

Please Note: This code change application is an abbreviated version of the standard Category I/Category III code change application intended to be used only in response to requests referred from the Joint CPT-RUC Workgroup or the Relativity Assessment Workgroup. Before using this form, please verify with CPT/RUC staff that it is applicable to your issue. If any component of the request submitted herein involves a new service not previously described in CPT, the standard code change application must be submitted for that portion of the request.

Application Submission Requirements

All CPT code change applications are reviewed and evaluated by AMA staff, the CPT/HCPAC Advisory Committee, and the CPT Editorial Panel. Strict conformance with the following is required for review of a code change application:

- Submission of a complete application, including all necessary supporting documents;
- Adherence to all posted deadlines;
- Cooperation with requests from AMA staff and/or Editorial Panel members for clarification and information; and
- Compliance with [CPT Statement on Lobbying](#). (press “Ctrl” key and click link)

Application Review Links (Press “Ctrl” key and click link)

- [Applicant’s Name](#)
- [Question 1](#)
- [Descriptor](#)
- [Typical Patient Description](#)

General Criteria for Category I and Category III Codes

All Category I or Category III code change applications must satisfy each of the following criteria:

- The proposed descriptor is unique, well-defined, and describes a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT;
- The descriptor structure, guidelines and instructions are consistent with current Editorial Panel standards for maintenance of the code set;
- The proposed descriptor for the procedure or service is neither a fragmentation of an existing procedure or service nor currently reportable as a complete service by one or more existing codes (with the exclusion of unlisted codes). However, procedures and services frequently performed together may require new or revised codes;

- The structure and content of the proposed code descriptor accurately reflects the procedure or service as typically performed. If always or frequently performed with one or more other procedures or services, the descriptor structure and content will reflect the typical combination or complete procedure or service;
- The descriptor for the procedure or service is not proposed as a means to report extraordinary circumstances related to the performance of a procedure or service already described in the CPT code set; and
- The procedure or service satisfies the category-specific criteria set forth below.

Category Specific Requirements

A. Category I Criteria

A proposal for a new or revised Category I code must satisfy all of the following criteria:

- All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service;
- The procedure or service is performed by many physicians or other qualified health care professionals across the United States;
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low volume);
- The procedure or service is consistent with current medical practice;
- The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code change application.

B. Category III Criteria

The following criteria are used by the CPT/HCPAC Advisory Committee and the CPT Editorial Panel for evaluating Category III code applications:

- The procedure or service is currently or recently performed in humans, **AND**

At least one of the following additional criteria has been met:

- The application is supported by at least one CPT or HCPAC advisor representing practitioners who would use this procedure or service; **OR**
- The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the Editorial Panel; **OR**

There is:

- a) at least one Institutional Review Board approved protocol of a study of the procedure or service being performed,
- b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or
- c) other evidence of evolving clinical utilization.



Cover Sheet for the Short Form CPT® Coding Change Application

It is recommended that Applicants consult with national medical specialties and other qualified healthcare professional organizations that will typically provide the proposed procedure(s)/service(s) requested in this application to obtain comments on the type of work and potential for development of relative value units (RVUs) by the AMA Specialty Society RVS Update Committee (RUC). With recognition of scheduling needs of the specialty societies, when assistance from a specialty society will be sought, it is highly recommended that the Applicant plan for enough time for scheduling such discussions in advance of the application deadline to avoid violation of the AMA Statement on Lobbying. Interested national specialty organizations may have deadlines prior to the CPT application submission deadline to allow for application review and comment.

Date:

Change Requested by:

Name(s):

Organization:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Please include this cover sheet with your application.

Notice of Potential Review by Interested Parties

An “Interested Party” is an individual or entity that may have a legitimate interest or may potentially be impacted by the CPT Editorial Panel’s decision related to this application, as determined by the AMA. If recognized by the AMA, an Interested Party may request review of your application in advance of the CPT Editorial Panel meeting. You will be notified of the identity of any Interested Party recognized by the AMA with respect to this application. The application fields indicated below (including supporting documentation) will be provided to an Interested Party. Fields not identified below will not be shared with Interested Parties.

- Applicant (both the individual’s and organization’s identity)
- All information in sections 3 and 4 (FDA, HDE, rationale, code descriptor additions/deletions/revisions)
- Current Code Justification
- Site of Service
- Diagnosis/Condition for treatment
- Prevalence of Disease
- Specialties and Sub-Specialties that perform the Service
- Clinical Vignette/Description of patient
- Description of Procedure
- Submitted Literature and other supporting documentation

I, the Applicant, acknowledge and agree.

CPT Confidentiality Agreement

In consideration of the permission granted to me to participate in the CPT code development process, including submission of this code change application and participation on or attendance at meetings of the CPT Editorial Panel (“Panel”), the CPT Advisory Committee, the Health Care Professionals Advisory Committee, the CPT Assistant Editorial Board, and ad hoc and/or standing workgroups and committees established by the Panel (each a “Meeting” and collectively “Meetings”), I, the Applicant, agree to the following:

1. I will maintain as confidential any and all materials and information that I obtain in connection with my participation in the CPT code development process, attendance at or participation in any Meeting, including but not limited to the following information, which shall collectively be considered “Confidential Information” and proprietary to the AMA:
 - Meeting materials that are made available by the AMA, including agendas and code change applications;
 - CPT codes and modifiers, text descriptors, cross references, and guideline language that have not yet been published by the AMA in any form, including in print or online, as well as content scheduled for publication in the CPT Assistant or other AMA coding publications or products (“Publication”); and
 - any information disclosed or discussed at a Meeting, and the identity and affiliation of the individual who provided the information.

The foregoing information shall be considered Confidential Information regardless of the format or forum by which it is provided to or obtained by the undersigned including but not limited to oral, electronic or print media.

2. I will use Confidential Information only in connection with my participation in the code development process and the Meeting. I will not disclose, distribute or publish Confidential Information to any individual or entity in any manner whatsoever, and I will not publish or authorize anyone else to publish Confidential Information in any Web posting, social media, article, newsletter, press release, publication, or other communication; provided, however, when participating in the code development process and Meeting as an authorized representative of or on behalf of a company, society or other legal entity, I, as an individual, understand that I am permitted to disseminate Confidential Information to appropriate individuals in that organization, for internal use within such organization solely in connection with such organization's coding activities. Further, I understand that I am permitted to disclose non-Confidential Information.

3. I will not use audio or video recording or photographic device in any manner during a Meeting to record or to copy Confidential Information. I will not remove any notices of copyright, trademark, confidentiality or other conditions on materials obtained by me or take any other action to circumvent the purpose and intent of this Confidentiality Agreement.

4. I acknowledge that the Panel can modify or eliminate a CPT code or the language or guidelines associated with a code at any time up to the date of final Publication of the CPT code set. Panel actions are not final until distribution of the CPT code set (on or before August 31 of each year). I acknowledge that the early release of Panel actions and any related information can cause significant disruption and confusion for physicians, patients, payers and third parties and could cause irreparable injury to the AMA and others. I understand however, that I am permitted to disclose and publish the limited information contained in the Summary of Panel Action document that is posted to the [AMA public website](#) within 30 days of each Panel meeting. I understand that, prior to AMA Publication, any information that I publish beyond that contained in the Summary of Panel Action document will be considered a violation of this Confidentiality Agreement.

5. I understand that Confidential Information does not include information that (a) is already in my possession not as a result of any breach of confidentiality by myself or any third-party, (b) is publicly available other than through breach of these or other confidentiality obligations, (c) is received by me from a third-party if such third-party was authorized to release the information and is not in breach of any confidentiality obligations, or (d) is subject to Publication or other disclosure by the AMA.

6. Violators of this Agreement may be barred from future Meetings or otherwise sanctioned.

7. This Confidentiality Agreement is not exclusive, and other confidentiality or non-use requirements, such as those imposed by the RVS Update Committee, and other actions and remedies, including third-party remedies and the AMA's right to seek injunctive relief, may apply to the information that I have access to as the result of my participation in the code development process and Meeting.

8. I, the Applicant, agree that the terms of this Confidentiality Agreement are binding on me, individually, and on the company, society or other legal entity on behalf of which I am an authorized representative. I understand that the AMA is materially relying on this representation and certification.

I, the Applicant, acknowledge and agree.

Copyright Assignment

All proprietary rights including copyright in and to CPT codes, modifiers, text descriptors, cross references, guideline language, parentheticals and other materials, created by submission of this code change application and through the CPT code development process shall be owned by the American Medical Association. By checking below, I acknowledge the AMA's proprietary rights including copyright and I hereby assign to the AMA any right, title and interest in and to such copyrightable works.

I, the Applicant, acknowledge and agree.

Statement of Compliance with the CPT Conflict of Interest Policy

For convenience, key elements of the Conflict of Interest Policy applicable to each Applicant in his or her individual capacity and each Presenter are summarized below. Note that an application Preparer is a Presenter. The Conflict of Interest Policy in its entirety is controlling (please refer to the [Conflict of Interest Policy](#) for additional information):

- 1) **General Rule Regarding Interests**. Each code change application Applicant and each Applicant-designee making a presentation to the Panel about a code change application (“**Presenter**”), shall disclose all Interests held by the Applicant or Presenter and his or her Immediate Family Members.
 - a. **Written Disclosures of Interests by Applicant and Each Presenter**. Written disclosures of all Interests must be made by each Applicant on a Statement of Compliance at the time of submission of the code change application. Written disclosures of all Interests must be made by each Presenter on a Statement of Compliance prior to the meeting of the Panel at which a Presenter will present his or her code change application.
 - b. **Oral Disclosure of Interests by Applicant and Each Presenter**. Oral disclosure of Interests that are directly related to a code change application that is pending before the Panel is required by an Applicant and Presenter prior to addressing the Panel about that application.
 - c. **Impact of an Interest**. Following written disclosure of all Interests of an Applicant or Presenter, or his or her Immediate Family Member, and oral disclosure of Interests that are directly related to a code change application that is pending before the Panel, the impacted individual is not restricted in any way in performing his or her role as an Applicant or Presenter.
- 2) **Key Definitions**.
 - a. **“Interest(s)”** means the following activities of or roles held by an Applicant and Presenter or his or her Immediate Family Member (unless otherwise noted):
 - i. **Employment** – The Applicant or Presenter’s current employer, job title, description of role (in brief) and whether the employer is the applicant on the code change application that is pending before the Panel. This disclosure requirement does not apply to Immediate Family Members.
 - ii. **Receipt of Value** – The Applicant or Presenter, or his or her Immediate Family Member, received any Value within the prior 24 months or anticipates receiving any Value in the next 24 months. The Value is separated into three categories:
 1. **Corporate** – The Applicant or Presenter, or his or her Immediate Family Member, is an owner, director or officer of; or an employee or agent who has decision-making authority in, a corporate entity, the Value of which will

or is likely to be impacted by the code change application that is pending before the Panel.

2. *Individual* – The Applicant or Presenter, or his or her Immediate Family Member, will or is likely to receive any Value based on the decision on the code change application that is pending before the Panel.
 3. *Specialty Society* – The Applicant or Presenter, or his or her medical specialty society, will receive any Value for the Applicant or Presenter’s consulting on, advising on or strategizing about the code change application that is pending before the Panel.
- iii. *Developmental Interest* – The Applicant or Presenter, or his or her Immediate Family Member, has a Developmental Interest in the code change application that is pending before the Panel.
 - iv. *Other* - Any other interest that a reasonable person would consider relevant to or potentially impacting the judgment or decisions of the disclosing Applicant or Presenter in the context of Panel business.

3) **Other Definitions.**

- a. “**Applicant**” means each individual and corporate entity identified as an applicant or co-applicant on a code change application. For the purposes of the disclosure below, an Applicant must make a disclosure only in his or her individual capacity.
- b. “**Developmental Interest**” means the Applicant and Presenter’s, or his or her Immediate Family Member’s, involvement in study or research development, execution of testing or studies, or authorship of published literature related to the code change application that is pending before the Panel and in connection with which such has received Value or a promise of future Value from a pharmaceutical, biological or medical device manufacturer outside of a research grant in which the individual’s literature will be cited. Developmental Interest excludes the subject individual’s membership on a safety or a monitoring committee (or its equivalent) for a research grant.
- c. “**Immediate Family Member**” means a spouse, domestic partner, parent, child, brother or sister. Requirements for disclosure of interests of Immediate Family Members apply to the extent such interests are known by the disclosing person.
- d. “**Presenter**” means an Applicant’s designee to make an oral or written presentation to the Panel on a code change application. Presenter includes a Preparer who prepares all or a portion of a code change application for presentation to the Panel.
- e. “**Value**” means money, goods or any other item or service of value, whether the same increases or decreases. Value is aggregate, and includes but is not limited, to:
 - i. Sales
 - ii. Intellectual property valuation, royalties or other rights
 - iii. Funding support, including grants
 - iv. Stock value, only if the stock is included in an actively managed personal investment account

- v. Consulting fees
- vi. Gifts including meals, paid travel and speaking bureau participation
- vii. Fees or other compensation for speaking engagements, including honoraria
- viii. Salary or salary support
- ix. Expert testimony payment

Value excludes any payment or reimbursement of expenses received from a medical specialty society for services that are educational or generally applicable to all members of such society and that are otherwise not for the benefit of any individual of such society.

Disclose all Interests below:

INTERESTS

- Identify all Interests held by you and your Immediate Family Members

I affirm that I have read and understand the CPT Conflict of Interest Policy. Each of my, and my Immediate Family Members', Interests at this time are set forth below. I understand that I have a continuing obligation to comply with the CPT Conflict of Interest Policy and will update this form, as needed, during the course of the year and annually at the request of the Chair of the Editorial Panel.

Attestations

I hereby attest to each of the following:

1. I understand that my code change application will be evaluated by the CPT Editorial Panel, CPT/HCPAC Advisors, Members of Advisory Committees, as applicable, and AMA staff. I will timely cooperate with requests from the CPT Editorial Panel, CPT/HCPAC Advisors, committee members and AMA staff for clarification and information.
2. I understand that it is recommended that I consult with national medical societies and other qualified healthcare professional organizations that will typically provide the proposed procedure(s)/service(s) requested in this application to obtain comments on the type of work and potential for development of relative value units (RVUs) by the AMA Specialty Society RVS Update Committee (RUC) **prior to the submission** of this application to comply with the [CPT Statement on Lobbying](#).
3. I understand that this application is not complete until I and the other co-Applicants and Preparers (if applicable) named on this code change application have electronically completed the **CPT Confidentiality Agreement**, the **Copyright Assignment** and a **CPT Conflict of Interest Policy Compliance Statement**. Failure to submit a complete application and the requested documentation within the requested timeframe will prevent AMA staff from processing my code change application. If the code change application is not submitted in time for the upcoming Panel meeting, or it is incomplete, I understand that my application will not be considered at the next Panel meeting, but that the application may be resubmitted for consideration by the Panel at a later date.
4. I understand that, after I submit this code change application, I may withdraw this application up until the time that the CPT Editorial Panel takes up the agenda item at a CPT Editorial Panel meeting. At that time, the application falls under the authority of the Editorial Panel, and may not be withdrawn.

I, the Applicant, acknowledge and agree.

This form plays a vital role in maintaining and increasing the efficiency of the CPT process. Please complete the entire form (insert additional lines and pages as needed). Refer to the accompanying instructions if necessary. Once the application is completed, [submit it using the instructions on the last page of this application](#). (Press “Ctrl” and click link)

When requesting a new code, the entire form should be completed. When submitting a request for multiple new codes, a response should be provided for each new code. The Applicant may need to create additional lines and pages as needed. Refer to the [code change application instructions](#) if necessary. Once the application is completed, submit the form electronically to the AMA. (See information on submitting applications on the last page for [instructions on uploading](#) applications, literature supplements and other documents.)

You may withdraw your application up until the time that the CPT Editorial Panel takes up the agenda item at a CPT Editorial Panel meeting. At that time, the application falls under the authority of the Editorial Panel and may not be withdrawn. If the CPT Editorial Panel determines that additional information or evaluation is warranted, consideration of your application may be tabled until later during that meeting or postponed until time certain (a specific future CPT meeting) or to time uncertain.

Code Descriptor Formatting Instructions

When entering code information on this application, please use the formatting shown below. When **ADDING** codes, this will require specifying the recommended terminology (code descriptor) for the proposed CPT code and the placement of the proposed code in the current text of CPT (list section, subsection as illustrated below). When requesting a code **REVISION** you should use strike-pouts for deletions and underlining for additions/revisions (example: 33420 Valvotomy, mitral valve (~~commissurotomy~~); closed heart). You may copy and paste the following symbols as appropriate:

- This symbol precedes a **new** code (example: ● 1234X)
- ▲ This symbol precedes a **revised** code (example: ▲ 12345)
- ⊕ This symbol indicates an **add-on code** to be reported with another code (example: ⊕12345)
- ☒ This symbol indicates codes that are **exemptions to modifier 51**, but have not been designated as CPT add-on procedures or services (example: ☒12345)
- ↗ This symbol indicates codes that are **product pending FDA approval** (example: ↗12345)
- # This symbol indicates codes that are **out-of-numerical sequence** (example: #12345)
- ★ This symbol indicates codes that are **telemedicine** (example: ★12345)

Example:

Surgery Digestive System Stomach Incision

D12345 ~~Old procedure~~

(Code 12345 has been deleted. To report, see 1234X1-1234X2)

◎●1234X1 New procedure first

⊕◎●1234X2 each additional (list separately in addition to primary procedure)

(Report code 1234X2 in conjunction with code 1234X1)

1. With which screen has this service been selected for review by the CPT Editorial Panel?
(please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Codes Inherently Performed Together | <input type="checkbox"/> Harvard Valued Codes |
| <input type="checkbox"/> High Volume Growth | <input type="checkbox"/> Site of Service Anomalies |
| <input type="checkbox"/> CMS Fastest Growing Procedures | <input type="checkbox"/> New Technology Services |
| <input type="checkbox"/> CMS/Other Source | <input type="checkbox"/> CMS High Expenditure Procedures |
| <input type="checkbox"/> High IWPUT (intraservice work per unit of time) | <input type="checkbox"/> Post-Operative Visits |
| <input type="checkbox"/> Negative IWPUT | <input type="checkbox"/> Services Surveyed by One Specialty and Now Performed by a Different Specialty |
| <input type="checkbox"/> Other | |

Please list specific screen:
[Click here to enter text.](#)

Please indicate the specific AMA Staff member who was consulted regarding the use of the short form:

[Click here to enter text.](#)

[Top ↑](#)

2. Indicate the specific reasons why this code change is necessary and provide rationale to explain why this issue was referred to the CPT Editorial Panel by the RUC (i.e., refer to the Relativity Assessment Workgroup report).

[Click here to enter text.](#)

3. Following the [Code Descriptor Formatting Instructions](#), specify the proposed new, revised and/or deleted codes, descriptors, parentheticals and guidelines as applicable. List all current codes related to your request, not just the individual code changes. (Refer to the [code change application instructions](#) for more detailed information.)

[Click here to enter text.](#)

4. Please review the most frequent conditions reported for the current codes as presented on the RUC database. Do you believe these accurately reflect the entire (i.e., not limited to Medicare) population?

Yes

No

Additional Comments:

[Click here to enter text.](#)

5. Will the combined service or remaining uncombined services be used for different conditions than presently listed?

Yes

No

Additional Comments:

[Click here to enter text.](#)

6. Please provide a list of CPT codes for all procedures/services which are an integral part of the proposed procedure/service. This list should include CPT codes for all procedures/services which, if coded in addition to the code for the procedure/service proposed here, would represent unbundling.

[Click here to enter text.](#)

For reference only

7. Is the requested service typically reported on the same date as services reported with existing CPT codes? If yes, please explain why multiple codes are typically reported.

Yes

No

Additional Comments:

[Click here to enter text.](#)

8. Do you request that this service be added to Appendix E (i.e. should this application be presented to the RBRVS Update Committee for valuation as modifier 51 exempt)?

Yes

No

Additional Comments:

[Click here to enter text.](#)

9. Has there been a change in the diagnosis or conditions for which this service/procedure is designed to diagnose/treat? If so, please specify the change.

Yes

No

Additional Comments:

[Click here to enter text.](#)

10. If you are recommending a new code, please estimate the percentage of services performed using current codes that would now be coded using the proposed new code. Please cite your data sources (example: Current code 12345 will now be reported by ●123X1 30% of the time, ●123X2 70% of the time).

[Click here to enter text.](#)

11. For each proposed coding change, please provide (attach) a clinical vignette that describes the typical patient who would receive the procedure(s).service(s) including diagnosis and relevant conditions. Please refer to the sample format and examples of appropriate clinical vignettes included in the code change application instructions. This same vignette is used during the development of work values by the AMA/Specialty Society RVS Update Committee (RUC). It is important that the description of the typical patient make apparent the degree of complexity required to provide the service.

Sample Vignette for Cat I RUC application

Clinical Vignette/Typical Patient

A 65 year old obese male smoker undergoes a screening duplex scan for abdominal aortic aneurysm.

[Click here to enter text.](#)

12. For each [proposed coding change, please provide (attach) a brief description of the procedure(s)/service(s) performed by the physician or non-physician health care professional. Please refer to the sample and examples of appropriate descriptions of service included in the code change application instructions. This should be a summary description and should **not** contain the detail or pre, intra and post service breakdowns that are required as part of the AMA/Specialty Society RVS Update Committee (RUC). It is important that the description of the service make apparent the degree of complexity required to provide the service.

If the description includes services that are reported separately, please clearly indicate this separate reporting. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

Example:

Indications for the examination and any pertinent clinical history are reviewed. The technologist who performs the examination is supervised. The ultrasound examination is interpreted, with evaluation of the target structures, and the measured aortic diameter is confirmed. A report for the medical record is dictated, and the final report is reviewed and signed. The findings are communicated to the referring provider

[Click here to enter text.](#)

13. Please identify the specialties or sub-specialties that might perform this procedure/service.

[Click here to enter text.](#)

14. What is the typical site of service that this procedure is performed in? (please check all that apply)

Office or other outpatient setting

Emergency department

Independent laboratory

Domiciliary/rest home

Hospital inpatient

Patient's home

Psychiatric facility

Nursing facility

Hospital outpatient

Ambulatory surgical center

Other

15. Other Comments:

[Click here to enter text.](#)

For reference only

Final Attestations

By signing below, I, the Applicant, hereby attest to each of the following:

1. The information provided in this application is true, correct and complete, and, to the best of my knowledge, accurately depicts current clinical and or surgical practice;
2. I have read the CPT Statement on Lobbying, Criteria for Development and Evaluation of CPT Category I and Category III codes, CPT Code Application Instructions, CPT Editorial Panel Confidentiality Agreement, and CPT Application Process FAQs all referenced on the [Applying for CPT Codes](#) (press "Ctrl" key and click link) page and on related pages; and
3. I have authority to sign this application in both an individual and organizational capacity.

Signature	
Print Name	
Organization (if applicable)	
Date	



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If you have any questions concerning the requirements on the Coding Change Application, please consult with AMA staff prior to the submission of your application. An incomplete application may delay processing of your request and may cause it to be returned.

AMA CPT Editorial Research and Development
Voice (312) 464-5486, fax (312) 224-6916