



# Coding Update

## CPT Editorial Panel Meeting: What's on the Agenda and Why It Matters

The American Medical Association (AMA) CPT<sup>®1</sup> Editorial Panel will meet in Brooklyn, New York, from May 1 to 3, 2025. The [meeting agenda](#) includes proposals to create new current procedural terminology (CPT) codes and to revise or delete existing codes. The AMA published a separate agenda specific to pathology/laboratory code requests, which include molecular pathology, multi-analyte assays with algorithmic analyses, and genomic sequencing procedure requests. Meeting attendees typically include physicians representing their medical specialty societies, representatives from industry, and public and private payors. The [summary of panel actions](#) for the meeting will be posted on May 30, 2025.

This report provides an in-depth analysis of the May 2025 proposed panel agenda.

### What Is the CPT<sup>®</sup> Editorial Panel?

The CPT Editorial Panel is responsible for maintaining the CPT code set, which the AMA developed in 1966 to describe medical, surgical, and diagnostic services performed by physicians and other qualified healthcare professionals. The panel meets three times each year – typically in February, May, and September – to review requests for changes to the CPT code set, such as adding or deleting a code or modifying existing nomenclature.

The May 2025 meeting is the second meeting in the 2027 CPT and Medicare payment schedule cycle. In general, changes approved at the May 2025 meeting will become effective in the 2027 CPT code book. The Centers for Medicare & Medicaid Services (CMS) will consider the changes as part of the 2027 rulemaking cycle for payment system updates such as the Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems.

### Overview of the May 2025 Agenda

The May 2025 meeting agenda was posted to the AMA website on March 7, 2025, and includes 76 separate requests, referred to as “tabs.” The inclusion of an application on the agenda does not mean that the application will go forward; applicants can withdraw applications at any time prior to discussion by the panel. Two applications have already been withdrawn from consideration at the May 2025 meeting, according to the public agenda.

The following table provides a high-level overview of the May 2025 meeting agenda by type of code being requested.

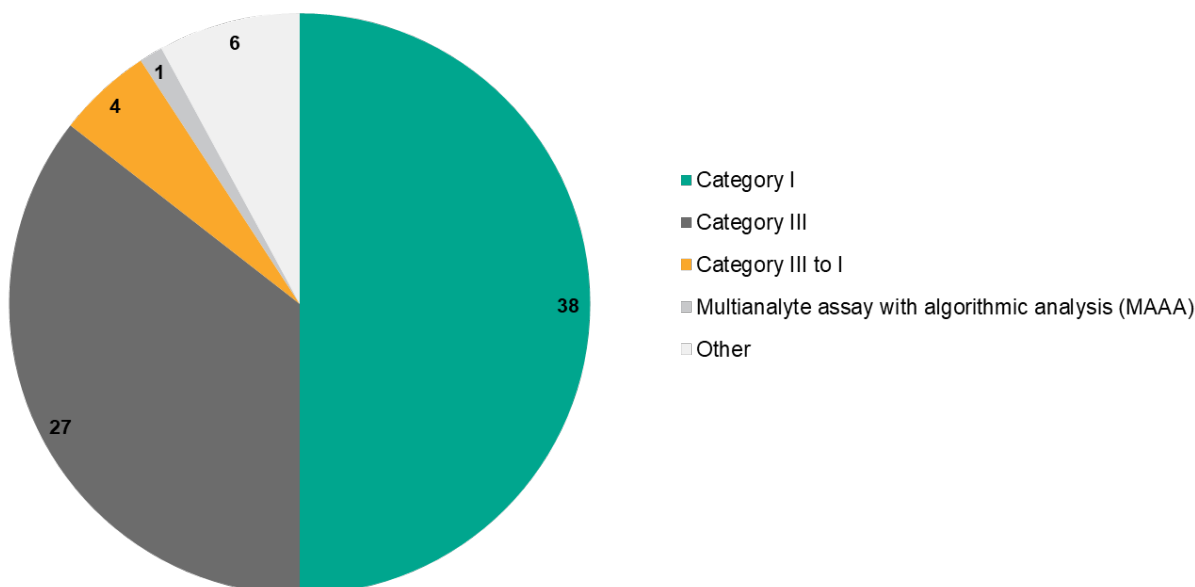
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<sup>1</sup> CPT<sup>®</sup> is a registered trademark of the AMA.



## May 2025 CPT Editorial Panel Meeting Agenda

*Breakdown of Agenda Tabs, by Code Type*



### Agenda Highlights

- A request to delete telemedicine evaluation and management (E/M) services codes 98000 – 98015 and add office/outpatient E/M codes 99202 – 99205 and 99212 – 99215 to Appendices P and T.** In February 2023, the panel approved a request to establish 16 new Category I telemedicine E/M codes for new and established patients using audio-video or audio-only technology (CPT codes 98000 – 98015). These 16 new telemedicine E/M codes were surveyed as part of the AMA RVS Update Committee process and considered by CMS as part of the calendar year 2025 PFS rulemaking cycle. CMS ultimately assigned these 16 telemedicine E/M codes status indicator “I,” meaning that a more specific code should be reported for Medicare patients. In this case, the more specific code is one of the existing office/outpatient E/M codes (CPT codes 99202 – 99205 and 99212 – 99215) on the Medicare Telehealth Services List, when billed with the appropriate place of service code and modifier.
- A request to establish new codes and revise and delete existing codes in the maternity care section of the CPT code set.** The CPT Editorial Panel created the [Maternity Care Services Workgroup](#) in response to a code change application from the February 2024 panel meeting. The workgroup is charged with assessing the current practice of maternity care, including antepartum care, labor management, delivery, and postpartum services, to bring forth a code change application with suggested changes to existing codes. The workgroup will also propose new codes that reflect the current practice of medicine while aligning with the rules, guidelines, and conventions of the current CPT code set and meeting the needs of all stakeholders.



- **Five requests to establish new Category III codes that include an artificial intelligence (AI)-, algorithm-, or software-based technology.** Requests for new codes that include an AI component have increased steadily in recent years. At its September 2021 meeting, the panel accepted the addition of a new Appendix S to provide guidance for classifying various AI/augmented intelligence applications (e.g., expert systems, machine learning, and algorithm-based services) for medical services and procedures into one of three categories: assistive, augmentative, or autonomous. This appendix went into effect on January 1, 2022.
- **Four requests to convert Category III codes to Category I status.** To move from Category III to Category I status, a technology must demonstrate sufficient utilization relative to the intended clinical use, and it must meet certain literature requirements documenting clinical efficacy. It also helps if the relevant professional specialty society supports the request for Category I status. 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.

The CPT Editorial Panel process is an evolving one. The McDermott+ team can offer substantial knowledge and experience at the intersection of CPT and coding and reimbursement matters specific to new technologies (including Category III code applications). To learn more about these capabilities, [click here](#) or contact us.



For more information, please contact [Rachel Hollander](#).

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