



CPT® Editorial Summary of Panel Actions February 2020

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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 23, 2020, fourteen (14) days after the published posting date (March 9, 2020) 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 & Regulatory Affairs
American Medical Association
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 Coding & Regulatory Affairs 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., 102X4, 234X2, 030XT) 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	Red Blood Cell Exchange - Automated and Manual	36450 36512	Accepted addition of cross references following codes 36450, 36512 to direct users to appropriate codes for reporting automated red cell exchange and manual red cell exchange	January 1, 2021
7	Repair of Hypospadias-Revise 54352	-----	WITHDRAWN	
8	Intraoperative Cholangiography Imaging-Delete 74301	-----	WITHDRAWN	
9	Ultrasound Study Follow Up-Delete 76970	D76970	Accepted deletion of code 76970	January 1, 2021
10	Acetaminophen Therapeutic Drug Assay	● 80XXX	Accepted addition of code 80XXX to report acetaminophen therapeutic drug assay; and revision of TDA guidelines to add testing for a suspected non-prescribed medication	January 1, 2021
11	Alcohol (Ethanol) Immunoassay	● 81XX3 ▲ 82075	Accepted addition of code 81XX3 for reporting immunoassay and enzymatic methods of testing for alcohol (ethanol) in specimens other than urine and breath; and revision of code 82075 to indicate it is a parent code to 81XX3	January 1, 2021
12	Amiodarone Therapeutic Drug Assay	● 80XX2	Accepted addition of code 80XX2 to identify therapeutic drug assay/monitoring for Amiodarone	January 1, 2021
13	Salicylate Therapeutic Drug Assay	● 80XX1	Accepted addition of code 80XX1 to report salicylate therapeutic drug assay; and revision of TDA guidelines to add testing for a suspected non-prescribed medication	January 1, 2021
14	Bacterial Vaginosis	● 81XX4	Accepted addition of Category I MAAA code 81XX4 for infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal fluid specimens	January 1, 2021
15	Tier 1-BCAT1 IKZF1	-----	WITHDRAWN	

16	GSP-Copy Number Variation Analysis	-----	WITHDRAWN	
17	GSP-Epilepsy	● 81XX6	Accepted addition of Genomic Sequencing Procedure code 81XX6 for reporting for epilepsy gene panel	January 1, 2021
18	MAAA Idiopathic Pulmonary Fibrosis	● 81XX1	Accepted addition of Category I MAAA code 81XX1 for reporting MAAA test for suspected idiopathic pulmonary fibrosis	January 1, 2021
19	MAAA Gene Sequencing Classifier Assay	● 81XX2 D81545	Accepted addition of Category I MAAA code 81XX2 for reporting genomic sequencing classifier; and deletion of MAAA code 81545	January 1, 2021
20	MAAA Liver Fibrosis	● 002XM	Accepted addition of Administrative MAAA code 002XM to identify multianalyte assay with algorithmic analysis for liver fibrosis testing	April 1, 2020
21	Admin MAAA Adrenal Cortical Carcinoma	-----	WITHDRAWN	
22	PLA Q1 2020 Consent Calendar	▲ 0068U ▲ 0165U D0124U D0125U D0126U D0127U D0128U	Accepted addition of 30 new Proprietary Laboratory Analysis codes; revision of 2 codes; deletion of 5 codes; and rejection of 1 code	January 1, 2021
23	Congenital Heart Catheterization	-----	POSTPONED	
24	Cat III Focused Ultrasound for Peripheral Neuropathy	-----	WITHDRAWN	
25	Electric Field Navigated Transcranial Magnetic Stimulation (E-field nTMS)	-----	WITHDRAWN	
26	Low Level Laser Therapy (LLLT)	-----	WITHDRAWN	
27	Cat III Automated Thermal Contrast Therapy	-----	WITHDRAWN	
28	Functional Kinetic Stabilization	-----	WITHDRAWN	

29	Telemedicine Health and Wellness Services	-----			WITHDRAWN	
30	Cat II Rheumatoid Arthritis	-----			WITHDRAWN	
31	Cat II Heart Failure-Revise 4010F	-----			WITHDRAWN	
32	Cat III Well Being Coaching-Revise 0591T	-----			REJECTED	
33	Cat III Health Coaching	-----			WITHDRAWN	
34	Cat III Automated Advanced Coronary Analysis	-----			POSTPONED	
35	Cat III Trabeculectomy Ab Interno	● 05XXT ● 06XXT			Accepted addition of codes 05XXT, 06XXT to report trabeculectomy ab interno by laser and use of ophthalmic endoscope when used with trabeculectomy	January 1, 2021
36	Cat III Endovascular Venous Arterialization	● 0X22T			Accepted addition of code 0X22T to report tibial or peroneal vein endovascular arterialization with transcatheter placement of intravascular stent graft(s)	January 1, 2021
37	Appendix C Revisions	-----			WITHDRAWN	
38	Code Set Maintenance	20662 37790 55862 21151 43020 55865 21295 44407 64755 21348 44720 64809 21431 44721 64907 23490 45116 69676 23802 45825 69915 23921 46712 75880 24125 48500 78120 24155 50045 79200 24362 50070 89049 24470 50100 96571 24800 50290 96932 25392 50520 96935 25393 50540 D 43855 25443 50750 D 49220 25491 50810 D 57112			Accepted retention of 70 codes; and deletion of 15 codes due to low utilization	January 1, 2021

		25492 50930 D58293 26555 51060 D61870 27067 51925 D62163 27282 53080 D63180 27831 53085 D63182 29015 53250 D63195 29902 54900 D69605 34471 55200 D74440 35511 55605 D76101 35642 55725 D78135 37160 55812 D92317 D95071		
39	CPT Literature Standards-Outside US Data	-----	Accepted elimination of the Category I literature requirements that requires a US patient population for one study	
40	VCC Bylaws	-----	Accepted updates to the Rules of Procedures for the Vaccine Coding Caucus	
41	CPT Code Set Release Schedule	-----	Accepted revision to the CPT Code Set release schedule dates to provide standardization across the code set and meet stakeholder needs	
EC	Request for Reconsideration- Tab 58 Transurethral Waterjet Resection of Prostate	-----	REJECTED	
EC	Guideline Revision (Tab 6-September 2018) Online Digital Evaluation Service (e-Visit)	▲98970 ▲98971 ▲98972	Accepted revision of codes 98970, 98971, 98972 to include assessment	
EC	Guideline Revision – Auditory Evoked Potential-925X1		REJECTED	
EC	Definition of Proceduralist		REJECTED	