



## CPT® Code Descriptor Formatting Instructions

American Medical Association | Current Procedural Terminology (CPT®)

Please review the formatting instructions below when proposing code changes on this application. It is advised that you familiarize yourself with the introductory material and guidelines included within *Current Procedural Terminology* and the CPT conventions (e.g., semicolon, the indent, “separate procedure,” cross-references, etc.) in addition to viewing these instructions. Refer the CPT Smart App [help video](#) for a walkthrough of these instructions

### When requesting to add a new code:

1. Specify the placement of the proposed code in the current CPT Code set (use the CPT Smart App “Search” and “Table of Contents” tools to find the appropriate section, subsection, and/or adjacent codes)
2. Use any of the following CPT Smart App tools to add your code:
  - a. Selecting the “Edit” pencil icon on existing codes or new codes in this application
    - i. You have the ability to add new codes before and after other codes
  - b. Selecting “Add” button at the bottom of the sections
  - c. Adding new subsections and selecting “Code” as an initial record
    - i. Add new subsections via the “Edit” pencil icon on section/subsection headers
  - d. You can also add “Child Codes” after new or existing codes and/or other “Child Codes”
3. Create a temporary ID using the instructions in the “Create New Code Identifier” window
4. The “New Code” symbol will be automatically appended to your new code once the ID is entered.
5. Add a code descriptor for your new, proposed CPT code in the text input box.
  - a. Refer to the General Criteria for [Category I and Category III Codes](#) or [Category II Codes](#) for additional requirements
  - b. The tool also allows for additional symbols to be appended to your code and can be found in the toolbar for the text entry box. Refer to the “CPT Symbols” section below for more details
6. Indicate which codes that may come before or after your suggested new code. Include this reference content by using the **For Placement Only** tool (flag icon) to add it to your ballot. The codes will be italicized and will indicate surrounding content that is for reference only and that you have not modified.

### When requesting to modify an existing code:

1. Search the current CPT Code set (use the CPT Smart App “Search” and “Table of Contents” tools to find the appropriate section, subsection, and/or adjacent codes) to find the code(s) you wish to modify
2. Select the “edit” option from the pencil icon at the right of the existing code you want to modify
3. Add and/or remove text using the tools provided. Use your keyboard backspace or the strike-out feature to delete portions of the code descriptor, and/or type in your new additions
  - a. New additions will be underlined in green and deletions will be stricken in red
  - b. The tool also allows for additional symbols to be appended to your code and can be found in the toolbar for the text entry box. Refer to the “CPT Symbols” section below for more details
4. The “Revised Code” symbol will be automatically appended to your edited code once changes are saved.
5. Indicate which codes that may come before or after your suggested new code. Include this reference content by using the **For Placement Only** tool (flag icon) to add it to your ballot. The codes will be italicized and will indicate surrounding content that is for reference only and that you have not modified

## When requesting to delete an existing code:

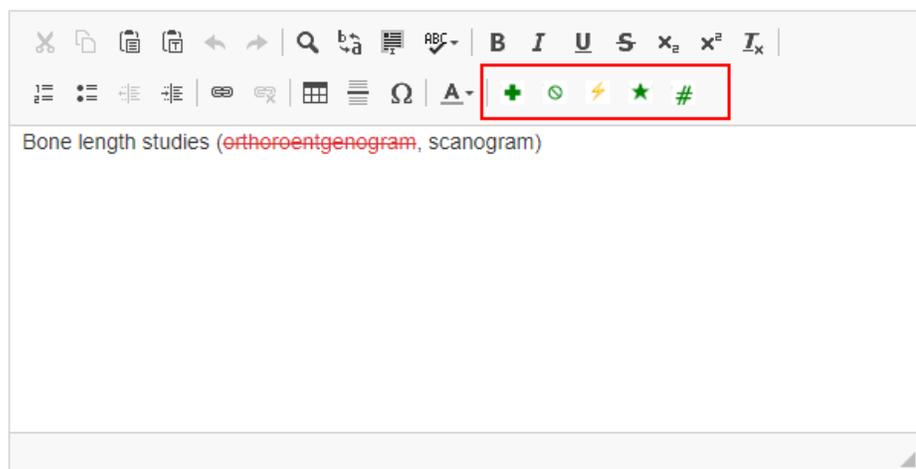
1. Search the current CPT Code set (use the CPT Smart App “Search” and “Table of Contents” tools to find the appropriate section, subsection, and/or adjacent codes) to find the code(s) you wish to delete
2. Select the pencil icon at the right of the code you wish to remove and choose “Delete”
3. The Code ID and it’s descriptor will be stricken-through, along with any parentheticals
4. A “cross-reference note” will be automatically created when a code is deleted. You must specify the appropriate code(s) to report to as a result of this deletion
5. Search for all other instances of the delete code to be removed from the CPT code set

## Code Symbols

CPT Symbols can be added to new and existing codes by selecting the pencil icon to the right of a code and choosing “Edit”. Once the text editor is opened, the symbols display as sub-menu items, which are depicted below along with the definition of what each symbol represents.

| Symbol | Description   |
|--------|---|
| ●      | This symbol precedes a <b>new</b> code (example: ●12X34)<br><b>Note: This symbol is automatically applied to any new code you create</b>                    |
| ▲      | This symbol precedes a <b>revised</b> code (example: ▲ 12345)<br><b>Note: This symbol is automatically applied to any existing code you modify</b>          |
| +      | This symbol indicates an <b>add-on code</b> to be reported with another code (example: +12345)  |
| ⊖      | This symbol indicates codes that are <b>exemptions to modifier 51</b> , but have not been designated as CPT add-on procedures or services (example: ⊖12345) |
| ⚡      | This symbol indicates codes that are <b>product pending FDA approval</b> (example: ⚡12345)  |
| #      | This symbol indicates codes that are <b>out-of-numerical sequence</b> (example: #12345)   |
| ★      | This symbol indicates codes that are <b>telemedicine</b> (example: ★12345)  |

▲77073



Bone length studies (orthoroentgenogram, scanogram)

Cancel Save

## Example Ballot:

### Category I Codes

#### Radiology

#### Bone/Joint Studies

- 77071** *Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated*
- (For radiographic interpretation of stressed images, see appropriate anatomic site and number of views)*
- **77X70** This is a new procedure
  - ✚● **12X45** each additional (List separately in addition to code for primary procedure)  
(Report 12X45 in conjunction with 77X70)
- 77072** *Bone age studies*
- ▲ **77073** Bone length studies (~~orthoroentgenogram~~, scanogram)
- 77074** *Radiologic examination, osseous survey;limited (eg, for metastases)*
- ~~**77080** *Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites;axial skeleton (eg, hips, pelvis, spine)*~~
- ~~*(Do not report 77080 in conjunction with 77085, 77086)*~~
- (77080 has been deleted. To report see 77X70)
- # **77085** *axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment*
- (Do not report 77085 in conjunction with ~~77080~~, 77X70, 77086)*
- # **77086** *Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)*
- (Do not report 77086 in conjunction with ~~77080~~, 77X70, 77085)*
- ~~**77084** *Magnetic resonance (eg, proton) imaging, bone marrow blood supply*~~
- (77084 has been deleted. To report, see 77X70, 12X45)



**Code Descriptor examples for the MoPath MAAA section:**

If this is a request for a new code, specify the recommended terminology (code descriptor) for the proposed code. If proposing Tier 1 or Tier 2 placement, please use standardized nomenclature for these code sets (eg, gene name is represented by an abbreviation followed by the HUGO- approved full gene name italicized in parentheses, with proteins or diseases commonly associated with the genes listed as examples. Include gene variants as applicable.

**Examples:**

Tier 1: ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)

Tier 2: CAPN3 (*Calpain 3*) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence

Genomic Sequencing Procedures (GSP's) and other Molecular Multianalyte Assays: Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes including *FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK*.

Category I MAAA: Disease type, methodology, chemical analyzed, number of markers, functional domains (if indicated), specimen type, algorithm type, report type. (Please include the proprietary name and manufacturer)

Administrative MAAA: Same code descriptor structure as Category I MAAA above. (Please include the proprietary name and manufacturer)

**Additional CPT Conventions and Rules**

| <b>Parenthetical Order</b><br>*Do not include add-on codes when base code is listed   | <b>Overlapping Content</b><br>*Content approved at a recent meeting within the CPT Cycle, not yet published during creation of a ballot.   | <b>Check for the following</b>   |
|---|--|--|
| <p><b>Unconditional Inclusionary</b><br/>(Use XX in conjunction with XX...)</p> <p><b>Conditional inclusionary</b><br/>(Use XX in conjunction with XX when the...)</p> <p><b>Instructional</b><br/>(XX, XX are not to be used for...) <b>OR</b> (Use XX when...)</p> <p><b>Unconditional exclusionary</b><br/>(Do not report XX in conjunction with XX)</p> <p><b>Conditional exclusionary</b><br/>(Do not report XX in conjunction with XX for the...)</p> <p><b>Cross-reference</b><br/>(For immediate or delayed insertion of implant, use [one code] XX) <b>OR</b> (For immediate or delayed insertion of implant, see [more than one code] XX, XX)</p> | <p>Given the dynamic nature of the CPT code set, when preparing your code change request, it is important to consider other related Panel actions in the same CPT Cycle which may impact your code change request. For instance, if the Panel accepted changes in the Surgery/Auditory/Middle Ear subsection, and you are proposing revisions to the same section, it is advisable to review recent (not yet published) Panel actions related to this section of the code set. <b>This content may need to be placed in the ballot for reference and/or revision.</b></p> <p>Check ballot for potential overlapping information from the following:</p> <ul style="list-style-type: none"> <li>✓ Same Meeting Cycle</li> <li>✓ Cross-check prior CPT Editorial Panel Action:               <ul style="list-style-type: none"> <li>✓ CPT Editorial Panel Action Memorandum (located in <b>Collaboration</b>)</li> <li>✓ CPT Editorial Panel Summary of Panel Actions (located on the AMA Public web site)</li> </ul> </li> <li>✓ Errata (located on the AMA Public web site)</li> </ul> | <ul style="list-style-type: none"> <li>✓ Separate parentheticals for multiple code families (ie, provide separate listings when codes are from a different section)</li> <li>✓ List out code ranges for ≤ 10 codes for both parentheticals and guidelines</li> <li>✓ Apply code ranges for codes &gt; 10 codes for both parentheticals and guidelines</li> </ul> |