

CPT® Category III Codes

Most recent changes to the CPT® Category III Codes document

- Addition of 5 new Category III codes, 0505T-0509T, accepted by the CPT Editorial Panel at the **September 2017** meeting.
- * Category III code 0509T is currently under a [request for reconsideration](#) submitted by the applicant. This request will be reviewed by the Executive Committee of the CPT Editorial Panel at the February 2018 meeting.

CPT® Category III Codes

The following CPT codes are an excerpt of the CPT Category III code set, a temporary set of codes for emerging technologies, services, procedures, and service paradigms. For more information on the criteria for CPT Category I, II and III codes, see Applying for Codes.

To assist users in reporting the most recently approved Category III codes in a given CPT cycle, the AMA's CPT website publishes updates of the CPT Editorial Panel (Panel) actions of the Category III codes in July and January according to the Category III Code Semi-Annual Early Release Schedule. This was approved by the CPT Editorial Panel as part of the 1998-2000 CPT-5 projects. Although publication of Category III codes through early release to the CPT website allows for expedient dispersal of the code and descriptor, early availability does not imply that these codes are immediately reportable before the indicated implementation date.

Publication of the Category III codes to this website takes place on a semiannual basis when the codes have been approved by the CPT Editorial Panel. The complete set of Category III codes for emerging technologies, services, procedures, and service paradigms are published annually in the code set for each CPT publication cycle.

As with CPT Category I codes, inclusion of a descriptor and its associated code number does not represent endorsement by the AMA of any particular diagnostic or therapeutic procedure or service. Inclusion or exclusion of a procedure or service does not imply any health insurance coverage or reimbursement policy.

Background Information for Category III Codes

CPT Category III codes are a set of temporary codes that allow data collection for emerging technologies, services, procedures, and service paradigms. These codes are intended to be used for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. The CPT Category III codes may not conform to one or more of the following CPT Category I code requirements:

- 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 (ie, a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low 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.

Category III codes are not developed as a result of Panel review of an incomplete proposal, the need for more information, or a lack of CPT Advisory Committee support of a code-change application.

CPT Category III codes are not referred to the AMA-Specialty RVS Update Committee (RUC) for valuation because no relative value units (RVUs) are assigned to these codes. Payments for these services or procedures are based on the policies of payers and not on a yearly fee schedule.

Category III Codes for CPT 2019

It is important to note that, because future CPT Editorial Panel or Executive Committee actions may affect these items, codes and descriptor language may differ at the time of publication. In addition, future Panel actions may result in the conversion of a Category III code to a Category I code and/or gaps in code number sequencing. A cross-reference will be placed in the Category III section of the CPT code set to direct users to the newly established CPT Category I code.

The following introductory language for this code section explains the purpose of these codes. Unless otherwise indicated, the symbol ● indicates new procedure codes that will be added to the CPT code set in 2019.

Category III Codes

The following section contains a set of temporary codes for emerging technologies, services, procedures, and service paradigms. Category III codes allow data collection for these services or procedures, unlike the use of unlisted codes, which does not offer the opportunity for the collection of specific data. If a Category III code is available, this code must be reported instead of a Category I unlisted code. This is an activity that is critically important in the evaluation of health care delivery and the formation of public and private policy. The use of Category III codes allows physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technologies, services, procedures, and service paradigms for clinical efficacy, utilization, and outcomes.

The inclusion of a service or procedure in this section does not constitute a finding of support, or lack thereof, with regard to clinical efficacy, safety, applicability to clinical practice, or payer coverage. The codes in this section may not conform to the usual requirements for CPT Category I codes established by the CPT Editorial Panel. For Category I codes, the Panel requires that the service or procedure be performed by many health care professionals in clinical practice in multiple locations and that FDA approval, as appropriate, has been received. The nature of emerging technologies, services, procedures, and service paradigms is such that these requirements may not be met. For these reasons, temporary codes for emerging technologies, services, procedures, and service paradigms have been placed in a separate section of the CPT code set and the codes are differentiated from Category I CPT codes by the use of the alphanumeric character.

Services and procedures described in this section make use of an alphanumeric character. These codes have an alpha character as the 5th character in the string (ie, four digits followed by the letter T). The digits are not intended to reflect the placement of the code in the Category I section of CPT nomenclature. Codes in this section may eventually receive a Category I CPT code. In general, a given Category III code will be archived five years from the date of initial publication or extension unless a modification of the archival date is specifically noted at the time of a revision or change to a code (eg, addition of parenthetical instructions, reinstatement). Services and procedures described by Category III codes that have been archived after five years without conversion, must be reported using the Category I unlisted code, unless another specific cross-reference is established at the time of archiving.

New codes or revised codes are released semi-annually via the AMA CPT website, to expedite dissemination for reporting. The full set of temporary codes for emerging technologies, services, procedures, and service paradigms are published annually in the CPT code set. See below for the most current listing.

It is important to note that further CPT Editorial Panel or Executive Committee actions may affect these codes and/or descriptors. For this reason, code numbers and/or descriptor language in the CPT code set may differ at the time of publication. In addition, further Panel actions may result in gaps in code number sequencing.

The following Category III codes were accepted or revised at the September 2017 CPT Editorial Panel meeting for the 2019 CPT production cycle. However, due to Category III code's early release policy, these codes are effective on July 1, 2018, following the six-month implementation period, which begins January 1, 2018.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
●0505T	<p>Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion</p> <p>► (0505T includes all ipsilateral selective arterial and venous catheterization, all diagnostic imaging for ipsilateral, lower extremity arteriography, and all related radiological supervision and interpretation)◀</p> <p>► (Do not report 0505T in conjunction with 37224, 37225, 37226, 37227, 37238, 37239, 37248, 37249 within the femoral-popliteal segment)◀</p> <p>► (Do not report 76937 in conjunction with 0505T for ultrasound guidance for vascular access)◀</p>	January 1, 2018	July 1, 2018	CPT® 2019
●0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	January 1, 2018	July 1, 2018	CPT® 2019
●0507T	<p>Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report</p> <p>► (For external ocular photography, use 92285)◀</p> <p>► (For tear film imaging, use 0330T)◀</p>	January 1, 2018	July 1, 2018	CPT® 2019
●0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	January 1, 2018	July 1, 2018	CPT® 2019

●0509T*	Electroretinography (ERG) with interpretation and report, pattern (PERG)	January 1, 2018	July 1, 2018	CPT® 2019
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