

## CPT® Category III Codes

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

- Addition of 31 Category III codes (0901T-0931T), guidelines, and parenthetical notes and revision of 1 Category III code (0615T) accepted by the CPT Editorial Panel at the February 2024 meeting.
- Addition of 16 Category III codes (0932T-0947T), guidelines, and parenthetical notes accepted by the CPT Editorial Panel at the May 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 2025

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 2025.

### 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 and parenthetical notes were accepted and/or revised at the September 2023 CPT Editorial Panel meeting for the 2025 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on July 1, 2024, following the six-month implementation period, which begins January 1, 2024.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
#▲0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; <u>prostate volume less than 50 mL</u>	December 28, 2023	July 1, 2024	CPT® 2025
#●0867T	prostate volume greater or equal to 50 mL ►(Do not report 0714T, 0867T in conjunction with 76940, 76942, 77002, 77012, 77021)◄	December 28, 2023	July 1, 2024	CPT® 2025
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report ►(Do not report 0779T in conjunction with 91020, 91022, 91112, 91117, 91122, 91132, 91133, <u>0868T</u> )◄	<b>Revised Parenthetical Note Released to AMA Website</b> December 28, 2023	<b>Revised Parenthetical Note Effective</b> July 1, 2024	CPT® 2025
●0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report ►(Do not report 0868T in conjunction with 91132, 91133, 0779T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed ►(Do not report 0869T in conjunction with 0707T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed ►(Do not report 0870T in conjunction with 49082, 49083, 49405, 49406, 49418, 51100, 51101, 51102, 76942, 76989, 77002, 0871T, 0872T, 0873T, 0874T, 0875T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed ►(Do not report 0871T in conjunction with 49082, 49083, 75984, 76998, 77002, 0870T, 0873T, 0874T, 0875T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed ►(Do not report 0872T in conjunction with 49082, 49083, 49405, 49406, 49418, 51100, 51101, 51102, 75984, 76942, 76989, 76998, 77002, 0870T, 0873T, 0874T, 0875T)◄ ►(For single-catheter replacement, report 0872T with modifier 52)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed ►(Do not report 0873T in conjunction with 0870T, 0871T, 0872T, 0874T, 0875T)◄	December 28, 2023	July 1, 2024	CPT® 2025

●0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters ►(Do not report 0874T in conjunction with 0870T, 0871T, 0872T, 0873T, 0875T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional ►(Do not report 0875T in conjunction with 0870T, 0871T, 0872T, 0873T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula) ►(Do not report 0876T in conjunction with 76376, 76377, 90940, 90951-90966, 93990)◄ ►(For duplex scan of hemodialysis access, including arterial inflow and venous outflow, use 93990)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging ►(Do not report 0877T in conjunction with 71250, 71260, 71270, 71275)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0878T	obtained with concurrent CT examination of the same structure ►(Use 0878T in conjunction with 71250, 71260, 71270, 71271, 71275, when evaluating same organ, tissue, or target structure)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0879T	radiological data preparation and transmission	December 28, 2023	July 1, 2024	CPT® 2025
●0880T	physician or other qualified health care professional interpretation and report	December 28, 2023	July 1, 2024	CPT® 2025
●0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device ►(Use 0881T in conjunction with 96409, 96413, 96416, when chemotherapy is also performed)◄ ►(Do not report 0881T more than once per chemotherapy session)◄	December 28, 2023	July 1, 2024	CPT® 2025
+●0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure) ►(Use 0882T in conjunction with 64702, 64704, 64708, 64713, 64718, 64719, 64721, 64831, 64834, 64835, 64836, 64856, 64857, 64892, 64893, 64895, 64896, 64897, 64898, 64905, 64910, 64911, 64912)◄	December 28, 2023	July 1, 2024	CPT® 2025
+●0883T	each additional nerve (List separately in addition to code for primary procedure) ►(Use 0883T in conjunction with 0882T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed ►(Do not report 0884T in conjunction with 43191, 43195, 43196, 43200, 43213, 43214, 43220, 43226, 76000)◄	December 28, 2023	July 1, 2024	CPT® 2025

●0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed  ►(Do not report 0885T in conjunction with 45378, 45386, 76000, 0886T)◄ ►(For endoscopic balloon dilation of multiple strictures during the same procedure, use 0885T with modifier 59 for each additional stricture dilated)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed  ►(Do not report 0886T in conjunction with 45300, 45303, 45330, 45340, 76000, 0885T)◄ ►(For endoscopic balloon dilation of multiple strictures during the same procedure, use 0886T with modifier 59 for each additional stricture dilated)◄	December 28, 2023	July 1, 2024	CPT® 2025
+●0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)  ►(Use 0887T in conjunction with 00100-01999)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	December 28, 2023	July 1, 2024	CPT® 2025
●0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation  ►(Report 0889T once per personalized target development)◄ ►(Do not report 0889T in conjunction with 70551, 70552, 70553, 70554, 70555 for the same session)◄ ►(Do not report 0889T in conjunction with 77022)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day  ►(Report 0890T once on the first day of the course of treatment)◄ ►(Do not report 0890T in conjunction with 77022)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day  ►(Do not report 0891T in conjunction with 77022)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day  ►(Do not report 0892T in conjunction with 77022)◄ ►(Do not report 0892T in conjunction with 0890T, 0891T on the same day)◄ ►(If a significant, separately identifiable evaluation and management, medication management, or psychotherapy service is performed, the appropriate E/M or psychotherapy code may be reported in addition to 0890T, 0891T, 0892T. E/M activities directly related to cortical mapping, motor-threshold determination, delivery and management of accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation are not separately reported)◄	December 28, 2023	July 1, 2024	CPT® 2025

●0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	December 28, 2023	July 1, 2024	CPT® 2025
●0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	December 28, 2023	July 1, 2024	CPT® 2025
●0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	December 28, 2023	July 1, 2024	CPT® 2025
+●0896T	each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure) ►(Use 0896T in conjunction with 0895T)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report ►(Do not report 0897T in conjunction with 93000, 93005, 93010, when performed on the same day)◄	December 28, 2023	July 1, 2024	CPT® 2025
●0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report ►(Do not report 0898T in conjunction with 76376, 76377)◄	December 28, 2023	July 1, 2024	CPT® 2025
+●0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) ►(Use 0899T in conjunction with 75563)◄ ►(Do not report 0899T in conjunction with 0900T)◄ ►(For AQMBF with PET, use 78434)◄ ►(For AQMBF with SPECT, use 0742T)◄	December 28, 2023	July 1, 2024	CPT® 2025
+●0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) ►(Use 0900T in conjunction with 75563)◄ ►(Do not report 0900T in conjunction with 0899T)◄ ►(For AQMBF with PET, use 78434)◄ ►(For AQMBF with SPECT, use 0742T)◄	December 28, 2023	July 1, 2024	CPT® 2025

The following Category III codes, guidelines, and parenthetical notes were accepted and/or revised at the February 2024 CPT Editorial Panel meeting for the 2025 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on January 1, 2025, following the six-month implementation period, which begins July 1, 2024.

\*Note: Code 0901T will follow code 0232T.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
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▲ 0615T	<p><u>Automated Eye-movement analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion</u>, with interpretation and report</p> <p>► (For recording of saccades with electrooculography, see 92499, 92700) ◀</p> <p>(Do not report 0615T in conjunction with 92540, 92541, 92542, 92544, 92545, 92546, 92547)</p>	July 1, 2024	January 1, 2025	CPT® 2025
#● 0901T	<p>Placement of bone marrow sampling port, including imaging guidance when performed</p> <p>► (Do not report 0901T in conjunction with 77002, 77012) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0902T	<p>QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device</p> <p>► (Do not report 0902T in conjunction with 93000, 93005, 93010, 93040, 93041, 93042) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0903T	<p>Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report</p> <p>► (Do not report 0903T in conjunction with 93000, 93005, 93010, 0904T, 0905T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0904T	<p>tracing only</p> <p>► (Do not report 0904T in conjunction with 93000, 93005, 93010, 0903T, 0905T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0905T	<p>interpretation and report only</p> <p>► (Do not report 0905T in conjunction with 93000, 93005, 93010, 0903T, 0904T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0906T	<p>► For purposes of reporting 0906T, 0907T for concurrent optical and magnetic stimulation (COMS) therapy, the treatment area is limited to 50 sq cm of skin-surface area per application. ◀</p> <p>Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm</p>	July 1, 2024	January 1, 2025	CPT® 2025
+● 0907T	<p>each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)</p> <p>► (Use 0907T in conjunction with 0906T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0908T	<p>Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed</p> <p>► (Do not report 0908T in conjunction with 64553, 64568, 0909T, 0910T, 0911T, 0912T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0909T	<p>Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed</p> <p>► (Do not report 0909T in conjunction with 64570, 0908T, 0910T, 0911T, 0912T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0910T	<p>Removal of integrated neurostimulation system, vagus nerve</p> <p>► (Do not report 0910T in conjunction with 64570, 0908T, 0909T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
● 0911T	<p>Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional</p>	July 1, 2024	January 1, 2025	CPT® 2025

	►(Do not report 0911T in conjunction with 95970, 95971, 95972, 0908T, 0909T, 0912T)◄			
●0912T	with simple programming by physician or other qualified health care professional  ►(Do not report 0912T in conjunction with 95970, 95971, 95972, 0908T, 0909T, 0911T)◄	July 1, 2024	January 1, 2025	CPT® 2025
	<p>►<b>Transcatheter Therapeutic Drug Delivery by Intracoronary Drug-Delivery Balloon</b>◄</p> <p>►Codes 0913T, 0914T describe percutaneous coronary revascularization services by intracoronary antiproliferative drug delivery, performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches) using drug-delivery balloon (eg, drug-coated, drug-eluting) for intracoronary antiproliferative drug delivery. Code 0913T includes the work of accessing and selectively catheterizing the vessel, coronary angiography and intracoronary imaging (eg, intracoronary ultrasound, intracoronary optical coherence tomography) to guide the intervention, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. Code 0914T is an add-on code and includes only the coronary angiography and intracoronary imaging (eg, intracoronary ultrasound, intracoronary optical coherence tomography) to guide the additional intervention, traversing the additional lesion, and radiological supervision and interpretation directly related to the intervention(s) performed on the additional lesion. Codes 0913T, 0914T include mechanical dilation by nondrug-delivery balloon angioplasty followed by therapeutic drug delivery by drug-delivery balloon. Code 0913T may not be reported with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92973, 92978 for percutaneous coronary interventions (PCI) on the same target lesion in the same major coronary artery or graft as the drug-delivery balloon intervention. For drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion in the same major coronary artery or graft, 0914T may be reported for the separate target lesion in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943 for the first target lesion. For PCI in other major coronary arteries, see the appropriate PCI codes (92920, 92924, 92928, 92933, 92937, 92941, 92943, 0913T).</p> <p>Diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461) and injection procedure codes (93563, 93564) should not be used with percutaneous coronary revascularization services by intracoronary antiproliferative drug-delivery balloon services (0913T, 0914T) to report:</p> <ol style="list-style-type: none"> <li>1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronary intervention,</li> <li>2. Vessel measurement for the coronary intervention, or</li> <li>3. Postcoronary intervention angiography, as this work is captured in the percutaneous coronary revascularization services by intracoronary antiproliferative drug-delivery balloon codes (0913T, 0914T).</li> </ol> <p>Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable, if:</p> <ol style="list-style-type: none"> <li>1. No prior catheter-based coronary angiography study is available, and a full-diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or</li> <li>2. A prior study is available, but as documented in the medical record: <ol style="list-style-type: none"> <li>a. The patient's condition with respect to the clinical indication has changed since the prior study, or</li> </ol> </li> </ol>	July 1, 2024	January 1, 2025	CPT® 2025



●0913T	<p>b. The prior study provides inadequate visualization of the anatomy and/or pathology, or</p> <p>c. There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.</p> <p>Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable. ◀</p> <p>Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch</p> <p>▶ (Do not report 0913T in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92973, 92978, for interventions on the same target lesion in the same major coronary artery or graft as the target lesion treated with drug-delivery balloon intervention) ◀</p>			
+●0914T	<p>Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)</p> <p>▶ (Use 0914T in conjunction with 92920, 92924, 92928, 92933, 92937, 92941 92943) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
	<p>▶ <b>Cardiac Contractility Modulation-Defibrillation</b> ◀</p> <p>▶ A cardiac contractility modulation-defibrillation (CCM-D) system combines cardiac contractility modulation (CCM) for symptom relief from chronic heart failure with defibrillation protection against sudden cardiac arrhythmia into a single therapy. A CCM-D system consists of a pulse generator and two transvenous electrodes (leads): one defibrillation lead and one pacemaker lead. An implantable CCM-D system's electrodes (leads) are placed transvenously under fluoroscopic guidance. One right ventricular pacing lead is placed on the high septum and a second defibrillation lead is placed in the mid-septum. The pulse generator is implanted in a subcutaneous pocket in the pectoral region.</p> <p>A CCM-D differs from a CCM system (0408T-0418T). A CCM system consists of a pulse generator and two ventricular pacemaker electrodes (leads) and does not include a defibrillator component. Do not report CCM-D services in conjunction with 0408T-0418T. All services associated with CCM-D implantation, revision, extraction, and follow-up should be reported utilizing Category III codes 0915T-0931T. Do not report CCM-D services with existing Category I codes for pacemaker and defibrillator services (33206-33275).</p> <p>All catheterization and imaging guidance required to complete a CCM-D procedure are included in the work of each code. Contractility evaluation and programming of sensing and therapeutic parameters (0926T, 0927T) is performed each time a pulse generator or lead is implanted or replaced and cannot be reported separately.</p> <p>For the implantation of a CCM-D system (generator plus dual leads), report 0915T. If only a pulse generator is implanted without insertion of transvenous electrodes, report 0916T for the implantation or 0923T for the removal and replacement. When CCM-D leads are placed without insertion of a pulse generator, report 0917T for a single-lead insertion or 0918T when both leads are inserted.</p> <p>In certain circumstances, relocation of the skin pocket is required and is reported using 0925T. Skin pocket relocation includes all services associated with the initial</p>	July 1, 2024	January 1, 2025	CPT® 2025

●0915T	pocket (eg, opening the pocket, incision and drainage of hematoma or abscess if performed, and any closure performed), in addition to the creation of a new pocket for the new generator to be placed. ◀  Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)			
●0916T	pulse generator only	July 1, 2024	January 1, 2025	CPT® 2025
●0917T	single transvenous lead (pacing or defibrillation) only	July 1, 2024	January 1, 2025	CPT® 2025
●0918T	dual transvenous leads (pacing and defibrillation) only  ▶(Do not report 0915T, 0916T, 0917T, 0918T in conjunction with 33206-33275, 0926T, 0927T, 0931T) ◀ ▶(Do not report 0916T, 0917T, 0918T in conjunction with 0915T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only  ▶(Do not report 0919T in conjunction with 33206-33275, 0915T, 0916T, 0923T, 0925T, 0926T, 0927T, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0920T	single transvenous pacing lead only	July 1, 2024	January 1, 2025	CPT® 2025
●0921T	single transvenous defibrillation lead only	July 1, 2024	January 1, 2025	CPT® 2025
●0922T	dual (pacing and defibrillation) transvenous leads only  ▶(Do not report 0920T, 0921T, 0922T in conjunction with 33206-33275, 0926T, 0927T, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only  ▶(Do not report 0923T in conjunction with 33206-33275, 0915T, 0916T, 0919T, 0925T, 0926T, 0927T, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters  ▶(Do not report 0924T in conjunction with 33206-33275, 0915T, 0926T, 0927T, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator  ▶(Do not report 0925T in conjunction with 10140, 10180, 11042, 11043, 11044, 11045, 11046, 11047, 13100, 13101, 13102, 33206-33275, 0915T, 0916T, 0919T, 0923T, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0926T	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, implantable cardiac contractility modulation-defibrillation system	July 1, 2024	January 1, 2025	CPT® 2025

	► (Do not report 0926T in conjunction with 33206-33275, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0927T, 0930T, 0931T) ◀			
●0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system  ► (Do not report 0927T in conjunction with 33206-33275, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0926T, 0930T, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional  ► (Do not report 0928T in conjunction with 33206-33275) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results  ► (Do not report 0929T in conjunction with 33206-33275) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator  ► (Do not report 0930T in conjunction with 33206-33275, 0931T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator  ► (Do not report 0931T in conjunction with 33206-33275, 0915T-0927T, 0930T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
<b>The following Category III codes, guidelines, and parenthetical notes were accepted and/or revised at the May 2024 CPT Editorial Panel meeting for the 2025 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on January 1, 2025, following the six-month implementation period, which begins July 1, 2024.</b>				
0308T	► (For greater than 48 hours of monitoring of external electrocardiographic recording, see 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, <u>0937T</u> , <u>0938T</u> , <u>0939T</u> , <u>0940T</u> ) ◀  (For focused microwave thermotherapy of the breast, use 19499)  Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	<b>Revised Parenthetical Note Released to AMA Website</b>  July 1, 2024	<b>Revised Parenthetical Note Effective</b>  January 1, 2025	CPT® 2025
●0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional  ► (Use 0932T in conjunction with a concurrent echocardiography [separately reported] or a previously performed transthoracic echocardiography [ie, 93306, 93307, 93308, 93350, 93351]) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation  ► (Do not report 0933T in conjunction with 33289, 36013, 36014, 36015, 75741, 75743, 75746, 76000, 93451, 93453, 93456, 93457, 93460, 93461, 93568, 93569, 93573, 93593, 93594, 93596, 93597, 93598) ◀  ► (For implantation of a wireless pulmonary artery pressure sensor, use 33289) ◀	July 1, 2024	January 1, 2025	CPT® 2025

●0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional  ► (Report 0934T only once per 30 days) ◀ ► (Do not report 0934T if monitoring period is less than 16 days) ◀ ► (Do not report 0934T in conjunction with 93264) ◀ ► (For remote monitoring of an implantable wireless pulmonary artery pressure sensor, use 93264) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral  ► (Do not report 0935T in conjunction with 52000, 52005, 76000, 0338T, 0339T) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0936T	Photobiomodulation therapy of retina, single session  ► (For bilateral procedure, report 0936T with modifier 50) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	July 1, 2024	January 1, 2025	CPT® 2025
●0938T	recording (including connection and initial recording)	July 1, 2024	January 1, 2025	CPT® 2025
●0939T	scanning analysis with report	July 1, 2024	January 1, 2025	CPT® 2025
●0940T	review and interpretation by a physician or other qualified health care professional  ► (Report 0937T, 0938T, 0939T, 0940T for each 30-day period of service) ◀ ► (Do not report 0938T, 0939T, 0940T in conjunction with 0937T) ◀ ► (Do not report 0937T, 0938T, 0939T, 0940T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272, 99091, 99453, 99454, for the same monitoring period) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization  ► (For insertion of permanent urethral stent, use 52282) ◀ ► (For placement of temporary prostatic urethral stent, use 53855) ◀	July 1, 2024	January 1, 2025	CPT® 2025
●0942T	with removal and replacement of prostatic urethral scaffold	July 1, 2024	January 1, 2025	CPT® 2025
●0943T	with removal of prostatic urethral scaffold  ► (Do not report 0943T in conjunction with 0942T) ◀ ► (Do not report 0941T, 0942T, 0943T in conjunction with 52000, 52282, 52310, 52315, 52441, 52442, 53855) ◀	July 1, 2024	January 1, 2025	CPT® 2025

●0944T	<p>► Code 0944T describes three-dimensional (3D) contour simulation of liver lesion(s) performed by a physician or other qualified health care professional to create model probe pathways and locations, as well as to perform simulated volumetric calculations of the ablation cavity, overlaying of proposed ablation volumes on computed tomography (CT) imaging of the liver, and post-ablation volume comparisons requiring pre- and post-procedure CT imaging and guidance. A 3D contour simulation is separate and distinct from intraoperative imaging guidance and other pre-procedure imaging that are typically performed prior to image-guided liver microwave ablation procedures. Code 0944T is reported once per microwave ablation session, regardless of the number of distinct tumors ablated. ◀</p> <p>3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation</p> <p>► (Report 0944T once per liver microwave ablation procedure) ◀</p> <p>► (Do not report 0944T in conjunction with 76376, 76377) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
+●0945T	<p>Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)</p> <p>► (Use 0945T in conjunction with 19301) ◀</p> <p>► (Report 0945T once per procedure) ◀</p> <p>► (Do not report 0945T in conjunction with 88172, 0546T) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
●0946T	<p>Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)</p> <p>► (Do not report CT scan of the extremity or joint obtained separately) ◀</p>	July 1, 2024	January 1, 2025	CPT® 2025
●0947T	<p>Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed</p>	July 1, 2024	January 1, 2025	CPT® 2025