



## **ACCP/ATS Specialty Assistance Program for Industry on CPT Application Review**

The American College of Chest Physicians (ACCP) and the American Thoracic Society (ATS) work together at the national level on coding and reimbursement issues through the ACCP Practice Management Committee and the ATS Clinical Practice Committee. Major decisions are reviewed and approved by the ACCP and ATS board leadership. The ACCP and the ATS are actively involved in developing American Medical Association (AMA) Current Procedural Terminology (CPT) proposals for new or revised procedure or service codes relevant to pulmonary, critical care, and sleep medicine.

The ability to obtain new codes has evolved through early communication with industry and the provision of frequent guidance on issues pertinent to reimbursement. Often, these aspects are not inherent in processes involved in FDA approval. Additionally, data necessary for optimizing reimbursement for practitioners may not be considered when developing efficacy and safety studies to support widespread clinical use of new technology. These components of the process are aspects for which the pulmonary societies are able to confer expertise. We actively work with sister societies, such as SCCM, AARC, and NAMDRS on relevant issues.

To facilitate communication with industry, we have outlined required information that the ACCP and the ATS need to assist with the reimbursement process. We recognize that the phase of development of technology will vary and initially be unable to provide all of this information. For these projects, we are able to provide guidance as the development matures. However, everyone should recognize that, ultimately, this information is needed when attempting to obtain a CPT code and the reimbursement associated with its use. The ACCP and ATS are prepared to help companies, who want to proceed along these lines, at any step of their development. To prepare our CPT advisors with the necessary defense to support new procedures, the ACCP and the ATS work through their committees, ACCP NetWorks, and ACCP Institutes to solicit input from individuals who are disconnected from the development process but considered experts in the area under consideration. Although this critical review of the new technology may appear onerous, the CPT and RUC process will engender this debate, and our organizations recognize that this exercise facilitates preparing the best proposal. The following are our guidelines for assisting with this process. Industry should not contact the ACCP or the ATS advisors on CPT and/or RUC, members of the ACCP Practice Management Committee, or members of the ATS Clinical Practice Committee directly to lobby for CPT proposals. Initial contact to request help should be directed to Diane Krier-Morrow at [dkriermorr@aol.com](mailto:dkriermorr@aol.com).

To view the AMA's calendar of CPT and RUC meetings and deadlines, go to [www.ama-assn.org/ama1/pub/upload/mm/362/calendar2007-09.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/362/calendar2007-09.pdf)

### **Information Requested From Industry To Facilitate Pulmonary Review of CPT Code(s) and Reimbursement**

1. A brief executive summary or grid of results of five US peer-reviewed studies supporting the clinical utility of the device/procedure. Peer-reviewed literature that has passed certain validation is in Index Medicus, indexed as MEDLINE at [www.nlm.nih.gov/tsd/serials/lji.html](http://www.nlm.nih.gov/tsd/serials/lji.html). Copies or links to reprints of articles and abstracts should accompany the submission. For less mature

technologies, a descriptive narrative explaining the technology and bulleted, brief descriptions of physician work and preliminary investigation is adequate.

2. A statement regarding which authors in the quoted literature have financial ties (stock ownership, consulting fees, research support, honorariums, hedge fund advisory position) with the company. The presence of a financial relationship does not preclude using the data for which the investigator is responsible.
3. A review of safety data for the device/procedure.
4. A CPT application should be filled out by the requestor as completely as possible (available at [www.ama-assn.org/ama/pub/category/12889.html](http://www.ama-assn.org/ama/pub/category/12889.html)), including all literature in support of the application.
5. The requestor should provide data regarding physician work for the procedure (pre-, intra-, and post-service) and practice expenses (clinical labor by staff type, disposable supplies, and equipment) for the facility (hospital, ASC) and nonfacility (office) settings.
6. The requestor must provide the listed catalog price for any devices and supplies involved in performing the procedure in the facility and nonfacility settings.
7. The requestor must provide the names and contact information of three physicians the company feels can comfortably analyze the procedure/device. The physicians must have no financial ties or involvement with research or hedge fund advisory relationships surrounding the company.
8. Industry may forward a request to make presentations to representatives of the ACCP and the ATS at regularly scheduled, quarterly committee meetings. Meetings are held each year in April, August, and December. The number of presentations will be limited by the volume of material on the committee agenda. Presentations are limited to a maximum of 30 minutes. For technology/devices that are in the early stages of development, items 4 and 6 may not be applicable.

**For questions, contact:**

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