



CPT® Editorial Summary of Panel Actions May 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, June 29, 2020, fourteen (14) days after the published posting date (June 15, 2020) 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 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 | Request for Reconsideration |
|-----|---|--|--|-----------------|-----------------------------|
| 6 | Principal Care Management | ----- | WITHDRAWN | | |
| 7 | Transitional Care Management Services | ----- | Accepted revision of the Transitional Care Management Services and Care Management Services guidelines to align with current code usage | January 1, 2021 | |
| 8 | Anesthesia- Percutaneous Image Guided Spinal Procedures | ----- | WITHDRAWN | | |
| 9 | Prosthetic Material Removal 11008- Parenthetical Note | ----- | TERMINATED | | |
| 10 | Integumentary Simple Repair Guideline Revision | ----- | Accepted revision of the Integumentary System Repair (Closure) guidelines to clarify reporting for chemical cauterization, electrocauterization, or wound closure using adhesive strips, hemostasis and local or topical anesthesia | January 1, 2022 | |
| 11 | Arthrodesis- Decompression | ----- | WITHDRAWN | | |
| 12 | Left Atrial Appendage Exclusion | <ul style="list-style-type: none"> ●33XX3 ✚●33XX4 ●33XX5 | Accepted addition of codes 33XX3, 33XX4, 33XX5 to report left atrial appendage exclusion; and revision of the Electrophysiologic Operative Procedures guidelines | January 1, 2022 | |
| 13 | Endoscopic Artery Harvest-Upper Extremity | <ul style="list-style-type: none"> ✚▲35600 ●35XX0 | Accepted addition of code 35XX0 to report endoscopic artery harvest upper extremity; revision of the Cardiovascular System section guidelines; and revision of code 35600 to report open artery harvest upper extremity | January 1, 2022 | |
| 14 | Per-Oral Endoscopic Myotomy (POEM) | ●434XX | Accepted addition of code 434XX to report transoral lower esophageal per-oral endoscopic myotomy (POEM) | January 1, 2022 | |
| 15 | Allogeneic Injection of Lumbar Spine | <ul style="list-style-type: none"> ●0X32T ✚●0X33T ●0X34T ✚●0X37T | Accepted addition of four Category III codes 0X32T, 0X33T, 0X34T, 0X37T to report fluoroscopic and CT guidance percutaneous injection of allogenic cellular and/or tissue-based product | January 1, 2021 | |

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| 16 | Retinal Detachment Prophylaxis-Revise 67141, 67145 | ▲67141 ▲67145 | Accepted revision of codes 67141, 67145 by removing the number of sessions; and deletion of the Eye and Ocular Adnexa prophylaxis guidelines | January 1, 2022 | |
| 17 | Epiduragraphy-Delete 72275 | ----- | POSTPONED | | |
| 18 | CT Angiography-Revise 75573 | ▲75573 | Accepted revision of code 75573 to remove the term “venous” and include the term “vascular” in the code descriptor | January 1, 2022 | |
| 19 | CT Vertebral Fracture Detection | ----- | WITHDRAWN | | |
| 20 | Carbamazepine 10 11-Epoxy Ther Drug Assay | ● 80XX3 | Accepted addition of code 80XX3 for Carbamazepine 10, 11-epoxy therapeutic drug assay | January 1, 2021 | |
| 21 | Felbamate Ther Drug Assay | ● 80XX4 | Accepted addition of code 80XX4 for Felbamate therapeutic drug assay | January 1, 2021 | |
| 22 | Flecainide Ther Drug Assay | ● 80XX5 | Accepted addition of code 80XX5 for Flecainide therapeutic drug assay | January 1, 2021 | |
| 23 | Itraconazole Ther Drug Assay | ● 80XX6 | Accepted addition of code 80XX6 for Itraconazole therapeutic drug assay | January 1, 2021 | |
| 24 | Leflunomide Ther Drug Assay | ● 80XX7 | Accepted addition of code 80XX7 for Leflunomide therapeutic drug assay | January 1, 2021 | |
| 25 | Methotrexate Ther Drug Assay | ● 80XX8 | Accepted addition of code 80XX8 for Methotrexate therapeutic drug assay | January 1, 2021 | |
| 26 | Rufinamide Ther Drug Assay | ● 802XX | Accepted addition of code 802XX for Rufinamide therapeutic drug assay | January 1, 2021 | |
| 27 | Admin MAAA Adrenal Cortex | ● 003XM | Accepted addition of Administrative MAAA biochemical assay code 003XM for adrenal cortical carcinoma, adenoma, or other adrenal malignancy | October 1, 2020 | |
| 28 | MAAA Breast Cancer Metastasis Risk | ----- | REJECTED | | |
| 29 | MAAA Bladder Cancer Genomic Subtyping Classifier | ● 004XM | Accepted addition of Administrative MAAA code 004XM for gene expression profiling for invasive bladder cancer | October 1, 2020 | |

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| 30 | MAAA Bacterial Vaginosis | ● 815X3 | Accepted addition of code 815X3 for MAAA test for bacterial vaginosis positive or negative result | January 1, 2021 | |
| 31 | MAAA Allograft Rejection Risk | ----- | WITHDRAWN | | |
| 32 | GSP Targeted Panel-Solid Tumor | ----- | WITHDRAWN | | |
| 33 | Cat III 0500T to Cat I HPV Genotyping | ----- | WITHDRAWN | | |
| 34 | Campylobacter-4 Species Infectious Agent Antigen Detection | ----- | WITHDRAWN | | |
| 35 | Free Estradiol Measurement Testing | ▲ 80415 ▲ 82670 ● 82XX1 | Accepted addition of chemistry code 82XX1 for estradiol, free, direct measurement; revision of estradiol response code 80415 to specify total estradiol response; and revision of estradiol chemistry code 82670 to specify total estradiol measurement | January 1, 2021 | |
| 36 | Vaccine Section Revisions | 90587 90619 90689 90694 90697 | Accepted removal of the FDA Approval Pending (↗) symbol from vaccine product codes that have received FDA approval status | January 1, 2021 | |
| 37 | Orthoptic Training-Revise 92065 | ▲ 92065 | Accepted revision of code 92065 by deleting the terms “and/or pleoptic” and “with continuing medical direction and evaluation” from the code descriptor | January 1, 2022 | |
| 38 | Special Otorhinolaryngologic Services Guideline Revision | ----- | Accepted revision of the introductory guidelines for Special Otorhinolaryngologic Services section by removing codes 92626, 92627 | January 1, 2022 | |
| 39 | 3D Imaging of Cardiac Structures | ✚● 933X0 | Accepted addition of add-on code 933X0 to report 3D imaging for the assessment of cardiac structure | January 1, 2022 | |
| 40 | Cardiac Catheterization for Congenital Defects | ● 93X1X ● 93X2X ● 93X3X ● 93X4X ● 93X5X ✚● 93X6X D93530 D93531 D93532 D93533 | Accepted addition of a new subsection in the Medicine/ Cardiovascular section with guidelines; addition of six codes (93X1X-93X6X) for cardiac catheterization for congenital cardiac defects; deletion of codes 93530, 93531, 93532, and 93533; revision of the guidelines in the E/M Critical Care Services, Surgery/Cardiovascular System, | January 1, 2022 | |

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| | | | Radiology/Vascular Procedures, Medicine/Cardiovascular; and Category III sections; and revision of the Modifier 63 code listing | | |
| 41 | Intracardiac Echo 93662-Parentetical Note | ----- | Accepted revision of the inclusionary parentetical note following code 93662 | January 1, 2022 | |
| 42 | Resting State fMRI | ----- | WITHDRAWN | | |
| 43 | Low Level Laser Therapy (LLLT) | ----- | REJECTED | | Requestor: Erchonia Request for reconsideration of the decision to reject establishing a Category I code to report low-level laser therapy and deleting Category III code 0552T. |
| 44 | Manual Therapy of Abdominal Adhesions | ----- | REJECTED | | |
| 45 | Remote Physical Therapy Services | ----- | WITHDRAWN | | |
| 46 | Cat III Automated Advanced Coronary Analysis | ●0X24T ●0X25T ●0X26T ●0X27T | Accepted addition of four Category III codes 0X24T, 0X25T, 0X26T, 0X27T to report automated quantification and characterization of coronary atherosclerotic plaque; and revision of the Radiology/ Diagnostic Radiology Heart guidelines | January 1, 2021 | |
| 47 | Cat III Dichoptic Treatment | ----- | REJECTED | | |
| 48 | Cat III Visible Light Hyperspectral Imaging (VLHI) | ●0X40T | Accepted addition of Category III code 04X0T for reporting transcutaneous visible light hyperspectral imaging study | January 1, 2021 | |
| 49 | Cat III Intravascular Ultrasound | ●06X7T | Accepted addition of a Category III code 06X7T for reporting percutaneous transcatheter ultrasound ablation of the pulmonary arteries | January 1, 2021 | |

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| | Denervation-Pulmonary Artery | | | | |
| 50 | Cat III Breast Computed Tomography | <ul style="list-style-type: none"> ●06X1T ●06X2T ●06X3T ●06X4T ●06X5T ●06X6T | Accepted addition of Category III codes 06X1T, 06X2T, 06X3T, 06X4T, 06X5T, 06X6T to report computer tomography of the breast, 3D rendering | January 1, 2021 | |
| 51 | Cat III Integrated Diabetes Management Services | ----- | WITHDRAWN | | |
| 52 | Cat III Cerebrospinal Shunt Flow Monitoring | ●0X35T | Accepted addition of Category III code 0X35T to report wireless measurement and assessment of flow in cerebrospinal shunt | January 1, 2021 | |
| 53 | Code Set Maintenance | D49220 D69605 D57112 D78135 D58293 D95071 D61870 D62163 D63180 D63182 | Accepted deletion of codes, 49220, 57112, 58293, 61870, 62163, 63180, 63182, 69605, 78135, and 95071 due to low utilization | January 1, 2021 | |
| 54 | PLA Consent Calendar | ----- | Accepted addition of 20 PLA codes for 2020 Q2 cycle as a consent calendar; and rejection of one code | October 1, 2020 | |
| EC | Parenthetical Revision-Destruction by Neurolytic Agent of Individual Nerves | Revise parenthetical note following 64636 | Accepted revision of exclusionary note following code 64636 to replace code 64640 with 64625 | January 1, 2021 Technical Correction | |
| EC | Guideline Revision (Tab 6-September 2018) Online Digital Evaluation Service (e-Visit) | Revise guidelines language to accurately describe changes to the code descriptors. | Accepted as technical corrections with the 2021 code set | January 1, 2021 Technical Correction | |
| EC | Description Revision-Irreversible electroporation ablation (Tab 63, September 2019) – 0X13T, 0X14T | Revise 01X4T to include the term “per organ”. | Accepted as technical corrections with the 2021 code set | January 1, 2021 Technical Correction | |
| EC | Descriptor Revision –11971, 19364 | Remove the “(s)” in the term expander from the parenthetical note following code 11960, and | Accepted revision of The parenthetical note following code 11960 and revision of code 19364 | January 1, 2021 Technical Correction | |

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| | | revise 19364 by removing the "s" from the term "flap" | | | |
| EC | Prolonged Services | Revisions reflect clean-up of language to align with the larger Prolonged Services section of CPT. | Accepted to publish revisions in the CPT 2021 code set | January 1, 2021 | |