



CPT® Editorial Summary of Panel Actions

February, 2012

Please be aware that these actions are a reflection of the discussions at the most recent Panel meeting. Future Panel actions may impact these items. Codes are not assigned, nor exact wording finalized, until just prior to publication. Release of this more specific CPT ®code set information is timed with the release of the entire set of coding changes in the CPT publication.

Any Category I molecular pathology codes, vaccine codes, or Category III codes referenced in this document will be posted to the CPT web site on July 1, 2012 and scheduled for implementation January 1, 2013.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
05	Range Revisions – Surgery Section (Maternity subsections)	Request for revision of CPT guidelines in the Surgery/Maternity subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of Surgery/ Maternity and Delivery guidelines with deletion of reference to E/M services.
06	Chemodenervation for Chronic Migraine	Request to establish code 646X1X to report chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine); revise the chemodenervation of muscle(s) code 64612 to include “unilateral”, and add instructional notes following 64612, 64613 and 64614	Accepted: 1) addition of code 646X1X to report chemodenervation of muscle(s); 2) revision of code 64612 to include the term “unilateral”; 3) revision of code 64614; 4) addition of instructions for reporting these codes
07	Island Pedicle Flap (Revision of 15740)	Request to revise code 15740 to clearly describe an island pedicle flap that includes axial vessel identification and dissection	Accepted revision of code 15740 to include code requirements
08	Denis Brown Revision 29590	Request to revise code 29590 to reflect its continued use for club foot deformity splinting. Also identified by the RUC as part of a family of casting/strapping codes that hit the “+100,000 utilization and Harvard Valued Screen	Accepted revision of the descriptor for code 29590 to specify treatment of metatarsus adductus, clubfoot

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
09	Chest Tube Thoracostomy Revision 32551	Request for clarification of intent for use of 32551 by 1) adding the word "open" to identify this as an open procedure, 2) to indicate "water seal" as an "eg", 3) to remove diagnosis terminology from the descriptor, 4) to remove references to imaging for this procedure as image guidance is rarely necessary and 5) to remove the current diagram	Accepted revision of code 32551 to specify the surgical approach and by deleting the diagnostic references.
10	Chest Tube Placement	Request for the establishment of four new chest tube placement codes (325X1-325X4), deletion of 32420, 32421, 32422, and the deletion of the 32551 illustration.	Accepted establishment of four new codes for thoracocentesis and pleural drainage (325X1-325X4), with deletion of codes 32420-32422.
11	Upper GI Endoscopy Del 43234	Request for deletion of code 43234 as this procedure is very rarely performed	Accepted deletion of code 43234.
12	Cervicocerebral Angiography	Request to: 1) add new guidelines and 8 new codes (362XX1-362XX8) to report bundled non-selective and selective arterial catheter placement and diagnostic imaging of the aortic arch, carotid, and vertebral arteries, 2) delete codes 75650, 75660, 75662, 75665, 75671, 75676, 75680, and 75685; and 3) add parenthetical notes and relocate illustrations related to carotid angiography	Accepted 1) establishment of new guidelines and 8 new codes (362XX1-362XX8) to report bundled non-selective and selective arterial catheter placement and diagnostic imaging of the aortic arch, carotid, and vertebral arteries, 2) deletion of codes 75650, 75660, 75662, 75665, 75671, 75676, 75680, and 75685; 3) addition of instructions related to carotid angiography; and 4) deletion of cross-references to lower extremity revascularization services placed beneath thoracic/brachiocephalic catheter placement codes.
13	Endocrinology Nuclear Medicine	Request is to delete endocrine nuclear medicine codes 78000-78011 and establish new codes 780X01-780X03.	Accepted deletion of endocrine nuclear medicine codes 78000-78011 and establishment of new codes 780X01-780X03.
14	Parathyroid Imaging	Request is to revise code 78070 and establish new SPECT codes 7807X1, 7807X2	Accepted revision of code 78070 and establishment of new SPECT codes 7807X1, 7807X2.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
15	Percutaneous Allergy Testing	Request for 1) the merger of percutaneous (95010) and intracutaneous (95015) allergy testing codes (originating from the RUC); and 2) the separation of venom allergy testing from the drug/biologicals testing codes. The two codes suggested will represent the separation of venoms from drugs/biologicals	Accepted establishment of two codes to merge percutaneous (95010) and intracutaneous (95015) allergy testing codes; and to separate venom allergy testing from the drug/biologicals testing codes.
16	Neurology (95860-95887, 95900-95904, 95934, 95936)	Request to establish seven new electromyography codes, seven new nerve conduction studies codes, delete 16 codes, revised guidelines and revise Appendix J.	Accepted deletion of nerve conduction study codes 95900, 95903, and 95904 and H-reflex study codes 95934 and 95936, and establishment of seven new nerve conduction codes (9590AX-9590GX) to report the number of nerve conduction studies performed at the same session as EMG services.
17	Autonomic Function Testing	Issue #1: Request to establish code 9592XX for testing of parasympathetic and adrenergic function with use of a tilt table; Issue #2: Request to establish code 95922X for testing performed without use of a tilt table	Accepted establishment of code 9592XX to report testing of both parasympathetic and adrenergic function with use of a tilt table, and code 95922X to report testing performed without the use of a tilt table
18	Observation or Inpatient Care Services Admission and Discharge Same Date	Request to revise code 99234, 99235, and 99236 with addition of typical times for depicting the observation or inpatient care services admission and discharge when performed on the same date.	Accepted revision of codes 99234, 99235, 99236 to include typical times for the observation or inpatient care services same day admission and discharge.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
19	Revision of Neonatal and Pediatric Critical Care Guidelines	This request is for revision of the Neonatal and Pediatric Critical Care Guidelines to capture the amount of physician work (including bundled procedures) and time that is spent by the an intensive care physician who receives a patient in transfer from a physician from another group who has been providing hospital services to a patient at a lower level of care, either normal newborn, routine hospital or intensive.	Accepted revision of the Neonatal and Pediatric Critical Care Guidelines to describe the physician work and time spent by the receiving intensive care physician of the patient from a lower level of care (normal newborn, routine hospital).
20	Multi-Layer Compression Bandage Revisions	Request to remove code 97140 from the exclusionary parenthetical notes of codes 29581, 29582, 29583 and 29584 to allow a healthcare provider to report and bill appropriately for all distinct procedures performed on a patient	Accepted deletion of code 97140 from the exclusionary parenthetical notes of codes 29581, 29582, 29583 and 29584 to allow separate reporting of these services.
21	Arthroscopic Hip Acetabuloplasty	Request for revision of the parenthetical instruction following code 29916, Arthroscopy, hip, surgical; with labral repair, to clarify those other hip arthroscopy procedures considered inherent in the procedure described by code 29916	Accepted <i>editorial</i> revision of the parenthetical note following code 29916, <i>Arthroscopy, hip, surgical; with labral repair</i> , to include other hip arthroscopy procedures considered inherent in the procedure described by code 29916.
22	Bronchography (Deletion of 31715, 71040 71050)	Request to delete bronchoscopy code 31656, transtracheal injection code 31715, and bronchography radiological supervision and interpretation codes 71040 and 71060	Accepted deletion of codes 31656, 31715, 71040, and 71060, as bronchography has now been replaced by use of computed tomography (CT).

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
23	Optical Endomicroscopy	Request for the establishment of Category I codes 432X1, 432X2, and 883X1 to identify real-time cellular observation of mucosal tissue (intestinal) during an endoscopy procedure. This will allow physicians to better identify anatomical sites where a targeted biopsy is warranted to establish a diagnosis and reduce the chances of [missing] desirable target regions of biopsy that may reveal pathology	Accepted establishment of codes 4321X1, 4321X2, and 8831X1 to identify real-time cellular observation of mucosal tissue (intestinal) during an endoscopy procedure.
24	Fecal Bacteriotherapy	Request for the establishment of a code to identify the restoration of normal flora bacteria through the placement of donor fecal material into the bacteria-deprived patient digestive tract	Accepted establishment of 447XX1 to report the physician work provided for donor assessment and oversight of fecal microbiota preparation.
25	Retroscopy	Request for establishment of code 453XX to identify retrograde viewing of the colon, which allows for continuous retrograde view of the areas behind the haustral folds and flexures of the colon. The requestor notes that this is a separate service from colonoscopy though it is performed concurrently with colonoscopy with a colonoscope	Rejected.
26	Bladder Chemodenervation	Request to establish code 5228X for chemodenervation of the bladder	Accepted establishment of code 5228X to report bladder chemodenervation.
27	Median Nerve Neurostimulation	Request for establishment of code 645X1X to report the application of surface (transcutaneous), neurostimulator, 40 milliamps (mA) or greater, median nerve, for nausea and vomiting, with patient training for use	Withdrawn.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
28	Molecular Pathology Tier 2	Request to editorially revise codes 81400, 81401, 81403-81408 by adding tests that fall within Molecular Pathology Tier 2 reporting, and to further revise code 81403 by changing the number of exons in the KRAS test from two to three	Accepted editorial revision of codes 81400, 81401, and 81403-81408 by adding tests that have been determined to fall within the levels of Tier 2 reporting described by these codes. Revision of code 81403 includes revision of the number of exons in the KRAS test.
29	Molecular Pathology - Adenomatous Polyposis Coli (Addition of AXXX2-AXXX4)	Request to establish three new Tier 1 Molecular Pathology procedure codes (AXXXX2, AXXXX3, AXXXX4) for reporting adenomatous polyposis coli analysis	Accepted establishment of codes AXXX2, AXXX3, and AXXX4 to report adenomatous polyposis coli analysis.
30	Multiple-Virus Multiplex Testing	Request to establish code 87XXXX for reporting a multiplex laboratory test that detects multiple viruses	Terminated.
31	Deletion of Stacking Codes	This request includes four Issues: Issue #1 - Establishment of unlisted molecular pathology procedure code 814XX9. Issue #2 - Deletion of codes 83890-83914 and related guidelines. Issue #3 - Deletion of codes 88384-88386. Issue #4 - Deletion of all Genetic Testing Code Modifiers (Appendix I)	Accepted establishment of a new Category I unlisted molecular pathology procedure code (814XX9) and deletion of the molecular pathology stacking codes 83890-83914 and the related guidelines for these codes.
32	Tier 2 Analyte Additions	Request to add 1) PAX8/PPAR translocation; 2) KCNJ10 (EAST Syndrome) DNA Sequencing; 3) COL1A1 and COL1A2 for point mutations, deletions, insertions, and rearrangements; 4) Neurofibromatosis Type 2 (NF2) Duplication/Deletion; 5) Noonan Syndrome (PTPN11) deletion/duplication; and 6) RET gene sequencing to the Molecular Pathology Tier 2 codes	Accepted editorial revision of Tier 2 code 81400 to specify inclusion of translocation analysis for PAX8/PPARG, code 81404 to specify inclusion of full gene sequence for KCNJ10, and code 81406 to specify inclusion of full gene sequence for RET.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
33	Multianalyte Assays with Algorithmic Analyses	This request includes three issues: Issue #1 – Addition of new Category I subheading and guidelines in the Pathology and Laboratory section of CPT for Multianalyte Assays with Algorithmic Analyses (MAAAs); 2) Establishment of Category I unlisted code 81499X for MAAAs; 3) new Administrative Code List (Appendix X) to CPT for MAAA analyses. Note: Additional information regarding MAAA proposals is forthcoming	Accepted: 1) addition of a new Category I subheading and guidelines in the Pathology and Laboratory section for Multianalyte Assays with Algorithmic Analyses (MAAAs); 2) establishment of 81499X to describe unlisted MAAAs with algorithmic analyses; 3) establishment of a new Administrative Code List (Appendix X) and three new MAAA codes for inclusion on this list; and 4) revision of the Chemistry guidelines to include instructions for reporting unlisted code 81499X.
34	Risk of Ovarian Malignancy Algorithm	This is a request for a qualitative serum test that combines the results of two analytes and menopausal status into a numeric score using an algorithm.	Accepted establishment of code 814XXX to describe a qualitative serum test. This test will also be listed in a new Appendix for MAAAs (Appendix X).
35	OVA1 Biomarkers Gynecological Malignancy	Two Coding Change Applications: 1) A request for a Category I code (84XXXX) to describe a test for the evaluation of an ovarian adnexal mass prior to planned surgery. 2) A request for a Category I code to describe 5 components that make up the testing for this assay, CA-125, ApoA1, Beta-2-microglobulin, Transferrin and PRe-Albumin	Accepted establishment of code 814XX1 to describe the OVA1 test. This test will also be listed in a new Appendix for MAAAs (Appendix X).
36	Diabetes Pre-diagnostic Risk Screen	This is a request for a Category I code to describe a test that uses multiple analytes to develop a single risk score correlated with the probability of developing a disease.	Accepted establishment of code 814XX4 to describe a MAAA which develops a single risk score correlated with the probability of developing a disease. This test will also be listed in the new Appendix for MAAAs (Appendix X).
37	Maternal Serum Penta Screen	This request has two CCPs each requesting a Category 1 code to describe maternal serum penta screening	Accepted establishment of four codes 814XX2, 814XX3, 814XX4, and 814XX5 to describe maternal serum screening.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
38	Microarray Panel Determination	Request to establish four Molecular Pathology Tier 1 codes for reporting analysis of gene expression of the estrogen, progesterone receptors, and HER2 protein using microarray method	Withdrawn.
39	Quantitative Drug Tests	Request to 1) establish 47 quantitative drug test codes (801XX1-801X47); 2) revise drug test codes 80154, 80156, 80185, 82055, 82205, 82145, 82520, 82646, and 83925; 3) delete drug test codes 80157, 80160, 80166, 80168, 80172, 80186, 80190, 80192, 82101, and 82649; and 4) renumber 32 existing drug test codes	Postponed until time uncertain.
40	Bisulfite DNA Chemical Conversion for Methylation Detection	Request to establish 83895X to report bisulfite chemical conversion of DNA	Terminated.
41	Antibody Detection JC Cunningham Virus	Request to establish one new Pathology code (8671XX) to report detection of JC (John Cunningham) virus.	Accepted establishment of code 8671XX to report detection of JC (John Cunningham) virus.
42	Solid Phase Antibody Testing	Request to establish codes 868XX1-868XX4 to report antibodies to HLA solid phase assays	Accepted establishment of eight codes (868XX1-868XX8) and instructions for reporting qualitative assessment/identification of antibodies to human leukocyte antigens (HLA).
43	Enterovirus Reverse Transcription (Revision 87498)	Request to revise code 87498 to include the step of reverse transcribing RNA into cDNA	Accepted <i>editorial</i> revision of codes 87498, 87521, 87522, 87535, 87536, 87538, and 87539 to include reverse transcription.
44	Viral Drug Resistance Genotyping	Request is to establish four new codes (8790X1-8790X4) for reporting viral drug resistance genotyping	Accepted revision of code 87901 and establishment of codes 8790X3 and 8790X1 to add testing for cytomegalovirus and Hepatitis B for viral drug resistance genotyping.
45	Influenza A and B Detection Automated Chip Reader	Request to establish code 8791XX to describe an immunoassay for detection of Influenza A and B	Withdrawn.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
46	Flow Cytometry	Request to editorially revise flow cytometry codes 88184, 88185, and 88187-88189 to specify the use of patient cells	Accepted addition of a cross-reference note following code 88189 to direct users to the analyte and method-specific codes in the Immunology section for assessment of circulating antibodies by flow cytometric techniques.
47	Explicit Code Range Revisions – Evaluation and Management Services	Request for revision to guidelines of certain Evaluation and Management subsections: 1) Hospital Observation Services/Initial Observation Care/New or Established Patient (Issue #1); 2) Hospital Inpatient Services; Initial Hospital Care/New or Established Patient (Issue #2); 3) Inpatient Consultations/New or Established Patient (Issue #3); 4) Prolonged Services/Prolonged Physician Service Without Direct (Face-To-Face) Patient Contact (Issue #4). Preventive Medicine Services/Counseling Risk Factor Reduction and Behavior Change Intervention to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.	Accepted revision to guidelines of the Evaluation and Management subsections: 1) Hospital Observation Services/Initial Observation Care/New or Established Patient ; 2) Hospital Inpatient Services; Initial Hospital Care/New or Established Patient; 3) Inpatient Consultations/New or Established Patient; 4) Prolonged Services/Prolonged Physician Service Without Direct (Face-To-Face) Patient Contact; and 5) Preventive Medicine Services/Counseling Risk Factor Reduction and Behavior Change Intervention to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
48	Explicit Code Range Revisions – Vaccine/Toxoid Administration	Request for revisions to the CPT guidelines in the Medicine/Vaccine/Toxoid Administration subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of the Immunization Administration for Vaccines/Toxoids subsection guidelines and the Vaccine/Toxoid subsection guidelines to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
49	Explicit Code Range Revisions – Psychiatry	Request for revisions to the CPT guidelines in the Medicine/Psychiatry subsection to include a specific listing of applicable Evaluation and Management CPT codes	Deferred to Psychological and Psychiatric Services (PPS) Workgroup.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
50	Explicit Code Range Revisions – Dialysis Guidelines	Request for revisions to the CPT guidelines in the Medicine/Dialysis subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of Dialysis/Hemodialysis and Miscellaneous Dialysis Procedures subsection guidelines to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
51	Explicit Code Range Revisions - Special Otorhinolaryngologic Services	Request for revisions to the CPT guidelines in the Medicine/ Special Otorhinolaryngologic Services subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of the Special Otorhinolaryngologic Services subsection guidelines and the Vestibular Function Tests, Without Electrical Recording subsection guidelines to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
52	Explicit Code Range Revisions – Peripheral Artery Disease Rehabilitation	Request for revisions to the CPT guidelines in the Medicine/ Peripheral Artery Disease Rehabilitation subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of Peripheral Arterial Disease Rehabilitation subsection guidelines for code 93668 to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
53	Explicit Code Range Revisions – Pulmonary Guidelines	Request for revisions to the CPT guidelines in the Medicine/Pulmonary subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision to the guidelines of the Pulmonary subsection for codes 94010-94799 to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
54	Explicit Code Range Revisions - Allergy and Clinical Immunology	Request for revisions to the CPT guidelines in the Medicine/Allergy and Clinical Immunology subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of the Allergy and Clinical Immunology and Immunotherapy subsections guidelines to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
55	Explicit Code Range Revisions – Cardiac Assist Guidelines		Withdrawn.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
56	Explicit Code Range Revisions – Special Dermatological Services	Request for revisions to the CPT guidelines in the Medicine/Special Dermatological Services subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted deletion of subsection guidelines for codes 96900-96999 in the Special Dermatological Procedures subsection.
57	Explicit Code Range Revisions – Acupuncture	Request for revisions to the CPT guidelines in the Medicine/Acupuncture subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of the Acupuncture subsection guidelines for codes 97810-97814 to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
58	Explicit Code Range Revisions - Education/Training Patient Self-Management Guidelines	Request for revisions to the CPT guidelines in the Medicine/Education/Training Patient Self-Management subsection to include a specific listing of applicable Evaluation and Management CPT codes	Accepted revision of the Patient Self-Management subsection guidelines for codes to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
59	Explicit Code Range Revisions - Osteopathic Manipulative Treatment	Request for deletion or revisions to the CPT guidelines in the Medicine/Osteopathic Manipulative Treatment subsection to delineate the applicable E/M code ranges	Accepted revision of the Osteopathic Manipulative Treatment subsection guidelines to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
60	Explicit Code Range Additions - Chiropractic Manipulative Treatment	Request to delete or revise the CPT guidelines in the Medicine/Chiropractic Manipulative Treatment subsection to delineate the applicable E/M code ranges	Accepted revision of the Chiropractic Manipulative Treatment subsection guidelines to provide reporting transparency for physicians, qualified healthcare professionals, administrative staff, and payer claims submission and processing.
61	Trivalent Influenza Vaccine	Request to revise 90655-90658 to include “trivalent” identifier in anticipation of future quadrivalent vaccine codes	Accepted revision of 90655, 90656, 90657, and 90658 to include the term “trivalent” to distinguish these vaccines from developing quadrivalent influenza vaccines.
62	Intranasal Live Attenuated Influenza Virus	Request to establish code 906XX1 for new intranasal quadrivalent influenza vaccine	Accepted establishment of 906XXX to report a quadrivalent influenza virus vaccine for intranasal use, and

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
		and revise 90660 to include “trivalent” identifier	<i>editorial</i> revision of code 90660 to report a trivalent vaccine.
63	Adjuvanted Influenza Vaccine	Request to establish code 906XXX for new adjuvanted influenza vaccine	Accepted establishment of code 9065XX to report an adjuvanted influenza vaccine.
64	Tetanus and Diphtheria Toxoid Code Deletion small	Request to delete 90718 with retention of 90714 Preservative free TD to report all existing vaccine products	Accepted deletion of Td vaccine code 90718.
65	Hepatitis B Vaccine	Request to establish code 9074X for new Hepatitis B vaccine	Accepted establishment of code 9074XX to report an adult 2 dose Hepatitis B vaccine and revision of code 90746 to specify use for 3 dose product formulation.
66	Human Papillomavirus (HPV) Vaccine Nonavalent Types	Request to establish code 9065X to report nonavalent types of HPV vaccine	Terminated.
67	Wireless Motility Capsule	Request for conversion of Category III code 0242T to a Category I code	Accepted conversion of Category III code 0242T for gastrointestinal tract transit and pressure measurement from the stomach to the colon via wireless capsule to Category I code 911XX1.
68	Nitric Oxide Inhalation – ASD VSD	Request to revise the inclusionary parenthetical note following pharmacological agent administration add-on code 93463 with the addition of percutaneous transcatheter septal defect repair codes 93580 and 93581.	Accepted revision of the instruction following code 93463 to include septal defect repair codes 93580 and 93581 with the codes that may be reported with code 93463.
69	Dx Cardiac Cath Editorial Parenthetical Changes	Request to 1) add a parenthetical note following code 93566 directing users to report 93566 with cardiac catheterization codes 93451, 93453, 93456, 93457, 93460, 93461, and 93530-93533; and 2) revise the parenthetical note following code 93568 to direct users to report 93568 with 93451, 93453, 93456, 93457, 93460-93461, and 93530-93533	Accepted: 1) addition of an instruction to direct the use of code 93566 with cardiac catheterization codes 93451, 93453, 93456, 93457, 93460, 93461, and 93530-93533; and 2) revision of the instruction following code 93568 to direct the use of code 93568 with 93451, 93453, 93456, 93457, 93460, 93461, and 93530-93533.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
70	Chest Wall Manipulation	Request for editorial revision of the initial and subsequent pulmonary manipulation chest wall therapeutic procedure codes 94667 and 94668 to include reference to another manual technique--frequency chest wall oscillation therapy	Postponed until time uncertain.
71	Allergen Ingestion Testing	Request to establish separate Category I codes to identify food allergy testing separately from testing for other ingestible allergens (i.e., 1) drugs and 2) other substances)	Accepted revision of the allergen ingestion testing codes (9507X1-9507X2) descriptors to time-based services.
72	Evoked Potential Studies During Intraoperative Monitoring	Request to revise parenthetical instructions and guidelines following recently approved codes 959X1 and 959X2 to include codes 95938 and 95939 as codes appropriately reported with these add-on intraoperative neurophysiological monitoring (IONM) services.	Accepted <i>editorial</i> revision of relevant parenthetical notes and guidelines to instruct users that codes 95938-95939 may be reported with intraoperative neurophysiology services. The Panel further noted that as an oversight in CPT 2012 this be added for publication to the 2012 CPT Correction document (errata) http://www.ama-assn.org/go/cpt-errata .
73	Pediatric Polysomnography	Request to establish codes 958X1X and 958X2X to report pediatric polysomnography for children 5 years of age or younger	Accepted: 1) establishment of codes 958X1X-958X2X to report pediatric polysomnography for children 6 years of age or younger; 2) revision of code 95808 to include "any age" and codes 95810-95811 to include age specification "age 6 years or older".

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
74	Clinical Staff Injection	Request to revise code 96372, <i>Therapeutic, prophylactic or diagnostic injection (specific substance or drug); subcutaneous or intramuscular</i> , and the addition of code 9637X, <i>Therapeutic, prophylactic or diagnostic injection (specific substance or drug) provided without direct physician supervision; subcutaneous or intramuscular</i> to differentiate when performed independent of physician supervision.	Withdrawn.
75	Disposable Negative Pressure Wound Therapy	Request for the establishment of two codes 976X1X, 976X2X to report negative pressure wound therapy services provided by physicians using a disposable negative pressure device.	Rejected.
76	Drug Safety Reporting	Request to establish a code to report a suspected adverse drug or device event (ADE).	Rejected.
77	Vision Screening (Revision of 99174)	request is for revision of code 99174, "so that it is more inclusive of screening formats to identify a variety of visual disturbances (including amblyopia, strabismus, refractive error, media opacity, etc) which have similar objectives and practice expenses."	Accepted <i>editorial</i> revision of code 99174 for vision screening to more accurately define the services.
78	GI Endoscopic Moderate Sedation	Request to remove Moderate Sedation symbol from GI endoscopic codes.	Postponed until time uncertain.
79	CTO PCI Antegrade and Retrograde	Request to revise CPT 2013 code 929X12 to specify an antegrade approach and to establish code 929XXX to specify antegrade and retrograde approaches to percutaneous coronary intervention procedures for chronic total occlusion	Withdrawn.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
80	Presacral Lumbar Interbody Fusion (Convert 0195T, 0196T)	Request for the conversion of Category III codes 0195T and 0196T to Category I status.	Accepted establishment of Category I code 225XX1 and Category III code 019XXT, and revision of Category III codes 0195T and 0196T to identify presacral lumbar interbody fusion.
81	Cell Enumeration Circulating Tumor Cells	Request to convert Category III codes 0279T and 0280T to Category I codes (8615X1, 8615X2).	Accepted conversion of Category III codes 0279T and 0280T to Category I codes 8615X1-8615X2 and addition of parenthetical notes instructing users on the appropriate reporting of these services.
82	Transcatheter Aortic Valve Replacement	Request to convert Category III codes 0256T-0259T to Category I status with the addition of guidelines and establishment of nine new codes describing transcatheter aortic valve replacement procedures.	Accepted conversion of transcatheter aortic valve replacement procedure Category III codes 0256T-0259T to Category I codes 334XX1-334XX9. Also accepted addition of new guidelines and instructions in the Surgery/Cardiovascular and Cardiac Valves/Aortic Valve section to instruct the appropriate use of these codes.
83	Computerized Analysis of Digitized Cardiac Electrical Data	Request to establish code 9300X to identify computational electrophysiologic analysis of cardiac signals	Rejected.
84	Percutaneous Ventricular Assist Device	Request to convert the percutaneous ventricular assist device insertion Category III codes 0048T and 0050T to Category I status by establishing codes 929X1-929X6	Accepted: 1) conversion of percutaneous ventricular assist device insertion Category III codes 0048T-0050T to Category I codes 339XX1-339XX4; 2) revision of the Cardiac Assist guidelines to instruct the use of these codes; 3) addition of two new headings to distinguish transthoracic cardiac assist procedures from percutaneous cardiac assist procedures; 4) deletion of instructions; and 5) addition of instructions to the Bypass Grafting subsections to instruct the use of codes 339XX1-339XX4 for percutaneous ventricular assist device insertion, removal, and repositioning.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
85	Bronchial Thermoplasty	Request to convert Category III bronchial thermoplasty codes 0276T and 0277T to Category I status (codes 316X1, 316X2)	Accepted conversion of Category III codes 0276T and 0277T to Category I codes 316XX1-316XX2.
86	Corneal Hysteresis Determination (Extension of Category III 0181T)	Request is for extension of Category III code 0181T Corneal Hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report beyond 2013 for five more years (until 2017)	Accepted the request to rescind the Panel's June 2011 action to sunset code 0181T, with extension of the code for five more years to 2017.
87	Percutaneous Interlaminar Laminotomy/Laminectomy	requests the revision of its descriptor to more accurately depict percutaneous laminotomy/laminectomy for decompression of neural elements performed using an inter, not an intra-laminar approach, unilaterally, and per spinal interspace.	Withdrawn.
88	Motor Cortex Brain Mapping	Request for addition of two Category III codes for non-invasive navigated transcranial magnetic stimulation motor function mapping.	Accepted: 1) establishment of a Category III code to report upper and lower extremity motor cortex function brain mapping; 2) addition of instructions for reporting code 0XX1TX; and 3) addition of a cross-reference related to transcranial magnetic stimulation
89	Non-Invasive Central Arterial Pressure Monitoring	Request to establish a Category III code 0XXXT1 to report non-invasive measurement of central arterial pressure waveforms (eg, arterial tonometry) with review and interpretation.	Accepted establishment of Category III code 0XXXT1 to report non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report.
90	Vagus Nerve Blocking Therapy	Request for the addition of four Category III codes for a new therapy (vagal blocking therapy).	Accepted establishment of six Category III codes 03XX1T, 03XX2T, 03XX3T, 03XX3T1, 03XX3T1A, and 03XX4T to report vagus nerve blocking therapy.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
93	Psychological and Psychiatric Services (PPS) Workgroup	Workgroup proposal to establish codes	Rejected establishment of a code for comorbid treatment complexity; accepted: 1) establishment of code for pharmacologic management with concurrent deletion of code 90862; 2) revision of Psychiatry guidelines; 3) addition of code 908XE for interactive complexity; 4) deletion of codes 90804-90809, 90810-90815, 90816-90822, 90823-90829, 90857; 5) addition of codes codes 908P10, 908P10X, 908P20, 908P20X, 908P30, 908P30X, 908CP2, 908CP2 for psychotherapy; and 6) revision of codes 90875, 90876
94	Telephone Consultative Services – Physician to Physician Workgroup	Workgroup proposal to establish codes	Postponed to time certain for the May 2012 Panel meeting the workgroup’s proposal to add codes for telephone consultative services – physician to physician to allow the workgroup to resolve issues put forward by the Panel at the meeting
95	Revision of Time Reporting Examples	Request to revise time report examples in the Time subsection in the Introduction of the CPT codebook.	Accepted revision of the infusion and intravenous push administration <i>facility</i> reporting examples in the Introduction/Time guidelines and the Medicine/Hydration, Therapeutic Infusions, and Chemotherapy guidelines to reflect appropriate reporting occurring on a single date of service and over a range of dates.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
B	Pacemaker or Pacing Cardioverter-Defibrillator		Issue #1-Accepted revision of cardiology table; Issue #2-Accepted revision of instruction following code 33225; Issue #3-accepted illustration revisions; Issue #4-instructed the appropriate publication of proposed revisions in upcoming CPT Assistant article to instruct the appropriate reporting of services
C	Category II Codes for Data Collection		Postponed consideration of this issue to time certain pending presentation of further information at the May 2012 Panel meeting
D	Category III Guideline Revisions		Accepted revision of Category III guidelines to include reference to publication of revised codes in the materials for inclusion in the semi-annual publication of Panel actions.
E	CPT Code Set Update		Accepted recommendations to proceed with a process for maintenance of the CPT code set through identification and deletion of codes describing obsolete services through the CPT process.
F	Pre-Sacral Interbody Fusion		See Tab 80
G	Sacroiliac Joint Injection Without Imaging Guidance (20552 vs. 20610)		Requested that involved specialties submit a code change application to revise/add parenthetical instructions for the appropriate coding for sacroiliac joint injections performed without imaging guidance.
H	RUC Related Issues-Issue #1- Revision of Bronchial Valve Codes		Accepted revisions of instructions to appropriately report services performed at the same session as bronchial valve codes
H	RUC Related Issues-Issue #2- Revision of Bundle Electrophysiology Transcatheter Ablation Guidelines		Revision of the instructions for the comprehensive electrophysiology evaluation codes 9365X1-9365X3 to include reprogramming of implantable cardioverter-defibrillators.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
H	RUC Related Issues- Issue #3- Revision of Pediatric Neonatal Transport Guidelines		Revision of the instructions for Pediatric Neonatal Transport codes 9948X1-9948X2 to eliminate overlap with the Neonatal Intensive Care codes 99466-99467
H	RUC Related Issues- Issue #3- Revision of Percutaneous Coronary Intervention Guidelines		Revision of code instructions to address inappropriate use of diagnostic cardiac catheterization in conjunction with percutaneous coronary interventions at the same session
I	CPT Assistant Editorial Board Chair Update to EC		Informational item addressed CPT Assistant Editorial Board staffing changes, process review and improvement, and upcoming nominations. Recommendation was accepted that an upcoming CPT Assistant article will be published to address the correct reporting of cutaneous lesions pending the outcome of a pathology report.