



# CPT® Editorial Summary of Panel Actions May 2014

## CPT® Editorial Summary of Panel Actions May, 2014

Please be aware that these actions are a reflection of the discussions at the most recent Panel meeting. Disclosure of Panel actions and deliberations is limited to the information contained in this Summary of Actions. Premature release of coding information other than that contained in this document is prohibited under the [CPT Confidentiality Agreement](#). Codes are not assigned, nor exact wording finalized, until just prior to publication. Release of more specific CPT® code set information is timed with the release of the entire set of coding changes in the CPT publication. Future Panel actions may affect these items.

If an applicant or other interested party believes an action of the CPT Editorial Panel was in error, that individual or entity may request reconsideration of the Panel action. An "interested party" is an individual or entity that may potentially be impacted by the Panel's decision, regardless of whether they participated in the Panel's original consideration of the matter.

### Submitting the Request:

Requests for reconsideration must be received by AMA staff no later than fourteen (14) days after the posting of the Summary Grid of Editorial Panel Actions on the CPT website <http://www.ama-assn.org/go/cpt>. The request should contain

- (1) the specific action requested for reconsideration;
- (2) the basis for the reconsideration request; and
- (3) all information relevant to the matter, including any literature (whether favorable or adverse) related to the requestor's position.

Requests for reconsideration and relevant information must be in writing and submitted to:

**Director, CPT Editorial Research & Development  
American Medical Association  
AMA Plaza  
330 N. Wabash Ave., Suite 39300  
Chicago, IL 60611-5885**

**Participation by Interested Parties:** The receipt of a request for reconsideration, the identity of the party seeking such, and a brief summary of the basis for the reconsideration request will be noted in the summary grid of Editorial Panel actions for the agenda item. The applicant and interested parties are responsible for monitoring postings to the CPT website with respect to requests for reconsideration. CPT staff will make reasonable efforts to identify potentially interested parties and notify them of the receipt of the request for reconsideration and the opportunity to be heard. **An interested party seeking to comment on the request for reconsideration should submit its comments within fourteen (14) days (June 30, 2014) of the posting of the notice in the summary grid of Editorial Panel actions that a request for reconsideration has been received.** Comments should include

- (1) a statement of the nature of the commenter's interest in the issue
- (2) the specific comment and reason for the comment, and
- (3) all relevant material including any literature (whether favorable or adverse) related to the commenter's position.

Comments should be submitted to the **Director of CPT Editorial Research & Development** at the address shown above. The applicant(s) who submitted the original code change proposal is automatically considered an interested party and will receive notice of any request for reconsideration submitted by another party.



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Note: Codes that contain an 'X' (e.g., 1002X4, 234X2X, 0301XT) are placeholder codes that are intended, through the first three digits, to give readers an idea of the proposed placement in the code set of the potential code changes. These codes are not used for claims reporting and will be removed and not retained when the final CPT Datafiles are distributed on August 31st of each year. To report the services for 'X' codes, please refer to the actual codes as they appear in the CPT Datafiles publication distributed on August 31st of each year. Any Category I/Tier 2 molecular pathology codes, administrative MAAA codes, vaccine codes, or Category III codes referenced in this document will be posted to the CPT website on or before June 1, 2014 and, unless noted otherwise, are scheduled for implementation January 1, 2015.

Tab #	Name	Codes	Description of Editorial Panel Action
8	Office or Other Outpatient Observation	9935XX1, 9935XX2 99354 99355	<b>Accepted addition</b> of codes 9935XX1 and 9935XX2 to report provision of observation services in the outpatient/office setting and <b>revision</b> of codes 99354 and 99355
9	Evaluation and Management Workgroup	-----	<b>Accepted</b> delay of implementation of February action to at least January 2016
10	Electrosurgical Removal of Neurofibroma	6479X 6479X1 6479X2 6479X3 6479X4 6479X6 6479X7 64798X	<b>Rejected</b>
11	Laparoscopic Transhepatic Cholangiography Delete 47560-47561	47560 47561	<b>Accepted deletion</b> of laparoscopic transhepatic cholangiography codes 47560 and 47561 and associated instructions and <b>revision</b> of 47562
12	Fluoroscopy Exclusionary Note 76000	76000	<b>Postponed</b> pending development of a more detailed application
13	Drug Test Code Revisions – WITHDRAWN	-----	-----



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14	Tier 2 PCKS9 Hypercholesterolemia and CVD Risk – WITHDRAWN	-----	-----
15	Tier 2 Cytogenomic Constitutional Targeted Prenatal Microarray Analyses - WITHDRAWN	-----	-----
16	Tier 2 Uniparental Disomy SNP Analyses - WITHDRAWN	-----	-----
17	Tier 2 KRAS Detection in Cell-Free Tumor DNA V - WITHDRAWN	-----	-----
18	MAAA Revisions	0001M - 0004M	<b>Accepted revision</b> of MAAA guidelines
19	Molecular Pathology Gene Abbreviations	81402 81403 81404 81405	<b>Accepted addition</b> of new gene identifiers for Tier 2 genes
20	Bioelectrical Impedance Analysis	0358T 93704X	<b>Rejected</b>



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21	ACIP Vaccine Abbreviations	90476-90749	<b>Accepted revision</b> of Vaccine Guidelines to incorporate information for vaccine abbreviation standards
22	DTaP-IPV-Hib-HepB Vaccine	906XX1	<b>Accepted addition</b> of 906XX1 for DTaP-IPV-Hib-HepB vaccine
23	Continuous Glucose Monitoring	9525X1 9525X2 95250 95251	<b>Accepted addition</b> of 9525X1 and 9525X2 for ambulatory continuous glucose monitoring and <b>revision</b> of 95250 and 95251 and associated instructions to differentiate reporting from the new services
24	Instrument-Based Ocular Screening	99174 99176X	<b>Accepted addition</b> of 99176X instrument based ocular screening and <b>revision</b> of 99174 to differentiate reporting from the new service
25	Epilepsy Event Monitoring System	0378TX 0378TX1 0378TX0 0378TX 0378TX01 0378TX0X 0378TX01X	<b>Accepted addition</b> of Category III codes 0378TX-0378TX01X to report use of ECG and accelerometer data recording for epilepsy seizure detection



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26	Category III Sundown	0058T, 0085T, 0099T, 0100T, 0101T, 0102T, 0103T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0123T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0228T, 0229T, 0230T, 0231T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0240T, 0241T, 0243T, 0244T, 0249T, 0254T, 0255T	<p><b>Accepted retention</b> of 0058T, 0085T, 0099T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0228T, 0229T, 0230T, 0231T, 0234T, 0235T, 0236T, 0237T, 0238T, 0249T, 0254T, 0255T</p> <p><b>Accepted deletion</b> of 0103T, 0123T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T</p>
27	Category III Transcatheter Leadless Pacemaker Procedures	0XX1T 0XX2T 0XX3T 0XX4T 0XX5T	<b>Request to establish</b> five Category III codes for insertion/replacement, removal, programming, peri-procedural evaluation, and interrogation procedures for leadless pacemaker
28	Code Set Review -- WITHDRAWN	-----	-----
EC-B	Human Papillomavirus Genotyping WITHDRAWN	-----	-----



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EC-C	MAAA Category I Neuroendocrine Tumor Disease	000XM	<b>Not accepted for Reconsideration – No Action Taken</b>
EC-D	Issue #1-Superficial Radiation Therapy	77401	<b>Not Accepted for Reconsideration – No Action Taken</b> See July 2014 Summary of Panel Action
EC-D	Issue #2-Superficial Radiation Therapy	77401	<b>Not Accepted for Reconsideration – No Action Taken</b>
EC-E	Drainage of Abscess	49323 49406	<b>Accepted revision</b> of the parenthetical instructions for instruction following codes 49406 and 49323
EC-F	QDTW Revision - Addition of Metabolite (Meprobamate) to Definitive Drug Test Listing	83805	<b>Accepted deletion</b> of 83805 and addition of instruction to appropriate testing codes
EC-G	Molecular Pathology CCP Form Revisions	-----	<b>Accepted revision</b> to Molecular Pathology CCP Form



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EC-H	Meningococcal Serogroup B Vaccine	-----	<b>Provided direction</b> to VCC for creation of process refinement with expectation for receipt of code change application for vaccine
EC-I	Neurostimulator Electronic Analysis	95972	<b>Accepted revision</b> of 95972
EC-J	RUC Report Issue #1 Open Sacroiliac Joint Arthrodesis 27280	27280	<b>Accepted revision</b> of 27280 to include instrumentation
EC-J	RUC Report Issue #2 Transluminal Balloon Angioplasty	-----	Informational
EC-J	RUC Report Issue #3 Bilateral Ocular Screening	-----	Informational
EC-J	RUC Report Issue #4 EOG VNG	-----	Informational



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EC-J	RUC Report Issue #5 Percutaneous Cryoablation of Bone Tumors	20982	<b>Accepted revision</b> of minutes rationale
EC-J	RUC Report Issue #6 64412 Anesthetic Injection Spinal Nerve	64412	Informational
EC-J	RUC Report Issue #7 Relativity Assessment Workgroup (RAW) Referrals to the CPT Panel	-----	Informational
EC-J	RUC Report Issue #8 Criteria for Category I Codes	-----	Informational
EC-J	RUC Report Issue #9 ECMO Exclusionary Instructions	339XX2 339XX3 339XX4 339X16	<b>Accepted addition</b> of instructions to define appropriate reporting
EC-K	E-M Pilot Testing	N/A	<b>Accepted postponement</b> of implementation of February action to at least January 2016





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EC-L	PM&R Testing	N/A	<b>Accepted recommendation</b> of the request to proceed with testing
EC-M	Confidentiality	-----	Informational
EC-N	CPT Assistant Editorial Board Referrals-Issue #1-Endoleak Repair	34800-34834 33880-33891	<b>Accepted recommendation</b> for generation of an application to instruct appropriate reporting
EC-N	CPT Assistant Editorial Board Referrals-Issue #2-Event Recorder Insertion	N/A	<b>Accepted recommendation</b> for generation of an application to instruct appropriate reporting
EC-P	CPT Application Revisions	N/A	<b>Accepted recommendation</b> for generation of an application to obtain review and comment