CPT® Category III Codes

Most recent changes to the CPT® Category III Codes document

- Addition of Cellular and Gene Therapy guidelines.
- Addition of 35 new and/or revised Category III codes (0335T, 0509T-0542T) and guidelines accepted by the CPT Editorial Panel at the **September 2017**, **February 2018,** and **May 2018** meetings.

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

Updated July 26, 2018

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 alphanumeric characters. 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 or may not eventually receive a Category I CPT code. In either case, in general, a given Category III code will be archived five years from the 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 which 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 in this section are released semi-annually via the AMA CPT website to expedite dissemination for reporting. ~~The~~Codes approved for deletion are published annually with the full set of temporary codes for emerging technology, services, procedures, and service paradigms ~~are published annually~~ in the CPT code set. See below for 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 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. *Per Panel vote, code 0509T release date is July 1, 2018 and effective date is January 1, 2019.				
Code	**Long Code Descriptor**	**Released to AMA Website**	**Effective Date**	**Publication**
●0505T	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 ►(0505T includes all ipsilateral selective arterial and venous catheterization, all diagnostic imaging for ipsilateral, lower extremity arteriography, and all related radiological supervision and interpretation)◄ ►(Do not report 0505T in conjunction with 37224, 37225, 37226, 37227, 37238, 37239, 37248, 37249, within the femoral-popliteal segment)◄ ►(Do not report 0505T in conjunction with 76937, for ultrasound guidance for vascular access)◄	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	Near infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report ►(For external ocular photography, use 92285)◄ ►(For tear film imaging, use 0330T)◄	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)	July 1, 2018	January 1, 2019	CPT® 2019

Updated July 26, 2018

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

Code	Long Code Descriptor	Published to AMA Website	Effective Date	Publication
▲0335T	Insertion of sinus tarsi implant~~Extra-osseous subtalar joint implant for talotarsal stabilization~~ ►(Do not report 0335T in conjunction with 28585, 28725, 29907)◄	July 1, 2018	January 1, 2019	CPT® 2019
#●0510T	Removal of sinus tarsi implant	July 1, 2018	January 1, 2019	CPT® 2019
#●0511T	Removal and reinsertion of sinus tarsi implant	July 1, 2018	January 1, 2019	CPT® 2019
#●0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	July 1, 2018	January 1, 2019	CPT® 2019
#✚●0513T	each additional wound (List separately in addition to code for primary procedure) ►(Use 0513T in conjunction with 0512T)◄	July 1, 2018	January 1, 2019	CPT® 2019
✚●0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure) ►(Use 0514T in conjunction with 66982, 66984)◄	July 1, 2018	January 1, 2019	CPT® 2019
	►Wireless Cardiac Stimulation System for Left Ventricular Pacing◄ ►A wireless cardiac stimulator system provides biventricular pacing by sensing right ventricular pacing output from a previously implanted conventional device (pacemaker or defibrillator, with univentricular or biventricular leads), and then transmitting an ultrasound pulse to a wireless electrode implanted on the endocardium of the left ventricle, which then emits a left ventricular pacing pulse. The complete system consists of two components: a wireless endocardial left ventricle electrode and a pulse generator. The pulse generator has two components: a transmitter and a battery. The electrode is implanted transarterially into the left ventricular wall and powered wirelessly using ultrasound delivered by a subcutaneously implanted transmitter. Two subcutaneous pockets are created on the chest wall, one for the battery and one for the transmitter, and these two components are connected by a	July 1, 2018	January 1, 2019	CPT® 2019

	subcutaneously tunneled cable. Patients with a wireless cardiac stimulator require programming/interrogation of their existing conventional device, as well as the wireless device. The wireless cardiac stimulator is programmed and interrogated with its own separate programmer and settings. Code 0515T describes insertion of a complete wireless cardiac stimulator system (electrode and pulse generator, which includes transmitter and battery), including interrogation, programming, pocket creation, revision and repositioning, and all echocardiography and other imaging to guide the procedure, when performed. Use 0516T only when insertion of the electrode is a stand-alone procedure. For insertion of only a new generator or generator component (battery and/or transmitter), use 0517T. For removal of only the generator or a generator component only (battery and/or transmitter) without replacement, use 0518T. For removal and replacement of a generator or a generator component (battery and/or transmitter), use 0519T. For battery and/or generator removal and reinsertion performed together with a new electrode insertion, use 0520T. All catheterization and imaging guidance (including transthoracic or transesophageal echocardiography) required to complete a wireless cardiac stimulator procedure is included in 0515T, 0516T, 0517T, 0518T, 0519T, 0520T. Do not report 76000, 76998, 93303-93355 in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T. Do not report left heart catheterization codes (93452, 93453, 93458, 93459, 93460, 93461, 93531, 93532, 93533) for delivery of a wireless cardiac stimulator electrode into the left ventricle.◄			
●0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	July 1, 2018	January 1, 2019	CPT® 2019
●0516T	electrode only	July 1, 2018	January 1, 2019	CPT® 2019
●0517T	pulse generator component(s) (battery and/or transmitter) only ►(Do not report 0515T, 0516T, 0517T in conjunction with 0518T, 0519T, 0520T, 0521T, 0522T)◄	July 1, 2018	January 1, 2019	CPT® 2019

Updated July 26, 2018

●0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing ►(Do not report 0518T in conjunction with 0515T, 0516T, 0517T, 0519T, 0520T, 0521T, 0522T)◄	July 1, 2018	January 1, 2019	CPT® 2019
●0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	July 1, 2018	January 1, 2019	CPT® 2019
●0520T	pulse generator component(s) (battery and/or transmitter), including placement of a new electrode ►(Do not report 0519T, 0520T in conjunction with 0515T, 0516T, 0517T, 0518T, 0521T, 0522T)◄	July 1, 2018	January 1, 2019	CPT® 2019
●0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing ►(Do not report 0521T in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0522T)◄	July 1, 2018	January 1, 2019	CPT® 2019
●0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing ►(Do not report 0522T in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T)◄	July 1, 2018	January 1, 2019	CPT® 2019

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

Code	Long Code Descriptor	Published to AMA Website	Effective Date	Publication
#✚●0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure) ►(Use 0523T in conjunction with 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461)◄ ►(Do not report 0523T more than once per session)◄	July 1, 2018	January 1, 2019	CPT® 2019

	►(Do not report 0523T in conjunction with 76376, 76377, 93571, 93572, 0501T, 0502T, 0503T, 0504T)◄			
●0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	July 1, 2018	January 1, 2019	CPT® 2019
●0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	July 1, 2018	January 1, 2019	CPT® 2019
●0526T	electrode only	July 1, 2018	January 1, 2019	CPT® 2019
●0527T	implantable monitor only ►(Do not report 0525T, 0526T, 0527T in conjunction with 93000, 93005, 93010, 0528T, 0529T)◄ ►(For removal and replacement of intracardiac ischemia monitoring system or its components, see 0525T, 0526T, 0527T in conjunction with 0530T, 0531T, 0532T, as appropriate)	July 1, 2018	January 1, 2019	CPT® 2019
●0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report ►(Do not report 0528T in conjunction with 93000, 93005, 93010, 0525T, 0526T, 0527T, 0529T, 0530T, 0531T, 0532T)◄	July 1, 2018	January 1, 2019	CPT® 2019
●0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report ►(Do not report 0529T in conjunction with 93000, 93005, 93010, 0525T, 0526T, 0527T, 0528T, 0530T, 0531T, 0532T)◄	July 1, 2018	January 1, 2019	CPT® 2019
●0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	July 1, 2018	January 1, 2019	CPT® 2019
●0531T	electrode only	July 1, 2018	January 1, 2019	CPT® 2019
●0532T	implantable monitor only ►(Do not report 0530T, 0531T, 0532T in conjunction with 0528T, 0529T)◄	July 1, 2018	January 1, 2019	CPT® 2019

●0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	July 1, 2018	January 1, 2019	CPT® 2019
●0534T	set-up, patient training, configuration of monitor	July 1, 2018	January 1, 2019	CPT® 2019
●0535T	data upload, analysis and initial report configuration	July 1, 2018	January 1, 2019	CPT® 2019
●0536T	download review, interpretation and report	July 1, 2018	January 1, 2019	CPT® 2019
	►Cellular and Gene Therapy◄ ►Cellular and gene therapies involve the collection, processing and handling of cells or other tissues, genetic modification of those cells or tissues, and administration of the genetically modified cells or tissues with the intent to treat, modify, reverse or cure a serious or life-threatening disease or condition. Codes 0537T, 0538T, 0539T, 0540T describe the various steps required to collect, prepare, transport, receive, and administer genetically modified T cells. The collection and handling code (0537T) may be reported only once per day, regardless of the number of collections or quantity of cells collected. Similarly, the administration code (0540T) may only be reported once per day, regardless of the number of units administered. The development of genetically modified cells is not reported with this family of codes. Chimeric antigen receptor therapy (CAR-T) with genetically modified T cells begins with the collection of cells from the patient by peripheral blood leukocyte cell harvesting. The cells are then cryopreserved and/or otherwise prepared for processing or shipping to a manufacturing or cell processing facility, if applicable, where gene modification and expansion of the cells is performed. When gene modification and expansion of the cells by the manufacturer is complete, the genetically modified cells are returned to the physician or other qualified health care professional in which additional preparation occurs including thawing of the cryopreserved CAR-T cells, if necessary, before the cells are administered to the patient. The procedure to administer CAR-T cells includes physician monitoring of multiple physiologic parameters, physician verification of cell processing, evaluation of the patient during, as well as immediately before and after the administration of the CAR-T cells, physician presence during the administration and	July 26, 2018	January 1, 2019	CPT® 2019

	direct supervision of clinical staff, and management of any adverse events during the administration. Care on the same date of service that is not directly related to the service of administration of the CAR-T cells (eg, care provided after the administration is complete, care for the patient's underlying condition or for other medical problems) may be separately reported using the appropriate evaluation and management code with modifier 25. Management of uncomplicated adverse events (eg, nausea, urticaria) during the infusion is not reported separately. The fluid used to administer the cells and other infusions for incidental hydration (eg, 96360, 96361) are not reported separately. Similarly, infusion(s) of any supportive medication(s) (eg, steroids) concurrently with the CAR-T cell administration are not reported separately. However, hydration or administration of medications (eg, antibiotics, opioids) unrelated to the CAR-T administration may be reported separately with modifier 59.◄			
●0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	July 1, 2018	January 1, 2019	CPT® 2019
●0538T	preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	July 1, 2018	January 1, 2019	CPT® 2019
●0539T	receipt and preparation of CAR-T cells for administration	July 1, 2018	January 1, 2019	CPT® 2019
●0540T	CAR-T cell administration, autologous	July 1, 2018	January 1, 2019	CPT® 2019
●0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	July 1, 2018	January 1, 2019	CPT® 2019
●0542T	interpretation and report	July 1, 2018	January 1, 2019	CPT® 2019