

Why CPT codes matter during times of crisis

MAR 9, 2023

Andis Robeznieks

Senior News Writer

For more than 50 years, the Current Procedural Terminology (CPT[®]) code set, often referred to as “the language of medicine,” has evolved through a painstaking, deliberate approach, with proposed changes attached to an almost unflinching three-meetings-a-year timetable.

Like so much else in the world, the COVID-19 pandemic changed all that. Once the pandemic hit, rigidity was out. Nimbleness and agility were in.

While in-person meetings are back, online connectivity and participation are not going to go away.

The disruption served as a catalyst for innovation and change, and as the end of the COVID-19 public health emergency draws near, there is debate over which of these changes to keep and which to discard.

Among the entities participating in this debate is the CPT Editorial Panel, which has been authorized by the AMA Board of Trustees to revise, update and modify CPT codes, descriptors, rules and guidelines.

The panel held its last in-person, pre-pandemic meeting in San Francisco in February 2020. It’s not been the same since.

Leaders of the CPT Editorial Panel participated in an interview for the “AMA Moving Medicine” podcast, discussed how the panel has evolved to meet the challenges brought on by the COVID-19 pandemic and why its evolution matters in health care crises.

“We were trying to figure out what is this COVID thing all about and what are we going to have to do,” CPT Editorial Panel Chair Mark Synovec, MD, said in the two-part podcast interview.

New era had stormy beginning

Dr. Synovec, president of the Topeka Pathology Group and pathology section chair in the AMA Specialty and Service Society Section Council, said he was discussing with some government representatives about creating a CPT code for SARS-CoV-2 testing and he assumed that it would go through the normal process. Then it became clear the normal process would be too slow.

“We realized that we had to mobilize, and we had a central function in health care,” Dr. Synovec said. “We needed to provide a coding solution and we needed to be rapid. ... We'll never go back to that more structured [process]. We became a lot more nimble by necessity.”

The established schedule of in-person meetings went away, and virtual meetings were held as needed. Though they eventually adapted to the new format, the first online meeting was a memorable one—for both Dr. Synovec and CPT Panel Vice-Chair Christopher Jagmin, MD.

“I tried to do it from home,” Dr. Synovec recalled. “I live on a farm. A thunderstorm went through and, all of a sudden, Dr. Jagmin was thrust to chair because I lost my internet connection.”

The CPT meetings, however, are not the typical Zoom, hybrid meeting. Along with the 21 members of the CPT Editorial Panel, there can be about 250 other advisers and participants. Dr. Jagmin, executive director and head of medical policy for Aetna CVS Health National Clinical Services in Dallas, was tasked with shepherding the process online where “some people tend to speak up, some people tend to fade away.”

“It became one of my roles, as vice-chair, to make sure every person got an opportunity to speak,” he said. “We slowed things down, we asked for more questions, because—when we're face to face and you can see the visual cues, hear the verbal cues—wow, it's a different environment.

“We had to learn on the fly what works in this large environment,” Dr. Jagmin added.

Learn about AMA COVID-19 CPT coding and guidance.

An exciting future ahead

Leslie Prellwitz, the AMA's director of CPT content management and development, moderated the “AMA Moving Medicine” podcast discussion and talked about CPT as a language, but noted that “it's really only as strong as the composite of the voices” that participate in developing it.

Dr. Jagmin added that physicians just beginning to learn about the code set “need to view CPT as something more than just a billing mechanism.”

“The codes and the diagnosis codes associated with them actually communicate a lot more information about public health, about longitudinal care, about chronic care,” he explained. Physicians “need to learn the lingo because in this increasingly digital world, your medical record is in some ways defined by those CPT codes that you may or may not understand.”

The panelists also noted that it’s an exciting time to work on CPT as the panel develops definitions and organizes a structure for team-based care and new services spawned through digital medicine, molecular diagnostics, machine learning and augmented intelligence—often called artificial intelligence or AI.

“What we're working on now is foundational,” Dr. Synovec said. “That's probably the most exciting area.”

A hybrid meeting of the CPT Editorial Panel is scheduled for May 4–6 in Chicago.

The “AMA Moving Medicine” podcast spotlights current issues in medical innovation and public health. In this medical podcast, find episodes featuring interviews with physicians, presentations from medical professionals and more.