

CPT® codes, then and now

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Staff News Writer

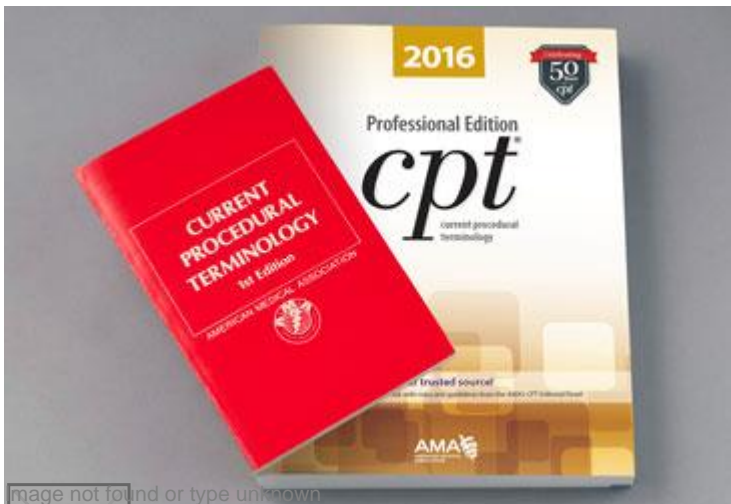


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There isn't a single physician who isn't familiar with the Current Procedural Terminology (CPT®) code set today. With more than 10,000 codes, CPT is the most widely accepted medical nomenclature used to report medical procedures and services to health insurers. The 2016 codebook, available now, marks the code set's 50th anniversary.

The original 175-page code book had about 3,500 codes and cost a whopping \$2—or \$1.50 if you were a medical student or resident.

According to a 1966 *AM News* article, the first version of the code set was published “because of a need intensified by the increasing use of computers in claims administration and statistical analysis.”

And as computers came into play, so did a major issue that affected the codebook's second edition.

“One digit separates AMA [and] insurers in computerizing data,” a 1970 *AM News* article said.

At the time, physicians' CPT codes had just been increased to five digits, and similar codes maintained by the National Association of Blue Shield Plans (today, the Blue Cross and Blue Shield Association) had four digits.

Eventually, physicians and insurers aligned—by 1983, the Health Claim Financial Administration, now known as the Centers for Medicare & Medicaid Services, adopted CPT for reporting physician services for Medicare Part B, and in 1987, adopted CPT for reporting outpatient surgical procedures.

Today, CPT is a HIPAA designated code set, maintained by the CPT Editorial Panel, which meets three times a year to discuss issues associated with new and emerging technologies. Learn everything you need to know about CPT.

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	1965	Today
Pages	175	965
Cost	\$1.50–\$2.50	\$80.95–\$114.95
Codes	3,554	10,000+