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CPT®

CPT® overview and code approval

What is a CPT® code?

The Current Procedural Terminology (CPT®) codes offer doctors and health care professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency.

CPT codes are also used for administrative management purposes such as claims processing and developing guidelines for medical care review.

New coronavirus code

CPT® releases new coronavirus (COVID-19) code & description for testing.

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The CPT terminology is the most widely accepted medical nomenclature used across the country to report medical, surgical, radiology, laboratory, anesthesiology, genomic sequencing, evaluation and management (E/M) services under public and private health insurance programs.

The development and management of the CPT code set rely on a rigorous, transparent and open process led by the CPT® Editorial Panel. Created more than 50 years ago, this AMA-convened process ensures clinically valid codes are issued, updated and maintained on a regular basis to accurately reflect current clinical practice and innovation in medicine.

Types of CPT

Designated by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) as a national coding set for

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All CPT codes are five-digits and can be either numeric or alphanumeric, depending on the category. CPT code descriptors are clinically focused and utilize common standards so that a diverse set of users can have common understanding across the clinical health care paradigm.

There are various types of CPT codes:

Category I: These codes have descriptors that correspond to a procedure or service. Codes range from 00100–99499 and are generally ordered into sub-categories based on procedure/service type and anatomy.

Category II: These alphanumeric tracking codes are supplemental codes used for performance measurement. Using them is optional and not required for correct coding.

Category III: These are temporary alphanumeric codes for new and developing technology, procedures and services. They were created for data collection, assessment and in some instances, payment of new services and procedures that currently don't meet the criteria for a Category I code.

Proprietary Laboratory Analyses (PLA) codes: Recently added to the CPT code set, these codes describe proprietary clinical laboratory analyses and can be either provided by a single ("solesource") laboratory or licensed or marketed to multiple providing laboratories that are cleared or approved by the Food and Drug Administration (FDA)). This category includes but is not limited to Advanced Diagnostic Laboratory Tests (ADLTs) and Clinical Diagnostic Laboratory Tests (CDLTs), as defined under the Protecting Access to Medicare Act of 2014 (PAMA).

How are CPT codes created and maintained?

For more than 50 years, CPT has been the primary medical language used to communicate across health care, enabling seamless processing and advanced analytics for medical procedures and services. The CPT code set is constantly updated by the CPT Editorial Panel with insight from clinical and industry experts to reflect current clinical practice and the latest innovations to help improve the delivery of care.

independent group of expert volunteers representing various sectors of the health care industry. Their role is to ensure that code changes undergo evidence-based review and meet specific criteria.

The CPT Editorial Panel is supported by CPT Advisors, groups of physicians nominated by the national medical specialty societies represented in the AMA House of Delegates and the AMA Health Care Professionals Advisory Committee (HCPAC). As clinical experts in their fields, the primary role of CPT Advisors is to advise the CPT Editorial Panel on procedure coding and appropriate nomenclature by proposing revision to the code set, working with industry stakeholders as they consider additions and changes to CPT, and in educating their membership on the use and benefits of CPT codes.

The CPT® Editorial Panel meets three times a year to review the applications for either new codes or revisions to existing codes. Anyone who wishes to participate can submit an application to attend a Panel meeting.

AMA CPT®: Coding that Moves Medicine

As medicine evolves with clinical innovations such as genomic testing and remote patient monitoring, physicians, innovators and any other stakeholder working within the health care space will need to assess whether a new or updated CPT code is needed to describe their innovation.

Technology developers will need to understand how and when CPT codes are updated as they are creating new products, services and systems that use CPT content.

Data drives our health care system with medical innovation to improve patient care. The CPT code set stands primed and ready to grow and change with input from stakeholders across the health care landscape.

If you have questions on how to engage and get involved with the CPT Editorial Process, please contact Mark Levine at Mark.Levine@ama-assn.org.

CPT® Code Applications & Criteria

Review the criteria for CPT® Category I, Category II and Category III codes, access applications and read frequently asked questions.
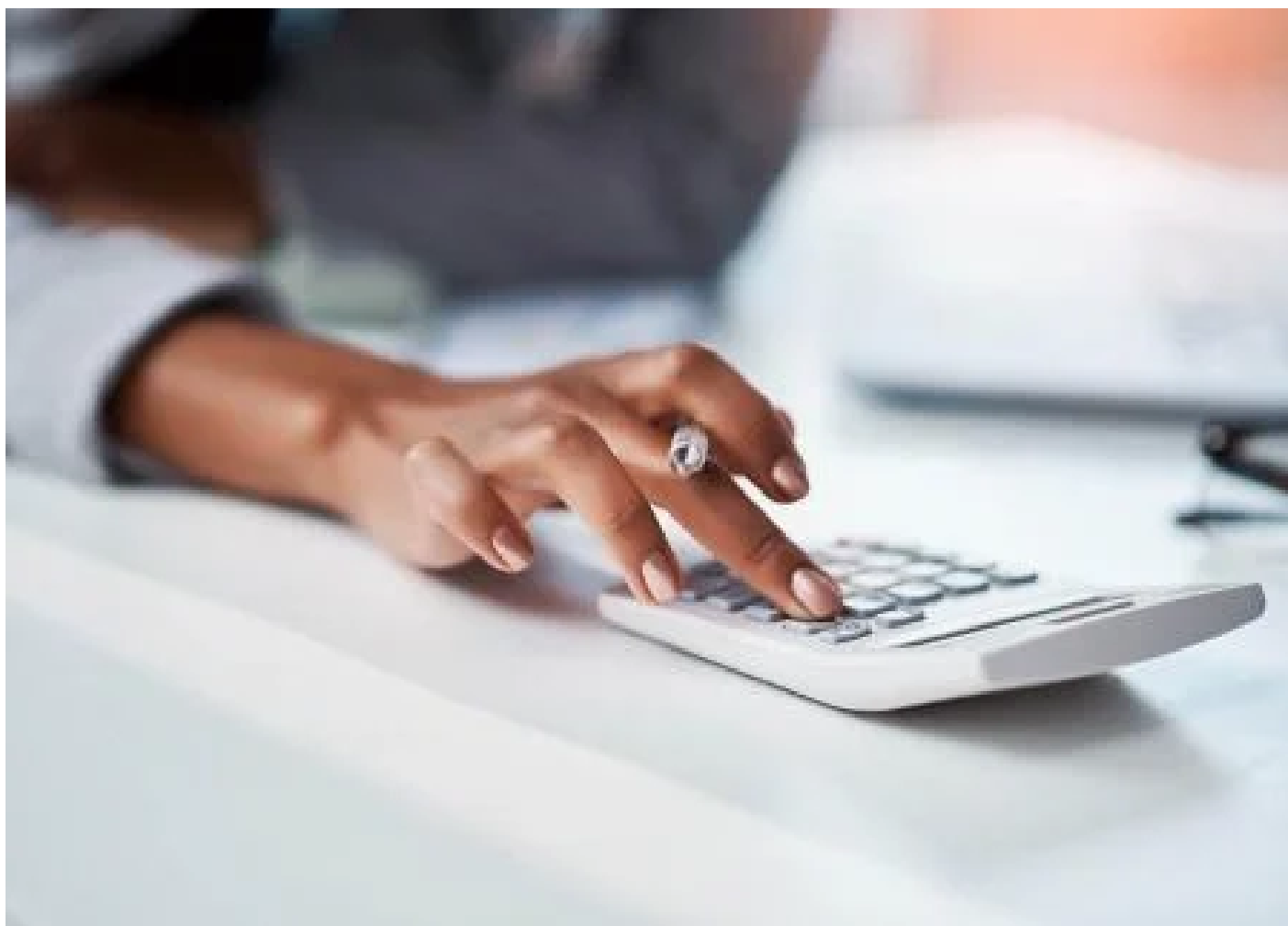
Criteria for CPT® Category I and Category III codes

Critiera for CPT® Category II codes

Category II application
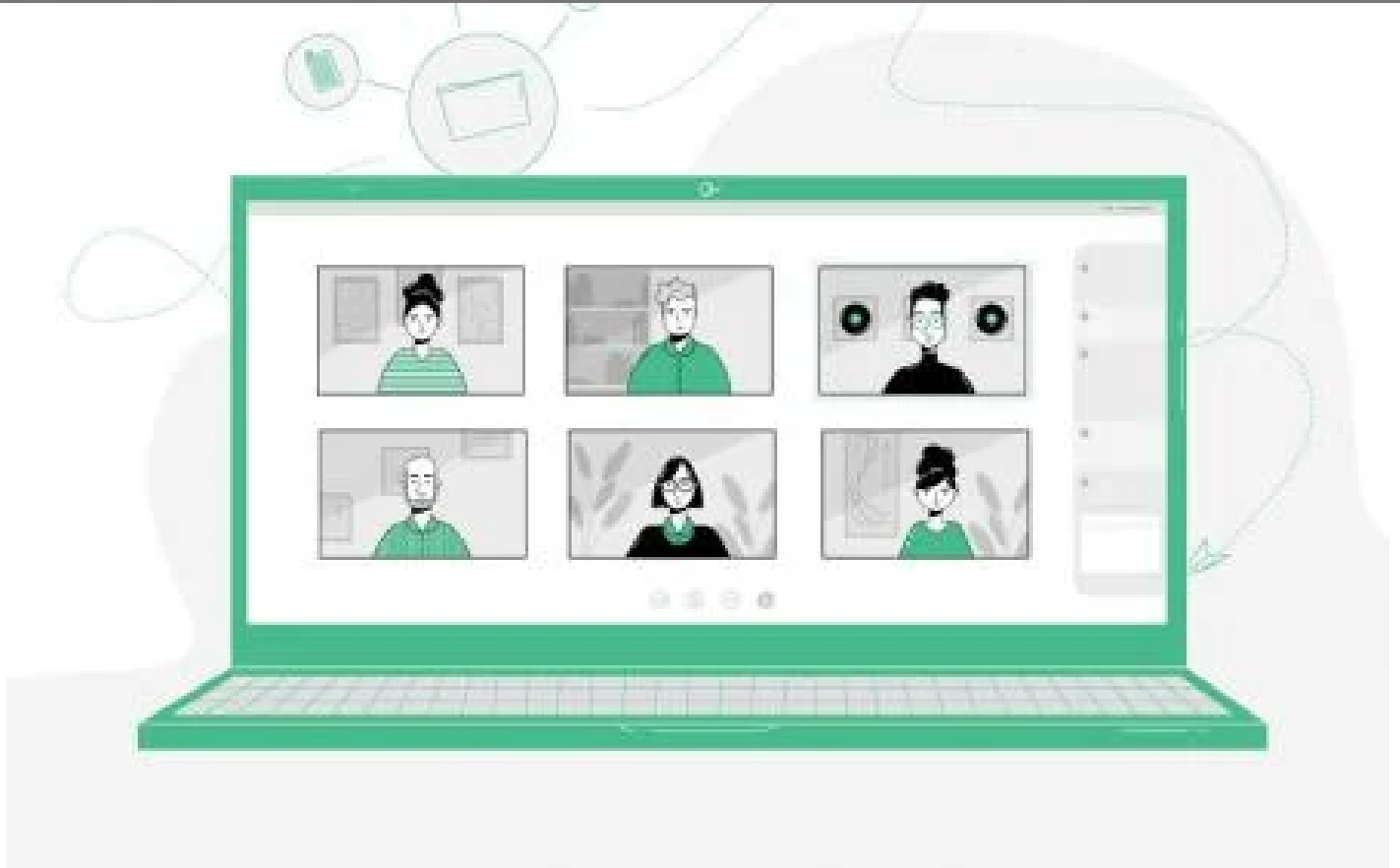
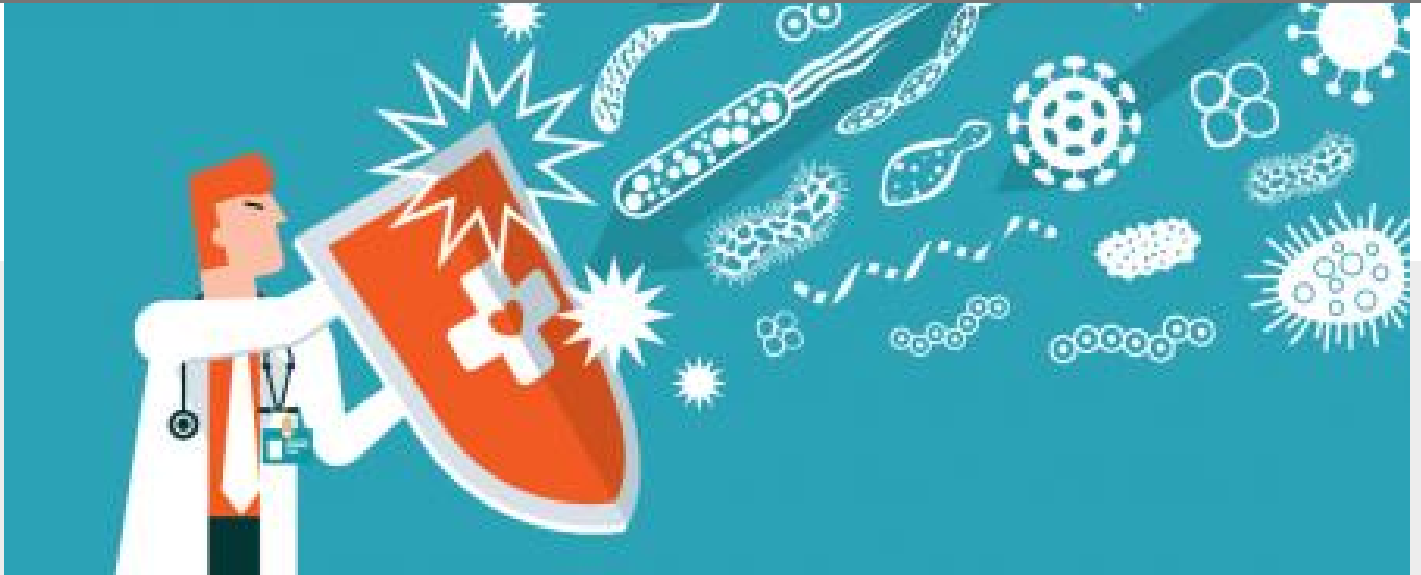Sample format for required CPT® clinicial vignettes

CPT® New Codes

CARES ACT

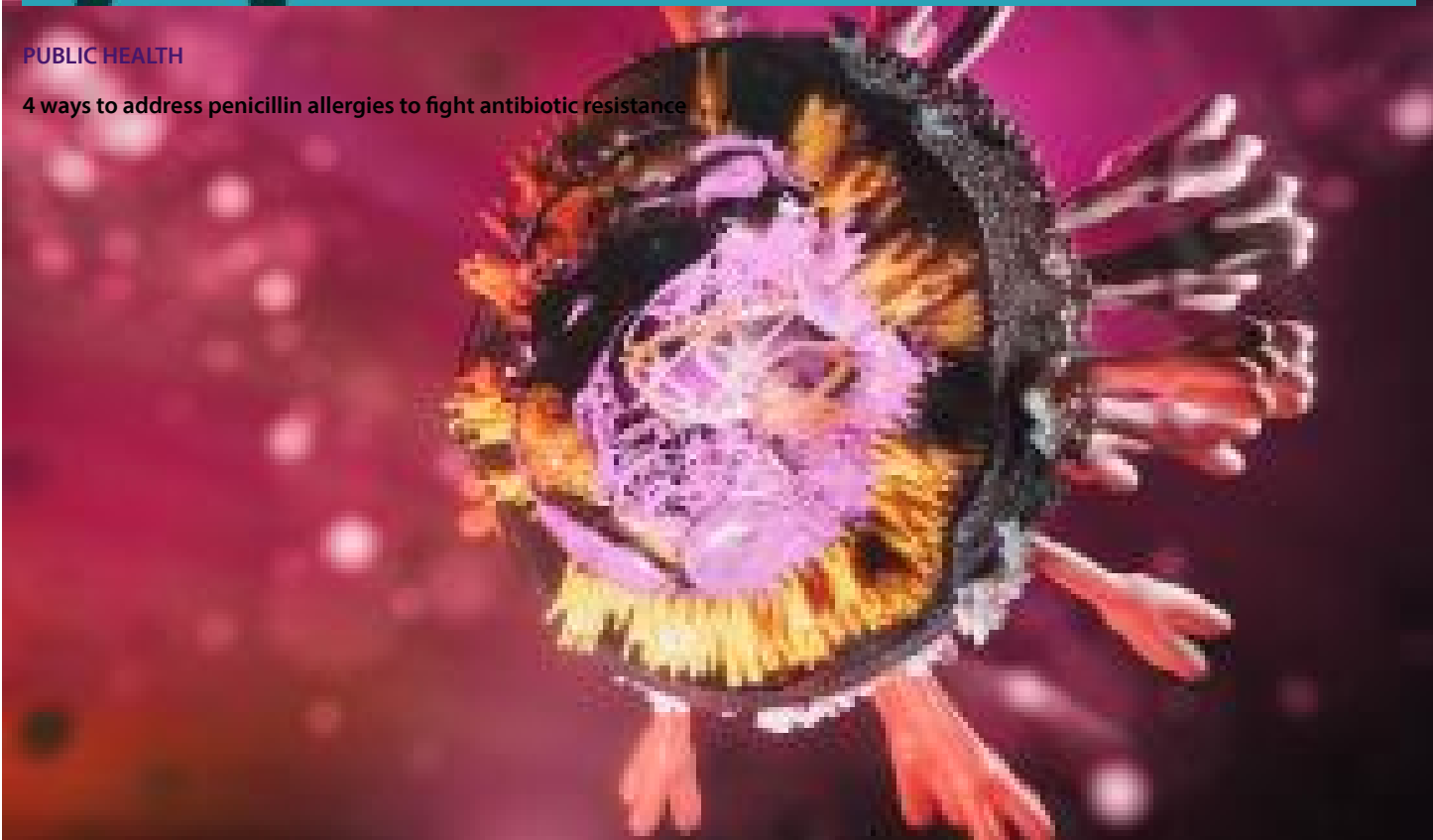**Drafting error could mean 21% tax hit on CARES Act relief funds**

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The AMA promotes the art and science of medicine and the betterment of public health.

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