

Digital Medicine Coding Committee: 2026-2027 Work Plan Update

This update outlines the Digital Medicine Coding Committee's (DMCC) near-term work plan for advancing CPT coding infrastructure for clinical AI. It reflects the CPT Editorial Panel's continued commitment to stakeholder collaboration and to solving the coding challenges posed by AI-enabled care.

A Three-Legged Stool

The DMCC's approach to clinical AI coding rests on three interdependent workstreams. Each addresses a distinct dimension of how AI enters clinical practice, and together they form the structural basis for a coherent, durable coding framework.

Leg 1: Foundational Definitions (CPT Appendix S)

The CPT Editorial Panel has approved [updates to CPT Appendix S, the AI taxonomy](#) that classifies AI-enabled procedures and services. The DMCC submitted these updates, which reflect more than four years of real-world application feedback and extensive stakeholder input. The updates enhance the clarity and distinction between the assistive, augmentative, and autonomous categories, providing a more precise definition of what constitutes a clinically meaningful output. This workstream is complete, for now, and establishes the shared vocabulary on which the remaining two legs depend. The Taxonomy may need to be revisited following completion of the other two workstreams.

Leg 2: Clinically Meaningful Algorithmic Analyses (CMAA)

The Clinically Meaningful Algorithmic Analyses (CMAA) framework addresses coding for AI services that operate independent of concurrent physician or qualified health professional (QHP) work. Last year marked a major step forward in creating this structure, as the DMCC gathered extensive stakeholder feedback on CMAA at the September 2025 CPT Panel meeting and a December 2025 stakeholder hybrid meeting. The DMCC is using stakeholder feedback from past proposals and a planned stakeholder hybrid meeting in December of 2026 to inform a revised proposal for review and discussion at the February 2027 Panel meeting.

Coding and payment remain separate processes. That said, stakeholders identified meaningful links between the two, including concerns about payment pathways and varying industry- and specialty-specific requirements, as well as requests on how to value clinical AI services without physician/QHP work. These issues require further assessment before CMAA advances further through the Panel process.

Leg 3: Physician/QHP Work (AI-PC Project)

Discussions on creating a coding framework for CMAA highlighted the need for attention to the impact on and evolution of physician work as clinical AI advances. Accordingly, the AI-Professional Component (AI-PC) project will be the next workstream and will identify physician/QHP work, not currently captured

in the code set, that is created by implementing AI services in practice. Research is planned for late 2026 and continuing into 2027.

Sequencing

The AI-PC project and CMAA are the DMCC's current priorities, and the two workstreams are linked: AI-PC will level-set the discussion on how physician/QHP work is evolving alongside clinical AI without physician/QHP work. The DMCC intends to advance both CMAA and AI-PC through the CPT Panel process in CY 2027.

Transparency and Next Steps

The DMCC will maintain open, ongoing communication with stakeholders throughout this work. As dates for upcoming review periods and comment opportunities are finalized, we will provide venues for stakeholders to review draft proposals and early concepts before they advance through the Panel process.

Questions about this work plan can be directed to ccappssubmit@Z.ama-assn.org.