



## CPT® Editorial Summary of Panel Actions May, 2012

Please be aware that these actions are a reflection of the discussions at the most recent Panel meeting. Disclosure of Panel actions and deliberations 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. Future Panel actions may affect these items.

Any Category I molecular pathology codes, MAAA codes, vaccine codes, or Category III codes referenced in this document will be posted to the CPT web site on or before July 1, 2012 and are scheduled for implementation January 1, 2013.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
04	Accurate Description E&M Reporting - QHP	Issue #1: Revision of the E/M service guidelines for “Concurrent Care and Transfer of Care” for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.	Issue #1: Accepted revision of the E/M service guidelines for “Concurrent Care and Transfer of Care” for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)
		Issue #2: Revision of the E/M service guidelines for “Levels of E/M Service” for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.	Issue #2: Accepted revision of the E/M service guidelines for “Levels of E/M Service” for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
04	Accurate Description E&M Reporting - QHP	<p>Issue #3a: Deletion of the term “physician” in the 1<sup>st</sup> and 2<sup>nd</sup> paragraphs of the guidelines, and retention of the term “physician” preceding in paragraphs 7 and 11, for consistency with time calculation methodology.</p>	<p>Issue #3a: Accepted deletion of the term “physician” in the 1<sup>st</sup> and 2<sup>nd</sup> paragraphs of the guidelines, and retention of the term “physician” preceding in paragraphs 7 and 11, for consistency with time calculation methodology. (For publication CPT 2013)</p>
		<p>Issue #3b: Revision of the E/M service guidelines for “New and Established Patient” for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #3b: Accepted revision of the E/M service guidelines for “New and Established Patient” for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #4: Revision of E/M Service Guidelines, Clinical Examples for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #4: Accepted revision of E/M Service Guidelines, Clinical Examples for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #5: Revision of the E/M Service Guidelines, Instructions for Selecting a Level of E/M Service for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #5: Accepted revision of the E/M Service Guidelines, Instructions for Selecting a Level of E/M Service for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
04	Accurate Description E&M Reporting - QHP	<p>Issue #6: Revision of the E/M Hospital Observation Services, Initial Observation Care subsection notes for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #6: Accepted revision of the E/M Hospital Observation Services, Initial Observation Care subsection notes for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #7: Revision of the Hospital Inpatient Services, Subsequent Hospital Care subsection for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #7: Accepted revision of the Hospital Inpatient Services, Subsequent Hospital Care subsection for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #8: Revision of the E/M Hospital Observation Services, Observation or Inpatient Care Services (Including Admission and Discharge Services section for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #8: Accepted revision of the E/M Hospital Observation Services, Observation or Inpatient Care Services (Including Admission and Discharge Services section for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #9: Revision of the Hospital Discharge Services section submitted by the Panel reviewers for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #9: Accepted revision of the Hospital Discharge Services section submitted by the Panel reviewers for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
04	Accurate Description E&M Reporting - QHP	<p>Issue #10: Revision of the “Consultations” section introductory notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #10: Accepted revision of the “Consultations” section introductory notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #11: Revision of the “Nursing Facility Services” section notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #11: Rejected.</p>
		<p>Issue #12: Revision of the “Nursing Facility Services, Initial Nursing Facility Care” subsection introductory notes for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals.</p>	<p>Issue #12: Accepted revision of the “Nursing Facility Services, Initial Nursing Facility Care” subsection introductory notes for consistency with the intent of provider neutrality in the CPT code set for procedures and services performed by physicians and other qualified health care professionals. (For publication CPT 2013)</p>
		<p>Issue #13: Revision of the “Medical Team Conferences” subsection introductory notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other health care professionals.</p>	<p>Issue #13: Accepted revision of the “Medical Team Conferences” subsection introductory notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other health care professionals. (For publication CPT 2013)</p>

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
04	Accurate Description E&M Reporting - QHP	Issue #14: Revision of the "Telephone Services" introductory notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other health care professionals.	Issue #14: Accepted revision of the "Telephone Services" introductory notes for consistency with the intent of provider neutrality in the CPT code set to describe procedures and services performed by physicians and other health care professionals. (For publication CPT 2013)
05	Skin Pocket PXs – Rev 33222 33333	Request to: 1) revise codes 33222 and 33223 to only describe relocation of skin pocket; 2) add new guidelines to the Pacemaker or Pacing Cardioverter-Defibrillator section to clarify proper reporting of skin pocket revision and skin pocket relocation procedures; and 3) add parenthetical reporting instructions for codes 33222 and 33223.	Accepted request to: 1) revise codes 33222 and 33223 to only describe relocation of skin pocket; 2) add new guidelines to the Pacemaker or Pacing Cardioverter-Defibrillator section to clarify proper reporting of skin pocket revision and skin pocket relocation procedures; and 3) add and revise parenthetical reporting instructions for codes 33222, 33223 and 33225.
06	22633, 22634 with Bone Graft, Spinal Instrumentation	Addition of combined posterior or posterolateral arthrodesis codes 22633 and 22634 to the base code lists for bone graft codes 20930-20938 and spinal instrumentation codes 22840-22848 and 22851.	Accepted addition of combined posterior or posterolateral arthrodesis codes 22633 and 22634 to the base code lists for bone graft codes 20930-20938 and spinal instrumentation codes 22840-22848 and 22851.  Correction has been added to the 2012 CPT Errata document, will be published in the July 2012 issue of the CPT Assistant. (For publication CPT 2013)
07	Venipuncture-Pump Refill – QHP	<i>Editorial</i> revision of codes 36400, 36410, 62370, and 95991 to reference the correct provider/professional type.	Accepted <i>editorial</i> revision of codes 36400, 36410, 62370, and 95991 to reference the correct provider/professional type. (For publication CPT 2013)

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
08	Transnasal Endoscopy	Request to: 1) establish 6 codes to report rigid transoral esophagoscopy; 2) establish 2 codes to report flexible transnasal esophagoscopy; 3) revise codes 43200-43232; 4) add language to the introductory guidelines to define the parameters of an esophagoscopy examination; and 5) add parenthetical notes to provide further instruction on the appropriate use of the new codes.	Accepted request to: 1) establish 6 codes to report rigid transoral esophagoscopy; 2) establish 2 codes to report flexible transnasal esophagoscopy; 3) revise code 43200-43232; 4) add language to the introductory guidelines to define the parameters of an esophagoscopy examination; and 5) add parenthetical notes to provide further instruction on the appropriate use of the new codes.
09	Patient-Initiated Pain Monitoring	Establishment of a code to report physician involvement in initiation of patient-initiated pain monitoring device.	Rejected.
10	Neurostimulator Guidelines Revisions	Revision of the Neurostimulators (Peripheral Nerve) guidelines definition of an electrode array.	Postponed until time uncertain.
11	Mammography – CPT Maintenance	<i>Editorial</i> revision of code 77051 for consistency with CPT convention for "interpretation and report".	Accepted <i>editorial</i> revision of code 77051.
12	Fluorescence Angiography	Establishment of seven Category I codes to report intraoperative coronary and non-coronary fluorescent imaging.	Withdrawn.
13	Obstetric Panel	Revision of Obstetric Panel code 80055 to include addition of the CPT code for HIV infection testing.	Withdrawn.
14	Evocative/Suppression Testing Guidelines	<i>Editorial</i> revision of the Evocative Suppression guidelines to accurately describe the performance of these tests.	Accepted <i>editorial</i> revision of the Evocative Suppression guidelines to accurately describe the performance of these tests.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
15	MOPATH Tier 1 – Transgenomic	Establishment of 32 Molecular Pathology Tier 1 codes representing gene-specific and genomic procedures.	<p>Accepted the use of existing or proposed specific molecular pathology codes for the following tests/procedures:</p> <p>CDKL5 (<i>use 81406</i>); CMA (<i>use 81228 or 81229</i>); Fragile X (<i>use 81243</i>); K1T1 (<i>use 81404</i>); KRAS (<i>use 81405</i>); MELAS (<i>use 81401</i>); MNGIE (<i>use 81405</i>); POLG (<i>use 81406</i>); SCN1A (<i>use 81407 – effective for CPT 2013</i>).</p> <p>Accepted the use of existing or proposed molecular pathology codes including the unlisted code 814XX9 for the following tests/procedures:</p> <p>ARVC: Use 81406 for DSC2, DSG2, DSP and PKP2.</p> <p>ARVC Family: <i>Use code 81403 for Known familial variant, not otherwise specified, for gene listed in Tier 1 or Tier 2; DNA sequence analysis, each variant exon (effective in 2013) or 814XX9 (unlisted molecular pathology service) if the gene is not included in the Tier 1 or Tier 2 code sets.</i></p> <p>BrS: <i>Use 81407 for SCN5A and CACNA1C, and 81404 for SCN1B. Use unlisted 814XX9 (unlisted molecular pathology service) x1 for the remaining listed genes.</i></p> <p>BrS Family: <i>Use code 81403 for Known familial variant, not otherwise specified, for gene listed in Tier 1 or Tier 2; DNA sequence analysis, each variant exon (effective in 2013) or 814XX9 (unlisted molecular pathology service) if the gene is not included in the Tier 1 or Tier 2 code sets.</i></p> <p>Clopidogrel: <i>Use 81225 CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17). Use 814XX9 (unlisted molecular</i></p>

		<p><i>pathology service) for ABCB1. ACBB1 does not fulfill current Tier 2 criteria.</i></p> <p><i>CPVT: Use 814XX9 (unlisted molecular pathology service) x1 for the listed genes except for CASQ that should be added to Tier 2 (level 6, 11 exons): 81405-CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence. For RYR2 gene coding, see issue #8 in list below.</i></p> <p><i>CPVT: Use code 81403 for Known familial variant, not otherwise specified, for gene listed in Tier 1 or Tier 2; DNA sequence analysis, each variant exon (effective in 2013) or 814XX9 (unlisted molecular pathology service) if the gene is not included in the Tier 1 or Tier 2 code sets.</i></p> <p><i>DCM: Use 814XX9 (unlisted molecular pathology service) X 1 for any gene(s) not specifically listed in Tier 1 or Tier 2.</i></p> <p><i>Febrile Seizure Panel: Use existing Tier 2 codes: 81404 for SCN1B, 81405 for GABRG2, and 81407for SCN1A. Use 814XX9 (unlisted molecular pathology service) X 1 for any gene(s) not specifically listed in Tier 1 or Tier 2.</i></p> <p><i>Female Febrile Seizure Panel: Use existing Tier 2 codes: 81404 for SCN1B, 81405 for PCDH19, 81405 for GABRG2, and 81407for SCN1A. Use 814XX9 (unlisted molecular pathology service) X 1 for any gene(s) not specifically listed in Tier 1 or Tier 2.</i></p> <p><i>HCM: Use specific Tier 2 codes for each listed analytes except TNNC1 which should be reported using 814XX9 (unlisted molecular pathology service).</i></p> <p><i>HCM Family: Use code 81403 for Known familial variant, not otherwise specified, for gene listed in Tier 1 or Tier 2; DNA sequence analysis, each</i></p>
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		<p><i>variant exon (effective in 2013) or 814XX9 (unlisted molecular pathology service) if the gene is not included in the Tier 1 or Tier 2 code sets.</i></p> <p><i>LVNC: Some of the specific assays requested are captured in Tier 2. Use 814XX9 X 1 for any gene(s) not specifically listed in Tier 1 or Tier 2.</i></p> <p><i>Marfan: Use existing codes 81405 and 81408, as appropriate for genes included in tier 2. Use 814XX9 (unlisted molecular pathology service) X 1 for remaining analyte(s).</i></p> <p><i>MITO-WGA: Use 814XX9 (unlisted molecular pathology service) X 1 for all genes not specifically listed in Tier 1 or Tier 2. Submission did not provide clinical validity for each gene provided.</i></p> <p><i>NuclearMitome: Use 814XX9 X 1 for all gene(s) not specifically listed in Tier 1 or Tier 2. Submission did not provide clinical validity for each gene provided.</i></p> <p><i>SCN1A-COM: Use code 81407 for SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with epilepsy with febrile seizures), full gene sequence (effective in 2013)</i></p> <p><i>SCN1A-DEL/DUP: Use 814XX9 for del/dup)</i></p> <p><i>SCN1A-REF: Use code 81405 for SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence (effective in 2013)</i></p> <p><i>SCN1B: Use code 81405 for SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence (effective in 2013)</i></p> <p>Accepted referral of the following tests/procedures to the Tier 2a sub-workgroup:</p> <p>CPVT and MITO-DEL: Accepted the use of the unlisted molecular pathology code 814XX9 for SQTS</p>
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			test. Did not consider MITO-PT-DEL, SCN1A-COM, and SCN1A-REF, as these tests combine duplication/deletions and sequencing into a single code. -- End of Tab 15, MOPATH Tier 1 – Transgenomic --
Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
16	Molecular Pathology Tier 1 Workgroup	Establishment of a Molecular Pathology Tier 1 code to report DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed.	Accepted establishment of a Molecular Pathology Tier 1 code to report DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis.
17	Molecular Pathology Tier 2 Workgroup	<i>Editorial</i> revision of codes 81400-81408 to include additional analytes, and addition of a parenthetical note to code 81401 following SMN1/SMN2 instructing users to report 81401 for duplication/deletion analysis of SMN1/SMN2.	Accepted <i>editorial</i> revision of codes 81400-81408 to include additional analytes, and addition of a parenthetical note to code 81401 following SMN1/SMN2 instructing users to report 81401 for duplication/deletion analysis of SMN1/SMN2.
18	Interleukin 1 Receptor ST2	Establishment of a code to report an assay for measuring the concentration of soluble ST2.	Withdrawn.
19	Lipid Extraction	Establishment of a code to identify separation of lipids from whole serum, plasma, red blood cells, or feces by a lipid extraction prior to measuring by gas chromatography, capillary electrophoresis, or other means.	Withdrawn.
20	Transfusion Medicine – CPT Maintenance	Deletion of the parenthetical instruction following code 86891.	Accepted deletion of the parenthetical instruction following code 86891.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
21	Immunohistochemistry	Request to: 1) revise code 88342 to: a) include immunocytochemistry; b) define the unit of service; and c) remove reference to tissue immunoperoxidase; 2) establish an add-on code to report each additional separately identifiable antibody; and 3) add instructional parenthetical notes for these services.	Accepted request to: 1) revise code 88342 to: a) include immunocytochemistry; b) define the unit of service; and c) remove reference to tissue immunoperoxidase; 2) establish an add-on code to report each additional separately identifiable antibody; and 3) add instructional parenthetical notes for these services.
22	Anogenital Exam Colposcopy Ref 99170	Revision of code 99170 to reflect current equipment used for the procedure.	Accepted revision of code 99170 to reflect current equipment used for the procedure and revision of the reference regarding sedation.
23	Chemodenervation Extremities and Trunk	Deletion of code 64614 and establishment of three new Category I CPT codes 646X1X1-646X3X to address a 'limited' or 'complete' number of muscles in an extremity or chemodenervation of a number of muscles in an extremity or trunk.	Postponed until October 2012.
24	Influenza Vaccine Quadrivalent	Establishment of 4 codes for quadrivalent influenza with distinction between infants, young children and individuals over 3 years of age, and of vaccines with and without preservatives.	Accepted establishment of 4 codes for quadrivalent influenza with distinction between infants, young children and individuals over 3 years of age, and of vaccines with and without preservatives with addition of lightning bolt symbol to all four codes to designate FDA pending status.
25	Applied Behavioral Analysis –	Establishment of codes to describe applied behavioral analysis.	Withdrawn.
26	Ophthalmology Guidelines – CPT Maintenance	Revision of Ophthalmology guidelines to defer to source definitions of the new versus established patient.	Accepted deletion of redundant "New/Established Patient" definitions in the Ophthalmology subsection guidelines. (For publication CPT 2013)

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
27	Endoscopic Laryngeal & Swallowing Eval – QHP	<i>Editorial</i> revision of the endoscopic laryngeal and swallowing evaluation codes 92613, 92615, and 92617 for consistency with CPT code set provider neutrality requirements.	Accepted <i>editorial</i> revision of the endoscopic laryngeal and swallowing evaluation codes 92613, 92615, and 92617.
28	Endothelial Function	Establishment of codes to identify diagnostic service for non-invasive measurement of vascular endothelial function based on measurements before and after reactive hyperemia of the brachial artery.	Withdrawn.
29	Chest Wall Manipulation 946667 94668	<i>Editorial</i> revision of the initial and subsequent pulmonary manipulation chest wall therapeutic procedure codes 94667, 94668 to include reference to <i>chest wall oscillation therapy</i> manual technique.	Postponed until time uncertain October 2012.
30	Hydration-Therapeutic Infusion – QHP	<i>Editorial</i> revision of the Hydration/Infusion/Chemotherapy guidelines to clarify the use of the codes as related to clinical staff reporting.	Accepted editorial revision of Hydration/Infusion/Chemotherapy guidelines. (For publication CPT 2013)
31	Therapeutic Infusion	<i>Editorial</i> revision of the descriptor of the therapeutic infusion add-on code 96366 to accommodate reporting of a subsequent second or third infusion having an administration interval of 16 minutes to 1 hour.	Withdrawn.
32	Medical Nutrition Therapy – QHP	Addition of a parenthetical note following medical nutrition therapy group code 97804 to direct users to the appropriate Evaluation and Management (E/M) service codes	Accepted addition of a parenthetical note following medical nutrition therapy group code 97804 to direct users to the appropriate Evaluation and Management (E/M) service codes. (For publication CPT 2013)

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
33	Home Health Procedures Svcs – CPT Maintenance	<i>Editorial</i> revision of the Home Health Procedures/Services guidelines to ensure appropriate guidelines for reporting these services.	Postponed until October 2012.
34	Cardiac Imaging LT Ventric Electrode -	Establishment of a Category III code to report left ventricular cardiac imaging.	Withdrawn.
35	ECG with Graphic Pres – Extend 0178T – 0180T	Extension of Category III codes 0178T, 0179T, and 0180T for five more years with an archive date of December 2017.	Accepted extension of Category III codes 0178T, 0179T, and 0180T for five more years with an archive date of December 2017.
36	Rectal Tumor Tems PX – Extend -0184T	Extension Category III code 0184T for five more years with an archive date of December 2018.	Accepted extension of Category III code 0184T for five more years with an archive date of December 2018.
37	Subcutaneous Implantable Defibrillator	Request to: 1) establish 10 Category III codes for reporting insertion, removal, replacement, and repositioning of subcutaneous cardioverter-defibrillator pulse generator only and/or subcutaneous electrode (lead[s]), electrophysiologic evaluation, programming device evaluation, and interrogation device evaluation; 2) add subheading, guidelines, and parenthetical notes in the Category III section regarding the use of the new codes; 3) revise the Cardiovascular Surgery /Pacemaker or Pacing Cardioverter-Defibrillator guidelines with instructions on the appropriate reporting of the Category III codes; and 4) add cross-reference parenthetical notes in the Medicine/Cardio-vascular/Implantable and Wearable Cardiac Device Evaluations and Medicine /Cardiovascular/Intracardiac Electrophysiological Procedures/Studies to direct users to the new codes.	Accepted request to: 1) establish 10 Category III codes for reporting insertion, removal, replacement, and repositioning of subcutaneous cardioverter-defibrillator pulse generator only and/or subcutaneous electrode (lead[s]), electrophysiologic evaluation, programming device evaluation, and interrogation device evaluation; 2) add subheading, guidelines, and parenthetical notes in the Category III section regarding the use of the new codes; 3) revise the Cardiovascular Surgery/Pacemaker or Pacing Cardioverter-Defibrillator guidelines with instructions on the appropriate reporting of the Category III codes; and 4) add cross-reference parenthetical notes in the Medicine/Cardio-vascular/Implantable and Wearable Cardiac Device Evaluations and Medicine /Cardiovascular/Intracardiac Electrophysiological Procedures/Studies to direct users to the new codes.

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38	Myocardial CT Perfusion	Establishment of Category III code 0XXXYT to report performance of stress myocardial computed tomography perfusion (CTP).	Withdrawn.
39	Percutaneous Interlaminar Laminotomy-Laminectomy	Establishment of two Category III codes to report resection of the ligamentum flavum.	Rejected.
40	Category III Sundown	Archive Category III codes 0042T, 0051T, 0052T, 0053T, 0054T, 0055T, 0092T, 0095T 0098T, 0124T, 0163T, 0164T, 0165T, 0185T, 0186T, 0188T, 0189T, 0190T, 0191T, 0192T, 0253T. Note: 0184T is scheduled for sundown, but a CCP has been submitted for the May 2012 Panel meeting to request extension of this code.	Postponed consideration of request to archive 0042T until October 2012. Accepted retention of codes 0051T, 0052T, 0053T, 0054T, 0055T, 0092T, 0095T, 0098T, 0163T, 0164T, 0165T, 0188T, 0189T, 0190T, 0191T, 0192T, and 0253T through December 2018. Accepted request to sundown codes 0124T, 0185T, and 0186T.
41	Telephone Consultative (Physician to Physician) Services Workgroup	Establishment of a new E/M subsection, guidelines and 4 codes for interprofessional telephone/internet consultative services.	Accepted establishment of a new E/M subsection, guidelines and 4 codes for interprofessional telephone/internet consultative services.
42	Care Coordination CPT Workgroup Proposals	Addition of introductory notes and codes describing complex chronic care coordination services, and addition of introductory notes and codes describing transitional care management services.	Accepted addition of introductory notes and codes describing complex chronic care coordination services, and addition of introductory notes and codes describing transitional care management services.  Revised related exclusionary parenthetical notes throughout the CPT code set. Panel directed addition of "Coding Clarifications" as part of its action for acceptance of these proposals.  (For publication in CPT 2013)
43	Appendix C Workgroup	Informational Workgroup Update to Panel regarding progress of Appendix C Workgroup.	N/A.
44	Medication Administration Workgroup	Informational Workgroup Update to Panel of intent to discontinue efforts due to lack of necessary information to inform discussions	Directed dissolution of workgroup.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
45	ASNM HCPAC Request	Request from American Society of Neurophysiological Monitoring (ASNM) for an organizational seat on the CPT Health Care Professional Advisory Committee (CPT HCPAC).	Rejected.
46	HCPAC Rules of Procedure Revision	Proposed revisions of the Health Care Professionals Advisory Committee (HCPAC) Structure and Rules document.	Recommended that completed proposed revisions be forwarded for discussion and a vote at the annual CPT/RUC HCPAC meeting.
47	Breath Hydrogen Methane Test	<i>Editorial</i> revision of code 91065 to add methane gas to its current use for both hydrogen gas chromatographic breath testing for lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit.	Accepted <i>editorial</i> revision of code 91065 to add methane gas to its current use for both hydrogen gas chromatographic breath testing for lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit.
48	Molecular Pathology Advisory Group (MPAG) Rules of Procedure	Draft (2) MPAG Rules of Procedure.	Accepted Draft (2) MPAG Rules of Procedure.
49	New Code Criteria	Informational Item.	N/A
50	PMAG (AAN, ASA, and Rescission of AAO Codes)	Establishment of new Category II codes and rescission of two AAO registry-reporting codes.	Accepted the Consent Calendar establishment of new Category II codes and rescission of two AAO registry-reporting codes.

<b>EXECUTIVE COMMITTEE</b>			
<b>Tab #</b>	<b>Title of Request</b>	<b>Description of Request</b>	<b>Description of CPT Editorial Panel Action</b>
C	Computerized Analysis Digitized 2 Lead ECG Data	Reconsideration of denial of conversion of Category III code to a Category I code	Rejected
D	IONM Revision	Issue #1: Request for reconsideration and revision of the instructions for reporting baseline testing in addition to intraoperative neurophysiological monitoring services be deleted	Rejected
		Issue #2: Request for revision of CPT guidelines for Time reporting to exempt the IONM services from application of the Time guidelines.	Rejected
E	Revision of Category III Guidelines	Revision of Category III guidelines to add consistency with other guidelines in the description of the formatting of the code number	Accepted revision of guidelines.
F	Autonomic Function Testing	Request for reconsideration of recent action to establish a code to report simultaneous, independent, quantitative measurement of both parasympathetic function and sympathetic function	Rejected.
G	Explicit Electronic File Code Instructions	Discussion item regarding potential for inclusion of more explicit code ranges and transparent code instructions for inclusion in the CPT code set and electronic data files	No action-Concept will be further addressed as a topic at October 2012 Annual Meeting.
H	Immunization Administration Revision	Request for revision of parenthetical instructions for codes 90472 and 90474 to allow reporting for non-counseling code 90460 in addition to the counseling codes when administering multiple antigens.	Accepted revision of parenthetical instructions for codes 90472 and 90474 to allow reporting for non-counseling code 90460 in addition to the counseling codes when administering multiple antigens.



Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
I	RUC Related Issues Referred to CPT	Issue #1: Denis-Browne Splint (Deletion of 29590) Request for deletion of code 29590	Accepted
		Issue #2: Elbow Arthroplasty (24160, 243X1, 243X2) Informational item	No action-Panel informed of expectation for future submission of code change application to request the addition of “implant removal” codes to correlate with the revision elbow arthroplasty codes.
		Issue #3: Shoulder Arthroplasty (23331, 23332, 23472, 234X1, 234X2) Informational item	No action-Panel informed of expectation for future submission of code change application to request the addition of “implant removal” codes to correlate with the revision shoulder arthroplasty codes.
		Issue #4: Moderate Sedation – RUC Criterion Informational item	Recommendation that AMA staff circulate a request to the Advisory Committee for proposal to revise the code change application to ensure assist in obtaining more accurate information related to provision of moderate sedation at the time of the requested service.
		Issue #5: Deletion of Complex Repair <1cm (13150) Informational item	No action- Panel informed of expectation for future submission of code change application to request deletion of code 13150.
		Issue #6: Chemodenervation Spasmodic Dysphonia & Spasmodic Torticollis Informational item	No action- Panel informed of expectation for future submission of code change application to request deletion of code 64613 and the establishment of new codes to describe the work and purposes of these injections.

Tab #	Title of Request	Description of Request	Description of CPT Editorial Panel Action
I	RUC Related Issues Referred to CPT	<p>Issue #7: Special Anterior Segment Photography (92286) Fluoroscein Angiography (92235) Informational item</p>	<p>No action- Panel informed of expectation for future <i>CPT Assistant</i> article to describe the differences between codes 92286, 92287 and 92235 following the editorial revision of codes 92286 and 92287 at the October 2011 CPT Editorial Panel meeting</p>
		<p>Issue #8: Laparoscopic Evaluation/Conversion to Open Surgical Technique Informational item</p>	<p>Recommendation that AMA staff circulate a request to the Advisory Committee to revise the current CPT guidelines related to laparoscopic and open surgery at the same session to determine if additional detail and instruction should be added to the code set.</p>
J	Annual Meeting Topics	Request for recommendations for topics of discussion at October 2012 Annual Meeting	<p>Recommendation that the following topics be discussed:</p> <ol style="list-style-type: none"> <li>1. Writing a CPT Assistant Article</li> <li>2. CPT Maintenance Breakout</li> <li>3. Category III Breakout</li> <li>4. Chronic Care</li> <li>5. Category II PMAG Codes</li> <li>6. 2013 Medicare Physician Fee Schedule Proposed Rule and Potential Effects on CPT</li> <li>7. Electronic Code Listing</li> <li>8. Confidentiality and Lobbying</li> <li>9. Advisor Orientation</li> </ol> <p>The agenda is fluid and subject to revision as appropriate</p>