

CPT® codes enable health tech innovation

Healthcare innovations have the potential to empower physicians and improve patient outcomes, but they need to earn clinical confidence first. Before adopting new technologies, physicians want to know:
 Does this technology work?
 Will it fit within my workflow?
 Will insurance cover it for my patient?¹



Current Procedural Terminology (CPT®) codes enable health technologies and innovative care models to reach physicians and patients by providing a foundation for clinical adoption:

- ✓ **Structured and trusted standards**
- ✓ **Evidence generation and clinical adoption**
- ✓ **Established payment pathways**
- ✓ **Continuous evolution of the code set**

Structured and trusted standards

The [CPT code set](#) is a uniform language for describing clinical services, allowing new technologies and models of care to fit seamlessly into existing clinical workflows and administrative processes. By providing a single, trusted framework, CPT codes help reduce variation and confusion, support interoperability, and limit the need for custom documentation and tracking between physicians, payers and innovators. This standardization facilitates a shared understanding of what the technology enables and how it fits into service delivery, helping to accelerate adoption and improve patient care.

¹ American Medical Association. AMA digital healthcare 2022 study findings. ama-assn.org/about/ama-research/ama-digital-health-care-2022-study-findings. Last accessed Feb. 2, 2026.

Driving evidence generation and clinical adoption

CPT codes can be used for new technologies and models of care to be tested and validated by physicians and patients. Through a bi-annual electronic release, the [CPT Editorial Panel](#) introduces temporary [Category III codes](#) for emerging technologies, services and procedures that show clinical promise but need additional real-world evidence to support wider adoption. The evidence generated through CPT coding helps stakeholders understand what's driving impact and where improvements may need to be made. Because CPT codes enable physicians and other qualified healthcare professionals to report services and procedures on claims, they can be an important step for effective technologies to gain broader clinical adoption.

Supporting payment pathways

CPT codes provide the infrastructure for routine reimbursement through [Category I codes](#). These codes signal clinical validation, are used in established payment pathways and [value-based care arrangements](#), and can support broader clinical adoption. Payers often rely on CPT-coded claims data to understand delivered services and assess performance.

Continuous evolution of the code set

The CPT Editorial Panel follows an open and evidence-based [process](#) to keep the code set current with innovations and technologies in care delivery. Its adaptable structure allows impactful technologies and new care models to reach physicians and patients soon after they emerge. The CPT code set also evolves through specialized collaborative [workgroups and committees](#) that bring together clinical and market perspectives to understand emerging trends and inform the development of coding frameworks to support the future of medicine.

Learn how to get involved: ama-assn.org/cpt-participate



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