



CPT®: Understanding the CPT Code Set and its Place in Medicine

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Objectives

Introducing the CPT® Code Set (and why you should care)

**Responding to the Changing Health Care Landscape:
Telemedicine and COVID-19**

How CPT Enhancements Embrace Health Care Innovation

Encouraging Equity and DEI through the CPT Process

Opportunities to Get Involved

CPT Editorial Panel, CPT Assistant Editorial Board

Within Your Specialty Society: CPT Advisor

Subcommittees and Workgroups

CPT Code Set Basics

Introducing the CPT[®] Code Set (and why you should care)

(“What is it?”)



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 health care 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 health care, 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...**



What Current Procedural Terminology (CPT®) Means for Health Care

A uniform language of descriptive terms and identifying codes.

CPT:

Accurately describes
medical, surgical, and
diagnostic services

Provides effective,
reliable nationwide
communication among
Physicians and other
qualified health care
professionals

Bridges
communications with
Health systems, Health
Insurance, EHRs, HIT,
software, researchers,
and more

AMA Mission: To Promote the Art and Science of Medicine and the Betterment of Public Health

The CPT code set is the language of medicine.
It speaks for the care you provide to patients, and communicates to payers and research.

This language is in **constant evolution** as it keeps pace with medical innovation.

Where do CPT[®] codes fit in?

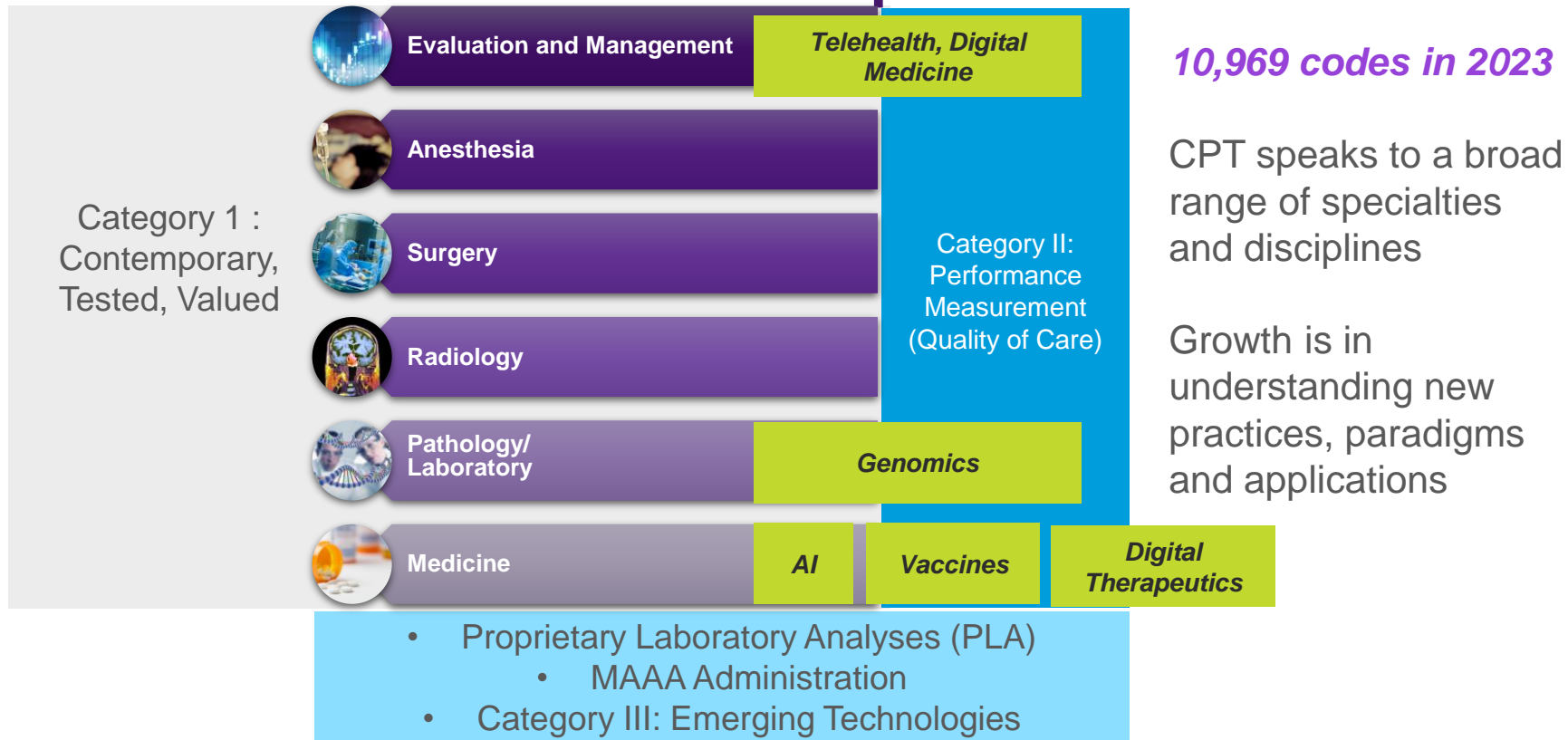
Successful innovation needs to encompass both technological changes in specialty areas, as well as the care needs of an increasingly diverse patient population.

You are key to ensuring those needs are heard and incorporated into the CPT Code set.

Common uses for CPT® code set



CPT® code set moves at the pace of medicine



Why is the CPT® process important to you?

Language has power.

What gets coded?

The CPT Editorial Panel determines what kinds of care gets coded.

When does it get coded?

The Panel also has authority over when care is coded.

How does it get coded?

How care is described by the CPT code can influence how it is used (or not used).

Why does it get coded?

The CPT code set is a key component of coverage and payment. CPT codes are also used by payers to profile physician activity.

Make sure your **Specialty Patient Base Voice** is heard.

CPT® is Responding to the Changing Health Care Community Landscape



CPT® Codes Meet the Challenge of Rapid Innovation; Telemedicine Implementation and COVID-19

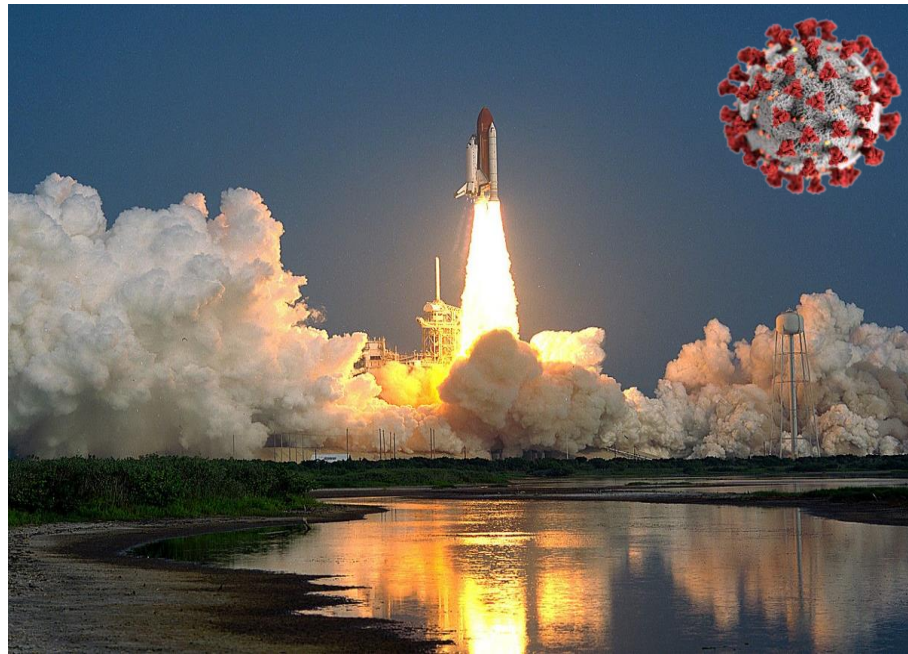
Expectation

Vs.

Reality



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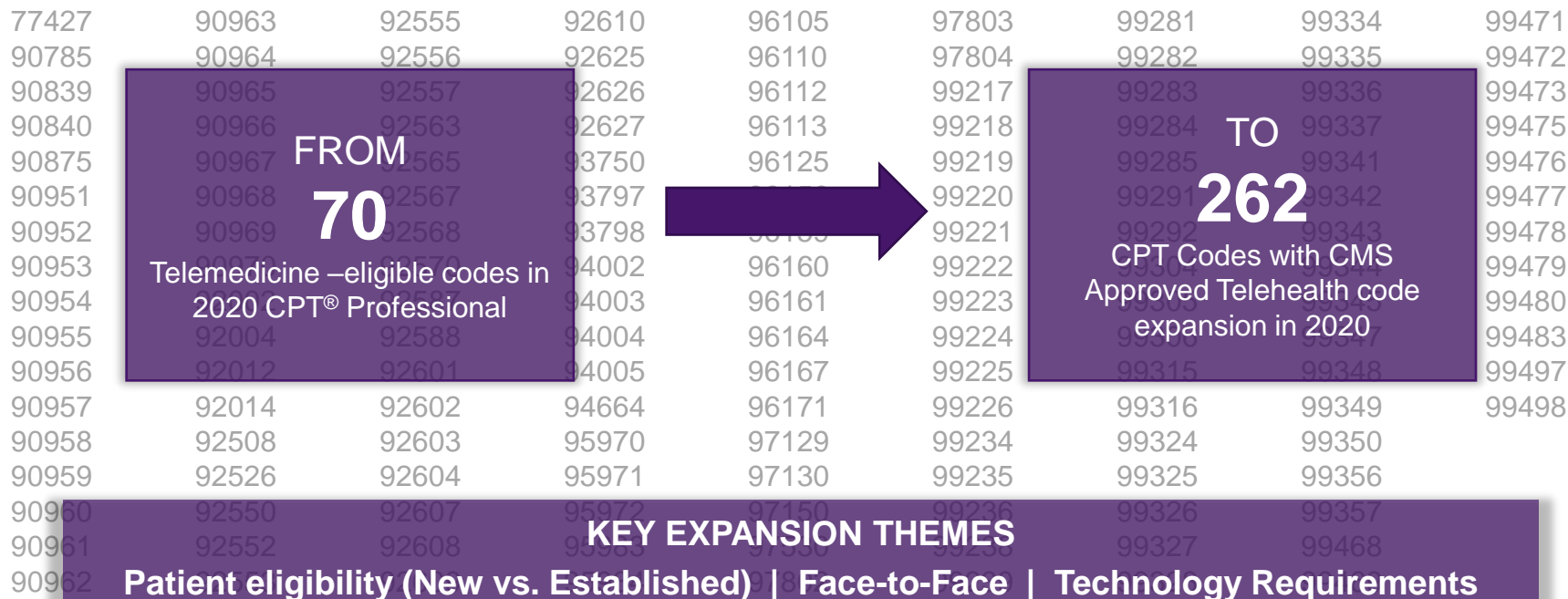
Telemedicine: CPT® Codes at the Ready

CPT codes were able to go into use in Telemedicine environments across a broad range of care types during the pandemic, with applications across **Medicine** and **Evaluation and Management (E/M)** for care to a broad patient base.

77427	90963	92555	92610	96105	97803	99281	99334	99471
90785	90964	92556	92625	96110	97804	99282	99335	99472
90839	90965	92557	92626	96112	99217	99283	99336	99473
90840	90966	92563	92627	96113	99218	99284	99337	99475
90875	90967	92565	93750	96125	99219	99285	99341	99476
90951	90968	92567	93797	96156	99220	99291	99342	99477
90952	90969	92568	93798	96159	99221	99292	99343	99478
90953	90970	92570	94002	96160	99222	99304	99344	99479
90954	92002	92587	94003	96161	99223	99305	99345	99480
90955	92004	92588	94004	96164	99224	99306	99347	99483
90956	92012	92601	94005	96167	99225	99315	99348	99497
90957	92014	92602	94664	96171	99226	99316	99349	99498
90958	92508	92603	95970	97129	99234	99324	99350	
90959	92526	92604	95971	97130	99235	99325	99356	
90960	92550	92607	95972	97150	99236	99326	99357	
90961	92552	92608	95983	97530	99238	99327	99468	
90962	92553	92609	95984	97802	99239	99328	99469	

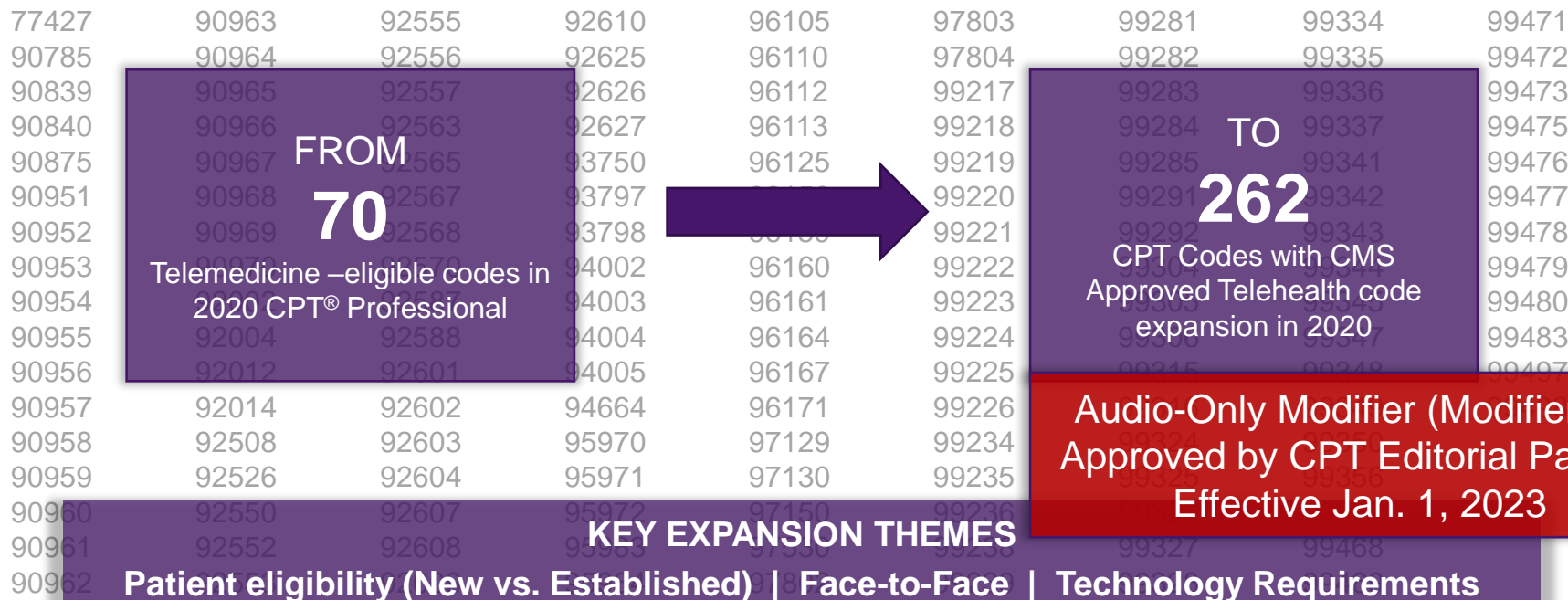
Telemedicine: CPT® Codes at the Ready

CMS Interim Final Rules in 2020 significantly expanded the list of services which may be performed via telehealth.

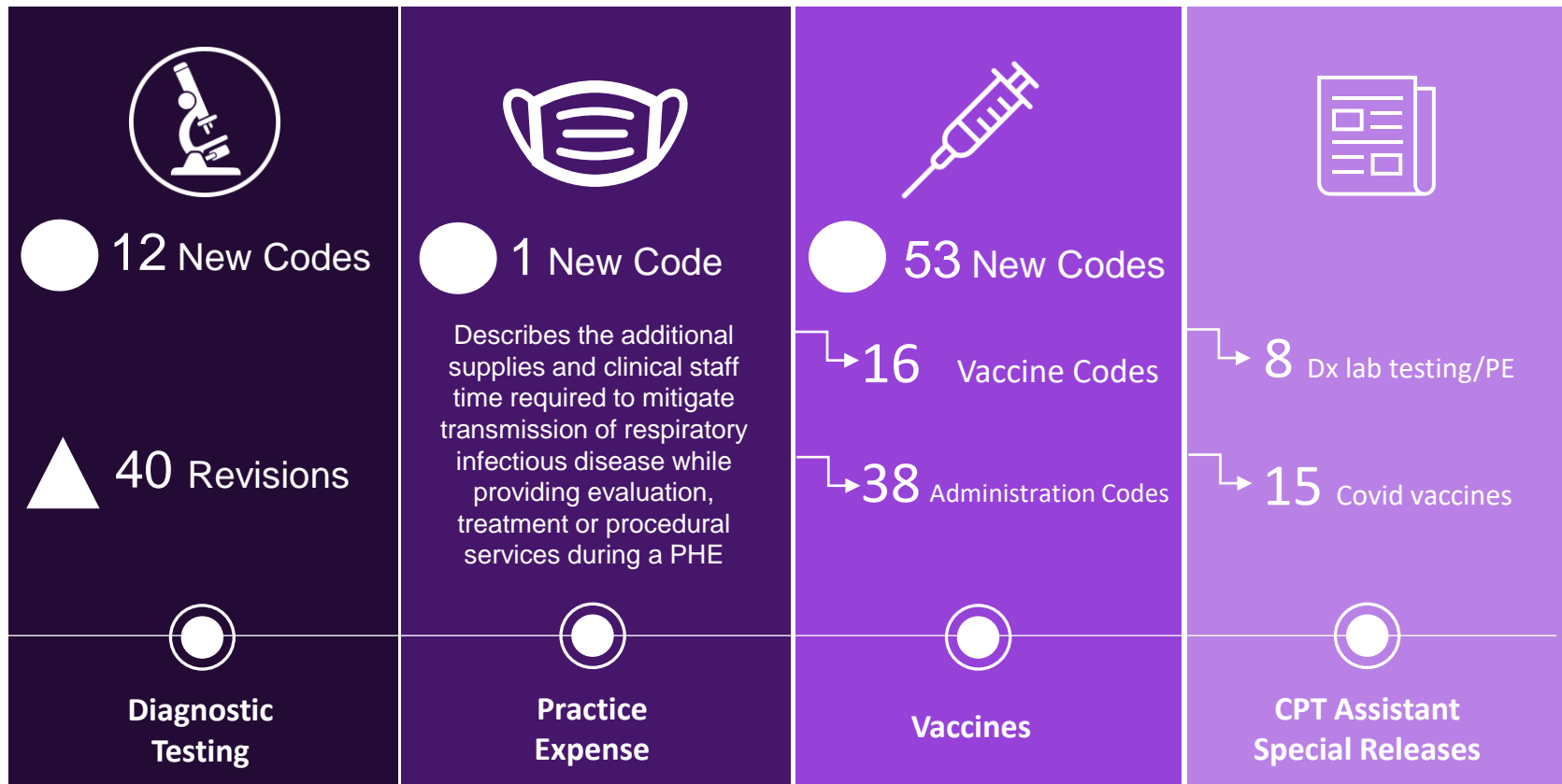


Telemedicine: CPT® Codes at the Ready

CMS Interim Final Rules in 2020 significantly expanded the list of services which may be performed via telehealth.



CPT® on the Front Lines in the Battle Against COVID-19

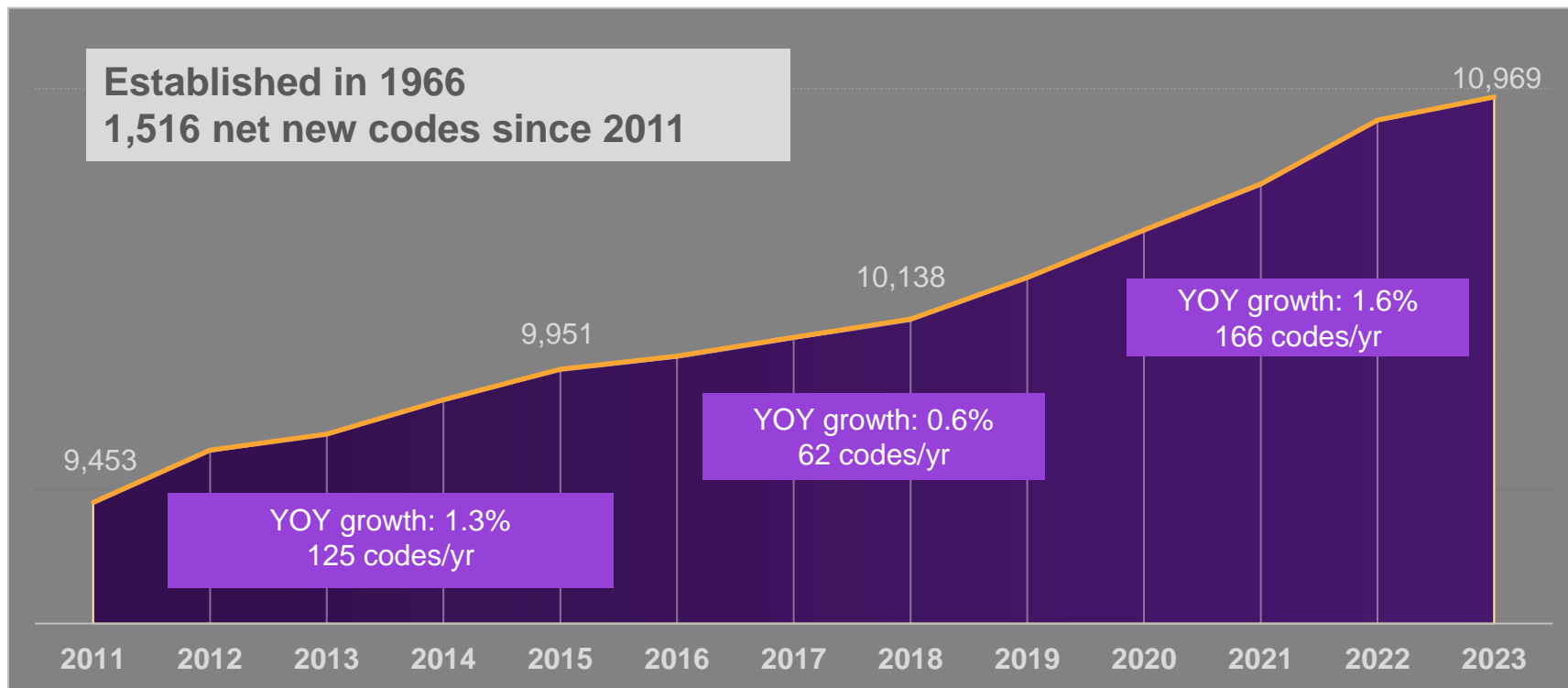


CPT® Code Set Enhancements Embrace Health Care Innovation

(“So what has CPT done for me lately??”)



The pace of CPT® code growth is increasing



CPT® Coding for Digital Medicine: 2019–2023

Remote Physiologic Monitoring



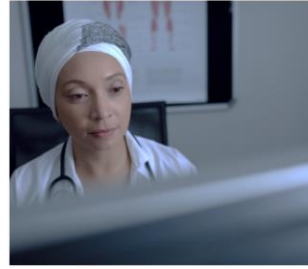
Between 2019 and 2020, the Panel created four new codes to allow physicians and other qualified healthcare professionals the ability to report **remote monitoring** of conditions not currently covered by existing CPT codes. The Panel considered the typical patient to be an individual needing management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

Remote Therapeutic Monitoring



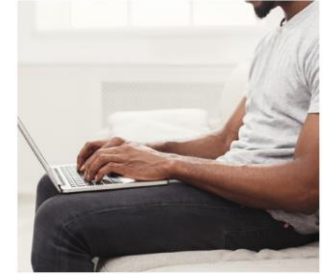
For the 2022 code set, the Panel created five new codes to allow report **remote therapeutic monitoring** services. The Panel's goal in creating these services were two-fold: 1). Creating a reporting pathway for remote monitoring of "non-physiologic" parameters and 2). Placing the codes in the general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

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.

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.

CPT® Coding for Digital Medicine: 2019–2023

Self-Measured Blood Pressure Monitoring



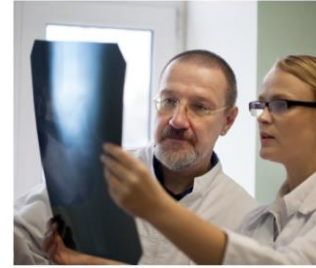
For 2020, the Panel created two new codes to better support home blood pressure monitoring that aligns with current clinical practice. While not solely digital services, the goal of these codes is to **expand reporting pathways** for physicians across the country who take care of a **diverse** set of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

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.

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.

CPT® Coding for Digital Medicine: 2019–2023

Appendix R: Digital Medicine Services 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.

Appendix S: Artificial Intelligence Taxonomy



For 2023, the Panel established an **AI taxonomy** that provides and defines distinct categories to describe the work done by the machine on behalf of the physician based on technical features and performance of emerging AI products and services; the effect on the work of the physician/QHP; and discrete components of work in order to facilitate valuation.

Appendix T and Modifier 93: Audio Only



For 2023, the Panel created a new modifier to be used with CPT codes that may be used for synchronous real-time interactive Audio-Only Telemedicine Services, recognizing the need to provide some services with a singular communication channel.

Proprietary Laboratory Analyses (PLA) Codes Deliver Laboratory Innovation

- Specific to labs or manufacturers that wish to uniquely identify their laboratory test
- Facilitates technology access for physicians and other key stakeholders
- Over 150 codes issued since 2016
- Constant innovation: codes updated four times per year





Category III Codes Fuel the Range of Innovation

New and emerging technology,
procedures and services

- A set process to capture data and assessment of innovations in early stages
- May evolve to meet Category I criteria
- One of the most visible areas of change
- Rapid expansion: code volumes have increased over **250 percent** since 2011

Encouraging Equity and DEI through the CPT[®] Process

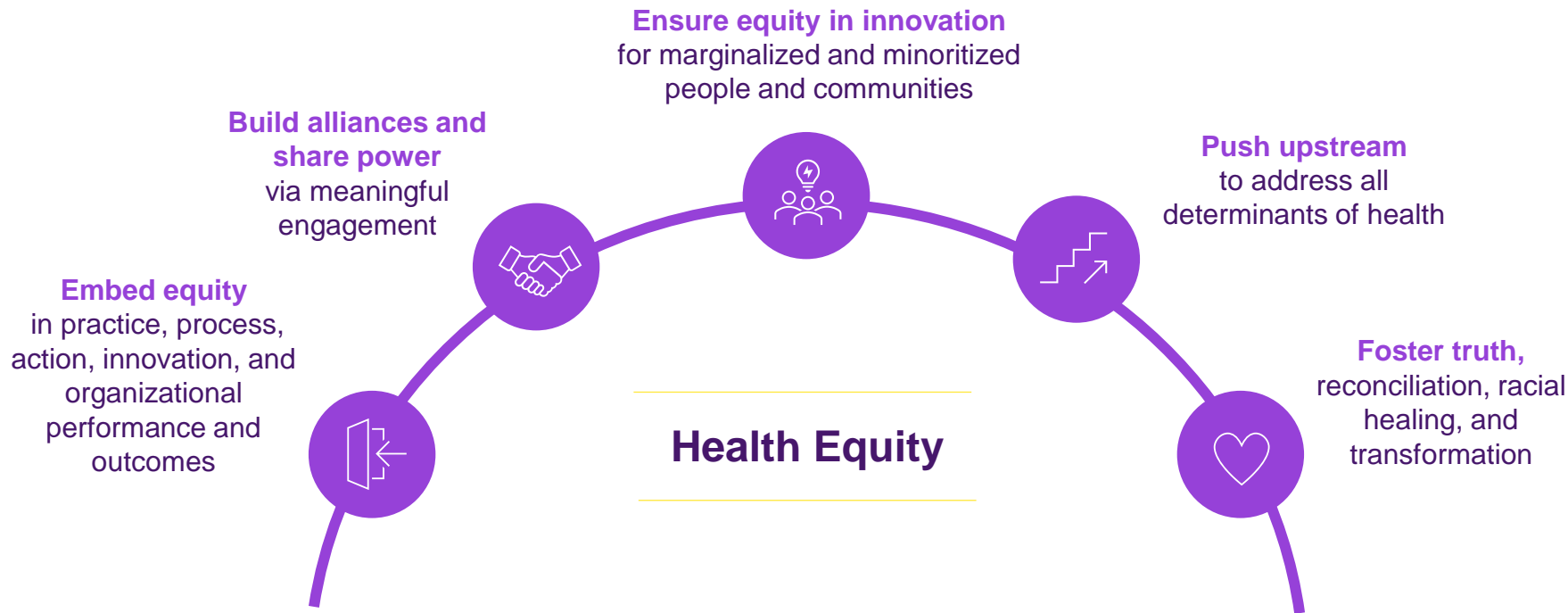


Health equity means...

- Defined by the World Health Organization as “the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.”
- ‘Health equity’ or ‘equity in health’ implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

American Medical Association and Association of American Medical Colleges. (2021) Advancing Health Equity: Guide on Language, Narrative and Concepts. Available at ama-assn.org/equity-guide.

AMA Strategic Approaches to Advance Health Equity



Why Health Equity Matters in CPT®: Population Health

- Contextual knowledge increases across disciplines and organizations that inform and support the medical profession
- Data continue to reveal disparate outcomes in chronic conditions across distinct and intersecting demographic characteristics
 - The social determinants of health (SDOH) have been better recognized as driving inequities in health.
 - As physicians spend more time with patients to discuss and coordinate care for determinants how can we assure that coding and reimbursement are aligned?
- There are opportunities to capture relationships between existing and emerging guidelines and codes; potential for improvements in population health.

Why Health Equity Matters in CPT®: Innovation

- Equity issues that impact health outcomes have been identified in innovation, such as differential access to technologies, variations in adoption and use, and algorithmic biases.
- As we seek to incorporate ways to improve the health of populations through innovation advancements, nomenclature will follow the changes.
- Issues are also a catalyst for development of innovative solutions and technologies that reduce social inequalities
 - COVID-19 pandemic: importance of telehealth and remote care technology
 - With emerging technologies, there are opportunities to better understand relationships between digital medicine and health equity.
 - Utilization and patient outcomes by CPT codes and demographic categories can inform medicine and partner professions.

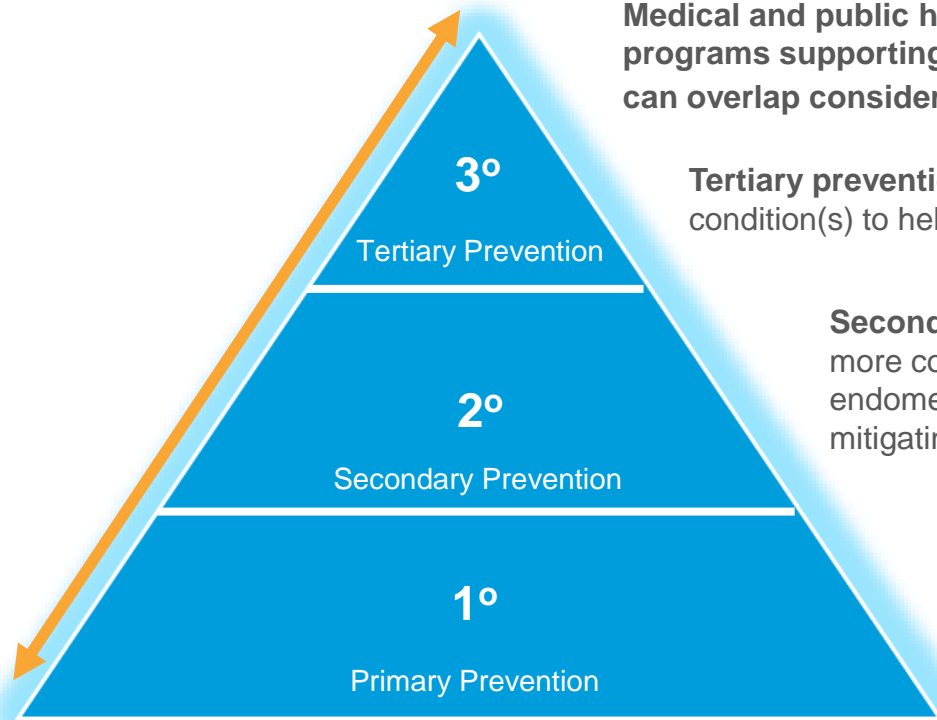
Levels of Prevention, Health Care, and CPT®

Medical and public health experts have used three levels of prevention to design programs supporting the optimal health of patients and populations. The levels can overlap considering potentially comorbid health conditions.

Tertiary prevention focuses on the management of incapacitating condition(s) to help people attain and retain an optimal level of functioning.

Secondary prevention involves the diagnosis and treatment of one or more conditions, such as asthma, hypertension, diabetes, cancer or endometriosis. Key issues here are slowing progression of illness and mitigating potential consequences for overall patient health.

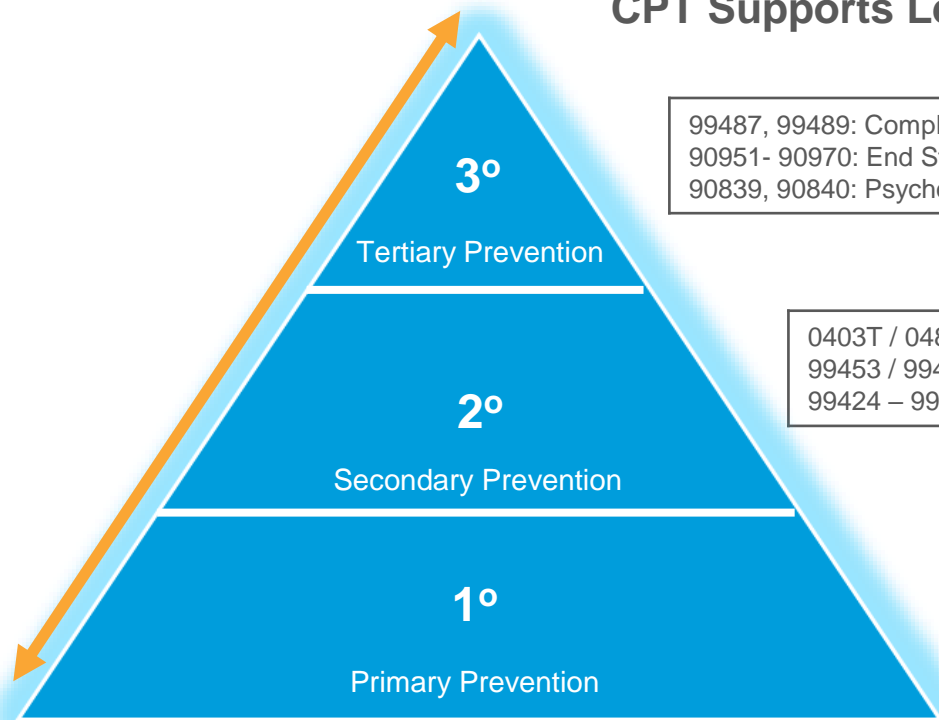
Actions taken within health care to avert the onset of illness are known as **primary prevention**. Examples include well patient visits, immunizations, the provision of health education materials to inform patients and populations.



Prevention levels originate from: Leavell, Hugh Rodman, and E. Gurney Clark. "Textbook of preventive medicine." Textbook of Preventive Medicine. (1953).

How CPT® Code Set Supports Levels of Prevention

CPT Supports Levels of Prevention & Health Care: Examples



99487, 99489: Complex Chronic Care Management Services
90951- 90970: End Stage Renal Disease Services
90839, 90840: Psychotherapy for crisis

0403T / 0488T: Preventive behavior change, intensive program for prevention of diabetes
99453 / 99454: Remote Physiologic Monitoring Services
99424 – 99427: Principal Care Management Services

99381 – 99412, 99429 Preventive Medicine Services
90460 – 90474, 0001A – 0073A, Immunization Administration for Vaccines/Toxoids (including COVID-19 Vaccine administration)

Prevention levels originate from: Leavell, Hugh Rodman, and E. Gurney Clark. "Textbook of preventive medicine." Textbook of Preventive Medicine. (1953).

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
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.

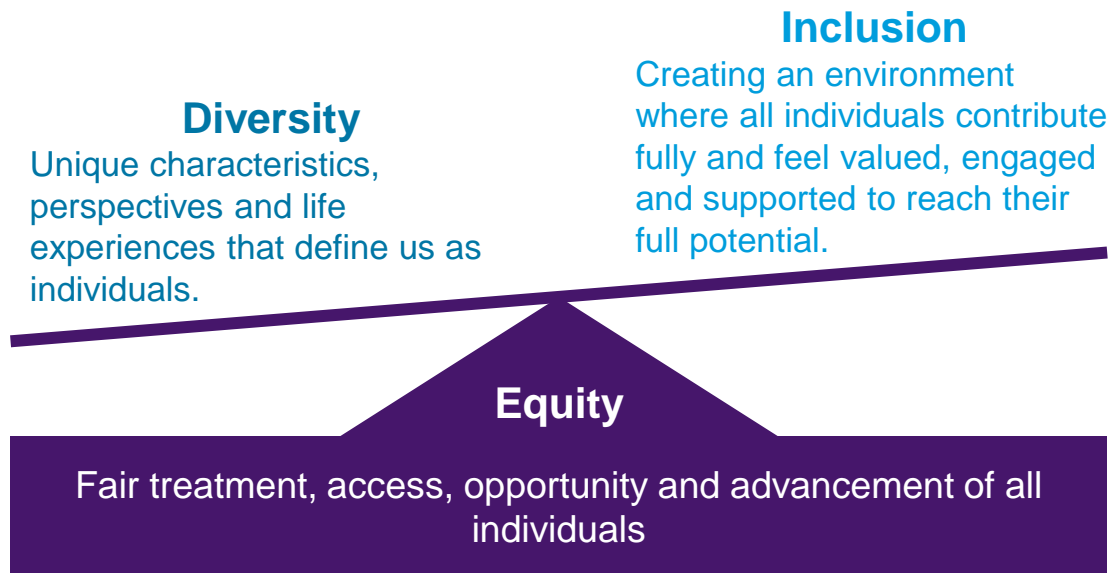
How have these inequities impacted your ability to care for patients?

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>

Distinguishing Health Equity from Diversity, Equity and Inclusion (DEI)

DEI (sometimes D & I) references organizational environment and the composition convenings along meaningful social characteristics.



Organizations perform well:

- ✓ When groups are membered by people from an array of backgrounds;
- ✓ The policies, principles, and practices of the organization are less hierarchical; and
- ✓ The environment generates value, accomplishment, cohesion, and empowerment for all its members inclusive.

DEI and the CPT® Process

The “pipeline” has become a common focus for describing the recruitment pool of highly qualified individuals to drive important convenings such as organizational staff, educational programs, and a myriad of decision-making bodies.



The quandary:

- Voices from diverse backgrounds, such as by race/ethnicity/ancestry/culture, socioeconomic background, gender and gender identities, disability are missing that would greatly inform longstanding processes.
 - Findings from WTW Report
 - McKinsey Report on DEI
- Many organizations and bodies have not prioritized diversity, equity, and inclusion.
- Organizations rooted in traditional methods of training, recruitment, and evaluation cite difficulties in identifying and recruiting qualified talent from diverse populations.

Opportunities to Get Involved

(“You mean Physicians work on this?!?”)



How can you participate in the CPT® Process?



Understand the CPT Process

- Attend a CPT Editorial Panel Meeting
- Interested Party potential



Start within your specialty society!

- Coding and Nomenclature Committee Participation
- On the Path to CPT Advisor



Advisor

- CPT / RUC
- Represent your Specialty



CPT Editorial Panel

- Panel Seat
- Workgroup



CPT Assistant Editorial Board

- Includes CPT Advisors, Current and former Panel Members, RUC Representative



RUC

- Committee Member
- RUC Advisor

The CPT Process wants and needs your voice!

The CPT® Editorial Panel

Evidence-based

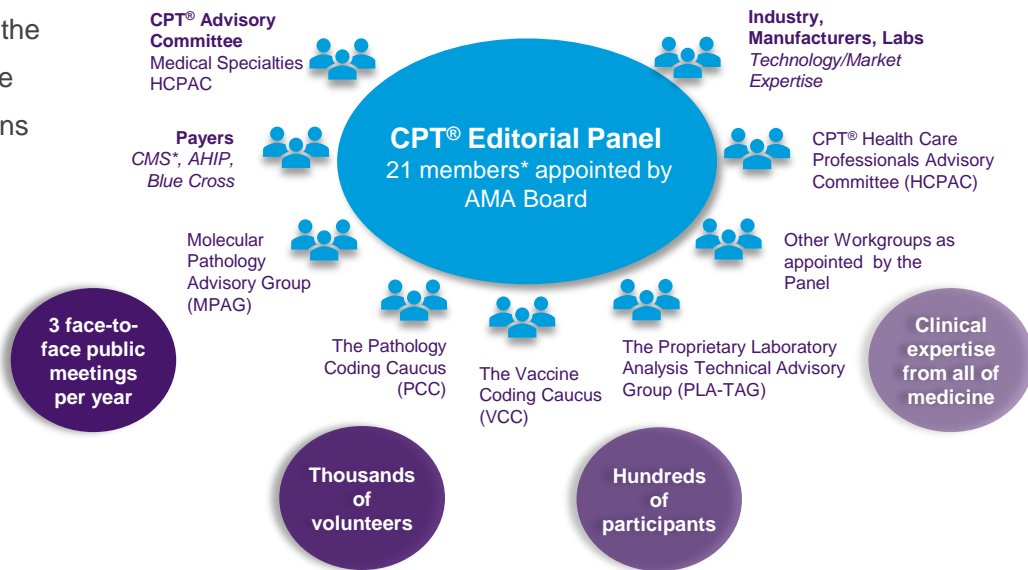
Clinically valid

Criteria-based

Deliberation-driven

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

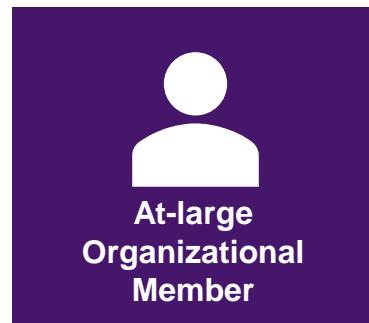
**CMS has observer status*



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

CPT® Editorial Panel - Expansion

- In April 2021 the AMA BOT added four seats to the CPT Editorial Panel



- Appointed in the Fall of 2021
- Orientation and full participation began in 2022

How do I get on the Panel?

- 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 positions
- Nominations are solicited as openings occur

What is an Interested Party (IP)?

- **Definition** – An “interested party” is an individual or entity that may potentially be impacted by the Panel’s decision, regardless of whether they participated in the Panel’s original consideration of the matter.
- **Core Function** – The IP process is a core function of the CPT® review process because it seeks to provide mechanism for stakeholder involvement to review and provide comment on applications at each CPT Editorial Panel meeting.

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

How do I participate in CPT® Assistant?

- Editorial Board Nominations are solicited as openings occur
- Submit a CPT Assistant Article / Q&A Request –
 - (Don't) See Something? Say Something! Submit a request for:
 - Clarification on coding and reporting of procedures and services described by CPT codes for a defined procedure
 - Education on new/deleted/revised CPT codes, descriptions, guidelines or parentheticals
 - Clarification to address known misconceptions and potential misuses of the CPT codes

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)

The Role of a CPT® Advisor

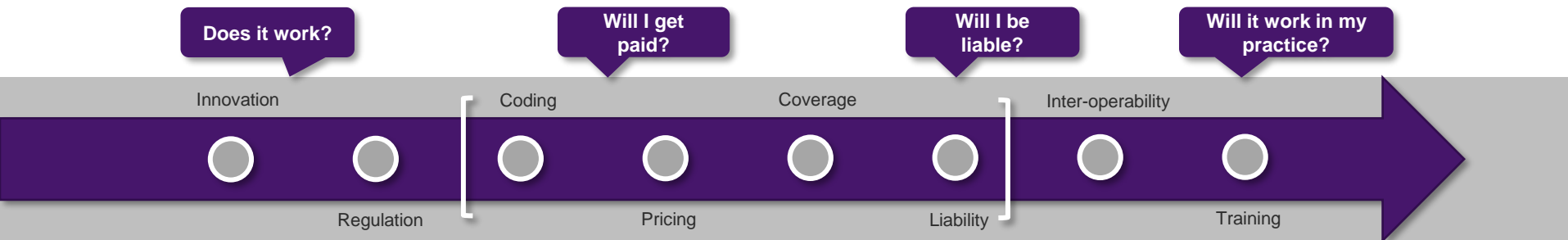
- Submit code change proposals
- Present for comment and discussion during CPT code creation
- Review code change applications pertinent to your specialty
- Bring expertise/knowledge to the CPT Assistant Editorial Board
 - Code construction expertise
 - Coding experience in the real world
- Consultation and vetting of challenging individual guidance requests

How do I become an Advisor?

- The advisory committee consists of members from national medical specialty societies seated in the AMA House of Delegates.
- HCPAC members are from organizations representing limited-license practitioners and other allied health professionals.
- Advisors are nominated by their specialty society.

Become active in your society's coding committee

Subgroups - 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

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

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

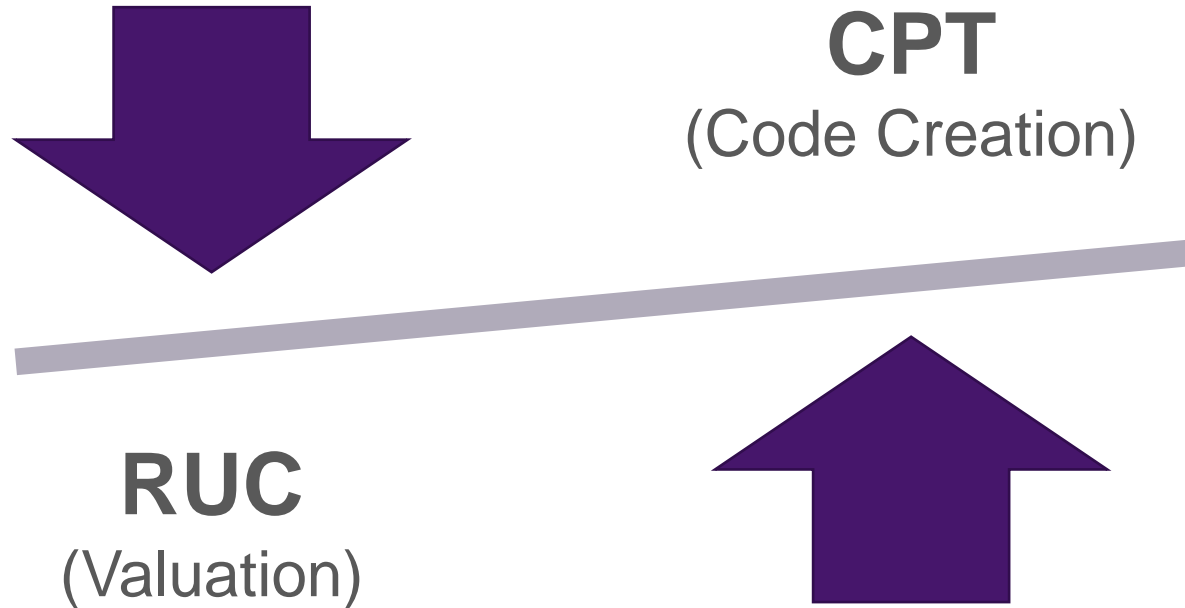
Advocacy

Focus on geographic and originating site digital medicine restrictions

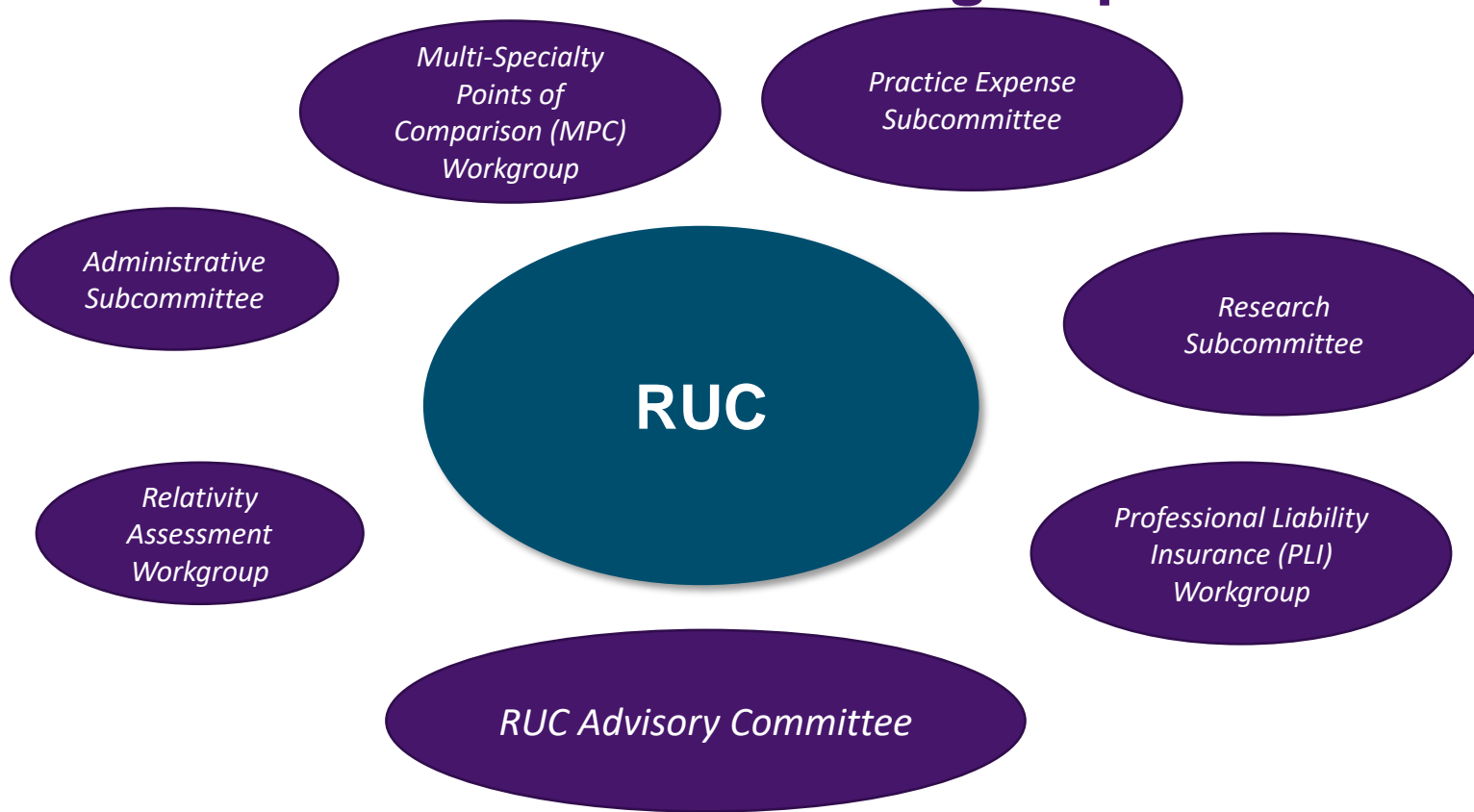
Continued dissemination of data on effectiveness of digital medicine

The CPT® Code Set & the AMA/Specialty Society RVS Update Committee (RUC)

One Story: Providing More Opportunity to Get Involved



RUC Subcommittees and Workgroups



Strategies for Broadening CPT® Involvement

Intermediate Pathways

- Socializing CPT involvement throughout the medical profession
 - Informing physicians from an array of organizations of the potential to provide leadership through involvement with CPT
 - Bridging DEI efforts across the Federation; highlight coding and reimbursement committees of national and state societies as an essential area of attention
- Acting upon immediate opportunities to be involved in the CPT process
 - Attendance for CPT Editorial Panel meetings
 - Becoming an Interested Party
 - Analyzing long-term data on nominees and service in CPT
 - Discussing health equity and DEI topics in CPT convenings
 - Broadening speaker selection processes

Long-Term Pathways

- Evaluation of nomination process for its current DEI standing

What's participation really like? Tune in to Moving Medicine Podcasts!

- Hear about the experiences, benefits and opportunities of participation firsthand from CPT leaders
- Learn their pathway to CPT® involvement
- First three segments now available on the AMA Moving Medicine Series
 - ▶ “Why CPT and its evolution in health care crises matters”
 - Parts I and II with Mark Synovec, MD and Chris Jagmin, MD
 - ▶ “Cultivating equity in the CPT landscape”
 - With Barbara Levy, MD



ama-assn.org/moving-medicine-podcast



Physicians' powerful ally in patient care

Appendix: CPT Code Set Basics

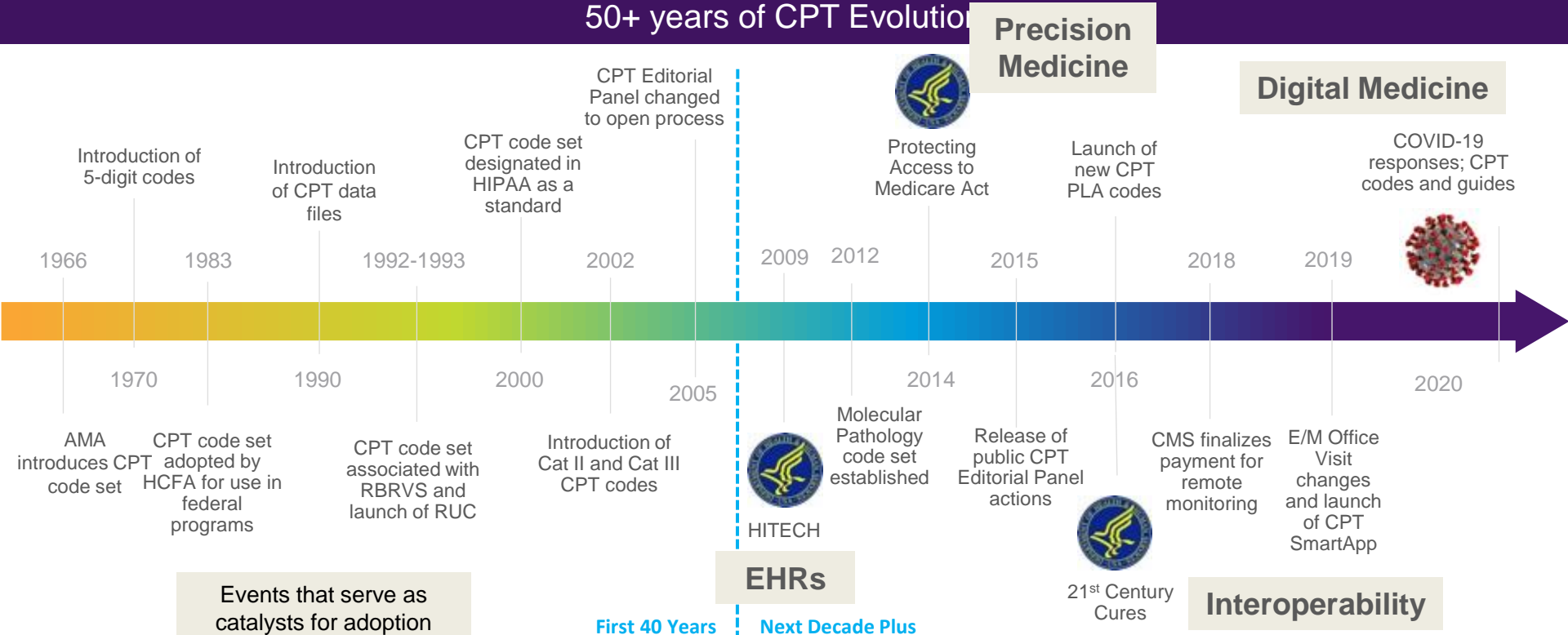
(“All right. So how does all of this work?”)



CPT® code set history



50+ years of CPT Evolution



CPT® codes are a common language

Patient Says:



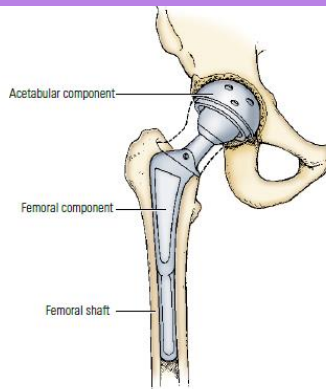
I got a new hip!

Patient Sees:

Consumer Descriptors

27130 Replacement of thigh bone and hip joint with prosthesis

CPT codes see:



Total Hip Replacement

27130

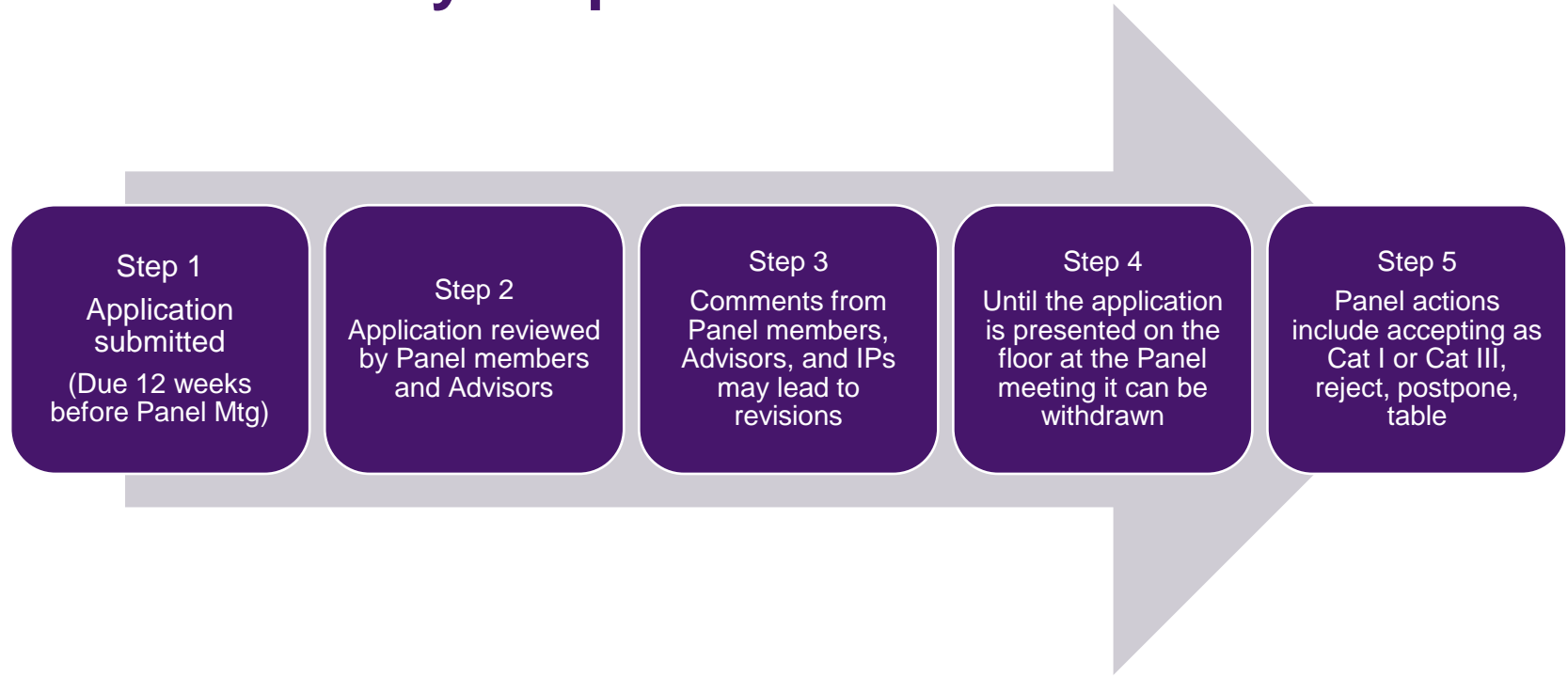
The femoral head is excised, osteophytes are removed, and acetabulum is reamed out before replacement is inserted in the femoral shaft.

CPT codes say:

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

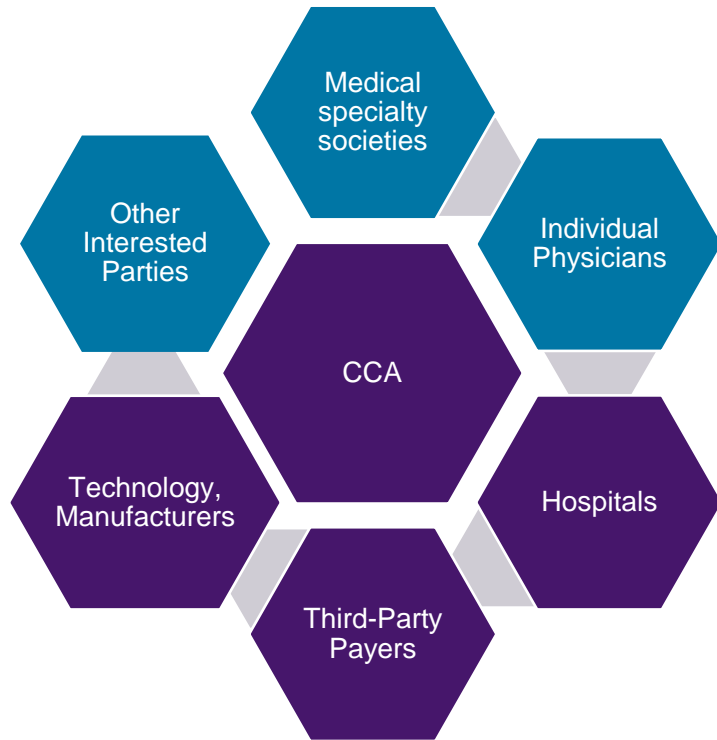
Interoperability – Patient Safety - Continuity of Care

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

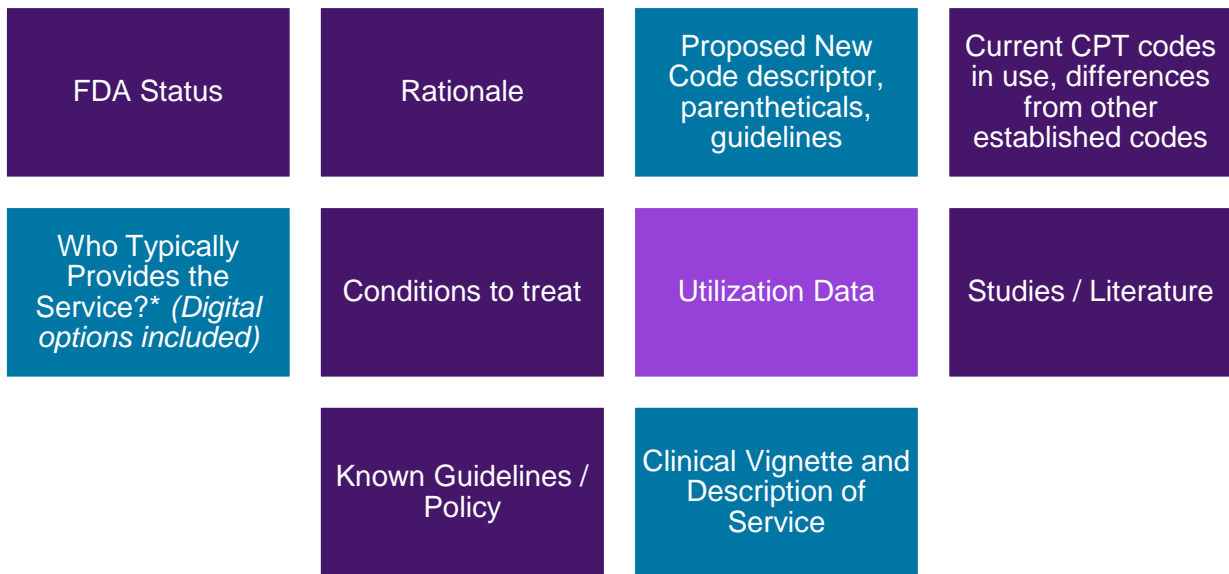


CPT® Process Step 1: Code Change Application (CCA)

- Request CPT revisions: adding and deleting codes, modifying existing nomenclature
- CCAs can originate from many groups
 - *Medical Specialty Societies: A Unique (and Powerful) Perspective*



CPT® Process Step 1: Code Change Application – Key Components



Applications are reviewed and commented by specialties

Is your specialty/ approach/ patient population represented?

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

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.**

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

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**.

CPT® Process Steps 3 and 4: Comment Period, Withdrawals

- 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

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

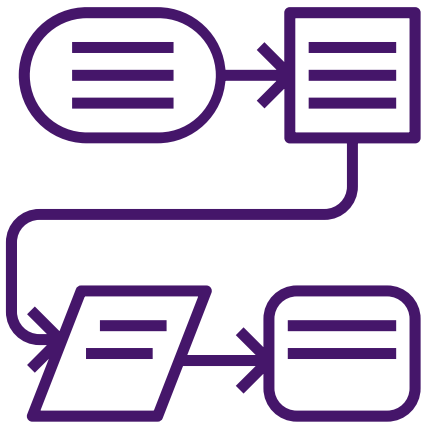


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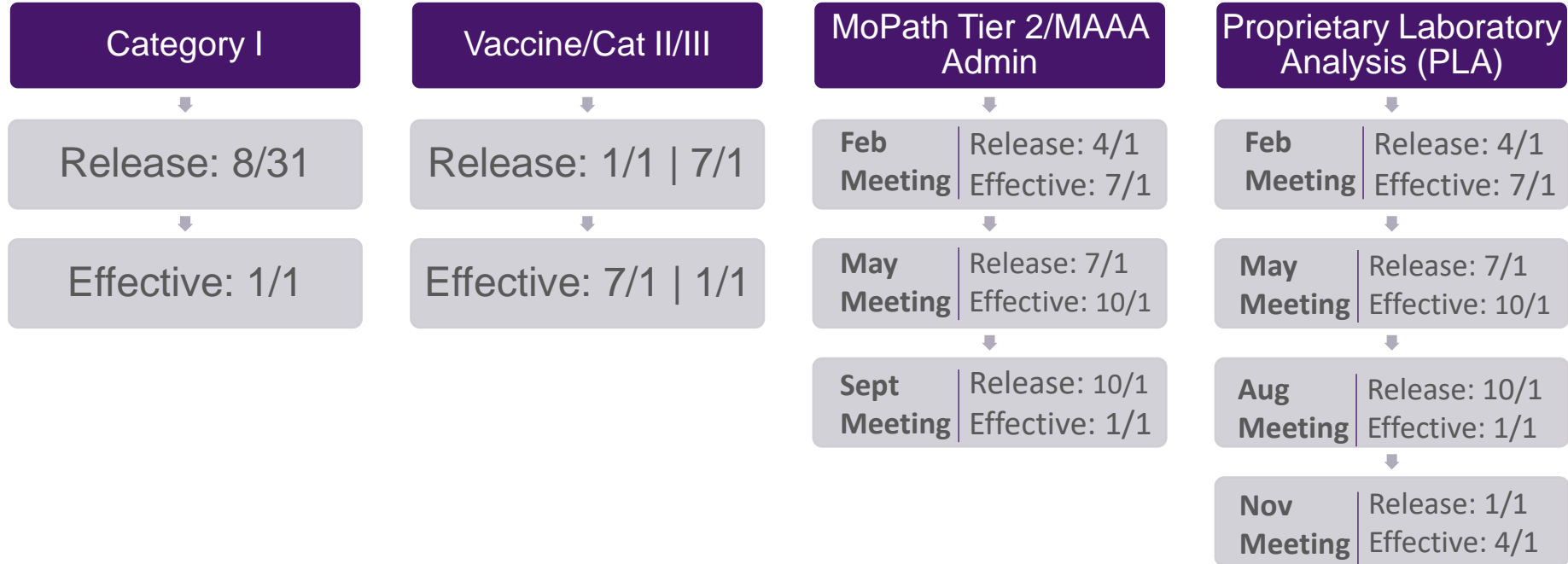
Enhancing the CPT® Process: Clear Guidance



Guidelines For Specialty Society Coding And Nomenclature Committees

- Best practices and guidelines for medical specialty society
- Assure fairness for all stakeholders
- Documented procedures
- Conflict of interest
- Adherence to CPT Criteria
- Engagement with industry and other parties

Current Annual Code Release Schedule



What's Next? CPT® Resources

- Take CPT Education courses on AMA's Ed Hub:
 - [CPT Overview: History, Purpose and Components](#)
 - [CPT Overview: Categories I, II and III](#)
- Learn how to submit a code change application – in detail <https://www.ama-assn.org/practice-management/cpt/cpt-code-change-applications>
- View a calendar of CPT Editorial Panel meetings and submission deadlines - <https://www.ama-assn.org/about/cpt-editorial-panel/cpt-editorial-panel-ruc-meetings-calendar>
- Read the results of CPT Editorial Panel meetings – What was the vote? <https://www.ama-assn.org/about/cpt-editorial-panel/summary-panel-actions>
- Summary information on the latest CPT codes and content: CPT News
- CPT Assistant Editorial Board Publication Request: [CPTA submission form](#)
- Ask a Coding Guidance question: submit your question to the [CPT Network and CPT Knowledge Base](#) – AMA members receive 6 complimentary credits as a member benefit



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