



CPT® Editorial Summary of Panel Actions May 2022

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Please be aware that these actions are a reflection of the discussions 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, June 24, 2022, fourteen (14) days after the published posting date (June 10, 2022) of the Summary Grid of Editorial Panel Actions on the CPT website <https://www.ama-assn.org/about/cpt-editorial-panel/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 (via email) to:

Zach Hochstetler
Director, CPT Coding & Regulatory Affairs
American Medical Association
Zachary.hochstetler@ama-assn.org

Participation by Interested Parties: The receipt of a request for reconsideration, the identity of the party seeking such, and a 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 around early to mid-September of each year. To report the services for 'X' codes, please refer to the actual codes as they appear in the CPT Datafiles publication.

Updated July 1, 2022

- New
- ▲ Revision
- ⊕ Add on
- D Deletion

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Tab #	Name	Codes	Request-Description	Effective Date	Request for Reconsideration
7	Ambulatory Pediatric-to-Adult Transition	-----	REJECTED		
8	Opioid Use Disorder Treatment Services	-----	WITHDRAWN		
9	Laparoscopic Subtotal Cholecystectomy	-----	WITHDRAWN		
10	Cat III 0424T-0436T to Cat I - Phrenic Nerve Stimulation System	-----	POSTPONED		
11	Transluminal Dilatation of Aqueous Outflow Canal - Revise 66174	▲66174 ▲66175	Accepted revision of codes 66174 and 66175 to include the term "canaloplasty" in parentheses.	January 2023	
12	Cat III - Arteriovenous Anastomosis with External Support Device	-----	WITHDRAWN		
13	Extracapsular Cataract Removal - Revise 66984	-----	WITHDRAWN		
14	Fluorescent-guided Craniotomy	-----	WITHDRAWN		
15	Open Subtotal Cholecystectomy	-----	WITHDRAWN		
16	Salpingectomy - Revise 58611	-----	REJECTED		

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17	Stab Phlebotomy	-----	WITHDRAWN		
18	Intra-abdominal Tumor Procedures	-----	WITHDRAWN		
19	SPECT Services - Editorial Changes	▲78803 ▲78830 ▲78831 ▲78832	Accepted revision of codes 78803, 78830, 78831, 78832 to differentiate reporting separate acquisitions with two radiopharmaceuticals	January 2023	
20	Intraoperative Cardiac Ultrasound Services	●7X000 ●7X001 ●7X002 ●7X003	Accepted addition of codes 7X000, 7X001, 7X002, 7X003 to report ultrasound intraoperative thoracic aorta diagnostic procedure	January 2024	
21	Actin (Smooth Muscle) Antibody Testing	-----	WITHDRAWN		
22	AQP4 Antibody Testing - Screening versus Titer	-----	Accepted revision of the description of procedure for codes 86052, 86053 to allow separate reporting when “screening” is followed by “titer” testing for the same sample	January 2023	
23	HPV Extended Genotyping	-----	REJECTED		
24	Gadolinium	-----	REJECTED		Regina Sutton, MD Request reconsideration of the decision to request to add a new Category I code 83XXX to the Chemistry section to report gadolinium

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25	Cytogenomics with Optical Genome Mapping	-----	WITHDRAWN		
26	Hep B Surface Antigen Immunoassay	● 8X002	Accepted addition of code 8X002 to report quantitative for hepatitis B surface antigen	January 2023	
27	MOG-IgG1 Antibody Testing - Screening versus Titer	-----	Accepted revision of the description of procedure for codes 86362, 86363 to allow separate reporting when "screening" is followed by "titer" testing for the same sample	January 2023	
28	MAAA-Tumor Methylation Classifier	-----	REJECTED		
29	Respiratory Pathogen - Revise 87631-33	-----	WITHDRAWN		
30	Tick-Borne Organisms Detection by PCR	● 8X009 ● 8X010 ● 8X011 ● 8X012	Accepted addition of codes 8X009, 8X010, 8X011, 8X012 to report infectious agent detection for tick-borne illness/microbes	January 2023	
31	MAAA-Tumor Tissue Modified HPV DNA		REJECTED		
32	3D Echocardiographic Imaging 93319 - Parenthetical Note	-----	WITHDRAWN		
33	Group Psychotherapy - Revise 90849	-----	WITHDRAWN		

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34	AI Generated Oncologic Therapies	-----	REJECTED		
35	Caregiver Training Services	<ul style="list-style-type: none"> ● 9X014 ● 9X016 ● 9X017 	Accepted addition of codes 9X015, 9X016, 9X017 to report caregiver training to provide strategies and techniques for patients living with functional deficits	January 2024	
36	Intracardiac Electrophysiological Procedures - 93654 Parenthetical Note Revision	-----	WITHDRAWN		
37	Post Operative Low Level Laser Therapy	● 9X022	Accepted addition of code 9X022 code to report low-level laser therapy for post operative pain reduction	January 2024	
38	Electroencephalogram Monitoring	-----	WITHDRAWN		
39	Human Milk Donation Services	-----	REJECTED		
40	Therapeutic Monitoring Services	-----	WITHDRAWN		
41	Vaccine Counseling	-----	WITHDRAWN		
42	Respiratory Syncytial Virus (RSV) Vaccine	● 9X018	Accepted addition of code 9X018 to report RSV vaccine product and administration	January 2023	
43	Cat II - Medication Adherence for Opioid Use Disorder	-----	WITHDRAWN		

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44	Cat III - Digital Pathology	+● X018T +● X025T +● X019T +● X026T +● X020T +● X027T +● X021T +● X028T +● X022T +● X029T +● X023T +● X030T +● X024T	Accepted addition of add-on codes X018T-X030T to report additional clinical staff work and service requirements associated with digitizing glass microscope slides for primary diagnosis; and addition of a new heading in the Category III section and guidelines to define digital pathology digitization procedures	January 2023	
45	Cat III - AI Analysis for Cardiac Function Services	+● X044T ● X045T	Accepted addition of add-on codes X044T and child code X045T to report assistive algorithmic electrocardiogram risk assessment for cardiac dysfunction	January 2023	
46	Cat III - Transcutaneous Magnetic Nerve Stimulation	● X060T +● X061T ● X062T +● X063T	Accepted addition of codes X060T, X061T, X062T, X063T for reporting initial treatment of transcutaneous magnetic stimulation of peripheral nerve; and addition of new guidelines for guidance on appropriate reporting	January 2023	
47	Cat III - Virtual Reality-Mediated Therapy	● X050T	Accepted addition of code X050T to report virtual reality technology to assist therapy	January 2023	
48	Cat III -Virtual Reality (VR) Procedural Dissociation Services	● X051T ● X052T ● X053T ● X054T	Accepted addition of codes X051T, X052T, X053T, X054T to report Virtual Reality (VR) procedural dissociation procedures; and addition of new Category III subheading with guidelines	January 2023	
49	Cat III - Self-assembling Peptide Barrier Wound Therapy	-----	WITHDRAWN		
50	Cat III - Dorsal Sacroiliac Joint Arthrodesis	● X034T ▲27280	Accepted addition of code X034T and guidelines to report percutaneous arthrodesis of the sacroiliac joint via	January 2023	Karin Bolinger on behalf of The Consortium Aurora Spine, CornorLOC, Allevio

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			placement of intra-articular implant(s); and editorial revision of code 27280 for clarity		Spine, Vyrsa Technologies, Genysis Spine, Southern Spine Request for reconsideration of the decision to request to establish X034T to report posterior approach minimally invasive strategy for SI joint stabilization/fusion using allograft
51	Cat III - Mechanical Hypothermic Management	● X039T	Accepted addition of code X039T to report mechanical hypothermia management	January 2023	
52	Cat III - Dual Chamber Leadless Pacemaker	-----	POSTPONED		
53	Cat III - AI Assisted Epidural Placement	● X048T	Accepted addition of code X048T to report real-time pressure sensing epidural guidance system	January 2023	
54	Cat III - Computer-based Musculoskeletal Assessment	● X055T	Accepted addition of code X055T to report augmentative computer-based analysis of motion, posture, gait, and muscle function utilizing surface mechanomyography (SMMG); and addition of a new subheading and guidelines within the Category III section to describe Office-Based Measurement of Mechanomyography and Inertial Measurement Units	January 2023	

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55	Cat III - Non-invasive GI Myoelectrical Measurement	● X069T	Accepted addition of code X069T to report gastrointestinal myoelectrical activity study from the stomach through the colon with interpretation and report	January 2023	
56	Cat III - Rectal Administration of Biotherapeutic Agent	● X041T	Accepted addition of code X041T to report instillation of therapeutic agent via rectum into lower gastrointestinal tract	January 2023	
57	Cat III - Noninvasive Intracardiac Mapping	-----	WITHDRAWN		
58	Cat III - AI Assisted Developmental Behavioral Assessment	-----	WITHDRAWN		
59	Cat III - Pulmonary Tissue Ventilation Analysis	-----	WITHDRAWN		
60	Cat III - Indirect Bronchoscopic Delivery of Radiofrequency Energy	● X043T ● X083T	Accepted addition of codes X043T, X083T to report indirect bronchoscopic delivery of radiofrequency energy	January 2023	
61	Cat III - Digital X-ray Radiogrammetry (DXR-BMD) for Bone Density Assessment	● X031T ● X032T	Accepted addition of codes X031T, X032T to report bone strength and fracture risk assessment using digital x-ray radiogrammetry-bone-mineral density	January 2023	
62	Cat III - Transcutaneous Auricular Neurostimulation	● X040T	Accepted addition of code X040T to report transcutaneous auricular neurostimulation	January 2023	
63	Cat III - Tibial Neurostimulator Implantation	-----	WITHDRAWN		



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64	Category III Sundown	D0312T, D0313T D0314T, D0315T D0316T, D0317T R0469T, D0470T D0471T, D0475T D0476T, D0477T D0478T, D0491T D0492T, D0493T D0497T, D0498T D0499T	Accepted deletion of Category III codes 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0470T, 0471T, 0475T, 0476T, 0477T, 0478T, 0491T, 0492T, 0493T, 0497T, 0498Ty, 0499T, that are scheduled for sundown in January 2023; and retention of code 0469T for another 5 years	January 2023	
65	PLA Q2 Consent Agenda	-----	Accepted addition of 23 PLA codes; revision of code 0276U; deletion of codes 0012U, 0013U, 0014U, 0056U; and rejection of application ID 101095 for 2022 Q2 cycle as a consent agenda	January 2023	
66	Parenthetical Note Revisions – PCM Exclusions	-----	Accepted revision of parenthetical notes included for principal care management	January 2023	
67	E/M Additional Cleanup	-----	Accepted additional cleanup in the Hospital Inpatient or Observation Care Services (Including Admission and Discharge Services), Nursing Facility Discharge Services, Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact, Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision, and Transitional Care Management Services subsections, effective for the 2023 CPT code set	January 2023	

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EC	Code Descriptor (Editorial): 35883		Accepted editorial revision of code 35883 to replace the term “Dacron” with “polyester”	January 2023	
EC	Parenthetical Revision (Cardiovasc) Ablation Error - 93621, 93654	-----	Accepted revision of the parenthetical note following code 93654 to include code 93621 in the list of exclusions	January 2022	
EC	Parenthetical Revision – Health Behavior Assessment (Sept 2021 Tab 43, Remove reference to 0702T, 0703T [0X47T, 0X81T])	-----	Accepted revision of the parenthetical note following code 96159 by reinstating it and adding codes 98975, 989X6 and removing deleted codes 0702T, 0703T	January 2023	
EC	Guideline Revisions – Cardiac Catheterization – Congenital Heart Defects Guideline Revision	-----	Accepted revision of the Cardiac Catheterization for Congenital Cardiac Defects guidelines	January 2023	
EC	Guideline Revisions – Caregiver Behavior Management Training (Feb 2021 Tab 39, Replace Plagiarized Language)	-----	Accepted revision of the Caregiver Behavior Management Training guidelines to ensure that the integrity of the guidelines (ie, standards of CPT convention) have been achieved	January 2023	
EC	Parenthetical and Guideline Revisions – Anterior Abdominal Hernia Repair (Feb 2021 Tab 18)	-----	<p>Issue #1: Replace the term “implantation” with “placement” in parenthetical notes and guidelines referencing codes 49X01-49X14</p> <p>Accepted replacement of the term “implantation” with “placement” in parenthetical notes and guidelines referencing codes 49X01-49X14 to standardize the phrase “implantation of mesh” throughout the code family</p> <p>Issue #2: Delete codes 11004, 11005, 11006 in the parenthetical note following code 49X15 and guideline</p>	January 2023	

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			Accepted deletion of codes 11004, 11005, 11006 in the parenthetical note following code 49X15 and guideline		
EC	Parenthetical and Guideline Revisions (Musculoskeletal, Tab 15, September 2021)	-----	Accepted revision of parenthetical notes and guidelines for Tab 15: Drug Delivery Implant Guideline Revisions from the September 2021 CPT Editorial Panel meeting	January 2023	
EC	Reconsideration: Tab 16: Gadolinium	-----	REJECTED		
EC	Reconsideration: Tabs 11/43: Integrated Neurostimulator Services	-----	REJECTED		
EC	Reconsideration: Tab 7: Risk Management Services	-----	REJECTED		