

CPT[®] Category III Codes

Most recent changes to the CPT[®] Category III Codes document

- Revision of one Category III code (0493T) and addition of 31 Category III codes (0640T-0670T), guidelines, and parenthetical notes accepted by the CPT Editorial Panel at the October 2020 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 2022

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 2022.

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. Codes approved for deletion are published annually with the full set of temporary codes for emerging technology, services, procedures, and service paradigms in the CPT code set. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

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, guidelines, and parenthetical notes were accepted and/or revised at the October 2020 CPT Editorial Panel meeting for the 2022 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on July 1, 2021, following the six-month implementation period, which begins January 1, 2021. *Note codes 0640T-0642T will follow 0493T and 0643T will follow 0545T.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
▲0493T	<p>►Near-infrared spectroscopy is used to measure cutaneous vascular perfusion. Code 0493T describes near-infrared spectroscopy of lower extremity wounds that requires direct contact of the spectrometer sensors with the patient's skin. Codes 0640T, 0641T, 0642T describe noncontact near-infrared spectroscopy of skin flaps or wounds for measurement of cutaneous vascular perfusion that does not require direct contact of the spectrometer sensors with the patient's skin. ◀</p> <p><u>Contact N</u>near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)</p> <p>►(For noncontact near-infrared spectroscopy studies, see 0640T, 0641T, 0642T)◀</p>	December 30, 2020	<p>Guidelines, Revised Code, & Parenthetical Note Effective</p> <p>July 1, 2021</p>	<p>Guidelines, Revised Code, & Parenthetical Note Effective</p> <p>CPT® 2022</p>
#●0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound	December 30, 2020	July 1, 2021	CPT® 2022
#●0641T	<p>image acquisition only, each flap or wound</p> <p>►(Do not report 0641T in conjunction with 0640T, 0642T)◀</p>	December 30, 2020	July 1, 2021	CPT® 2022
#●0642T	<p>interpretation and report only, each flap or wound</p> <p>►(Do not report 0642T in conjunction with 0640T, 0641T)◀</p> <p>►(For contact near-infrared spectroscopy studies, use 0493T)◀</p>	December 30, 2020	July 1, 2021	CPT® 2022
#0623T	<p>►Automated quantification and characterization of coronary atherosclerotic plaque is a service in which coronary computed tomographic angiography (CTA) data are analyzed using computerized algorithms to assess the extent and severity of coronary artery disease. The computer-generated findings are provided in an interactive format to the physician or other qualified health care professional who performs the final review and report. The coronary CTA is performed and interpreted as a separate service and is not included in the service of automated analysis of coronary CTA. ◀</p> <p>Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and</p>	<p>New Guidelines Released to AMA Website</p> <p>December 30, 2020</p>	<p>New Guidelines Effective</p> <p>July 1, 2021</p>	CPT® 2022

	transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report			
0545T	<p>Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach</p> <p>►(For transcatheter left ventricular restoration device implantation from an arterial approach not necessitating transseptal puncture, use 0643T)◄</p> <p>(Do not report 0544T, 0545T in conjunction with 76000)</p> <p>(Do not report 0544T, 0545T in conjunction with 93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93565, 93566 for diagnostic left and right heart catheterization procedures intrinsic to the annular repair procedure)</p> <p>(Do not report 0544T, 0545T in conjunction with 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564 for coronary angiography procedures intrinsic to the annular repair procedure)</p>	New Parenthetical Note Released to AMA Website December 30, 2020	New Parenthetical Note Effective July 1, 2021	CPT® 2022
	<p>►Code 0643T includes the primary arterial vascular access and contralateral arterial access and percutaneous access-site closure, when performed. Guide catheter(s) and snare wire(s) may be required to advance the device to the treatment zone and are included in 0643T, when performed. Left heart catheterization, intracardiac device customization, deploying, cinching, and adjusting the left ventricular restoration device are inherent to the procedure. Right heart catheterization may be performed for guidance of hemodynamics during device placement and is included in the procedure when performed for this purpose. Related angiography, radiological supervision and interpretation, intraprocedural roadmapping (eg, contrast injections, fluoroscopy) to guide the device implantation, ventriculography (eg, to assess ventricular shape, guidance of device implantation and adjustment), and completion angiography are included in 0643T.</p> <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533), diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564), and left ventriculography code (93565) may not be used in conjunction with 0643T to report:</p> <ol style="list-style-type: none"> 1. contrast injections, angiography, road-mapping, and/or fluoroscopic guidance for the implantation, intracardiac customization, deploying, cinching, and adjustment of the left ventricular restoration device, or 	December 30, 2020	July 1, 2021	CPT® 2022

	<p>2. left ventricular angiography to assess or confirm transcatheter left ventricular restoration device positioning and function or</p> <p>3. right and left heart catheterization for hemodynamic measurements before, during and after transcatheter left ventricular restoration device implantation for guidance.</p> <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533) and diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564) performed at the time of transcatheter left ventricular restoration device implantation may be separately reportable if:</p> <ol style="list-style-type: none"> 1. no prior study is available and a full diagnostic study is performed, or 2. a prior study is available, but as documented in the medical record: <ol style="list-style-type: none"> a. there is inadequate visualization of the anatomy and/or pathology, or b. the patient's condition with respect to the clinical indication has changed since the prior study, or c. there is clinical change during the procedure that requires new evaluation. <p>Other cardiac catheterization services may be reported separately, when performed for diagnostic purposes not intrinsic to transcatheter left ventricular restoration device implantation.</p> <p>For same session/same day diagnostic cardiac catheterization services not intrinsic to the transcatheter left ventricular restoration device implantation procedure, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59, indicating separate and distinct procedural service from transcatheter left ventricular restoration device implantation.</p> <p>Percutaneous coronary interventional procedures may be reported separately, when performed.</p> <p>When cardiopulmonary bypass is performed in conjunction with transcatheter left ventricular restoration device implantation, 0643T should be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369).</p> <p>When transcatheter ventricular support is required, the appropriate code may be reported with the appropriate ventricular assist device (VAD) procedure (33990, 33991, 33992, 33993) or balloon pump insertion (33967, 33970, 33973).</p> <p>For transcatheter mitral valve annulus reconstruction with implantation of adjustable annulus reconstruction device from a venous approach necessitating transseptal puncture, use 0544T. ◀</p>			
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<p>#●0643T</p>	<p>Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach</p> <p>▶(Do not report 0643T in conjunction with 76000)◀</p> <p>▶(Do not report 0643T in conjunction with 93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93565 for diagnostic right and left heart catheterization procedures or ventriculography intrinsic to the left ventricular restoration device implantation procedure)◀</p> <p>▶(Do not report 0643T in conjunction with 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564 for coronary angiography procedures intrinsic to the left ventricular restoration device implantation procedure)◀</p>			
	<p>▶Code 0644T is for transcatheter percutaneous removal or debulking of intracardiac vegetations (eg, endocarditis) or mass(es) (eg, thrombus) using a suction device. Code 0644T includes the work of percutaneous access, all associated sheath device introduction, manipulation, and positioning of guidewires and selective and nonselective catheterizations (eg, 36140, 36200, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248), blood vessel dilation, embolic protection if used, percutaneous venous thrombectomy (eg, 37187, 37188), and closure of blood vessel by pressure or application of an access vessel arterial closure device.</p> <p>If an axillary, femoral, or iliac conduit is required to facilitate access of the catheter, 34714, 34716, or 34833 may be reported in addition to 0644T.</p> <p>Extensive repair or replacement of a blood vessel (eg, 35206, 35226, 35231, 35236, 35256, 35266, 35286, 35302, 35371) may be reported separately.</p> <p>Fluoroscopic and ultrasound guidance used in conjunction with percutaneous intracardiac mass removal is not separately reported. Transesophageal echocardiography guidance may be reported separately when provided by a separate provider.</p> <p>The insertion and removal of arterial and/or venous cannula(e) (eg, 33951, 33952, 33953, 33954, 33955, 33956, 33965, 33966, 33969, 33984, 33985, 33986) and initiation (eg, 33946, 33947) of the extracorporeal circuit (venoarterial or venovenous) for intraoperative reinfusion of aspirated blood is included in the procedure. If prolonged extracorporeal membrane oxygenation (ECMO) or extracorporeal life support (ECLS) is required at the conclusion of the procedure, then the appropriate ECMO cannula(e) insertion (eg, 33951, 33952, 33953, 33954, 33955, 33956), removal (33965, 33966, 33969, 33984, 33985, 33986), and initiation (eg, 33946, 33947) codes may be reported in addition to 0644T.</p> <p>Other interventional procedures performed at the time of percutaneous intracardiac mass removal may be reported separately (eg, removal of infected pacemaker leads, removal of</p>	<p>December 30, 2020</p>	<p>July 1, 2021</p>	<p>CPT® 2022</p>

<p>●0644T</p>	<p>tunneled catheters, placement of dialysis catheters, valve repair or replacement).</p> <p>When transcatheter ventricular support is required in conjunction with percutaneous intracardiac mass removal, the 0644T may be reported with the appropriate ventricular assist device (VAD) procedure code (33975, 33976, 33990, 33991, 33992, 33993, 33997, 33995, 33999) or balloon pump insertion code (33967, 33970, 33973).</p> <p>When cardiopulmonary bypass is performed in conjunction with percutaneous intracardiac mass removal, 0644T may be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369). ◀</p> <p>Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed</p> <p>▶(Do not report 0644T in conjunction with 37187, 37188)◀</p>			
	<p>▶Code 0645T describes transcatheter implantation of a coronary sinus reduction device and includes vascular access, ultrasound guidance and vascular closure, right heart catheterization, coronary sinus catheterization, venography, coronary sinus angiography, right atrial or right ventricular angiography, any interventions in the coronary sinus, and any other imaging required for guidance of the coronary sinus reduction device placement.</p> <p>Intracardiac echocardiography (93662), when performed, is included in 0645T. Transesophageal echocardiography (93355) performed by a separate operator for guidance of the procedure may be separately reported.</p> <p>Diagnostic right heart catheterization codes (93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533, 93561, 93562, 93530, 93531, 93532, 93533, 93561, 93562, 93566) should not be used in conjunction with 0645T to report contrast injections, angiography, roadmapping, fluoroscopic guidance for the coronary sinus reduction device implantation, right atrial, right ventricular, or coronary sinus angiography to assess or confirm device positioning and function, or right heart catheterization for hemodynamic measurements before, during, and after coronary sinus reduction device implantation for guidance of the procedure.</p> <p>Diagnostic right and left heart catheterization (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93566) and diagnostic coronary angiography (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564) performed at the time of coronary sinus reduction device implantation may be separately reportable, if:</p>	<p>December 30, 2020</p>	<p>July 1, 2021</p>	<p>CPT® 2022</p>

<p>●0645T</p>	<p>1. no prior study is available and a full diagnostic study is performed, or</p> <p>a. a prior study is available, but as documented in the medical record, there is inadequate visualization of the anatomy and/or pathology, the patient's condition with respect to the clinical indication has changed since the prior study, or there is a clinical change during the procedure that requires new evaluation.</p> <p>For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59, indicating separate and distinct procedural service from transcatheter coronary sinus reduction device implantation. ◀</p> <p>Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed</p> <p>▶(Do not report 0645T in conjunction with 36010, 36011, 36012, 36013, 37246, 37247, 37252, 37253, 75860, 75827, 76000, 76499, 76937, 77001, 93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533, 93561, 93562, 93566, 93662)◀</p>			
	<p>Tricuspid Valve Repair ▶Tricuspid Valve Implantation/Replacement◀</p> <p>▶Code 0646T includes vascular access, catheterization, repositioning the valve delivery device as needed, deploying the valve, temporary pacemaker insertion for rapid pacing (33210), and access site closure by any method, when performed.</p> <p>Angiography (eg, peripheral), radiological supervision and interpretation, intraprocedural roadmapping (eg, contrast injections, fluoroscopy, intracardiac echocardiography) to guide the transcatheter tricuspid valve implantation/replacement (TTVI), right atrial and/or right ventricular angiography (eg, to assess tricuspid regurgitation for guidance of TTVI), and completion angiography are included in 0646T.</p> <p>Transesophageal echocardiography (93355) performed by a separate operator for guidance of the procedure may be separately reported. Intracardiac echocardiography (93662) is not separately reportable, when performed.</p> <p>Diagnostic right heart catheterization codes (93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533) and right atrial/right ventricular angiography code (93566) should not be used with 0646T to report:</p> <p>1. contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the TTVI</p>	<p>December 30, 2020</p>	<p>July 1, 2021</p>	<p>CPT® 2022</p>

<p>●0646T</p>	<p>2. right atrial and/or ventricular angiography to assess or confirm valve positioning and function</p> <p>3. right heart catheterization for hemodynamic measurements before, during, and after TTVI for guidance of TTVI.</p> <p>Diagnostic right heart catheterization (93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533) and right atrial/right ventricular angiography (93566) performed at the time of TTVI may be separately reportable if:</p> <ol style="list-style-type: none"> 1. no prior study is available, and a full diagnostic study is performed, or 2. a prior study is available, but as documented in the medical record: <ol style="list-style-type: none"> a. there is inadequate visualization of the anatomy and/or pathology, or b. the patient's condition with respect to the clinical indication has changed since the prior study, or c. there is a clinical change during the procedure that requires new evaluation. <p>For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59, indicating separate and distinct procedural service from the TTVI.</p> <p>When transcatheter ventricular support is required in conjunction with TTVI, the procedure may be reported with the appropriate ventricular assist device (VAD) procedure code (33990, 33991, 33992, 33993) or balloon pump insertion code (33067, 33970, 33973). ◀</p> <p>Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed</p> <p>▶(Do not report 0646T in conjunction with 33210, 33211 for temporary pacemaker insertion) ◀</p> <p>▶(Do not report 0646T in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93503, 93530, 93531, 93532, 93533, 93566, for diagnostic right heart catheterization procedures intrinsic to the valve repair procedure) ◀</p> <p>▶(Do not report 0646T in conjunction with 93662 for imaging guidance with intracardiac echocardiography) ◀</p> <p>▶(For transcatheter tricuspid valve annulus reconstruction, use 0545T) ◀</p>			
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	▶(For transcatheter tricuspid valve repair, see 0569T, 0570T)◀			
●0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report ▶(Do not report 0647T in conjunction with 76942)◀	December 30, 2020	July 1, 2021	CPT® 2022
●0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session ▶(Do not report 0648T in conjunction with 70540, 70542, 70543, 70551, 70552, 70553, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 76498, 77046, 77047, 77048, 77049, 0398T, when also evaluating same organ, gland, tissue, or target structure)◀ ▶(Do not report 0648T in conjunction with 0649T)◀	December 30, 2020	July 1, 2021	CPT® 2022
+●0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) ▶(Use 0649T in conjunction with 70540, 70542, 70543, 70551, 70552, 70553, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 76498, 77046, 77047, 77048, 77049, 0398T, when also evaluating same organ, gland, tissue, or target structure)◀ ▶(Do not report 0649T in conjunction with 0648T)◀	December 30, 2020	July 1, 2021	CPT® 2022
	▶ Subcutaneous Cardiac Rhythm Monitor System Programming Device Evaluation (Remote) ◀ ▶The programming evaluation of a subcutaneous cardiac rhythm monitor system may be performed in-person or remotely. Codes 93285, 0650T are reported per procedure. Remote programming device evaluation (0650T) includes in-person device programming (93285), when performed, on the same day. Programming device evaluation includes all components of the interrogation device evaluation. Therefore, 93291 (in-person interrogation) should not	December 30, 2020	July 1, 2021	CPT® 2022

●0650T	<p>be reported in conjunction with 93285, 0650T. Programming device evaluations (93285, 0650T) and remote interrogation device evaluations (93298) may both be reported during the 30-day remote interrogation device evaluation period. ◀</p> <p>Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional</p> <p>▶(Do not report 0650T in conjunction with 33285, 93260, 93279, 93280, 93281, 93282, 93284, 93285, 93291) ◀</p>			
●0651T	<p>Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report</p> <p>▶(Do not report 0651T in conjunction with 91110, 91111, 0355T) ◀</p>	December 30, 2020	July 1, 2021	CPT® 2022
●0652T	<p>Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</p>	December 30, 2020	July 1, 2021	CPT® 2022
●0653T	<p>with biopsy, single or multiple</p>	December 30, 2020	July 1, 2021	CPT® 2022
●0654T	<p>with insertion of intraluminal tube or catheter</p> <p>▶(For diagnostic transnasal esophagoscopy, use 43197) ◀</p> <p>▶(For transnasal esophagoscopy with biopsy[ies], use 43198) ◀</p> <p>▶(For transoral esophagoscopy, esophagogastroduodenoscopy, see 43200-43232, 43235-43259, 43266, 43270) ◀</p> <p>▶(For rigid transoral esophagoscopy services, see 43191, 43192, 43193, 43194, 43195) ◀</p> <p>▶(For other transnasal esophagogastroduodenoscopy services, see 43499, 43999, 44799) ◀</p>	December 30, 2020	July 1, 2021	CPT® 2022
●0655T	<p>Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging</p> <p>▶(Do not report 0655T in conjunction with 52000, 76376, 76377, 76872, 76940, 76942, 76998) ◀</p>	December 30, 2020	July 1, 2021	CPT® 2022
●0656T	<p>Vertebral body tethering, anterior; up to 7 vertebral segments</p>	December 30, 2020	July 1, 2021	CPT® 2022

●0657T	8 or more vertebral segments ▶(Do not report 0656T, 0657T in conjunction with 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22845, 22846, 22847)◀	December 30, 2020	July 1, 2021	CPT® 2022
●0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	December 30, 2020	July 1, 2021	CPT® 2022
●0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation ▶(Use 0659T in conjunction with 92941)◀ ▶(Do not report 0659T in conjunction with 92920, 92924, 92928, 92933, 92937, 92943)◀	December 30, 2020	July 1, 2021	CPT® 2022
●0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach ▶(Report medication separately)◀	December 30, 2020	July 1, 2021	CPT® 2022
●0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant ▶(Report medication separately)◀	December 30, 2020	July 1, 2021	CPT® 2022
●0662T	Scalp cooling, mechanical; initial measurement and calibration of cap ▶(Report 0662T once per chemotherapy treatment period)◀	December 30, 2020	July 1, 2021	CPT® 2022
+●0663T	placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure) ▶(Use 0663T in conjunction with 96409, 96411, 96413, 96415, 96416, 96417)◀ ▶(Report 0663T once per chemotherapy session)◀ ▶(For selective head or total body hypothermia in the critically ill neonate, use 99184)◀	December 30, 2020	July 1, 2021	CPT® 2022
	▶ Uterus Transplantation ◀ ▶Uterus allotransplantation involves three distinct components of physician work: 1. Cadaver donor hysterectomy , which includes harvesting	December 30, 2020	July 1, 2021	CPT® 2022

	<p>the uterus allograft from a deceased (eg, brain-dead, cadaver) donor and cold preservation of the uterus allograft (perfusing with cold-preservation solution and cold maintenance) (use 0664T). Living donor hysterectomy, which includes harvesting the uterus allograft, cold preservation of the uterus allograft (perfusing with cold-preservation solution and cold maintenance), and care of the donor (see 0665T, 0666T).</p> <p>2. Backbench work, which includes standard preparation of the cadaver or living uterus allograft prior to transplantation, such as dissection and removal of surrounding soft tissues to prepare uterine vein(s) and uterine artery(ies), as necessary (use 0668T).</p> <p>Additional reconstruction of the uterus allograft may include venous and/or arterial anastomosis(es) (see 0669T, 0670T).</p> <p>3. Recipient uterus allotransplantation, which includes transplantation of the uterus allograft and care of the recipient (use 0667T).◀</p>			
●0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	December 30, 2020	July 1, 2021	CPT® 2022
●0665T	open, from living donor	December 30, 2020	July 1, 2021	CPT® 2022
●0666T	laparoscopic or robotic, from living donor	December 30, 2020	July 1, 2021	CPT® 2022
●0667T	recipient uterus allograft transplantation from cadaver or living donor	December 30, 2020	July 1, 2021	CPT® 2022
●0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	December 30, 2020	July 1, 2021	CPT® 2022
●0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	December 30, 2020	July 1, 2021	CPT® 2022
●0670T	arterial anastomosis, each	December 30, 2020	July 1, 2021	CPT® 2022