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**INFO-648 Standards Assignment**

**Current procedural terminology (CPT)**

1. Review the section in the text and the slides that address the standard

The Current Procedural Terminology (CPT) code set is a procedural code set developed by the American Medical Association (AMA). It is maintained by the CPT Editorial Panel. The CPT code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes. New editions are released each October, with CPT 2021 being in use since October 2021. It is available in both a standard edition and a professional edition.

CPT coding is similar to ICD-10-CM coding, except that it identifies the services rendered, rather than the diagnosis on the claim. Whilst the ICD-10-PCS codes also contains procedure codes, those are only used in the inpatient setting.

CPT is identified by the Centers for Medicare and Medicaid Services (CMS) as Level 1 of the Healthcare Common Procedure Coding System. Although its use has become federally regulated, the CPT's copyright has not entered the public domain. Users of the CPT code set must pay license fees to the AMA.

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.

2. Visit the website for the standard

<https://www.ama-assn.org>

<https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

<https://www.aapc.com/resources/medical-coding/cpt.aspx>

3. Identify who develops and maintains it, and what the acronym stands for (if there is one)

As the AMA decided in April 1960, the Current Medical Terminology (CMT) handbook was first published in June 1962 – 1963 to standardize terminology of the Standard Nomenclature of Diseases and Operations (SNDO) and International Classification of Diseases (ICD), and for the analysis of patient records, and was aided by an IBM computer. Procedural information was dropped in the transition from the SNDO to CMT, but was released separately as the Current Procedural Terminology in 1966.

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4. Provide a visual illustration if possible. You can point to one in the text or on the PowerPoint slides, or include the URL from a useful websiteChart, scatter chart

Description automatically generated

Visual illustration of the quantitative fit of CPT and AAM. The observed CEs are plotted against the prediction CEs for the condition with simultaneous presentation of outcome and probability, where the legends report the coefficient of determination r 2 and the best-fitting parameters.

Visual illustration of the quantitative ... - researchgate.net, April 23,2022, <https://www.researchgate.net/figure/Visual-illustration-of-the-quantitative-fit-of-CPT-and-AAM-The-observed-CEs-are-plotted_fig8_341609375>

Billing and Coding: Visual Electrophysiology Testing, CMS.gov Centers for Medicare & Medicaid Services, April 23, 2022

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57599>

5. Specify how it is used in healthcare: Who uses it? How is it used?

CPT codes directly affect how much a patient will pay for medical care. For that reason, offices, hospitals, and other medical facilities are strict about how coding is done. They usually hire professional medical coders or coding services to make sure services are coded correctly.

Initial Coding

Your healthcare provider or their office staff will usually start the coding process. If they use paper forms, they will list which CPT codes apply to your visit. If they use an electronic health record (EHR) during your visit, it will be noted in that system. Systems usually allow staff to call up codes based on the service name.

Verification and Submission

After you leave the office, medical coders and billers examine your records. They make sure the correct codes are assigned.

The billing department then submits a list of your services to your insurer or payer. Most healthcare providers store and transfer this information digitally. Some may still be done by mail or fax.

Claim Processing

Your health plan or payer then uses the codes to process the claim. They decide how much to pay your healthcare provider and how much you may owe.

Research

Health insurance companies and government officials use coding data to predict future health care costs for the patients in their systems. State and federal government analysts use coding data to track trends in medical care. This information helps to plan and budget for Medicare and Medicaid.

Where You Will See CPT Codes

You'll see CPT codes in many different documents as you move through a health care experience.

Discharge Paperwork

As you leave an appointment or are discharged from a facility, you receive paperwork. It includes a summary of the services you had, including the codes.

The five-character codes are usually CPT codes. There are other codes on that paperwork, too. These include ICD codes, which may have numbers or letters. These usually have decimal points.4

Bills

When you receive a medical bill, it will have a list of services. Next to each service will be a five-digit code. That's usually the CPT code.​

Explanation of Benefits

When you receive an explanation of benefits (EOB) from your payer, it will show how much of the cost of each service was paid on your behalf. Each service will be matched with a CPT code.

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. CPT is also used for administrative management purposes such as claims processing and developing guidelines for medical care review. The codes offer doctors and health care professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency.

Dotson P. CPT® Codes: What Are They, Why Are They Necessary, and How Are They Developed?. Adv Wound Care (New Rochelle). 2013;2(10):583-587. doi:10.1089/wound.2013.0483

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865623/>

An Overview of CPT Codes in Medical Billing, Verywell Health, February 17, 2022,

<https://www.verywellhealth.com/what-are-cpt-codes-2614950>

6. Comment on what you consider are the most important aspects of the standard such as ease of use, frequency of updating, and effectiveness in promoting interoperability and health information exchange.

The Study on CPT standard was great I have learned so many interesting things and gain lots of knowledge which is something different from my country. As I can see there are lots of technology things are used in healthcare to give a good service to people. AMA recommends hospitals use CPT consumer-friendly descriptors to comply with the requirement of the final rule for a plain language description of services. Here people use the freedom of choice to, or you can say facilities which healthcare provides them in good way that helps more to select what you want and where you can get that thing. The technology which is more updated now a days you can see the importance of changing and updating data is also important. Mostly the maximum updates are happened yearly because of the length and data is also big. As the designated standard for the electronic reporting of physician and other health care professional services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), CPT codes are updated annually and effective for use on Jan. 1 of each year. When new year start the things get better and changed because they have to update the data when the year is going to end. This yearly updating gives one benefit that you have time think and get the better solution that did not cost you and saves your money also. When I get accepted at Drexel University, I saw we have to get the health insurance that time I never accept I have to buy the insurance for 12 or 13 months and it will update every year till I get graduated. This gives me so many benefits as I know but how less I am using my health insurance I know but it is required as per the rules and regulations.

The Interoperability helps keep patient data more secure because of how it limits the need for manual data transcription and copying. Your staff will tend to work more productively when the computer systems are set up for maximum interoperability, with databases and other applications connecting and sharing information. As I told in Drexel University, they have tied up with this Aetna health insurance which I have taken but some students have taken different health insurances due to the price of that insurance. Interoperability in this college and insurance will be so good and secure because this student’s data is important, they have to protect it with care. Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically improving the speed, quality, safety, and cost of patient care. This process is faster that’s why I like the HIE which helps the system to do the work fast without any problem. As we saw before we enter in hospital healthcare provides total data of information to doctors that they start their process before patients enter in the hospital. I learn about this standard and how it is used in healthcare and how it is benefited for people and system that makes my more interest in healthcare.

References

Wikipedia, Current Procedural Terminology, April 08, 2022, <https://en.wikipedia.org/wiki/Current_Procedural_Terminology>

IMO, CPT 101: A quick guide to Current Procedural Terminology, April 14, 2022, <https://www.imohealth.com/ideas/article/cpt-101-a-quick-guide-to-current-procedural-terminology/>