



Current Procedural Terminology (CPT®) Process Manual

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## **Overview: How the AAN Participates in the AMA CPT Process**

Generally, the AAN participates in the American Medical Association (AMA) Current Procedural Terminology (CPT®) process by submitting new code proposals and changes to existing codes, and by commenting on code changes proposed by outside vendors and other societies.

The AMA owns the rights to the CPT code set, which is maintained by the CPT Editorial Panel (“Panel”). The Panel meets three times each year to discuss and approve any CPT code additions, deletions, and revisions. An updated CPT manual is published on an annual basis. The AAN’s representatives review all proposed changes and, where appropriate, submit comments or requests for changes on behalf of neurology. The Panel considers these written comments. The AAN’s CPT staff and representatives attend Panel meetings and speak about any issues of relevance to neurology.

The representatives to the Panel from medical societies like the AAN are referred to as *CPT Advisors*. The AAN’s CPT Advisors are members of the AAN’s Coding Subcommittee of the Medical Economics and Management Committee (MEM), which oversees coding, billing, and reimbursement processes. When the AAN presents proposals for new codes or changes to existing codes, one to two additional AAN members attend the Panel meeting to serve as subject matter experts. Those experts help during the often extended oral negotiations that take place when coding language is debated—and ultimately voted on—by the Panel.

The AMA maintains the rights to the CPT code set and, as such, societies are bound by their confidentiality rules. The embargo for the new CPT codes each year lifts around the end of August (e.g., the embargo for the new 2013 codes lifts around August 31, 2012). The AAN will inform members as soon as possible each year about coding changes that will affect neurology for the upcoming year.

## Description of CPT and How It Is Used

### *What is CPT?*

The Current Procedural Terminology (CPT) book is a listing of descriptive terms and identifying numeric codes used for reporting medical, surgical, and diagnostic services and procedures. CPT is a widely accepted system of medical nomenclature about health care provided to patients that enables reliable communication among physicians, other health care providers, patients, and third parties.

### *How is CPT used?*

CPT descriptive terms and numeric codes are widely accepted. Both public and private health insurance programs require CPT codes for reporting services and procedures. Careful attention must be paid to the wording of a code and its numeric placement in the manual, so as to minimize confusion among providers and coders. Extra relevant information may be included in headers for a code section or parenthetical statements attached to individual codes. This additional information aims to clarify when and how a code is to be used. To make sure that coding language is clear and useful to practicing neurologists and coders, the AAN closely studies all relevant code language, section headers, and parenthetical instructions. Attention to detail is crucial since this language is used for administrative claims processing by carriers and for developing guidelines for carriers' medical review.

## **Maintaining the CPT Code Set: AMA CPT Editorial Panel**

The CPT code book is maintained by the CPT Editorial Panel, which meets three times per year to discuss issues associated with new and emerging technologies as well as difficulties encountered with procedures and services and their relation to CPT codes. The Panel is comprised of 17 members. Of these, 11 are physicians nominated by the National Medical Specialty Societies and approved by the AMA Board of Trustees.

AMA staff prepares agenda materials for each CPT Editorial Panel meeting. The topics for the agendas are gathered from several sources. Medical specialty societies, individual physicians, hospitals, third-party payers and other interested parties may submit materials for consideration by the Editorial Panel.

The Editorial Panel meetings (January/February, May/June, and October) are open to the public, but advance registration is required. The February meeting is the cutoff for changes to the following calendar year CPT book (e.g., the February 2012 meeting is the last meeting for changes to go into the 2013 CPT book).

Panel actions can result in one of three outcomes:

- Add a new code or revise existing nomenclature, in which case the change would appear in a forthcoming volume of CPT; or
- Postpone/table an item to obtain further information; or
- Reject an item (rejected items cannot be brought back to the Panel for consideration for at least one calendar year).

## **Specialty Society Advisors to the CPT Editorial Panel**

Supporting the CPT Editorial Panel in its work is a larger body of CPT advisors: the CPT Advisory Committee. The members of this committee are primarily physicians nominated by the national medical specialty societies represented in the AMA House of Delegates. Currently, the Advisory Committee is limited to national medical specialty societies seated in the AMA House of Delegates and to the AMA Health Care Professionals Advisory Committee (HCPAC), organizations representing limited-license practitioners and other allied health professionals. Additionally, a group of individuals, the Performance Measures Advisory Committee (PMAC), who represent various organizations concerned with performance measures, also provide expertise.

**According to the AMA, the primary objectives of the CPT Advisory Committee are to:**

1. Serve as a resource to the CPT Editorial Panel by giving advice on procedure coding and appropriate nomenclature as relevant to the member's specialty;
2. Provide documentation to staff and the CPT Editorial Panel regarding the medical appropriateness of various medical and surgical procedures under consideration for inclusion in CPT;
3. Suggest revisions to CPT;
4. Assist in the review and further development of relevant coding issues and in the preparation of technical education material and articles pertaining to CPT; and
5. Promote and educate its membership on the use and benefits of CPT.

The AAN Coding Subcommittee recommends one CPT Advisor and one Alternate Advisor as the AAN's representatives to the CPT Editorial Panel on the basis of their knowledge of the CPT process, medical coding expertise, and commitment to objectivity. Their recommendations are approved by the AAN President and, finally, forwarded to the AMA House of Delegates for confirmation.

AAN appointees serve two-year terms as CPT Advisors. Advisors agree to:

- Review proposals (to revise, delete, or establish new codes) submitted by other specialty societies, physician organizations, individuals, pharmaceutical, and device companies. Staff regularly check the CPT website and email any proposals for which AAN requests comments;
- Work with the AAN CPT staff liaison to coordinate review by other physician experts as appropriate (MEM, section representatives, etc.);
- Reply to the AAN CPT staff liaison with comments on relevant proposals by given deadline. AAN CPT staff submit responses on the AMA CPT collaboration website (available to specialty society CPT staff and advisors only);
- Advise CPT Editorial Panel on requests that are relevant to neurology;
- Work with MEM to identify opportunities to request new or refine existing codes;
- Work with relevant experts to develop proposals. The AAN CPT staff manages the drafts of proposals and distributes them to MEM, relevant parties, and other interested societies;

- Prepare for presentations to the CPT Editorial Panel, work with the AAN CPT staff (and procedure expert, as appropriate) to practice the presentation and anticipate possible questions and answers from the Panel;
- Present and defend AAN coding change proposals to the Panel; and
- Evaluate coding change applications strictly on the basis of whether the application does or does not satisfy the Category I criteria and submit independent comments based on professional judgment on whether the criteria have been satisfied, including statements regarding the basis for the position.

CPT Advisors may be provided with confidential information as part of their work. CPT Advisors are not to disclose any confidential information unless AAN consents in writing.

The AAN's two CPT Advisors are paid a stipend for each meeting attended and are reimbursed for all travel-related expenses.

## Statement on Lobbying

The AAN upholds the AMA statement on lobbying:

Coding change applicants and other interested parties must not engage in “lobbying” for or against code change requests. “Lobbying” means unsolicited communications of any kind made at any time (including during Editorial Panel meetings) for the purpose of attempting to influence either (1) CPT/HCPAC Advisors’ evaluation of or comments upon a code change request or (2) voting by members of the Editorial Panel on a code change request. Lobbying is strictly prohibited. Violation of the prohibition on lobbying may result in sanctions, such as being barred from further participation in the CPT process. Information that accompanies a code change request, presentations, or commentary to the full Editorial Panel during an open meeting and responses to inquiries from a Panel member or a CPT staff member do not constitute “lobbying.”

Read more:

[www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/statement-on-lobbying.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/statement-on-lobbying.page)

# **CPT Code Categories and Associated Criteria for Submitting Changes for Consideration by the CPT Editorial Panel**

## **Category I CPT Codes—Services and Procedures**

Category I CPT codes describe services or procedures using five numeric digits. In developing new and revised Category I CPT codes, the Advisory Committee and the Editorial Panel require that:

- The service/procedure has received approval from the Food and Drug Administration (FDA) for the specific use of devices or drugs;
- The suggested procedure/service is a distinct service performed by many physicians/practitioners across the United States;
- The clinical efficacy of the service/procedure is well established and documented in US peer review literature;
- The suggested service/procedure is neither a fragmentation of an existing procedure/service nor currently reportable by one or more existing codes; and
- The suggested service/procedure is not requested as a means to report extraordinary circumstances related to the performance of a procedure/service already having a specific CPT code.

For each proposed new or altered Category I code, the Coding Change Request Form (CCRF) is submitted to the CPT Advisors from all societies for comment prior to the Panel meeting. The CCRF is an extensive document asking questions about the procedure/service, its associated ICD-9 codes, the estimated prevalence of the associated diseases, details about other codes currently used to report the service, and much more. When the AAN proposes CPT changes, the CCRF is filled out jointly by the AAN's CPT Advisors, AAN staff, neurology topic experts, and CPT Advisors from other relevant societies. The AAN often identifies topic experts from the Academy sections and/or committees and subcommittees. Staff edits and consolidates the various comments for CCRFs before formal submission.

The completed CCRF is then submitted electronically to the AMA:

American Medical Association  
Department of CPT Editorial Research and Development  
[ccpsubmit@ama-assn.org](mailto:ccpsubmit@ama-assn.org)

Each code change proposal is reviewed by the CPT Advisor before each Panel meeting. Typically, about one hundred new code requests are reviewed online before each meeting. The CPT Advisor submits electronic comments on the proposals relevant to neurologists.

After a new code is approved, it is referred to another AMA committee—the AMA/Specialty RVS Update Committee (RUC)—for determination of physician work relative value units (RVUs) and practice expense RVUs.

### **Category II CPT Codes—Tracking Codes for Quality Measures**

The CPT book also contains a set of supplemental tracking codes that can be used for performance measurement—Category II codes. It is anticipated that the use of Category II codes for performance measurement will decrease the need for record abstraction and chart review, thereby minimizing administrative burden on physicians, other health care professionals, hospitals, and entities seeking to measure the quality of patient care. These codes are intended to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures and that have an evidence base as contributing to quality patient care.

The use of these codes is optional. The codes are not required for correct coding and may not be used as a substitute for Category I codes.

These codes describe clinical components that may be typically included in evaluation and management services or other clinical services and, therefore, do not have a relative value associated with them. Category II codes also may describe results from clinical laboratory or radiology tests and other procedures, identified processes intended to address patient safety practices, or services reflecting compliance with state or federal law.

Category II codes make use of an alphabetical character as the fifth character in the string (i.e., four digits followed by the letter F). To promote understanding of these codes and their associated measures, users are referred to Appendix H in the CPT code book, which contains information about performance measurement exclusion of modifiers, measures, and the measures' source(s).

Composite Measures .....	0001F-0015F
Patient Management .....	0500F-0584F
Patient History .....	1000F-1505F
Physical Examination .....	2000F-2060F
Diagnostic/Screening Processes or Results .....	3006F-3763F
Therapeutic, Preventive, or Other Interventions .....	4000F-4563F
Follow-up or Other Outcomes .....	5005F-5250F
Patient Safety .....	6005F-6150F

Structural Measures ..... 7010F-7025F

The process for approval is different for Category II codes than it is for Category I or Category III codes. The AMA Performance Measure Advisory Group (PMAG) uses the following criteria when considering Category II proposals:

The PMAG considers code proposals submitted by national regulatory agencies, accrediting bodies, national professional and medical specialty societies, and other organizations. Code proposals must include documentation of the following:

- The purpose or definition of the measure is consistent with its intended use (e.g., quality improvement and accountability, or solely quality improvement);
- The aspect of care measured is substantially influenced by physician work (or work of other practitioner or entity for which the code may be relevant );
- The extent to which an evidence-based process was used for measures development;
- The extent to which a multidisciplinary review process was used to achieve consensus on measures among all constituents of the respective organizations, including internal and public comment processes;
- The extent to which measures were tested to confirm their validity and feasibility for data collection; and
- Risk adjustment specifications and instructions are included for all outcome measures submitted or compelling evidence as to why risk adjustment is not relevant.

The completed Category II CCRF is then sent to the AMA:

American Medical Association  
Department of CPT Editorial Research and Development  
[ccpcat2submit@ama-assn.org](mailto:ccpcat2submit@ama-assn.org)

### **Category III CPT Codes—Emerging Technology**

This category of codes facilitates data collection and assessment of new services and procedures, often ones that are still investigational or not yet ready for a regular Category I CPT code. One use of these codes is to collect data to substantiate widespread usage or during the FDA approval process. Category III CPT codes do **not** need to meet the usual CPT code requirements about widespread use, FDA approval, or literature demonstrating clinical efficacy. The service/procedure must have relevance for research or development of future Category I codes.

The following is used as formalized criteria by the CPT Advisory Committee and the CPT Editorial Panel for evaluating Category III code requests and includes identification of the following elements as guidelines for establishment of a **Category III** code:

- A protocol of the study or procedures being performed;
- Support from the specialties who would use this procedure;
- Availability of US peer-reviewed literature for examination by the Editorial Panel; and
- Descriptions of current US trials outlining the efficacy of the procedure.

Category III CPT codes are assigned an alphanumeric identifier with the letter “T” in the last field (e.g., 0123T). Sometimes these codes are referred to as tracking codes, and these codes are in a separate section of the CPT manual, with their own introductory language to explain their purpose. Requests for Category III CPT codes follow the existing procedures for new or revised CPT codes; however Category III CPT codes are **not** referred to the RUC for valuation because no RVUs are assigned.

Once approved by the Editorial Panel, newly added Category III CPT codes are made available on a semi-annual basis via electronic distribution on the AMA/CPT website. The AAN will request a Category III code for a new or emerging technology or if there are not yet enough users of the service or procedure in question, with the hope of elevating the code to Category I status once there is sufficient literature, users, and data. That is why it is imperative that physicians report Category III codes whenever appropriate so as to help the AAN track their use. Once a Category III code achieves widespread use and is proven in US peer-reviewed medical literature, the AAN may choose to request that it be moved to the Category I section of CPT. Category III codes will automatically sunset after five years if the code has not been accepted for placement in the Category I section of CPT, unless it is demonstrated that a Category III code is still needed.

The completed form is then submitted electronically to the AMA:

American Medical Association  
Department of CPT Editorial Research and Development  
[ccpsubmit@ama-assn.org](mailto:ccpsubmit@ama-assn.org)

In order for the CPT Editorial Panel to effectively review and act on proposed changes to the CPT code set, code change requests must be reviewed by CPT/HCPAC Advisors and the Editorial Panel based on the information contained in the request and available clinical literature. CPT staff is responsible for organizing and submitting information to CPT/HCPAC Advisors and the Editorial Panel for consideration. Information relating to a code change request must be submitted to CPT staff no later than thirty days prior to the start of the Editorial Panel meeting at which the code change request will be considered. In some cases, the Chair of the Editorial Panel may establish rules which allow for supplemental submissions of information to workgroups or facilitation sessions established by the Chair or for postponed or appealed agenda items. (A facilitation session

is an informal meeting requested by the Chair during a CPT Editorial Panel meeting to allow interested parties to confer and attempt to reach a consensus recommendation for presentation at the meeting.)

During development of a code change request, an applicant may seek input or assistance from staff or advisors of medical specialty societies but may not engage in “lobbying” as defined above. Medical specialty societies may have their own policies governing interactions with applicants or other interested parties regarding code change requests. The AMA encourages medical societies to work with applicants, from both industry and other medical specialty societies, to assure that code change requests are complete, coherent and consistent with current medical practice. Contacts with consulting medical societies should be limited to that which is necessary to construct and submit the code change request. After the date a code change request is posted for review and comment by CPT/HCPAC Advisors and the Editorial Panel, contact between an applicant and medical society representatives should be confined to communications pertaining to feedback from the CPT staff or Advisors’ comments regarding the request. If an applicant or other interested party wishes the CPT/HCPAC Advisors or the Editorial Panel to consider additional information, that information must be submitted to AMA’s CPT staff and not directly to CPT/HCPAC Advisors or the Editorial Panel.

Applicants and other interested parties are invited to participate in open CPT Editorial Panel meetings and present their views on code change requests when recognized by the Chair during the course of the meeting. The views of applicants and other interested parties may be sought during work group or facilitation sessions established by the Chair and participation in a workgroup or a facilitation session is not considered lobbying.

## Submitting Coding Change Ideas to the AAN

AAN members may submit CPT coding change ideas to the AAN staff liaison on CPT coding issues or may raise the idea within their section and send it along to the Section Coding Representative to pass along to the AAN CPT staff liaison and the AAN CPT Advisors.

There may be instances where interests of the AAN in code change and development may conflict with the interests of either an AAN member or the AMA. As an example, it may be in the interest of another specialty society to request and have approved a new code for a certain service however the AAN—through its CPT Advisors and/or Coding Subcommittee and/or MEM—may feel the technique is not scientifically defensible or in some way does not meet with the needed criteria. The AAN CPT Advisors should be guided by the best interests of the AAN as a whole.

In the case that an AAN member is appointed to the CPT Editorial Panel itself as a member (in addition to the AAN Advisors) Panel members (and alternates, where applicable) are asked to address overall fairness without advocating for specific AAN interests.

Members making proposals may be asked to provide assistance with completing necessary paperwork, submitting supporting information, as well as gathering names of other AAN members that perform the service(s). Ultimately, the CPT Advisors will consult with the Coding Subcommittee to come to a conclusion about whether a proposal will be worked on and submitted for consideration by the CPT Editorial Panel.

The AAN maintains its own list of criteria in determining readiness to submit an application for a coding change proposal:

- The AAN has the names and email addresses of **at least 60 AAN** members who perform the procedure/service in question for clinical patient care (can be obtained from an industry (e.g. pharmaceutical, device) group, if applicable).
- The AAN Coding Subcommittee has had an opportunity to review the proposed coding change (either electronically or during an in-person meeting).
- Any relevant AAN section has had an opportunity to review the proposed coding change (usually through the section executive committee).
- At least one neurologist subject matter expert without any conflicts of interest has been identified who is committed to working with the CPT Advisors on the proposal, attending CPT and Relative Value Update Committee (RUC) meetings to help present the coding change, and willing to assist in the RUC survey process if the proposal is accepted (for Category I codes).

## **Requests for AAN Support of a Coding Change Proposal by an Outside Entity**

When another medical society or industry (e.g., pharmaceutical, device) group approaches the AAN about help or support of a coding change proposal, the CPT Advisors, Coding Subcommittee, and staff liaisons work through the AAN sections to identify a group of AAN members who are currently performing the service. Then, the company is asked to provide a list of the neurologists who desire the proposed coding change. Once the list is provided, staff cross-check to determine the number of AAN members on the list. If at least a critical number (30) of members are found who perform the service or who would be supportive of the proposed coding change, the AAN may support the proposal. The final decision to provide support may include involving the appropriate section as a whole, and would likely include a discussion among members of the AAN's Coding Subcommittee.

All coding change proposals are to be evaluated by the AAN Advisors and Coding Subcommittee based on objective, evidence-based application of the AMA criteria, as established by the CPT Editorial Panel. The potential economic impact on physicians related to a new procedure, service, or technology, or related to possible changes in valuation and reimbursement of existing codes, is not a factor in determining a society's support for, or opposition to, a proposed coding change.

## Next Steps for Approved Coding Changes

The AAN takes an integrated approach to its CPT activities. Once the AMA CPT Editorial Panel has voted to establish or revise a Category I code, the AAN represents neurology at the AMA Relative Value Update Committee (RUC). The RUC is a unique multi-specialty physician committee—led by the AMA—dedicated to making relative value recommendations for new and revised codes as well as periodically updating RVUs to reflect changes in medical practice.

Annual updates to the physician work relative values (wRVUs) are based on recommendations from the RUC, which involves the AMA and national medical specialty societies. The AMA formed the AMA/Specialty Society Relative Value Scale Update Committee (RUC) to act as an expert panel in developing relative value recommendations to the Centers for Medicare & Medicaid Services (CMS). CMS is mandated to make appropriate adjustments to the Resource-Based Relative Value Scale (RBRVS) in response to the Omnibus Budget Reconciliation Act of 1989 to account for changes in medical practice coding and new data and procedures. The purpose of the RUC process is to provide recommendations to CMS for use in annual updates to the new Medicare relative value system.

The RUC represents the entire medical profession, with 21 of its 31 members appointed by major national medical specialty societies including those recognized by the American Board of Medical Specialties, those with a large percentage of physicians in patient care, and those that account for high percentages of Medicare expenditures. The individual RUC members are nominated by the specialty societies and are approved by the AMA.

The AAN holds a permanent, voting seat (member—including an alternate member) on the RUC. Like all specialty societies, the AAN also involves RUC Advisors. RUC Members and Advisors may be provided with confidential information as part of their work. RUC Members and Advisors are not to disclose any confidential information unless the AAN consents in writing. The AAN's RUC Member, Alternate Member, and Advisors are paid a stipend for each meeting attended and are reimbursed for all travel-related expenses.

Note that the AAN Advisors at CPT and RUC represent the interests of AAN, but any RUC or CPT Committee Member or Alternate who also happens to be an AAN member is generally representing the interests of medicine as a whole rather than specific AAN interests. This is why each specialty always has representation on the Advisory Committees for both RUC and CPT.

Often times—and preferably—the same neurology subject matter expert without any conflicts of interest participates in the CPT and RUC process for a given code or set of codes along with the AAN Advisors. The AAN does not allow industry (e.g. pharmaceutical,

device) to participate in or influence its process to survey and recommend work values and practice expense (PE) inputs. Industry may only provide a list of user names and in some cases invoices for supplies and equipment.

The RUC's annual cycle for developing recommendations is closely coordinated with both the CPT Editorial Panel's schedule for annual code revisions and the CMS's schedule for annual updates in the Medicare Payment Schedule.

For more on the AMA RUC process, visit

[www.ama-assn.org/resources/doc/rbrvs/ruc-update-booklet.pdf](http://www.ama-assn.org/resources/doc/rbrvs/ruc-update-booklet.pdf)

## Communicating CPT Coding Changes

The CPT code set is maintained by the AMA and participating societies are required to follow confidentiality rules set forth by the AMA with regard to CPT activities.

The three CPT meetings per calendar year generally take place during the months of:

January/February, May/June, and October

The January/February meeting is typically the final meeting to have approved coding changes included in the following year's edition of the CPT code book (e.g., February 2012 changes are included in the 2013 book; June 2012 changes are included in the 2014 book).

The AAN educates members through articles in *AANnews*<sup>®</sup>, *AANe-news*, on the coding area of AAN.com, as well as through webinars and on-site courses during the AAN Annual Meeting and Fall Conference.

The AAN educates private insurers about neurology-related CPT coding changes at the start of each calendar year (once all coding changes are made public knowledge) by sending a letter to insurer Medical Directors and inviting them to participate in a conference call with our CPT Advisors to discuss the changes, if desired.

Members are encouraged to check back often to AAN.com for coding updates throughout the year such as changes to National Correct Coding Initiative (NCCI) edits and known carrier policies.

The AMA releases certain CPT information to the public after each Editorial Panel meeting. Read more at [www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page)

## **AAN Conflict of Interest Policy**

A member of the AAN or nonmembers serving as an officer, committee member, advisor, faculty member, author, consultant, or other position of official responsibility or leadership, and a nonmember serving as a faculty member for an AAN education program or author for an AAN publication and designated others (“Person(s)”), has a conflict of interest if that person has a private interest that may interfere with the Person’s official responsibilities to the organization.

Conflicts of interest are a matter of concern for the AAN. Persons serving in official capacities have a fiduciary duty to exercise impartial judgments for the best interests of the AAN and its members. The presence of a private interest may impair their ability to exercise competent judgment and objectivity in their official capacity. A perceived conflict also diminishes the confidence of members and the public in the quality of the organizations’ products and operations.

To review the AAN Policy on Conflicts of Interest, visit [www.aan.com/globals/axon/assets/3969.pdf](http://www.aan.com/globals/axon/assets/3969.pdf).

## Other Resources

AMA Public CPT Site

[www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page)

Applying for CPT Codes

[www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/applying-cpt-codes.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/applying-cpt-codes.page)

AMA Frequently Asked CPT Questions

[www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/frequently-asked-questions.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/frequently-asked-questions.page)

AAN.com Article: How the AAN Participates in the CPT Process

[www.aan.com/news/?event=read&article\\_id=7928](http://www.aan.com/news/?event=read&article_id=7928)

AMA/Specialty Society RVS Update Process Manual

[www.ama-assn.org/resources/doc/rbrvs/ruc-update-booklet.pdf](http://www.ama-assn.org/resources/doc/rbrvs/ruc-update-booklet.pdf)