CPT®: The Language of Medicine for Innovators

Stanford Biodesign and Fogarty Innovation – 9/17/21

Our presenters

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Objectives

The AMA and Innovation

What is CPT (and why you should care)

CPT: What You Need To Know	The Who	Key CPT Groups
	The What	The Payer Landscape: How does coding relate to value and reimbursement How CPT Enhancements Embrace Innovation
	The When and The How	Innovation lifecycles and the CPT process How innovators interact with the CPT process *Enhanced Literature Standards, Open Collaboration*

Debunking common myths

Q&A

Resources

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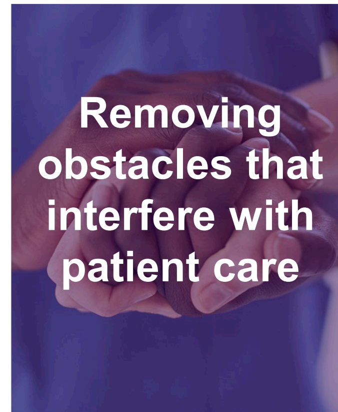
AMA: The physicians' powerful ally in patient care



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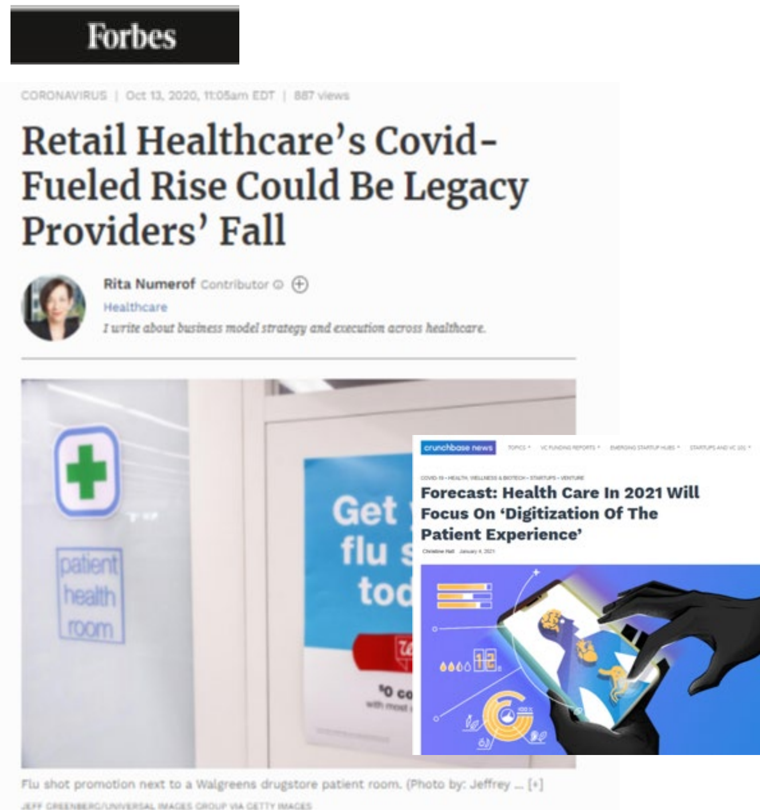
Disruption of health care has already begun...

- **Retail and direct-to-consumer (DTC) growth:**
  - Increase in physicians going to work for new models
  - Increase in patient use of new models
    - *Millions have lost employer-provided healthcare coverage making $40 doctor visits at care clinics increasingly tempting*
- **Patients and physicians want virtual care to continue:**
  - 68% of clinician respondents are motivated to increase telehealth; 75% of clinicians indicated that telehealth enabled them to provide quality care (*COVID 19 Coalition Telehealth Impact Survey*)
  - Patient satisfaction score for telehealth is 860/1000 – highest of all healthcare, insurance and financial services (*JD Power*)
- **Record digital health investments in 2020:**
  - $20 billion globally
  - Similar investments expected in 2021 focused on interoperability, mental health and personalized care (Rock Health)
- **AI, genomics, precision medicine, health at home…**



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New care delivery models already at work

Tech-enabled healthcare services

Companies that provide healthcare through technology

Characteristics

- Clinical staff typically employed as 1099's
- No brick-and-mortar footprint
- Bundled services into a recurring fee, such as PMPM, or per unit (e.g. per query if a data services business).
- 50-75%+ gross margin

Employer-facing

Hinge Health, Livongo, ginger, omada

Payer-facing

ConsejoSano (Por la salud del Hispano), cogitativo, embold HEALTH

Pharma-facing

evidation, rd, Verana Health

Consumer-facing

roman, NURX., CUROLOGY, hims, Folx Health

"Pure-play" healthcare services

Companies that offer healthcare in-person

Characteristics

- Primarily utilize technology for practice management, electronic medical record keeping, billing and coding, scheduling, and patient communication
- Typically bill through claims or are cash pay
- Either fee-for-service or fee-for-value
- Typically, clinical staff are employed as full-time employees
- 30-60% gross margin depending on whether there is a B&M footprint.

Brick & Mortar

CITYBLOCK, IVX INFUSION EXPRESS, groups (recover together), one medical, strive HEALTH, brightline

Non-B&M

dispatch HEALTH, Ready Responders

Melting margins and hospital closures

'Tumultuous' year for hospitals results in 55% drop in median operating margin, Kaufman Hall finds

Alia Paavola - Monday, January 25th, 2021 Print | Email

BECKER'S **Hospital CFO Report**

Negative operating margins likely for 39% of hospitals this year: Kaufman Hall

Alia Paavola - yesterday Print | Email

Share Tweet Share 1

Even under an optimistic pandemic recovery scenario, 39 percent of hospitals may have negative operating margins this year, according to a new report from healthcare consulting firm Kaufman Hall.

In a pessimistic scenario, nearly half of U.S. hospitals may have negative operating margins, according to the report. Prior to the pandemic, 25 percent of hospitals had a negative operating margin.

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Medicine’s next frontier – Health2047

- Silicon Valley-based business development company **founded by the AMA in 2017**.
- Integrates physician experience and expertise into the design and commercialization of new health care technologies.
- Work focused in four areas:
    - Enable data liquidity
    - Realign systems to better manage chronic care
    - Enhance productivity at all levels
    - Facilitate value-based payments

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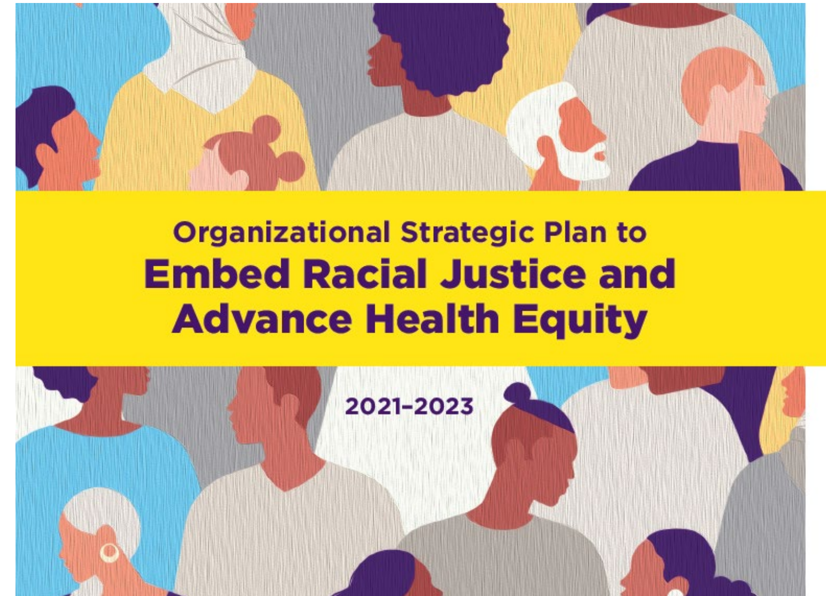
AMA's commitment to equity and justice

- Three-year plan to address racial justice and health equity in medicine launched in May 2021
- AMA seeks to:
  - **Embed equity and racial justice throughout the AMA**
  - **Build alliances with marginalized physicians and other stakeholders**
  - **Push upstream to address determinants of health and root causes of inequities**
  - **Ensure equitable structures and opportunities in innovation**
  - **Foster pathways for truth, racial healing, reconciliation and transformation for AMA's past**



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AMA Equity Strategy and Innovation

To push upstream, AMA is working to "…equip physicians and health systems to improve services, technology, partnerships and payment models that advance public health and health equity."

- Accelerate and support the formation of cross-sector coordination, use of technology, adoption of national equity standards, and payment models that support integrated social needs and community-based social determinants of health approaches.

AMA is working to insure equitable structures and opportunities in innovation.

- AMA is collaborating with stakeholders to embed social justice and health equity into existing innovation strategies, processes, products and policies—including our digital health, telemedicine, AI, precision medicine, data and interoperability initiatives.

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What CPT Is

(and why you should care)

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Level Set Your CPT Knowledge:

A Poll

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What are Current Procedural Terminology (CPT®) codes?

A uniform language of descriptive terms and identifying codes

Accurately describes medical, surgical, and diagnostic services

Effective, reliable nationwide communication among:

- Physicians and other qualified health care professionals
- Patients
- Third parties (eg, insurers)

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CPT code set history

50+ years of CPT® Evolution

Precision Medicine

Digital Medicine

- 1966 — AMA introduces CPT code set
- 1970 — Introduction of 5-digit codes
- 1983 — CPT code set adopted by HCFA for use in federal programs
- 1990 — Introduction of CPT data files
- 1992-1993 — CPT code set associated with RBRVS and launch of RUC
- 2000 — CPT code set designated in HIPAA as a standard
- 2002 — Introduction of Cat II and Cat III CPT codes
- 2005 — CPT Editorial Panel changed to open process
- 2009 — HITECH
- 2012 — Molecular Pathology code set established
- 2014 — Protecting Access to Medicare Act
- 2015 — Release of public CPT Editorial Panel actions
- 2016 — Launch of new CPT PLA codes
- 2016 — 21st Century Cures
- 2018 — CMS finalizes payment for remote monitoring
- 2019 — E/M Office Visit changes and launch of CPT SmartApp
- 2020 — COVID-19 responses; CPT codes and guides

EHRs

Interoperability

Events that serve as catalysts for adoption

First 40 Years | Next Decade Plus

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Why learn about CPT® codes?

Your innovation could provide better care for patients. A CPT code could help. How?

Credibility – CPT codes are the language of medicine. Care provided by physicians is captured by CPT codes.

Coverage – Insurance companies also use CPT codes to describe what procedures are covered. Nearly $1trillion of healthcare is covered every year.

Adoption – One of the key questions that physicians ask with a new tool or procedure is whether they will be reimbursed for using it.

CPT codes are a key step on the path to **reimbursement**.

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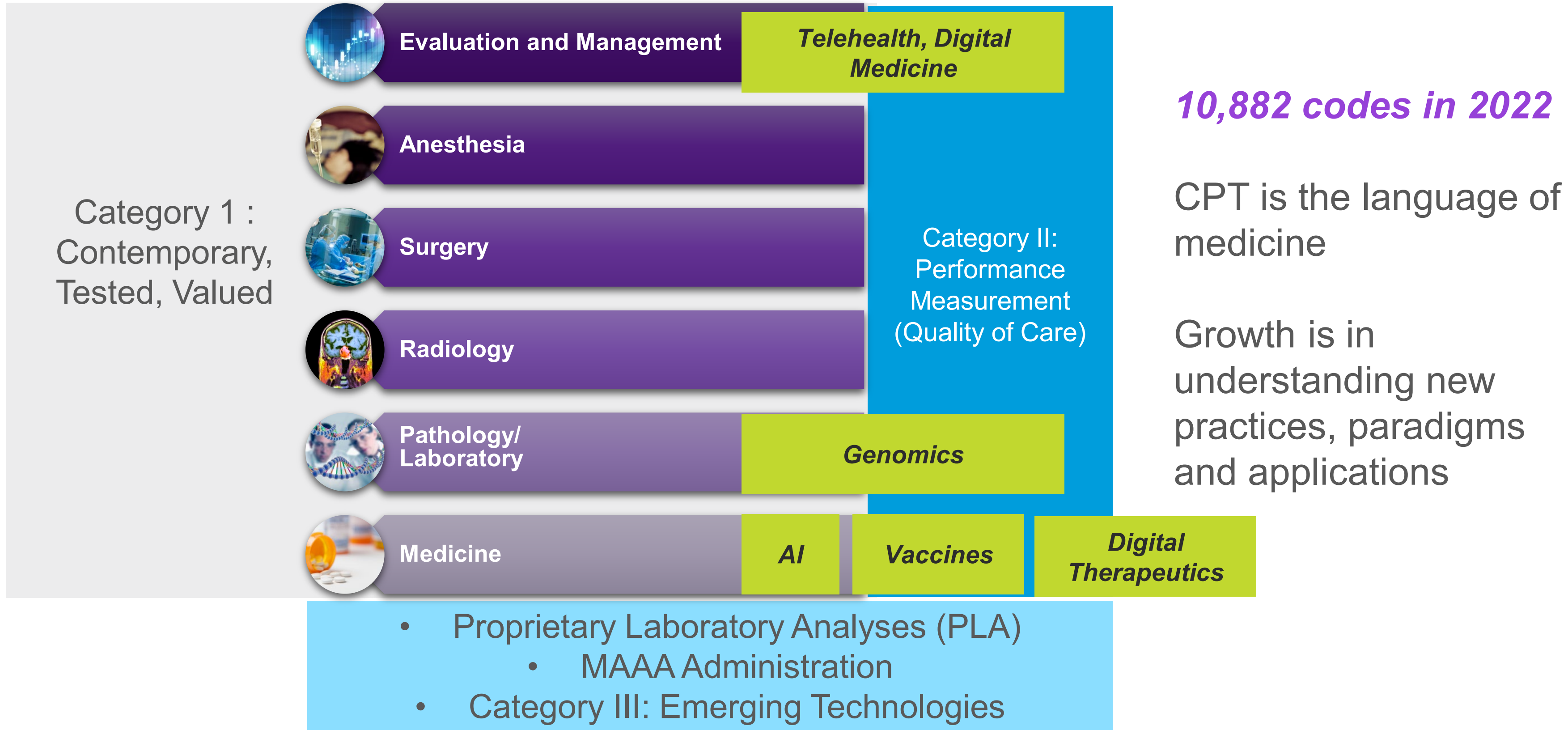
CPT code set moves at the pace of medicine



10,882 codes in 2022

CPT is the language of medicine

Growth is in understanding new practices, paradigms and applications

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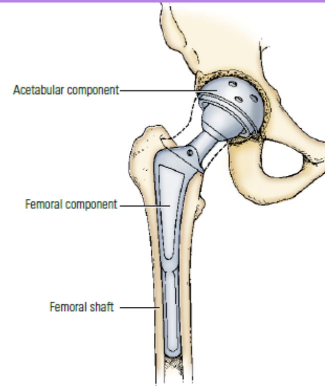
CPT codes are a common language

Patient Says:

I got a new hip!

Patient Sees:
Consumer Descriptors
27130 Replacement of thigh bone and hip joint with prosthesis

CPT codes see:



Total Hip Replacement
27130
The femoral head is excised, osteophytes are removed, and acetabulum is reamed out before replacement is inserted in the femoral shaft.

CPT codes say:

27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

Data liquidity – Interoperability

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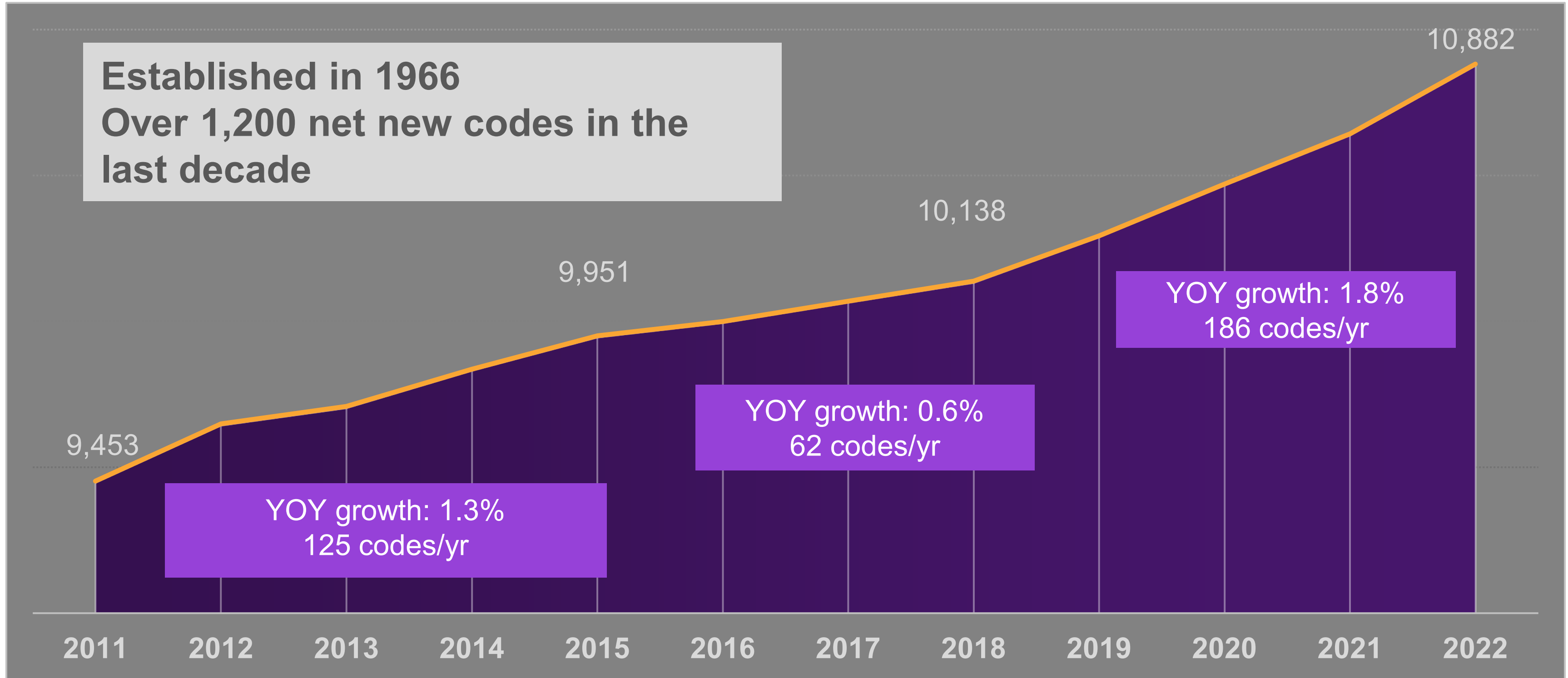
The pace of CPT code growth is increasing



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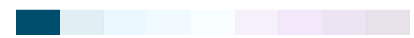

Why Health Equity Matters in CPT

- Equity and innovation intersect to influence population level health outcomes (e.g., Differential *access* to technologies, variations in *adoption* and *use*).

- Health equity issues are catalysts for the development of innovative solutions and technologies that reduce social inequalities.
  - COVID-19 pandemic: telehealth and remote care technologies have been critical

- Bringing innovations to CPT with a health equity lens enhances adoption and increases value across health serving industries.

Weiss D, Rydland HT, Øversveen E, Jensen MR, Solhaug S, Krokstad S. Innovative technologies and social inequalities in health: A scoping review of the literature. *PLoS One*. 2018;13(4):e0195447. Published 2018 Apr 3. doi:10.1371/journal.pone.0195447

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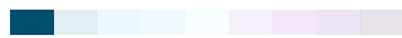

Inequities in health tech: who is left out?

Advancements in digital health and telemedicine are **not** reaching nor improving health in all communities equally - **Black, Brown, and low-income populations are left behind the most.**

Patient Portals	Mobile Health	Telehealth
• Despite nearly universal provision of patient portals, only about a third of patients are using them. • Black and older patients are less likely to use portals. • Even when digital devices are provided, there are still persistent gaps in usage.	• There are a wide variety of telehealth apps in the marketplace, but few apps address the needs of the patients who could benefit the most. • Many do not have clinical utility or properly ensure crisis management for high-need populations with chronic conditions.	• At least 1 in 4 Americans may not have digital literacy skills or access to Internet-enabled digital devices to engage in video visits. • Medicaid, low-income, and rural populations do not use live video communication as widely as other groups.

Innovators are the key to bridging the gap

References:
https://www.liebertpub.com/doi/10.1089/tmj.2019.0065
https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0578
https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0123#r10

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The Who

Key CPT Groups

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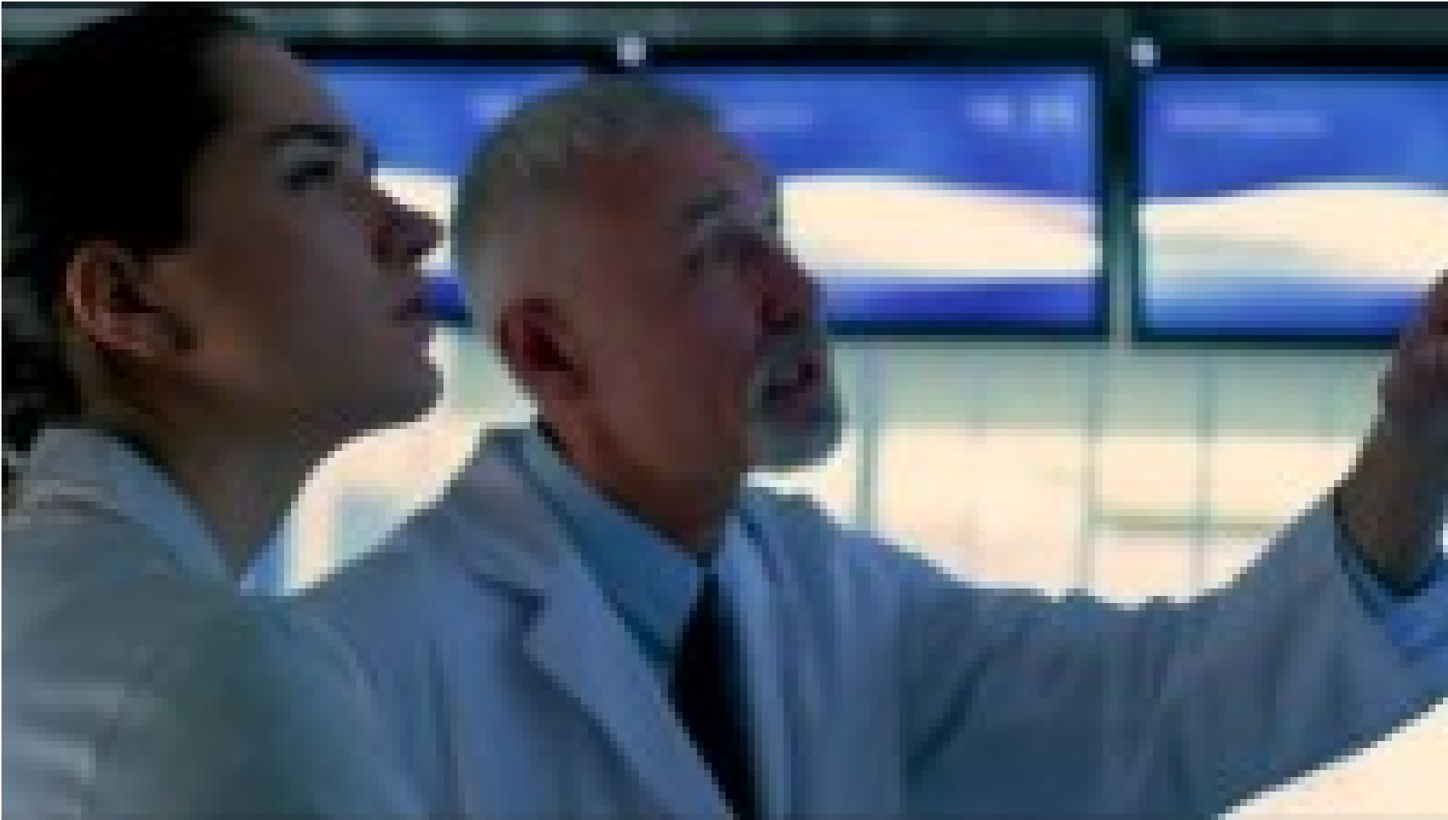
CPT Editorial Panel Video



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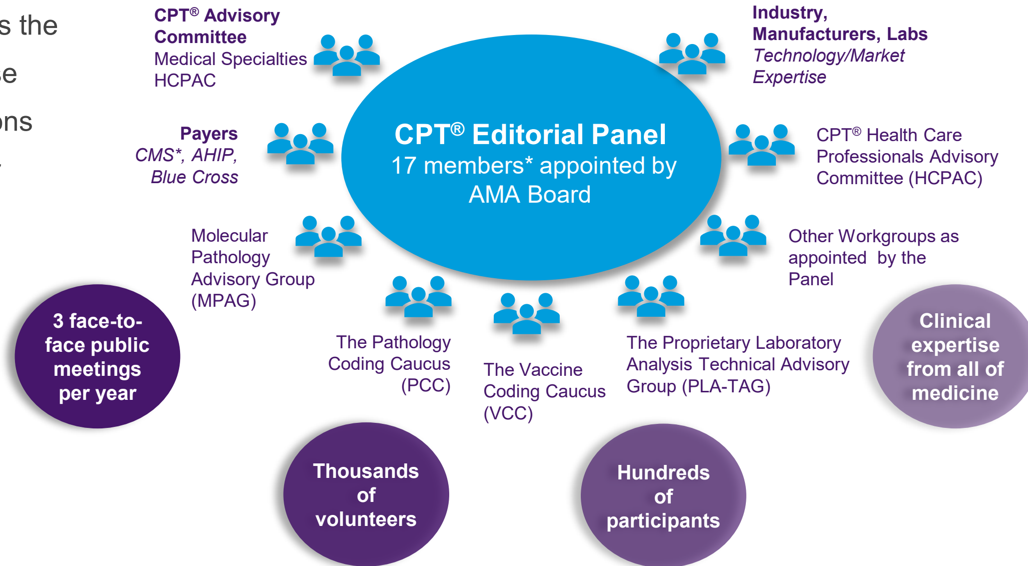
The CPT® Editorial Panel

The CPT® Editorial Panel has the sole authority to create, revise and update codes, descriptions and applicable guidelines for appropriate CPT® coding.

CMS has observer status



CPT® Editorial Panel members do not advocate for their specialty or organization once named to the Panel.

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CPT Editorial Panel - Expansion

- At the recent April 2021 AMA BoT meeting, four additional seats were added to the CPT Editorial Panel

- Call for nominations held this summer
- The Panel supports diversity, equity, and inclusion in its members and its policies
- The AMA encourages qualified candidates of all backgrounds that meet the criteria outlined for Panel membership to apply for these positions

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Who are CPT Advisors?

CPT Advisory Committee

Over 100 Medical Specialty Societies with membership in the AMA House of Delegates

Organizations representing non-physician healthcare professionals

CPT Health Care Professionals Advisory Committee (HCPAC)

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The CPT® Assistant Editorial Board

CPT Assistant is the Official Source for CPT Coding Guidance

Organizational Board Members (5)

- American Hospital Association
- CMS
- AMA Specialty Society RVS Update Cmte
- Blue Cross Blue Shield Association
- AHIP

Elected Board Members (6)

- Contract Medical Director
- Current/former HCPAC Member
- CPT Advisory Committee member – Non-surgical
- CPT Advisory Committee member – Surgical
- Current/Former CPT Editorial Panel – Non-surgical
- Current/Former CPT Editorial Panel member - Surgical

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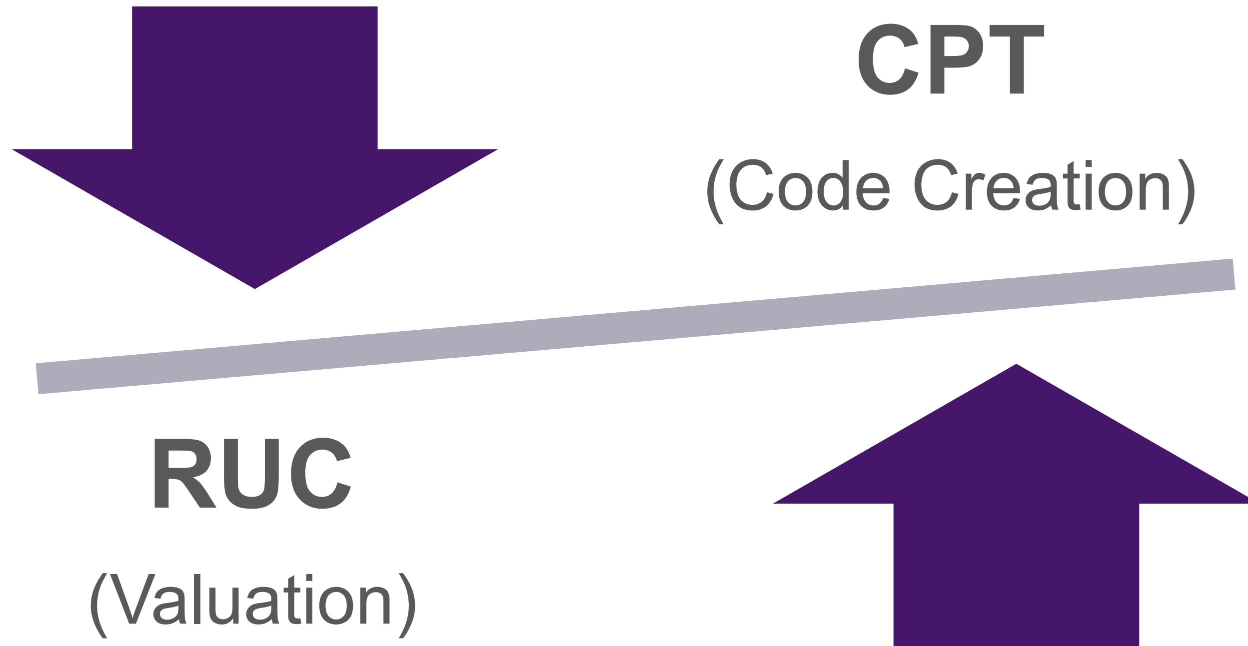
The CPT code set & the AMA/Specialty Society RVS Update Committee (RUC) – One Story



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The Payer Landscape

How CPT Enhancements Embrace Innovation

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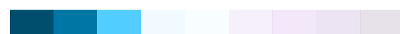

CPT & RUC

Additional Reimbursement mechanisms

- **PLA**
- **Clinical Lab Fee Schedule (CLFS)**
- **Category III**

CPT Editorial Panel/CMS Request

Level of Interest

Survey

Specialty RVS Committee

The RUC

CMS

Medicare Payment Schedule

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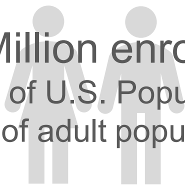
The Payer Landscape

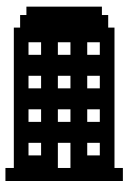
CMS



59 Million enrollees
(18% of U.S. Population; 28% of adult population)

Largest single purchaser of personal health care
(22% of $3 _Trillion_ spend)

Roles:

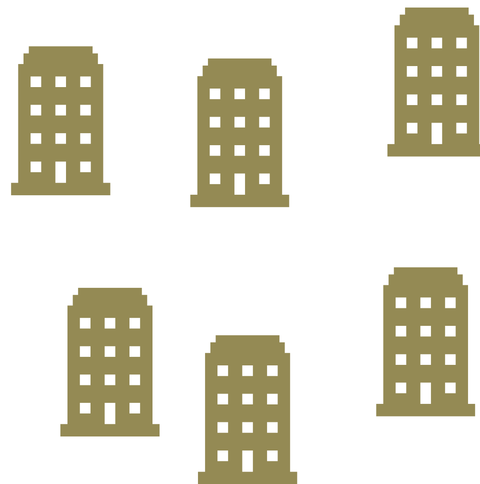


Payer

and

Regulator

Other Payers



CMS' policies significantly influence other payers

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CPT Codes - not limited to fee-for-service

All benefit from CPT common language

- Consumer driven health care
- Cash pay models
- Freemium model
- Diagnostic coding

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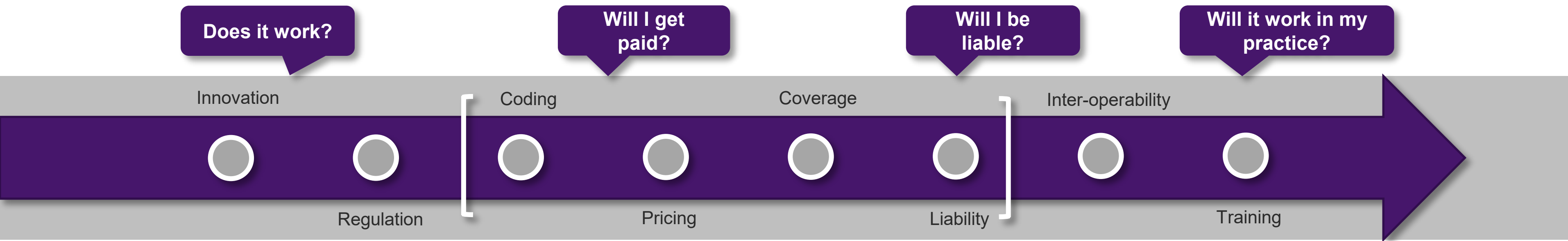
CPT Focus on Digital Health: The AMA-Convened Digital Medicine Payment Advisory Group (DMPAG)



Aggregate evidence base

Address gaps in coding

Propagate widespread coverage

- Remote physiologic monitoring and Internet consultation codes
- Gain broader coverage of remote monitoring services with payers like CMS
- DMPAG created use cases and consolidated evidence from hundreds of studies

13 nationally recognized advisors engages a diverse cross-section of nationally recognized experts Panel and RUC members.

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DMPAG Focus Areas

Coding/Payment

Create a taxonomy in coding for digital health

Review face to face service definitions in the age of digital medicine

Artificial Intelligence

Development of payment pathways for AI and related services such as digital therapeutics

Advocacy

Focus on geographic and originating site digital medicine restrictions

Continued dissemination of data on effectiveness of digital medicine

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CPT® Coding for Digital Medicine: 2019–2022

Remote Physiologic Monitoring

Between 2019 and 2020, the Panel created four new codes to allow physicians and other qualified healthcare professionals the ability to report **remote monitoring** of conditions not currently covered by existing CPT codes. The Panel considered the typical patient to be an individual needing management of heart failure.

99446 | 99447 | 99448 | 99449 | 99451 | 99452

Remote Therapeutic Monitoring

For the 2022 code set, the Panel created five new codes to allow report **remote therapeutic monitoring** services. The Panel's goal in creating these services were two-fold: 1). Creating a reporting pathway for remote monitoring of "non-physiologic" parameters and 2). Placing the codes in the general Medicine section of the CPT code set to provider greater opportunities for QHPs to report.

98975 | 98976 | 98977 | 98980 | 98981

Pulmonary Artery Pressure Sensor Remote Monitoring

In 2019, the Panel created a new code to describe **remote monitoring of pulmonary artery pressure sensors**. This code was needed in addition to the established Remote Physiologic Monitoring codes (99457, 99458) because the typical patient for this service has congestive heart failure and requires additional time and complexity.

93264

Online Digital Evaluation Service (E-Visit)

In 2020, the Panel created six new codes to describe novel digital communication tools, such as **patient portals**, that allow health care professionals to more efficiently **connect with patients** at home and exchange information.

99421 | 99422 | 99423 | 98970 | 98971 | 98972

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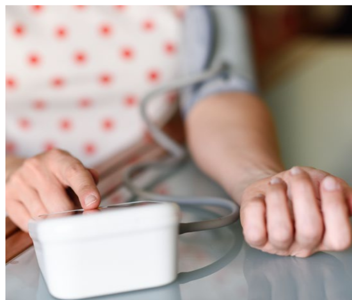
CPT® Coding for Digital Medicine: 2019–2022

Self-Measured Blood Pressure Monitoring



For 2020, the Panel created two new codes to better support home blood pressure monitoring that aligns with current clinical practice. While not solely digital services, the goal of these codes is to **expand reporting pathways** for physicians across the country who take care of a **diverse** set of **patients** that have varying degrees of **access** to care.

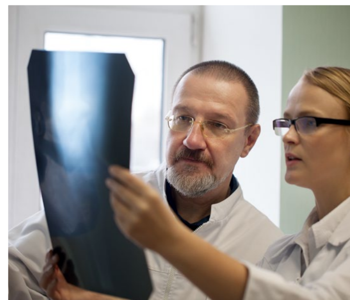
99473 | 99474

Remote Retinal Imaging

For the CY 2021 CPT code set, the Panel created a new code 92229, which describes technology that identifies diabetic retinopathy through **automated AI**, which set a foundation for the first truly automated AI service in the CPT code set.

92227 | 92228 | 92229

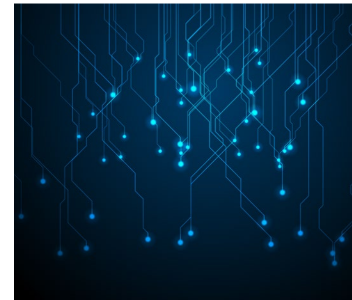
Remote Optical Coherence Tomography



For 2021, the Panel created several codes to report patient-initiated remote retinal OCT **utilizing AI** to analyze the patient generated data and then create a report that is reviewed by a physician/QHP.

0604T | 0605T | 0606T

Digital Taxonomy



For 2022, the Panel created a **taxonomy** that visually communicates all of the CPT codes that correspond to **digital medicine** and how the associated work is either distinct or overlaps. This new reference source will be a helpful visual for users to both better understand which codes apply to digital medicine and what coding gaps may still remain for emerging services.

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Proprietary Laboratory Analyses (PLA) Codes Deliver Laboratory Innovation

- Specific to labs or manufacturers that wish to uniquely identify their laboratory test
- Code criteria -
  - The test must be commercially available in the US for use on human specimens
  - The clinical laboratory or manufacturer that offers the test must request the code
- Over 150 codes issued since 2016
- Constant innovation: codes updated four times per year

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Category III Codes Fuel the Range of Innovation

Temporary alphanumeric new and emerging technology, procedures and services

- Created for data collection and assessment of new services and procedures
- One of the most visible areas of change
- Codes are temporary: many convert to Category I
- Rapid expansion: code volumes have increased ***246 percent*** since 2011

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CPT® Meets the Challenge of Rapid Innovation: Telemedicine implementation and COVID-19

Expectation *Vs.* *Reality*

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The When and The How

Innovation Lifecycles and the CPT Process

How Innovators Interact

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Let’s talk about… Processes

CPT

FDA

Device Development

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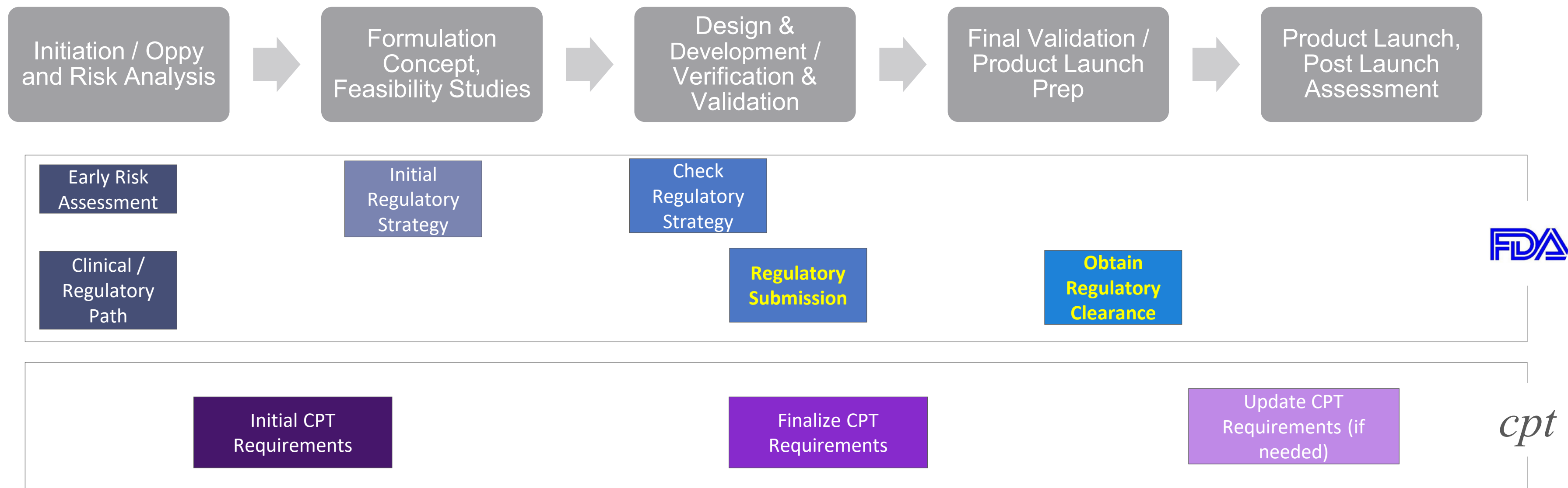
Put it Together: CPT, FDA and Device Development



Consider CPT requirements throughout your development process

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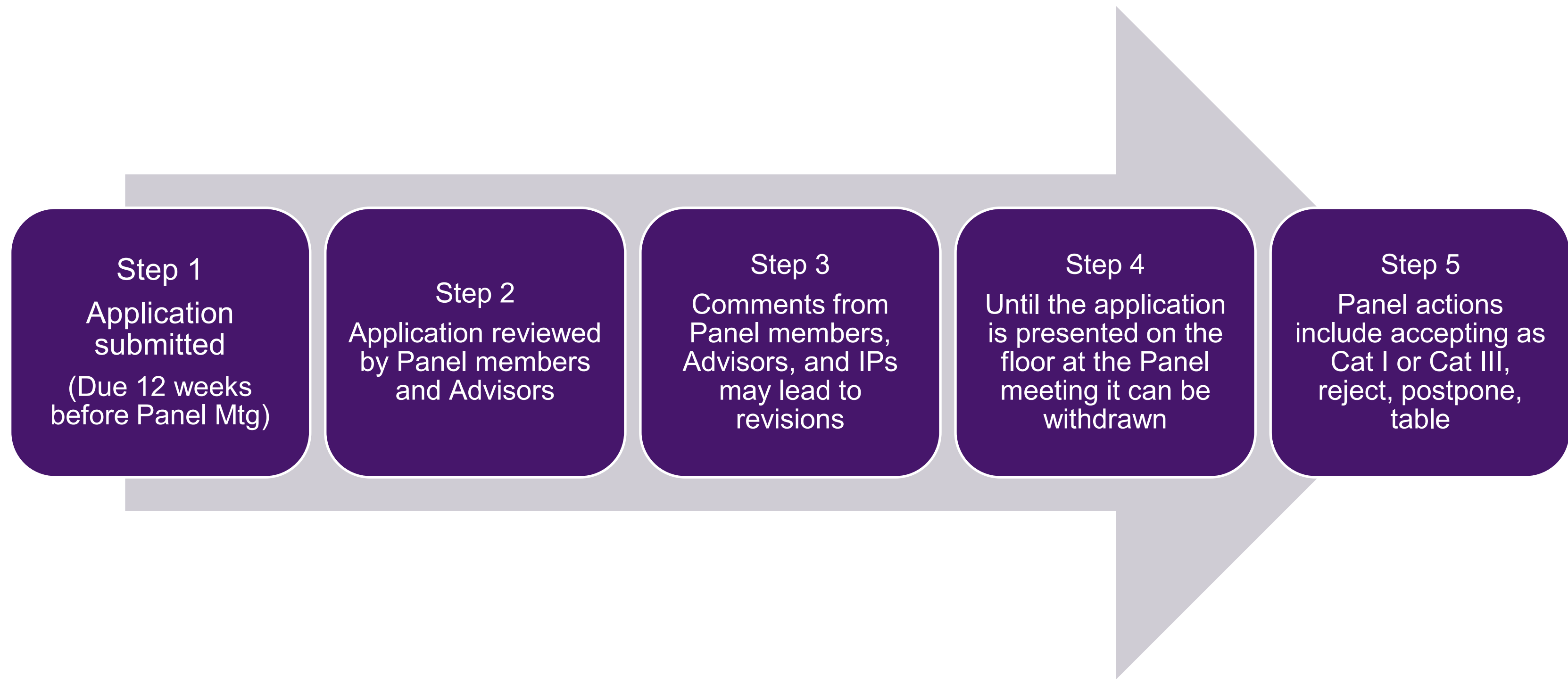
The CPT Code Change Application (CCA) Process – Key Steps



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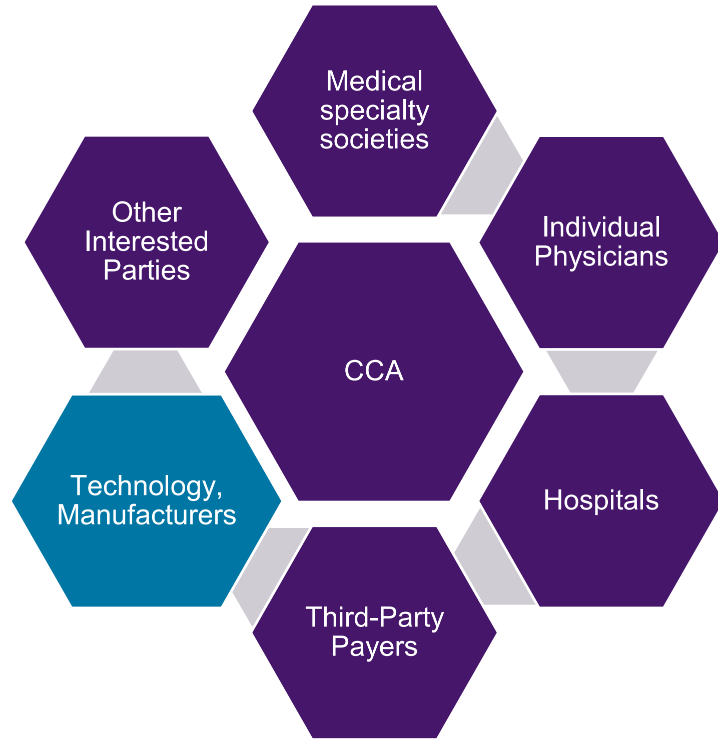
CPT process step 1: Code Change Application (CCA)

- Used to request CPT revisions: adding and deleting codes, modifying existing nomenclature
- CCAs can originate from many groups



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CPT Process Step 1: Code Change Application - Key Components (Category I and III)

- FDA Status
- Rationale
- Proposed New Code descriptor, parentheticals, guidelines
- Current CPT codes in use, differences from other established codes
- Who Typically Provides the Service?* *(Digital options included)*
- Conditions to treat
- Utilization Data
- Studies / Literature
- Known Guidelines / Policy
- Clinical Vignette and Description of Service

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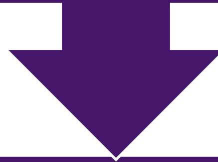
CPT process step 2: CPT Panel review

The CPT Panel uses a set of objective criteria to determine the appropriateness of code requests



Each Panel member reviews each application and votes based upon that review, using their own clinical judgment

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CPT Category I and III: General Criteria Highlights*

- Descriptor is **unique, well-defined;** describes a procedure or service which is **clearly identified and distinguished from existing procedures and services**
- **Consistent with current Editorial Panel standards**
- **Neither a fragmentation of an existing procedure or service, nor currently reportable as a complete service by one or more existing codes** (with the exclusion of unlisted codes). However, procedures and services frequently performed together may require new or revised codes
- Proposed descriptor **accurately reflects the procedure or service as typically performed**
- **Not proposed as a means to report extraordinary circumstances** related to the performance of a procedure or service already described in the CPT code set
- **Satisfies the category-specific criteria**.

** Abbreviated for presentation purposes only*

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CPT Category I Criteria*

- All devices and drugs necessary for performance of the procedure or service **have received FDA clearance or approval** when such is required for performance of the procedure or service;
- Performed by many physicians or other qualified health care professionals **across the United States**
- **Performed with frequency consistent with the 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);
- **Consistent with current medical practice**;
- **Clinical efficacy is documented in literature** that meets CPT code change application requirements

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CPT Category III Criteria*

- **Currently or recently performed in humans**, **AND**

At least one of the following additional criteria :

- **Supported by at least one CPT or HCPAC advisor representing practitioners** who would use this procedure or service; **OR**
- **Actual or potential clinical efficacy** is **supported by peer reviewed literature**; **OR**
- There is a) at least one Institutional Review Board approved protocol of a study of the procedure or service being performed, b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or c) other **evidence of evolving clinical utilization**.

** Abbreviated for presentation purposes only*

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- Applications reviewed by AMA staff
- Comments are compiled from CPT Advisors, Panel and Interested Parties (IPs)
- Agenda publicly posted 30 days in advance
- Until the application is presented on the floor at the Panel meeting it can be withdrawn

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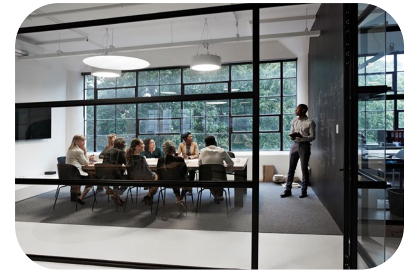
CPT process step 5: at the CPT Editorial Panel meeting

- Applicants attend, answer questions from Panel and reviewers
- Opportunity for input from the General Audience
- Panel members vote anonymously
- Possible actions:

Accept

Reject

Postpone



Table

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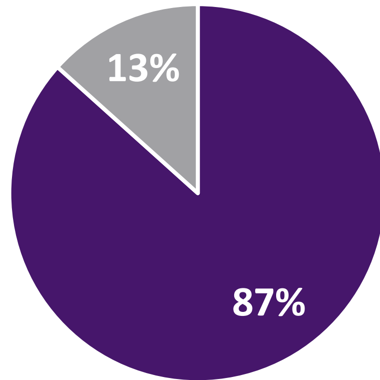
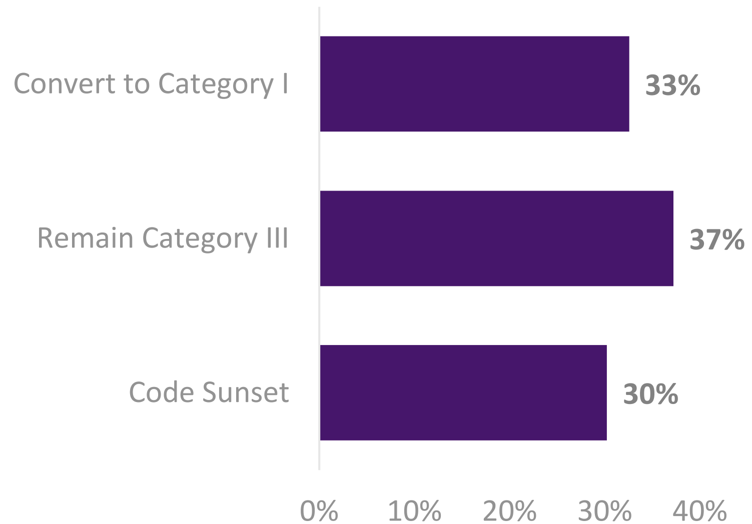
Category III: Experience over time





Based on 86 Category III applications approved between 2008 and 2014; status as of 2019

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Category III: Areas for Application Improvement

- While the criteria for Category III codes is, relative to Category I codes, less intensive, there are still critical issues to address before your submission

- Commonly seen reason with rejections: Ensuring that an existing CPT code(s) doesn't already address some or part of your service/procedure

- General CPT criteria:
  - *The proposed descriptor for the procedure or service is neither a fragmentation of an existing procedure or service nor currently reportable as a complete service by 1 or more existing codes (with the exclusion of unlisted codes). However, procedures and services frequently performed together may require new or revised codes*

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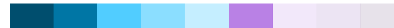

Category III: Consider Importance to your coding pathway

Ensure that your desired coding pathway is well researched; for both timing and coverage concerns

- An Example:

- Company with new innovation opts to use a rarely used Category I CPT code (versus applying for a Category III code)
- Utilization of CPT code is driven up; catalyst for re-evaluation by the RUC, or referral to the CPT Editorial Panel
- CPT code is evaluated based on *Category I* criteria
- Innovation is carved out into a separate Category III code, due to lack of specified widespread volume and potentially clinical efficacy defined in the literature.
- CPT Network is a resource to obtain official AMA guidance on coding for your specific service/procedure.

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FDA - 510(k) Submission: parallels with CPT CCA

FDA 510(k)	CPT CCA
Device Class	Code Category (I / III)
Section 514 (performance standards compliance requirements)	
Proposed labels, labeling, and advertisements (describe device, intended use, directions)	Proposed New Code descriptor, parentheticals, guidelines Clinical Vignette and Description of Service
Statement: device is similar to and/or different from other products of comparable type	Current CPT codes in use, differences from other established codes
510(k) summary	
Financial certification/disclosure statement	
Investigational data: US (Part 50; Part 56 (IRB), Part 812) or Outside US (GCP, §812.28)	Utilization Data, Literature
Search of all information / available about the device and other similar legally marketed devices	Known Guidelines / Policy
'Truthful and Accurate' Statement	

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FDA - PMA Submission: parallels with CPT CCA

FDA - PMA Submission	CPT CCA
Name/Address	Name / Address
Table of Contents	
Application Summary	Conditions to Treat, Current CPT Codes in use & differences from other established codes, Clinical Vignette
Complete Device Description	Proposed New Code descriptor, parentheticals, guidelines, Description of Service, Who Typically Provides the Service
Performance Standard Reference (Section 514)	
Data: Nonclinical Laboratory Studies and Clinical Investigations	Utilization Data, Studies
Bibliography	Studies / Literature
Device Sample	
Proposed Labeling	Mfr. Product Insert (Labs)
Environmental assessment	
Financial Certification	
Use in Pediatric Patients	Literature

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Enhancing the CPT® Process: Simpler Requirements

Literature Standards Update

- Assist applicants with the code application process
- Clarify the impact and use of literature on the outcome of CPT Editorial Panel consideration
- Increase focus on identifying and documenting papers that have overlapping authors and/or patient populations
- Literature submitted no longer requires a U.S. patient population
- Help applicants better select the most appropriate level of evidence

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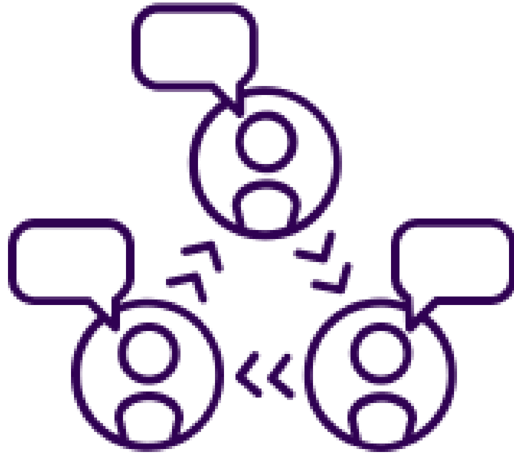
Enhancing the CPT® Process: Open Collaboration



Interested Party Process

- "Interested party" = Open opportunity for anyone to review/comment code change submissions
- Stakeholders *not* represented by advisors can review and comment on agenda items coming before the CPT Editorial Panel
    - Within deadlines for submitting written comments
- Additional verbal comments can be provided in person, at any CPT Editorial Panel meeting
    - Acceptance of a statement of conflict of interest
- Interested party requests are processed within 5 days of form receipt

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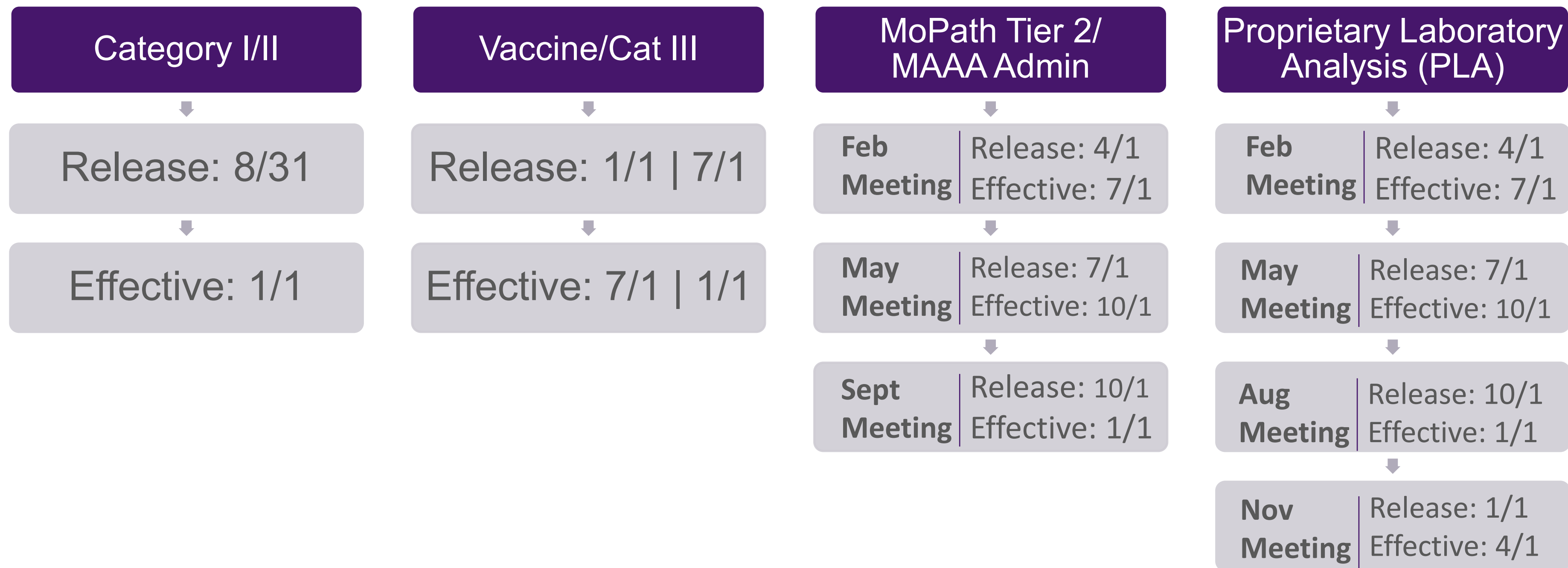
Current Annual Code Release Schedule



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Debunking

Q&A

Resources

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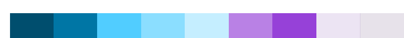

CPT process evolution: the importance of feedback

- CPT process continues to move with medicine
- Utilizing the CPT code set for all types of procedures and services used by physicians involved in healthcare delivery helps to maximize efficiency and improve patient care; CPT Advances AMA's mission
- Hearing from stakeholders helps ensure that CPT processes understand industry needs, facilitate active participation
- Feedback also ensures that CPT remains a uniform, up to date language by which medical professionals can communicate regarding medical services.

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CPT Myths… Debunked

Myth	*Debunked*
Submittal process takes forever to complete	NEW “CPT Code Change Application Tool (CCAT)” for code change submissions reduces administrative issues related to paper-based form
Lack of transparency	Open Panel process since 2005
Little help for new submitters	
Complexity works against the applicant	
Category III Codes don’t get reimbursed	2019 Part B fee for service payments for Category III codes: $212 million

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Q&A

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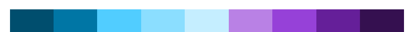

CPT Resources – For More Information

Visit the CPT code set quick reference guide page to learn more about AMA and CPT resources on:

- The CPT Editorial Panel Process, including code change application details and the Editorial Panel meetings calendar
- CPT News, for the latest in CPT Codes and Content
- Innovation and Technology
- Medical Practice Management
- Health Equity

And… sending in your questions!

https://www.ama-assn.org/about/cpt-editorial-panel/cpt-code-set-quick-reference-guide

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