

CPT[®] Category III Codes

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

- Addition of 40 Category III codes (0948T-0987T), guidelines, and parenthetical notes accepted by the CPT Editorial Panel at the September 2024 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 2026

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 2026.

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 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 September 2024 CPT Editorial Panel meeting for the 2026 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on July 1, 2025, following the six-month implementation period, which begins January 1, 2025.

*Note: Codes 0948T-0949T will follow code 0418T and code 0950T will follow code 0421T.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
	<p>Category III Codes</p> <p>► Codes 0408T-0418T describe procedures related to cardiac contractility modulation (CCM) systems (CCM). These systems consist of a pulse generator, plus one atrial and two ventricular pacemaker electrodes (leads), and one atrial pacemaker electrode (lead), when performed. In contrast to a pacemaker or a defibrillator, which modulate the heart's rhythm, the CCM system's impulses are designed to modulate the strength of contraction of the heart muscle. Unlike pacemakers, these systems stimulate for specific time intervals in order to improve myocardial function.</p> <p>All catheterization and imaging guidance required to complete a CCM procedure are included in the work of each code. Left heart catheterization with a high fidelity transducer is intrinsic to the CCM procedure. Left heart catheterization codes (93452, 93453, 93458, 93459, 93460, 93461) at the time of CCM placement, replacement, or revision may not be reported separately. Each CCM procedure code includes all imaging guidance in addition to placement of right ventricular leads and, when performed, placement of the atrial pacemaker lead. Removal of only the CCM pulse generator is reported with 0412T. If only the pulse generator is removed and replaced at the same session without any right atrial and/or right ventricular lead(s) inserted or replaced, report 0414T. For removal and replacement of the pulse generator and leads, individual codes for removal of the generator (0412T) and removal of the leads (0413T for each lead removed) are used in conjunction with the insertion/replacement system code (0408T). When individual transvenous electrodes are inserted or replaced, report using 0410T and 0411T, as appropriate. When the entire system is inserted or replaced, report with 0408T. ◀</p> <p>Revision of the CCM generator skin pocket is included in 0408T, 0412T, 0414T. Relocation of a skin pocket for a CCM may be necessary for various clinical situations such as infection or erosion. Relocation is reported with 0416T, and follows conventions for pacemaker skin pocket relocation.</p> <p>Repositioning of a CCM electrode is reported using 0415T.</p> <p>CCM device evaluation codes 0417T, 0418T may not be reported in conjunction with pulse generator and lead insertion or revision codes.</p> <p>► For remote interrogation device evaluation (0948T, 0949T), the CCM is remotely interrogated for data encompassing up to a 90-day period of monitoring. Codes 0948T, 0949T are only reported once per 90-day monitoring period. Data for all device functions, including the programmed parameters, lead(s), battery, automatic capture, and sensing function, are reviewed by the technician (0949T) and analyzed by the physician or other qualified health care professional (0948T). ◀</p>	<p>Revised Guidelines Released December 30, 2024</p>	<p>Revised Guidelines Effective July 1, 2025</p>	<p>Revised Guidelines Publication CPT® 2026</p>
0415T	<p>Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)</p> <p>► (Do not report 0408T, 0409T, 0410T, 0411T, 0414T, 0415T in conjunction with 93286, 93287, 93452, 93453, 93458, 93459, 93460, 93464) ◀</p> <p>(Do not report 0415T in conjunction with 0408T, 0410T, 0411T)</p>	<p>Revised Parenthetical Note Released December 30, 2024</p>	<p>Revised Parenthetical Note Effective July 1, 2025</p>	<p>Revised Parenthetical Note Publication CPT® 2026</p>
#●0948T	<p>Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>

#●0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	December 30, 2024	July 1, 2025	CPT® 2026
#●0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance ▶ (For ablation of malignant prostate tissue, transrectal, with high intensity–focused ultrasound [HIFU], including ultrasound guidance, use 55880) ◀	December 30, 2024	July 1, 2025	CPT® 2026
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral (Report 0581T only once per breast treated) (Do not report 0581T in conjunction with 76641, 76642, 76940, 76942) (For cryoablation of breast fibroadenoma[s], use 19105) ▶ (For laser ablation of benign breast tumor, use 0970T) ◀ ▶ (For laser ablation of malignant breast tumor[s], use 0971T) ◀	Parenthetical Notes Released December 30, 2024	Parenthetical Notes Effective July 1, 2025	Parenthetical Notes Publication CPT® 2026
●0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	December 30, 2024	July 1, 2025	CPT® 2026
●0952T	revision or replacement, with mastoidectomy and replacement of sound processor	December 30, 2024	July 1, 2025	CPT® 2026
●0953T	revision or replacement, without mastoidectomy and replacement of sound processor	December 30, 2024	July 1, 2025	CPT® 2026
●0954T	replacement of sound processor only, with attachment to existing transducers	December 30, 2024	July 1, 2025	CPT® 2026
●0955T	removal, including removal of sound processor and all implant components	December 30, 2024	July 1, 2025	CPT® 2026
●0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	December 30, 2024	July 1, 2025	CPT® 2026
●0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance ▶ (Do not report 0957T in conjunction with 0958T, 0960T) ◀	December 30, 2024	July 1, 2025	CPT® 2026
●0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance ▶ (Do not report 0958T in conjunction with 0957T, 0960T) ◀	December 30, 2024	July 1, 2025	CPT® 2026
●0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	December 30, 2024	July 1, 2025	CPT® 2026
●0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance ▶ (Do not report 0960T in conjunction with 0957T, 0958T) ◀	December 30, 2024	July 1, 2025	CPT® 2026

<p>➤●0961T</p>	<p>Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)</p> <p>▶(Use 0961T in conjunction with 88307, 88309) ◀ ▶(Do not report more than 1 unit of 0961T for each specimen) ◀</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0962T</p>	<p>Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0963T</p>	<p>Anoscopy with directed submucosal injection of bulking agent into anal canal</p> <p>▶(Do not report 0963T in conjunction with 46600) ◀</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0964T</p>	<p>Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0965T</p>	<p>dual arch, with additional mandibular advancement, non-fixed hinge mechanism</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0966T</p>	<p>dual arch, with additional mandibular advancement, fixed hinge mechanism</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0967T</p>	<p>Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0968T</p>	<p>Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array</p> <p>▶(For insertion of cranial neurostimulator pulse generator or receiver other than skull mounted, see 61885, 61886) ◀ ▶(For revision of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888) ◀ ▶(For insertion of skull-mounted cranial neurostimulator pulse generator or receiver, use 61889) ◀</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0969T</p>	<p>Removal of epicranial neurostimulator system</p> <p>▶(For removal of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888) ◀ ▶(For removal of skull-mounted cranial neurostimulator pulse generator or receiver, use 61892) ◀</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0970T</p>	<p>Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor</p> <p>▶(Do not report 0970T in conjunction with 76641, 76642, 76940, 76942) ◀ ▶(Report 0970T only once per tumor) ◀ ▶(For cryosurgical ablation of fibroadenoma, use 19105) ◀ ▶(For cryoablation of malignant breast tumor[s], use 0581T) ◀ ▶(For laser ablation of malignant breast tumor[s], use 0971T) ◀</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>
<p>●0971T</p>	<p>Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral</p> <p>▶(Do not report 0971T in conjunction with 76641, 76642, 76940, 76942) ◀ ▶(Report 0971T only once per breast) ◀ ▶(For cryoablation of breast fibroadenoma[s], use 19105) ◀</p>	<p>December 30, 2024</p>	<p>July 1, 2025</p>	<p>CPT® 2026</p>

	<ul style="list-style-type: none"> ▶ (For cryosurgical ablation of malignant breast tumor[s], use 0581T) ◀ ▶ (For laser ablation of benign breast tumor, use 0970T) ◀ 			
●0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report	December 30, 2024	July 1, 2025	CPT® 2026
	<p>▶ Selective Enzymatic Debridement ◀</p> <p>▶ Codes 0973T, 0974T, 0975T, 0976T describe selective enzymatic debridement of partial-thickness and/or full-thickness burn eschar. For nonselective enzymatic debridement, use 97602. Codes 0973T, 0974T, 0975T, 0976T require general anesthesia or moderate sedation that is separately reported and includes initial wound cleansing, preparation, and topical application of a selective enzyme agent (ie, anacaulase-bcdb), repeated dressing soaks, mechanical debridement, and patient monitoring. ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
●0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	December 30, 2024	July 1, 2025	CPT® 2026
+●0974T	<p>each additional 100 sq cm (List separately in addition to code for primary procedure)</p> <p>▶ (Use 0974T in conjunction with 0973T) ◀</p> <p>▶ (Do not report 0973T, 0974T in conjunction with 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, for selective enzymatic debridement of the same wound during the same session) ◀</p> <p>▶ (For nonselective enzymatic debridement, use 97602) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
●0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm	December 30, 2024	July 1, 2025	CPT® 2026
+●0976T	<p>each additional 100 sq cm (List separately in addition to code for primary procedure)</p> <p>▶ (Use 0976T in conjunction with 0975T) ◀</p> <p>▶ (Do not report 0975T, 0976T in conjunction with 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, for selective enzymatic debridement of the same wound during the same session) ◀</p> <p>▶ (For nonselective enzymatic debridement, use 97602) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
●0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	December 30, 2024	July 1, 2025	CPT® 2026
●0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	December 30, 2024	July 1, 2025	CPT® 2026
●0979T	soft palate only	December 30, 2024	July 1, 2025	CPT® 2026
●0980T	<p>base of tongue and lingual tonsil only</p> <p>▶ (Do not report 0979T, 0980T in conjunction with 0978T) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
●0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed	December 30, 2024	July 1, 2025	CPT® 2026

	<p>▶ (Do not report 0981T in conjunction with 36010, 36013, 37252, 37253, 75825, 76000, 93451, 93453, 93456, 93460, 93461, 93566, 93593, 93594, 93596, 93597) ◀</p> <p>▶ (For implantation of wireless pulmonary artery sensor, use 33289) ◀</p> <p>▶ (For remote monitoring of an implantable inferior vena cava pressure sensor, use 0982T) ◀</p>			
●0982T	<p>Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment</p> <p>▶ (Do not report 0982T more than once per episode of care) ◀</p> <p>▶ (Do not report 0982T for monitoring of less than 16 days) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
●0983T	<p>Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional</p> <p>▶ (Report 0983T only once per 30 days) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
+●0984T	<p>Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)</p> <p>▶ (Use 0984T in conjunction with 36221, 36222, 36225, 36226, 37215, 37216) ◀</p> <p>▶ (Report 0984T once per session) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
+●0985T	<p>each additional vessel (List separately in addition to code for primary procedure)</p> <p>▶ (Use 0985T in conjunction with 0984T) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
+●0986T	<p>Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)</p> <p>▶ (Use 0986T in conjunction with 36223, 36224, 36225, 36226, 61624, 61630, 61635, 61640, 61645, 61650) ◀</p> <p>▶ (Report 0986T once per session) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026
+●0987T	<p>each additional vessel (List separately in addition to code for primary procedure)</p> <p>▶ (Use 0987T in conjunction with 0986T) ◀</p>	December 30, 2024	July 1, 2025	CPT® 2026