American Medical Association Current Procedural Terminology (CPT) Information on Criteria for CPT Development

Guidance from CPT Manual, Instructions for Use of the CPT Codebook:

Select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code. In surgery, it may be an operation; in medicine, a diagnostic or therapeutic procedure; in radiology, a radiograph. Other additional procedures performed or pertinent special services are also listed. When necessary, any modifying or extenuating circumstances are added. Any service or procedure should be adequately documented in the medical record.

From AMA Website: Applying for a CPT Code

http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-yourpractice/coding-billing-insurance/cpt/applying-cpt-codes.page

Standards For Providing Guidance Regarding Existing or New CPT Codes

AMA CPT Editorial Panel Criteria

The CRC has voted to follow CPT Editorial Panel Criteria when reviewing requests for coding guidance and/or requests for new/revised/deleted CPT codes. The criteria for Category I and Category III CPT codes are as follows obtained by AMA CPT website:

Criteria for development and evaluation of CPT® Category I and Category III Codes

Application Submission Requirements

All CPT code change applications are reviewed and evaluated by CPT staff, the CPT/HCPAC Advisory Committee, and the CPT Editorial Panel. Strict conformance with the following is required for review of a code change application:

Submission of a complete application, including all necessary supporting documents; Adherence to all posted deadlines;

Cooperation with requests from CPT staff and/or Editorial Panel members for clarification and information: and

Compliance with CPT Lobbying Policy.

General Criteria for Category I and Category III Codes

All Category I or Category III code change applications must satisfy each of the following criteria:

The proposed descriptor is unique, well-defined, and describes a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT.

The descriptor structure, guidelines and instructions are consistent with current Editorial Panel standards for maintenance of the code set.

<u>American Medical Association Current Procedural</u> <u>Terminology Manual</u>

National Library of Medicine (U.S.)

American Medical Association Current Procedural Terminology Manual:

The Essential Guide to Coding in Otolaryngology Seth M. Brown, Kimberley J. Pollock, Michael Setzen, Abtin Tabaee, 2021-09-07 The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is a comprehensive manual on how to properly and compliantly code for both surgical and non surgical services It is a practical guide for all otolaryngology providers in the United States including physicians early in their career requiring a working knowledge of the basics experienced providers looking to understand the latest updates with ICD 10 CM and CPT changes related specialists audiology speech pathology and physician extenders providing otolaryngologic health care and office administrative teams managing coding and billing Included are sections on how to approach otolaryngology coding for all subspecialties in both the office and operating room Foundational topics such as understanding the CPT and ICD 10 CM systems use of modifiers managing claim submissions and appeals legal implications for the provider coding for physician extenders and strategies to optimize billing are presented by experts in the field Focused on a practical approach to coding billing and practice management this text is user friendly and written for the practicing physician audiologist speech pathologist physician extender and coder The income and integrity of a medical practice is tied to the effectiveness of coding and billing management As profit margins are squeezed the ability to optimize revenue by compliant coding is of the upmost importance The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is vital not only for new physicians but for experienced otolaryngologists New to the Second Edition Strategies for integrating revised guidelines for coding and documenting office visits New and evolving office and surgical procedures including Eustachian tube dilation and lateral nasal wall implants Updated coding for endoscopic sinus surgery and sinus dilation Billing for telehealth visits Revision of all sub specialty topics reflecting changes in coding and new technologies New and revised audiologic diagnostic testing codes Key Features All chapters written by practicing otolaryngologists health care providers practice managers legal experts and coding experts Discussion of the foundations of coding billing and practice management as well as advanced and complex topics Otolaryngology subspecialty focused discussion of office based and surgical coding Tips on how to code correctly in controversial areas including the use of unlisted codes A robust index for Health Information Technology Basics Teri Thomas-Brogan, 2009-10-07 Health Information Technology easy reference Basics gives your students an introduction to the fundamental concepts of the health information technology profession Perfect for introductory courses where core material in the health information profession is being introduced this book is written for associate degree level HIT programs at technical community or career colleges The text begins with an introduction to the U S health care system and explores career opportunities within the health information profession The health record is dissected and its many components are carefully reviewed The book also examines various formats of the medical record and analyzes the advantage and disadvantages of the EHR Finally the text covers medical terminologies and

classification systems and outlines the basics of reimbursement systems Features Each chapter begins with learning objectives and key terms to give the reader a synopsis of what he she should expect to learn Additional resources are listed at the end of each chapter for further exploration of the information covered in the chapter A glossary is included for quick reference of main terms presented throughout the text An accompanying Instructor's Manual provides review exercises which recap the important points as well as lab assignments that allow students to apply the information in a practical setting

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and tips on how to avoid or resolve the problem Illustrations are included where appropriate The book also includes important chapters on human factors legal issues CPT coding and how to select a practice

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Table of Contents American Medical Association Current Procedural Terminology Manual

- 1. Understanding the eBook American Medical Association Current Procedural Terminology Manual
 - The Rise of Digital Reading American Medical Association Current Procedural Terminology Manual
 - Advantages of eBooks Over Traditional Books
- 2. Identifying American Medical Association Current Procedural Terminology Manual
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an American Medical Association Current Procedural Terminology Manual
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from American Medical Association Current Procedural Terminology Manual

- Personalized Recommendations
- American Medical Association Current Procedural Terminology Manual User Reviews and Ratings
- American Medical Association Current Procedural Terminology Manual and Bestseller Lists
- 5. Accessing American Medical Association Current Procedural Terminology Manual Free and Paid eBooks
 - American Medical Association Current Procedural Terminology Manual Public Domain eBooks
 - American Medical Association Current Procedural Terminology Manual eBook Subscription Services
 - American Medical Association Current Procedural Terminology Manual Budget-Friendly Options
- 6. Navigating American Medical Association Current Procedural Terminology Manual eBook Formats
 - o ePub, PDF, MOBI, and More
 - American Medical Association Current Procedural Terminology Manual Compatibility with Devices
 - American Medical Association Current Procedural Terminology Manual Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of American Medical Association Current Procedural Terminology Manual
 - Highlighting and Note-Taking American Medical Association Current Procedural Terminology Manual
 - Interactive Elements American Medical Association Current Procedural Terminology Manual
- 8. Staying Engaged with American Medical Association Current Procedural Terminology Manual
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers American Medical Association Current Procedural Terminology Manual
- 9. Balancing eBooks and Physical Books American Medical Association Current Procedural Terminology Manual
 - Benefits of a Digital Library
 - o Creating a Diverse Reading Collection American Medical Association Current Procedural Terminology Manual
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine American Medical Association Current Procedural Terminology Manual
 - Setting Reading Goals American Medical Association Current Procedural Terminology Manual
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of American Medical Association Current Procedural Terminology Manual

- Fact-Checking eBook Content of American Medical Association Current Procedural Terminology Manual
- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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