



Coding Update

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

Introduction

The CPT^{®1} Editorial Panel will meet in Albuquerque, New Mexico, from September 19 to 21, 2024. As published by the American Medical Association (AMA), the meeting [agenda](#) includes proposals to create new current procedural terminology (CPT) codes and to revise or delete existing codes. The AMA publishes a full agenda and 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 (a document prepared after each meeting) for the September 2024 meeting will be posted on October 18, 2024, according to the AMA [website](#).

Read on for an in-depth analysis of the September 2024 proposed panel agenda.

What Is the CPT[®] Editorial Panel?

The CPT Editorial Panel is responsible for maintaining the CPT code set, which was 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 September 2024 Agenda

The September 2024 meeting is the last meeting in the 2026 CPT and Medicare payment schedule cycle. In general, that means that changes approved at the September 2024 meeting will become effective in the 2026 CPT code book and will be considered by Medicare as part of the 2026 rulemaking cycle for payment system updates such as the Physician Fee Schedule or the Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems. With certain exceptions (e.g., pathology codes, Category III codes and editorial revisions), requests considered at the next CPT Editorial Panel meeting in February 2025 will have to wait until CPT 2027 and the 2027 Medicare rulemaking cycle for consideration.² Because it is the last opportunity for consideration for the upcoming CPT and Medicare cycles, the September meeting agenda is often jam-packed. This September's agenda is no different.

The September 2024 meeting agenda was posted to the AMA website on July 12, 2024, and included 82 separate requests (referred to as "tabs"). The inclusion of an application on the agenda does not mean that the application will go forward, as applicants can withdraw their applications at any time prior

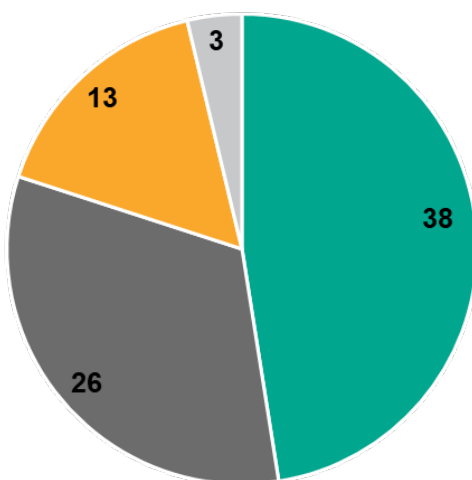
¹ CPT[®] is a registered trademark of the American Medical Association.

² This is a timeline for items that require review through the AMA/Specialty Society RVS Update (RUC) Process and inclusion in the annual CMS proposed rule. Only code-change applications that are determined, upon panel review, to be editorial revisions and/or not to require RUC review (e.g., Laboratory issues) and are submitted after the June application deadline will appear in the publication for the previous year.



to discussion by the CPT Editorial Panel. According to the public agenda, two applications have already been withdrawn from consideration at the September 2024 meeting; these two requests are not accounted for in the pie chart below, which shows a high-level breakdown of the types of requests on the agenda.

September 2024 CPT Editorial Panel Meeting Agenda *Breakdown of Agenda Tabs, by Code Type*



■ Category I ■ Category III ■ Category III to Category I Conversion ■ Other

The September 2024 meeting agenda includes 38 requests for new or revised Category I codes, 26 requests for new or revised Category III codes, 13 requests to convert Category III codes to Category I status, and three “other” requests for items such as guideline revisions. Key highlights include:

- **Seven requests to create new Category III codes that appear to include some type of artificial intelligence (AI)-, algorithm- or software-based application.** Requests for new codes that include an AI component have increased steadily in recent years. In response, 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 for coding guidance went into effect on January 1, 2022.
- **13 requests to convert Category III codes to Category I status.** 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.



- **A request to revise the guidelines for converting a proprietary laboratory analyses code to a Category I code.** Proprietary laboratory analyses codes were first published in the CPT code book on January 1, 2018. These codes have grown substantially in the last six and a half years, and this guidance gives insight on the process for converting a proprietary laboratory analyses code to a Category I code.
- **A request to revise the digitally stored data services/remote physiologic monitoring guidelines.** This request reflects ongoing work by interested individuals to revise several remote monitoring services codes, including remote physiologic monitoring and remote therapeutic monitoring codes.

The CPT Editorial Panel process is an evolving one. The McDermott+Consulting team offers 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](#).



For more information, please contact [Rachel Hollander](#), [Deborah Godes](#) or [Marie Knoll](#).

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