## **Appendix 1: Survey**

The remainder of this document is a draft of the survey tool that will be programmed into Qualtrics. Instructions for coding the survey are in [bracketed] font and will be removed in the completed on-line tool.

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Professor Josh Makower of the Stanford Byers Center for Biodesign's Policy Program has been given an opportunity to present to the CPT Editorial Panel in a discussion regarding challenges associated with the current Category I CPT code process on February 1. To better inform his statements, you are invited to contribute to a brief, anonymous survey. This survey consists of 7 questions and an optional open-ended response.

- 1. I am best described as (Choose one): [required]
  - An investor
  - An innovator, entrepreneur or senior leader with general management authority
  - A clinical, HEOR or market access professional
  - A physician
  - An area expert
  - None of the above [Terminate]
- 2. Are you personally knowledgeable of the information used to apply for and achieve a Category I CPT code for a new treatment or diagnostic technology? [required]
  - Yes [Go to next question]
  - No [Terminate]
- 3. Have you participated in an application for a Category I CPT code in the last 10 years?
  - Yes
  - No
- 4. Have you successfully achieved a Category I CPT code in the last 10 years?
  - Yes
  - No

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The AMA has published criteria for changes and additions to the Category I CPT codes. A proposal for a new or revised Category I (CAT I) code must satisfy all the following criteria:

• All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service.

- The procedure or service is performed by many physicians or other qualified health care professionals across the United States.
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume).
- The procedure or service is consistent with current medical practice.
- The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code-change application.

Source: AMA website, https://www.ama-assn.org/practice-management/cpt/criteria-cpt-category-i-and-category-iii-codes

Literature requirements: https://www.ama-assn.org/practice-management/cpt/cpt-code-change-applications

- How challenging is it to meet the following requirements for a CPT Category I code? [Required; Select from the Likert scale for each row; 1- not at all challenging, 2 – slightly challenging, 3 – somewhat challenging, 4 – very challenging, 5 – extremely challenging; Randomize except for Other; Error if all answers are the same. Allow open responses for Others, and allow rating.]
  - Navigating professional society support and application plan
  - Establishing sufficient use to meet the requirements for the volume and number of physicians performing the procedure ('widespread use').
  - Establishing that the procedure is consistent with current medical practice.
  - Demonstrating clinical efficacy in published, peer-reviewed articles that meet the evidence criteria.

| 0 | Achieving FDA authorization | l |
|---|-----------------------------|---|
| 0 | Other:                      |   |

- 2. Rate the frequency of the following objections to the use of a new technology PRIOR to the effective date of a CPT Category I code. [Required; Select from the Likkert scale for each row; 1- not at all frequent, 2 slightly frequently, 3 somewhat frequently, 4 very frequently, 5 extremely frequently; Randomize except for Other; Error if all answers are the same. Allow open response for Other, and allow rating]
  - Physicians must navigate a complex prior authorization process to use the technology.
  - Physicians carry a risk of non-payment for the use of the technology.
  - Patients give up when it takes too long to gain payer authorization for the use of the technology
  - The billing and coding staff do not know how to submit a claim without a C
    Category I CPT code.
  - Physicians and patients must navigate an appeal process to use the technology.
  - Physicians are unwilling to adopt the new technology without a Category I CPT code.

|           | Other:   |
|-----------|--|
| so<br>pro | ssuming you see the opportunity to address a compelling unmet clinical need, but to do would require a new Category I CPT code, how likely would you be to pursue the oject? [Required; Select from the Likert scale; 1- not at all likely, 2 – slightly likely, 3 – mewhat likely, 4 – very likely, 5 – extremely likely] |
| pro       | ease add any additional thoughts you wish to share with Dr. Makower about the ocess of achieving a Category I CPT code. [NOT required; Open end response; aximum 500 words]  |
| Page      | e 4: Terminate screen  |
| Thank you | a for your responses. Unfortunately, you do not qualify for the survey. We appreciate  |
| your time | and look forward to hearing from you in future research work.  |
| Page      | e 5: Completion screen   |
| •         | I for your input on this survey. We appreciate your time and your thoughts on this topic forward to hearing from you in future research work.  |

• The documentation required to justify the use of the new technology is too

burdensome.