Coding Update

CPT Summary of Panel Actions: Update from the September 2023 Meeting

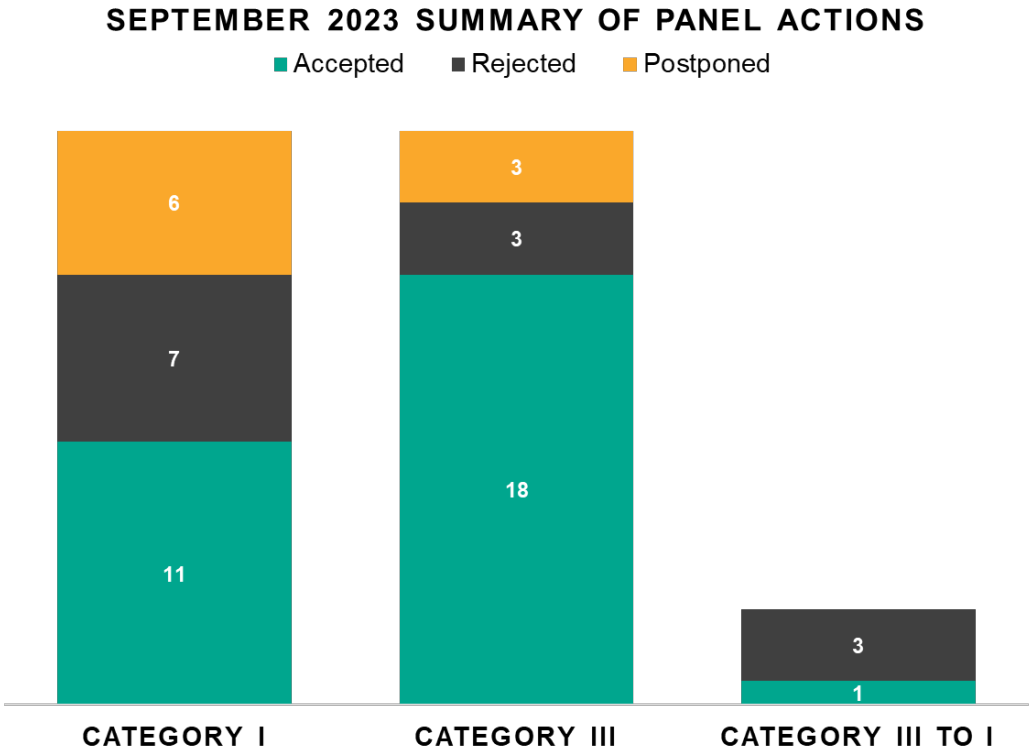
Introduction

The CPT®[1] Editorial Panel met in New Orleans, Louisiana, from September 21 to 23, 2023. The resulting Summary of Panel Actions was published on the American Medical Association (AMA) website on October 20, 2023 and updated October 25, 2023.

Click here for an in-depth analysis of the September 2023 Proposed Panel Agenda.

Key Takeaways from the September 2023 Summary of Panel Actions

There were 75 separate requests (tabs) on the proposed Panel agenda for the September 2023 meeting. Fourteen tabs were withdrawn before the agenda was posted. An additional nine tabs were withdrawn during the meeting. Accounting for withdrawals, the Panel voted on 52 remaining tabs. The Panel accepted 30 requests (58%), rejected 13 requests (25%) and postponed voting on nine requests (17%). A breakdown of votes, by code type, is provided in the table below.



[1] CPT® is a registered trademark of the American Medical Association.

Panel Approves One Request to Convert Category III Codes to Category I Status

At the September 2023 meeting, the Panel reviewed four requests to convert Category III codes to Category I status. The Panel approved only one of these requests: Tab 23: Cat III 0398T to Cat I – MRI Guided High Intensity Focused Ultrasound (MRgFUS). A new Category I code (6XX00) will be effective in the CPT codebook beginning January 1, 2025. The other requests were rejected.

Category III codes are temporary codes for new and emerging technologies. They provide a mechanism for tracking usage of services and collecting data with the opportunity to convert to Category I status in the future. They have become more common in recent years as more new technologies have come to market. At the September 2023 meeting, 46% of all tabs that the Panel voted on were for new or revised Category III codes.

To move from Category III to Category I status, the technology must, among other requirements, demonstrate sufficient utilization relative to the intended clinical use, and it must meet certain literature requirements documenting clinical efficacy. It also helps if the request for Category I status is supported by the relevant professional specialty society. Given these stringent evidentiary requirements, only a limited number of Category III codes have successfully converted to Category I status in recent years, relative to the overall number of new Category III codes that have been established.

CATEGORY I AND III CPT CODE CRITERIA

CATEGORY I CPT CODE CRITERIA	CATEGORY III CPT CODE CRITERIA
• All devices/drugs necessary for performing a procedure or service have *received FDA clearance or approval* when such is required for performing the procedure/service • Procedure/service is *performed by many physicians or other qualified healthcare professionals* across the United States • Procedure/service is *performed with frequency consistent with intended clinical use* (*i.e.*, a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low volume) • Procedure/service is *consistent with current medical practice* • Clinical efficacy of procedure/service is *documented in literature* that meets the requirements set forth in the CPT code change application	• Procedure/service is currently or was recently performed in humans, **AND** • One of the following additional criteria must be met: – The application is supported by at least one CPT or HCPAC advisor representing practitioners who would use this procedure or service; **OR** – The actual or potential clinical efficacy of the specific procedure or service is supported by peer-reviewed literature that is available in English for examination by the Editorial Panel; **OR** – There is: ▪ At least one Institutional Review Board-approved protocol of a study of the procedure or service being performed, ▪ A description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or ▪ Other evidence of evolving clinical utilization

The CPT Editorial Panel process is an evolving one. The McDermott+Consulting team can offer substantial knowledge and experience at the intersection of CPT and coding and reimbursement matters specific to new technologies (including, but not limited to, Category III code applications). To learn more about these capabilities, click here.

For more information, please contact Rachel Hollander, Deborah Godes or Marie Knoll.