

August 2, 2021

Richard W. Landen, MPH, MBA

Denise E. Love, BSN, MBA

Co-Chairs, National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards
3311 Toledo Road
Hyattsville, MD 20782-2002

Dear Co-Chairs Mr. Landen and Ms. Love,

The undersigned organizations representing the nation's medical specialty societies write to express support for the National Committee on Vital and Health Statistics' (NCVHS) efforts to enhance the exchange of clinical and administrative data through their recommendations to the Secretary. Data interoperability enables clinicians to coordinate care among institutions and act based on comprehensive and current information. Interoperability also enables individual access to and ownership of health data. Interoperability is critical to safe, responsible, and transparent public health reporting and monitoring. Further, interoperability is also a key component in the Learning Health System and—when data are properly coded in consensus-based standards—makes the promise of the Quadruple Aim achievable.^{1,2}

The scope of data sharing has expanded to encompass social and behavioral services, public health, cost and quality assessment, and research, in addition to administrative uses. Data standards, therefore, must be multifaceted and meet the needs of several stakeholders. The clinical community relies on high-quality data, which can literally make the difference in life-or-death situations. Physicians require data standards that are credible, comprehensive, and that are developed using a rigorous and evidence-based process.

The Current Procedural Terminology (CPT®) code set serves the needs of a data-driven health system by allowing physicians, patients, researchers, medical groups, allied health care professionals, health systems, hospitals, medical coders, accreditation organizations, payers, and health information technology professionals to easily exchange data on the medical services and procedures provided to our patients. This seamless flow of complex medical information across the health system using this uniform code set allows for the reporting, measuring, analyzing, and benchmarking needed to ensure the provision of high-quality care in a sustainable health delivery system.

The CPT code set is a foundational element for describing medical services and procedures and is universally trusted by the health care system. CPT codes are evidence-based, timely, and reflect current clinical practice to provide a common language for medical services and procedures. The CPT code set not only enables the effective transfer of vital clinical data, but also facilitates the exchange of administrative claims processing information. Furthermore, CPT codes are well-understood and tightly integrated within physician workflows.

¹ [The Agency for Healthcare Research and Quality](#) defines a Learning Health System as a health system in which internal data and experience are systematically integrated with external evidence, and that knowledge is put into practice. As a result, patients get higher quality, safer, more efficient care, and health care delivery organizations become better places to work.

² The Quadruple Aim enhances the patient experience of care and outcomes, improves population health, reduces overall costs for the health care system while increasing value, and supports the professional satisfaction of physicians and the health care team.

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Significantly, CPT codes have also been developed to describe services that address identified social determinants of health (SDOH) concerns, problems, or diagnoses because they are integral to medical services and procedures used by clinicians. These SDOH CPT codes are recognized by The Office of the National Coordinator for Health Information Technology (ONC) in the [United States Core Data for Interoperability \(USCDI\) version 2](#).

The CPT Editorial Panel is an independent body of expert physicians and qualified health care professionals convened by the American Medical Association (AMA) with the unique ability to manage an open, transparent, consensus-based and stakeholder-driven editorial process. The CPT Editorial Panel and the CPT code set is unique across terminologies curators in that procedure code development is directly informed by a broad spectrum of medical and clinical experts. This ensures that the CPT code set reflects the coding demands of digital health, precision medicine, augmented intelligence (AI), and other aspects of a modern health care system. This rigorous, tested and evolving editorial process keeps the CPT code set current and is open to everyone.

The AMA and the CPT Editorial Panel continue to demonstrate successful coordination in the development, adoption, implementation, and conformity of health data standards across disparate health-related data systems. Moreover, the CPT code set meets the business needs of the health care system. Health insurers and payers use the same codes for all medical services and procedures, which ensures uniformity and reduces waste. CPT codes serve as the foundation for health plans' claims adjudication systems.

CPT Consumer Friendly Descriptors play a vital role in helping patients and consumers better understand the medical services and procedures their clinicians prescribe as they navigate the health care system. This level of engagement (a) supports a patient's active role in decision making; (b) improves compliance with care plans; (c) helps patients better understand important health information communicated to them by their physicians; and (d) expands equitable access to health information and knowledge—all of which contribute to improved health outcomes. The CPT Consumer Friendly Descriptors also support federal and regulatory initiatives to provide patients with their health information through claims data.

The CPT code set will continue to play a vital role in data sharing among physicians and other qualified health care professionals, patients, payers, public health systems, and other actors in health care. As health care evolves, reliable and trusted data, coding, and terminologies—such as the CPT code set—must continue to receive support.

We recognize the important role that NCVHS plays in making recommendations to the Secretary of the Department of Health and Human Services related to the adoption of code sets and standards under The Health Insurance Portability and Accountability Act (HIPAA). As you are aware, the CPT code set already is an adopted standard for HIPAA purposes. In its recommendations to the Secretary, we urge NCVHS to continue to support the foundational role that the CPT code set and the CPT Editorial Panel play in the efficient and effective exchange of electronic health related data under HIPAA.

Sincerely,

American Medical Association
AMDA – The Society for PALTC Medicine

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American Academy of Allergy, Asthma & Immunology
American Academy of Audiology
American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine & Rehabilitation
American Academy of Physician Assistants
American Academy of Sleep Medicine
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Neuromuscular and Electrodiagnostic
American Association of Oral and Maxillofacial Surgery
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Emergency Physicians
American College of Gastroenterology
American College of Medical Genetics and Genomics
American College of Obstetricians and Gynecologists
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American Dental Association
American Gastroenterological Association
American Nurses Association
American Optometric Association
American Osteopathic Association
American Physical Therapy Association
American Academy of Pain Medicine
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Roentgen Ray Society
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Radiation Oncology
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Dermatopathology
American Society of Echocardiography
American Society of Hematology

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American Society of Neuroradiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Thoracic Society
American Urological Association
American Vein & Lymphatic Society
Association for Clinical Oncology
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Heart Rhythm Society
Infectious Diseases Society of America
International Society for Advancement of Spine Surgery
Medical Group Management Association
National Athletic Trainers' Association
National Society of Genetic Counselors
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Interventional Radiology
Spine Intervention Society American College of Surgeons
The Aesthetic Society
Triological Society