</i> , definition to specifically clarify the circumstance when the physician(s) act as both co-surgeon and assistant surgeon at the same operative session.	
38	Category II Code Revisions	Request to revise the Reporting Instructions for the Influenza Immunization and to add two new codes to report Cataract measures.	Accepted editorial revision of reporting instructions within the Alphabetical Clinical Topics Listing for the Inflammatory Bowel Disease measure for Influenza Immunization; and addition of a new clinical topic and codes for Cataracts as well as a new Category II code section Registry Reporting (8XXXFs). This information is scheduled for post to the AMA website in November, 2011.	
39	Hepatic Isolation and Chemosaturation	Request to establish a Category III code (02X1TX) to report hepatic isolation and chemosaturation.	Rejected	
40	Intraoperative Intraocular Pressure	Request for extension of Category III code 0173T for another 5 years	Rejected	
41	Kinesi-Therapy	Request to establish 3 new Category III codes for Kinesi-Therapy.	CPT Process terminated.	
42	Remote Technology Services	Request to establish three Category III codes to identify remote technology services provided in conjunction of use with the <i>StepRite®</i> device for physical rehabilitation.	Rejected	

43	Bronchial Valve Procedures 0250T-0252T Convert to Category I	Request for the conversion of Category III codes 0250T-0252T to Category I codes to identify airway sizing and insertion of bronchial valve(s).	Accepted conversion of three Category III codes 0250T-0252T to Category I codes 3164X1-3164X3 to report sizing/insertion and removal of bronchial valves.	
44	Computational Electrophysiologic Analysis of Cardiac Signals	Request to convert Category III code 0206T to Category I code 93000X to identify computational electrophysiologic analysis of cardiac signals (including revision of the code descriptor language).	Accepted revision of Category III code 0206T.	
45	Presacral Interbody Fusion	Request to convert Category III codes 0195T and 0196T to Category I codes.	Rejected	<b>Request for reconsideration received. Requester - Ken Reali, President, Trans1, Inc. Appeal based on concerns that evidence ratings of literature actually do meet the Category 1 requirements described in the literature requirements of the code change application.</b>
46	Qualified Healthcare Provider	Standardization of all language in CPT referring to physicians and other qualified healthcare providers.	Postponed until February 2012.	