

There is an elaborate, evolving system for reviewing established medical services and procedures and for evaluating new medical services and procedures. Physician services are coded in accordance with the Physicians' Current Procedural Terminology (CPT), which is copyrighted by the American Medical Association (AMA). Each procedure or service is identified with a five-digit numeric code. CPT 2002 contains 8,107 codes and descriptors. The first CPT was published in 1966. The AMA web site, www.ama-assn.org, contains guidelines on Applying for CPT Codes among other information.

The content of the CPT is controlled by the CPT Editorial Panel, which consists of physicians appointed by AMA and includes representatives from the Centers for Medicare and Medicaid Services (CMS) and certain other insurance organizations, and which makes all decisions regarding modifications to existing CPT codes or development of new CPT codes. This 16 member panel meets 4 times per year. In addition, there is a CPT Advisory Committee, which consists of representatives from 90 medical specialty societies, who serve as consultants regarding proposed coding changes, additions, and deletions.

The Common Procedure Coding System (HCPCS), the coding system used by Medicare and Medicaid and most other payers, is a uniform method for health care providers and medical suppliers to report professional services, procedures and supplies. The CPT codes are known as Level I of HCPCS, being first adopted in 1983. Level II of HCPCS consists of national codes for certain items and services other than physician services. Content of the HCPCS Level II codes is controlled by CMS in conjunction with Blue Cross and Blue Shield Association and the Health Insurance Association of America. Level III of HCPCS are five digit local codes that can be used to track the limited use of new technology before a national code is established.

CPT-5 Project is an effort by the AMA to develop the next generation of CPT with enhancements to existing CPT features and corrections of existing deficiencies. The intent of the CPT-5 Project is to ensure that CPT meets of the requirements of, and is unambiguously selected by the Secretary of HHS as the standard for reporting physicians' services under Health Insurance Portability and Accountability Act of 1966 (HIPAA).

Educational Objectives

1. Provide an overview of the CPT process
2. Relate recent experiences in obtaining CPT 77301 and 77418
3. Discuss the challenges when requesting new CPT codes
4. List the advantages of working through the ACR/ASTRO JEC in the development of new codes