

# CPT<sup>®</sup> Appendix S: Artificial Intelligence Taxonomy for Medical Services and Procedures

## Most recent changes to the CPT<sup>®</sup> Appendix S

- Replace the term “relevant” with “meaningful” to reflect the term “meaningful conclusions” throughout the Artificial Intelligence Taxonomy for Medical Services and Procedures section of Appendix S.

It is important to note that further CPT Editorial Panel or Executive Committee actions may affect these codes and/or descriptors. For this reason, code numbers and/or descriptor language in the CPT code set may differ at the time of publication. In addition, further Panel actions may result in gaps in code number sequencing.

The following Appendix S was accepted at the September 2021 CPT Editorial Panel meeting for the 2022 CPT production cycle.

Appendix S Guidelines	Released to AMA website	Effective	Publication
<p>This taxonomy provides guidance for classifying various artificial intelligence (AI) applications (eg, expert systems, machine learning, algorithm-based services) for medical services and procedures into one of these three categories: assistive, augmentative, and autonomous. AI as applied to health care may differ from AI in other public and private sectors (eg, banking, energy, transportation). Note that there is no single product, procedure, or service for which the term “AI” is sufficient or necessary to describe its intended clinical use or utility; therefore, the term “AI” is not defined in the code set. In addition, the term “AI” is not intended to encompass or constrain the full scope of innovations that are characterized as “work done by machines.” Classification of AI medical services and procedures as assistive, augmentative, and autonomous is based on the clinical procedure or service provided to the patient and the work performed by the machine on behalf of the physician or other qualified health care professional (QHP).</p> <p><b>Assistive:</b> The work performed by the machine for the physician or other QHP is assistive when the machine <b>detects</b> clinically relevant data without analysis or generated conclusions. Requires physician or other QHP interpretation and report.</p> <p><b>Augmentative:</b> The work performed by the machine for the physician or other QHP is augmentative when the machine <b>analyzes</b> and/or <b>quantifies</b> data in a clinically meaningful way. Requires physician or other QHP interpretation and report.</p> <p><b>Autonomous:</b> The work performed by the machine for the physician or other QHP is autonomous when the machine automatically <b>interprets</b> data and independently generates clinically <del>relevant</del> <u>meaningful</u> conclusions without concurrent physician or other QHP involvement. Autonomous medical services and procedures include interrogating and analyzing data. The work of the algorithm may or may not include acquisition, preparation, and/or transmission of data. The clinically <del>relevant</del> <u>meaningful</u> conclusion may be a characterization of data (eg, likelihood of pathophysiology) to be used to establish a diagnosis or to implement a therapeutic intervention. There are three levels of autonomous AI medical services and procedures with varying physician or other QHP professional involvement:</p> <p><b>Level I.</b> The autonomous AI draws conclusions and offers diagnosis and/or management options, which are contestable and require physician or other QHP action to implement.</p>	<p>December 30, 2021</p> <p><b>Revised Guideline Released to AMA website</b></p> <p>August 12, 2022</p>	<p>January 1, 2022</p>	<p>CPT<sup>®</sup> 2023</p>

