



# CPT® Editorial Summary of Panel Actions February 2019

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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, March 25, 2019, fourteen (14) days after the published posting date (March 11, 2019) of the Summary Grid of Editorial Panel Actions on the CPT website <https://www.ama-assn.org/practice-management/summary-panel-actions>. 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:

**Zach Hochstetler**  
**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	Effective Date
6	Office or Other Outpatient Services	<b>D</b> 99201    ▲99213 ▲99202    ▲99214 ▲99203    ▲99215 ▲99204 ▲99205 ▲99211 ▲99212	<p><b>Accepted deletion</b> of code 99201; <b>revision</b> of codes 99202-99215 as follows: (A) removing history and examination as key components for selecting the level of E/M service, but adding the requirement that a medically appropriate history and/or examination must be performed in order to report codes 99202-99215; (B) making the basis for code selection either the level of medical decision making (MDM) performed or the total time spent performing the service on the day of the encounter; (C) changing the definition of the time element associated with codes 99202-99215 from <i>typical face-to-face time</i> to <i>total time spent on the day of the encounter</i>, and changing the amount of time associated with each code; <b>revision</b> of the MDM elements associated with codes 99202-99215 as follows: (i) revising “Number of Diagnoses or Management Options” to “Number and Complexity of Problems Addressed”; (ii) revising “Amount and/or Complexity of Data to be Reviewed” to “Amount and/or Complexity of Data to be Reviewed and Analyzed”; and (iii) revising “Risk of Complications and/or Morbidity or Mortality” to “Risk of Complications and/or Morbidity or Mortality of Patient Management”; <b>revision</b> of the E/M guidelines by: (A) restructuring the guidelines into three sections: “Guidelines Common to All E/M Services”, “Guidelines for Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care and Home E/M Services”, and “Guidelines for Office or Other Outpatient E/M Services” to distinguish the new reporting guidelines for the Office or Other Outpatient Services codes 99202-99215; (B) adding new guidelines that are applicable only to Office or Other Outpatient codes (99202-99215); adding a Summary of Guideline Differences table of the differences between the different sets of guidelines; (C) revised existing E/M guidelines to ensure there is no conflicting information between the different sets of guidelines; (D) adding definitions of terms associated with the elements of MDM applicable to codes 99202-99215; (E) adding a MDM table that is applicable to codes 99202-99215; (F) defining total time associated with codes 99202-99215; (G) adding guidelines for reporting time when more than one individual performs distinct parts of an E/M service; <b>revision</b> of the Medical Decision Making table (Table 2) in the Amount</p>	January 1, 2021

			and/or Complexity of Data to be Reviewed and Analyzed column: (1) inserted a dash (-) after the asterisk in the asterisk definition, “* - Each unique test, order, or document may be summed if multiple,” to clarify this is the meaning of the asterisk and not an asterisked item itself; (2) for limited amount of data to be reviewed and analyzed (codes 99203/99213), the parenthetical regarding the number of categories for which requirements must be met was revised to state, “...categories of tests and documents, or independent historian(s)” rather than “categories within tests, documents, or independent historian(s)”; and (3) removing the word “or” after each of the bulleted items for limited, moderate (codes 99202/99214), and high (99205/99215) amount and/or complexity of data to be reviewed and analyzed	
7	Prolonged Svcs With or Without Patient Contact	●99XXX ▲99354 ▲99355 ▲99356	<b>Accepted revision</b> of codes 99354, 99355 to exclude reporting of Office and other Outpatient Services codes, and revision of 99356 to include observation; <b>revision</b> of the prolonged services guidelines; <b>addition</b> of code 99XXX to report prolonged office or other outpatient E/M services	January 1, 2021
8	Care Management Services	-----	<b>POSTPONED</b>	
9	Breast Reconstruction	▲11970    ▲19357 ▲11971    ▲19361 ▲19318    ▲19364 D19324    D19366 ▲19325    ▲19367 ▲19328    ▲19368 ▲19330    ▲19370 ▲19340    ▲19371 ▲19342    ▲19380	<b>Accepted revision</b> to the introductory guidelines revision to codes 11970, 11971, 19318, 19325, 19328, 19330, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19370, 19371, 19380 and <b>deletion</b> of codes 19324, 19366	January 1, 2021
10	Posterior Lumbar Arthrodesis and Decompression	-----	<b>WITHDRAWN</b>	
11	Lung Biopsy-CT Guidance Bundle	●324X0 D32405	<b>Accepted addition</b> of code 324X0 to report core needle biopsy, lung or mediastinum; <b>deletion</b> of code 32405; and <b>revision</b> of introductory guidelines	January 1, 2021
12	Percutaneous Ventricular Assist Device Insertion	-----	<b>POSTPONED</b>	
13	Adm MAAA-Fetal Aneuploidy Analysis-Delete 0009M	D0009M	<b>Accepted deletion</b> of Administrative MAAA code 0009M	January 1, 2020
14	Tier 2 to Tier 1 PALB2	●813X1 ●813X2 ▲81406	<b>Accepted addition</b> of Tier 1 codes 813X1 and 813X2 to report the analysis of PALB2, full gene sequence; <b>revision</b> of code 81406 to report PALB2 testing	January 1, 2020

15	Tier 2 to Tier 1 PIK3CA	●8XX01 ▲81404	<b>Accepted addition</b> of Tier 1 code 8XX01 to report analysis of PIK3CA; <b>revision</b> of Tier 2 code 81404 by removing PIK3CA testing	January 1, 2020
16	allV4 Influenza Vaccine	●906X5	<b>Accepted addition</b> of code 906X5 to report a quadrivalent inactivated-adjuvanted influenza virus vaccine	January 1, 2020
17	Neurofeedback and Biofeedback Services	-----	<b>WITHDRAWN</b>	
18	Vestibular Evoked Myogenic Potential Testing	●925X1 ●925X2 ●925X3	<b>Accepted addition</b> of codes 925X1, 925X2, 925X3 to report Vestibular Evoked Myogenic Potential (VEMP) testing	January 1, 2021
19	Auditory Evoked Potentials	●92X51 ●92X52 ●92X53 ●92X54 D92585 D92586	<b>Accepted addition</b> of codes 92X51, 92X52, 92X53, 92X54 to report auditory evoked potentials; <b>deletion</b> of codes 92585, 92586	January 1, 2021
20	Cardiac Device Evaluation-Delete 93299	D93299	<b>Accepted deletion</b> of code 93299	January 1, 2020
21	Exercise Test for Bronchospasm	●946X0 ▲94617	<b>Accepted addition</b> of code 946X0 to report exercise test for bronchospasm; and <b>revision</b> of code 94617	January 1, 2021
22	Mobile Services	-----	<b>WITHDRAWN</b>	
23	Cat II-Diabetes Care	●304XF●305XF D3045F	<b>Accepted addition</b> of codes 304XF, 305XF to allow reporting for different levels of HbA1c; <b>deletion</b> of 3045F	January 1, 2020
24	Cat III-Cancer Stem Cell Cytotoxicity Assay	●0X10T	<b>Accepted addition</b> of Category III code 0X10T to report an assay of cancer stem cell	January 1, 2020
25	Cat III Adipose Tissue Cellular Implant Procedures	●05X3T ●05X4T	<b>Accepted addition</b> of Category III codes 05X3T, 05X4T to report autologous cellular implant	January 1, 2020
26	Category III Sundown	D0058T D0228T D0085T D0229T D0111T D0230T 0100T D0231T 0101T 0234T 0102T 0235T 0106T 0236T 0107T 0237T 0108T 0238T 0109T 0308T 0110T D0381T D0126T D0382T 0208T D0383T 0209T D0384T 0210T D0385T 0211T D0386T	<b>Accepted archiving</b> of Category III codes 0058T, 0085T, 0111T, 0126T, 0228T, 0229T, 0230T, 0231T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0396T, 0400T, 0401T, 0403T, 0405T  <b>Accepted retention</b> of Category III codes 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0234T, 0235T, 0236T, 0237T, 0238T, 0308T, 0394T, 0395T, 0397T, 0398T, 0404T	

		0212T 0213T 0214T 0215T 0216T 0217T 0218T 0219T 0220T 0221T 0222T	0394T 0395T D0396T 0397T 0398T D0400T D0401T D0403T 0404T D0405T		
27	Cat III-Evacuation of Meibomian Glands	●05X0T		<b>Accepted addition</b> of Category III code 05X0T to report evacuation of meibomian glands	January 1, 2020
28	Cat III-Transcervical Fallopian Tube Occlusion	●05X1T ●05X2T		<b>Accepted addition</b> of Category III codes 05X1T, 05X2T to report transcervical bilateral permanent fallopian tube occlusion and the separate introduction of saline for confirmation of occlusion via sonosalpingigraphy	January 1, 2020
29	Cat III 0355T to Cat I-Colon Capsule Endoscopy	-----		<b>REJECTED</b>	
30	Cat III 0466T-0468T to Cat I-Respiratory Sensor Electrode Svcs	-----		<b>WITHDRAWN</b>	
31	Code Set Maintenance	D21296 D43401		<b>Accepted deletion</b> of codes 21296, 43401 due to low utilization	
32	Tier 1-Revise 81228, 81229	-----		<b>WITHDRAWN</b>	
33	PE-Only Workgroup Recommendations			<b>Accepted revision</b> to the code change application to further specify practice expense only codes	2020 Cycle
34	AMA Staff Proposal - Administrative CCAs			<b>INFORMATIONAL</b>	
35	PLA Q1 Codes Consent Calendar			<b>Accepted addition</b> of 21 Proprietary Laboratory Analysis codes; and <b>deletion</b> of 0057U	January 1, 2020
EC	Request for Reconsideration - Tab 24 (Lumbar Puncture)	-----		<b>REJECTED</b>	
EC	Request for Reconsideration - Tab 44/45 (Dry needling - Trigger Point Acupuncture)	-----		<b>REJECTED</b>	
EC	Request for Reconsideration - Tab 48 (Cat III to Cat I-Colon Capsule Endoscopy)	-----		<b>REJECTED</b>	
EC	Request for Reconsideration - Tab 59 (Transapical Mitral Valve Repair)	-----		<b>REJECTED</b>	