



CPT® Editorial Summary of Panel Actions September 2017

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Please be aware that this action is a reflection of the discussion at the most recent Panel meeting. Disclosure of Panel action and deliberation 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.

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 midnight, Central, October 27, 2017, fourteen (14) days after the published posting date (October 13, 2017) of the Summary Grid of Editorial Panel Actions on the CPT website 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:

Marie Mindeman
Director, CPT Coding, Editorial and Regulatory Services
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 of the posting of the notice (see deadline in **Submitting the Request** above) in the summary grid of Editorial Panel actions that a request for reconsideration has been received. Comments should include (i) a statement of the nature of the commenter’s interest in the issue, (ii) the specific comment and reason for the comment, and (iii) 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.

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 or before August 31st of each year.

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
6	Home Services Guidelines	99341-99350	Accepted revision of the Home Services guidelines	
7	Complex Chronic Care Management 99487- WITHDRAWN	-----		
8	Epidermal Tissue Sampling w Adhesive Patch	111X1	Rejected	
9	Radiofrequency Spectroscopy during Lumpectomy- WITHDRAWN	-----		
10	Intraoral Splint Services	21X01	Rejected	
11	Placement Kinetic Balance Sensor 0396T- WITHDRAWN	-----		
12	Aortoventriculoplasty with Pulmonary Autograft	335X1	Accepted addition of code 335X1 to combine the services of aortic valve and root replacement with subvalvular left ventricular outflow tract enlargement	
13	Hemi-Aortic Arch Replacement 33X59	33X01	Accepted addition of: introductory guidelines; and code 33X01 to report aortic hemiarch graft placement performed in conjunction with placement of ascending aortic graft	
14	Left Atrial Appendage Exclusion 33X74 33X75 33X76- WITHDRAWN	-----		
15	Leadless Pacemaker Procedures 33X77 33X78 93286 93288 93294 93296 0387T-0391T	0387T-0391T 33X06 33X05 93286 93288 93294 93296	Accepted addition of codes 33X05 and 33X06 to report transcatheter leadless pacemaker procedures; revision of codes 93279, 93286, 93288, 93294, and 93296 to include evaluation and interrogation services of leadless pacemaker systems; and deletion of Category III codes 0387T, 0388T, 0389T, 3090T, 0391T	
16	PICC Line Procedures-36568 36569 36584	36568 36569 36584 36X72 36X73	Accepted addition of codes 367X72 and 36X73 to describe insertion of PICC without subcutaneous port or pump and guidelines	

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
			clarifying reporting of PICC line procedures; revision of code 36584 to include imaging guidance, documentation and RS&I	
17	Identification of Lymph Nodes Parenthetical Note 38900	38900	Accepted addition of code 3853X to report an open biopsy or excision of inguinofemoral nodes; and revision of parenthetical following code 38900	
18	Gastrostomy Tube Replacement 43760 43X63 43X64	43760 43X63 43X64	Accepted deletion of code 43760 and addition of codes 43X63 and 43X64 for replacement of percutaneous gastrostomy tube	
19	Dilation of Urinary Tract 50395	50395 50X39 50X40	Accepted deletion of code 50395 and addition of 50X39, 50X40 to differentiate percutaneous introduction of a guide wire into the renal pelvis and/or ureter with dilation to establish a nephrostomy tract versus percutaneous placement of a nephrostomy catheter including diagnostic	
20	Bladder Control Balloon Insertion 52X41 52X42- WITHDRAWN	-----		
21	Water Vapor or Steam Thermotherapy	538X3	Accepted addition of code 538X3 report water vapor thermotherapy for destruction of prostate tissue	
22	Hypoglossal Nerve Stimulator Procedures 64568 64569 64570 64X71 64X72 64X74	64568 64569 64570 64X01 64X02 64X03	Rejected	Request received to reconsider Editorial Panel decision on the application for addition of codes and revision of codes 64568-64570 to report vagus and hypoglossal neurostimulation services.
23	Chest Wall Respiratory Sensor Services 0466T 0467T 0468T 64X56 64X57 64X58- WITHDRAWN	-----		
24	Ultrasound Elastography 0346T	767X1 767X2 767X3	Accepted addition of codes 767X1, 767X2, 767X3 report ultrasound elastography	

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
25	Contrast-Enhanced Ultrasound	76X0X 76X1X	Accepted addition of codes 76X0X, 76X1X	
26	Magnetic Resonance Elastography	76X01	Accepted addition of a code 76X01 to report magnetic resonance elastography	
27	Fluoroscopy-Delete 76001	76001	Accepted deletion of code 76001	
28	Tier 1 BRCA1 BRCA2 81162	-----	Postponed	
29	Tier 1 TGFBI Corneal Dystrophy	813X0	Accepted addition of code 813X0 test for detection of the mutations responsible for 5 distinct corneal dystrophies associated with mutations in the TGFBI gene	
30	Tier 1 MYD88 Lymphoma 81X11	81X11	Accepted addition of 81X11 for detection of MYD88 common variant gene analysis	
31	MAAA Urothelial Carcinoma Probability- WITHDRAWN	-----		
32	MAAA Breast Cancer Metastatic Recurrence Risk	816X0	Accepted addition of code 816X0 to report the prognostic assessment of breast cancer risk of distant (metastatic) recurrence	
33	Admin MAAA Prostate Cancer 00X2M	00X2M	Accepted addition of code 00X2M to report prostate cancer risk assessment test	
34	Colon Capsule Endoscopy- WITHDRAWN	-----		
35	Visual Field Assessment with Real Time Data Analysis- WITHDRAWN	-----		
36	Electroretinography, Multi-Focal 92X72 Tabs 36 and 64 were voted as a single Panel action	92X73	Accepted addition of code 92X73 to report multifocal electroretinography	
37	Electroretinography, Pattern 92X73	92X74	Rejected	Request received to reconsider Editorial Panel decision on the application for establishment of a Category I code for pattern electroretinography testing.
38	Carbon Dioxide Tension Monitoring	947X1 947X2 947X3	Rejected	Request received to reconsider Editorial Panel decision to establish three

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
				Category I codes for carbon dioxide tension monitoring.
39	Car Seat Testing 94780 94781	94780 94781	Accepted editorial revision of codes 94780, 94781 to remove the word “neonate” and replace it with “for infants up to 12 months of age”	
40	Electrocorticography-	96X00 95829	Accepted addition of guidelines and code 96X00 and resequencing of 95829 to report electrocorticogram	
41	Autonomic Function Test w Passive Tilt Instructions 95924- WITHDRAWN	-----		
42	Long-Term EEG Monitoring 95827 95950 95951 95953 95956 95957 95XX2 95XX9 95XX0 95XX3- WITHDRAWN	-----		
43	Long Term EEG Monitoring 95950, 95951, 95953, 95956, 95X52, 95X59, 95X60, 95X63	-----	Postponed	
44	Health and Behavior Assessment	-----	Accepted editorial revision of the health and behavior assessment guidelines	
45	Targeted Phototherapy- WITHDRAWN	-----		
46	Pulmonary Wireless Pressure Sensor Services	332X0 93XX1	Accepted addition of: guidelines and subheading within the Cardiovascular system; code 332X0 to report for implantation of wireless pulmonary artery pressure sensor; code 93XX1 to report remote monitoring of a wireless pulmonary artery pressure sensor; and revision of the Implantable and Wearable Cardiac Device Evaluations guidelines to define an implantable wireless pulmonary artery sensor	
47	Cat III Urethral Drug Delivery with Mechanical Dilation-	-----		

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
	WITHDRAWN			
48	Cat III Placement Drug-Eluting Implant 0406T 0407T	0406T 0407T	Accepted deletion of codes 0406T, 0407T	
49	Cat III Endovenous Arterial Revascularization	04X1T	Accepted addition of code 04X1T to report endovenous arterial revascularization of the femoral-popliteal artery	
50	Cat III Macular Pigment Optical Density Measurement	03X2T	Accepted addition of Category III code 03X2T to report macular pigment optical density measurement by heterochromatic flicker photometry	
51	Cat III Quantitation of Tenofovir- WITHDRAWN	-----		
52	Cat III Kinematic Recording for Movement Disorder- WITHDRAWN	-----		
53	Cat III Opioid Counseling	03X3T	Rejected	
54	Cat III Imaging of Meibomian Glands	04X5T	Accepted addition of Category III code 04X5T to report near infrared dual imaging of unilateral or bilateral meibomian glands	
55	Cat III Bone Density Ultrasound Study	04X0T	Accepted addition of Category III code 04X0T to report pulse-echo ultrasound bone density measurements for bone mineral density (BMD) analysis	
56	Treatment of Gastrointestinal Symptoms- WITHDRAWN	-----		
57	Cat III Cardiac Phase Space Tomography Analysis (cPSTA)	03X7T 03X8T 03X9T	Rejected	
58	Virtual or Augmented Reality Pre-Op Planning	04X6T	Rejected	
59	Critical Care/Emergency Department	994X1 994X2 994X3 G0508 G0509	Rejected	

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
		G0427		
60	Inter-professional Internet Consultation	994X0 994X6 99446-99449	Accepted addition of code 994X6 to report interprofessional consultation services provided by a consultative physician; and code 994X0 to report interprofessional consultation services provided by a treating/requesting physician or qualified health care professional; revision of the Interprofessional Telephone/Internet consultation guidelines; and of codes 99446-99449 to include electronic health record	
61	Chronic Care Remote Physiologic Monitoring	990X0 990X1 994X9 99090 99091	Accepted addition of guidelines within the E/M section Non-Face-to-Face Services subsection; code 990X0 to report remote monitoring of physiologic parameter(s) initial set-up; code 990X1 to report initial device daily recordings; code 994X9 for remote physiologic monitoring treatment management services; and resequencing of code 99091 to the E/M section; and deletion of code 99090	
62	Alternative Payment Model Modifiers- WITHDRAWN	-----		
63	Vascular Family Definitions	61641 61642	Accepted revision of Appendix L; and revised codes 61641, 61642	
64	Electroretinography, Multi-Focal 92X75	92X75	See Tab 36	
EC-B	Request for Reconsideration – Tab 38-Category III Intraoperative Alignment of Intraocular Device		Rejected	
EC-C	Request for Reconsideration – Tab 26 Electroretinography-Pattern ERG		Rejected	
EC-D	APM Summary		Informational	

Tab #	Name	Code #	Description of Editorial Panel Action	Request for Reconsideration
EC-E	E-M Guideline Reconciliations		Accepted editorial revision of the Prolonged Services, Telephone Services, Cognitive Assessment and Care Plan Services, Care Management Services; Complex Care Management Services; and Psychiatric Collaborative Care Management Services; General Behavioral Health Services guidelines as technical corrections	
EC-F	PLA Guidelines		Affirmed previously approved guidelines	
EC-G	Psychiatric Collaborative Care Management Table		Accepted- revision of the time reporting grid	
EC-H	Assistant Referrals to Executive Committee		Informational	
EC-I	Annual Meeting Topics		Informational	
EC-J	MAAA and Tier 2 Schedule		Accepted- revision of the publication dates for early release codes	