

CPT[®] Category III Codes

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

- Addition of 12 Category III codes (0811T-0815T, 0820T-0826T), guidelines, and parenthetical notes accepted by the CPT Editorial Panel at the February 2023 meeting.
- Addition of 35 Category III codes (0827T-0858T, 0864T-0866T), revision of 4 Category III codes (0517T-0520T), and the addition and revision of guidelines and parenthetical notes accepted by the CPT Editorial Panel at the May 2023 meeting.
- Addition of “other” to the Pharmacologic Algorithmic Treatment Ranking guidelines.

*Code numbers 0784T-0790T, 0816T-0819T, 0859T-0860T have been reserved and will be released with the full code set in CPT 2024.

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 2024

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 2024.

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 2022 CPT Editorial Panel meeting for the 2024 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on July 1, 2023, following the six-month implementation period, which begins January 1, 2023.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
0632T	<p>Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance</p> <p>(Do not report 0632T in conjunction with 36013, 36014, 36015, 75741, 75743, 75746, 93451, 93453, 93456, 93460, 93503, 93505, 93568, 93593, 93594, 93596, 93597)</p> <p>►(For percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance, use 0793T)◄</p>	<p>Parenthetical Note Released to AMA Website December 29, 2022</p>	<p>Parenthetical Note Effective July 1, 2023</p>	CPT® 2024
0775T	<p>►Code 27279 describes percutaneous arthrodesis of the sacroiliac joint using a minimally invasive technique to place an internal fixation device(s) that passes through the ilium, across the sacroiliac joint, and into the sacrum, thus transfixing the sacroiliac joint. Report 0775T for the percutaneous placement of an intra-articular stabilization device into the sacroiliac joint using a minimally invasive technique that does not transfix the sacroiliac joint. For percutaneous arthrodesis of the sacroiliac joint utilizing both a transfixation device and intra-articular implant(s), use 27299-0809T.◄</p> <p>Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])</p>	<p>Revised Guidelines Released to AMA Website December 29, 2022</p>	<p>Revised Guidelines Effective July 1, 2023</p>	CPT® 2024
►●0791T	<p>Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)</p> <p>►(Use 0791T in conjunction with 97116)◄</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	CPT® 2024
●0792T	<p>Application of silver diamine fluoride 38%, by a physician or other qualified health care professional</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	CPT® 2024
●0793T	<p>Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance</p> <p>►(Do not report 0793T in conjunction with 75746, 93503, 93568)◄</p> <p>►(For percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance, use 0632T)◄</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	CPT® 2024
	<p>►Pharmaco-oncologic Algorithmic Treatment Ranking◄</p> <p>►Code 0794T (pharmaco-oncologic treatment ranking) represents rules based algorithm–generated match scores that rank available monotherapies and drug combinations according to their ability to target the patient's specific cancer biomarkers. These pharmaco-oncologic treatment ranking options are based only on current Food and Drug Administration (FDA)-approved drugs but may include both on-label and off-label uses for targeted therapies, and additional information may also be provided on potential active clinical trials that include specifically matched, currently available, therapy options. Code 0794T includes time spent by the physician, <u>other</u> qualified health care professional, or clinical staff in submitting the patient's clinical and existing molecular, laboratory, or pathology result data for algorithmic assessment. Only existing result data should be submitted without</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	CPT® 2024

<p>●0794T</p>	<p>alteration of original results and interpretations (eg, variant calls or expression markers) from those separately reported by the original performing clinical laboratories and should not include genomic sequencing raw data files for re-evaluation. The algorithmic program generates a report that is used by the physician or other qualified health care professional to inform treatment choices. ◀</p> <p>Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately</p>			
<p>●0795T</p>	<p>▶Dual-Chamber Leadless Pacemaker ◀</p> <p>▶A complete dual-chamber leadless pacemaker system includes two pulse generators, each with a built-in battery and electrode. Implantation of this system is performed using a catheter under fluoroscopic guidance via transvenous access. One pacemaker is implanted in the right atrium, and one is implanted in the right ventricle. Rarely, for clinical reasons, a complete dual-chamber leadless pacemaker system may be completed in stages, with one pacemaker implanted into the right ventricle at the initial procedure and the other implanted into the right atrium at a subsequent session. An existing single-chamber right ventricular leadless pacemaker may be upgraded to a complete dual-chamber leadless pacemaker system by implantation of a right atrial leadless pacemaker.</p> <p>For insertion of a complete dual-chamber leadless pacemaker system, report 0795T. For insertion of a leadless pacemaker into the right atrium when a single-chamber right ventricular leadless pacemaker already exists, in order to complete the dual-chamber leadless pacemaker system, report 0796T. For insertion of only the right ventricular pacemaker component of a dual-chamber leadless pacemaker system, report 0797T. For removal of a complete dual-chamber leadless pacemaker system, report 0798T. For removal of only the right atrial leadless pacemaker component of a complete dual-chamber leadless pacemaker, report 0799T. For removal of only the right ventricular leadless pacemaker component of a complete dual-chamber leadless pacemaker, report 0800T. For removal and replacement of a complete dual-chamber leadless pacemaker system, report 0801T. For removal and replacement of only one pacemaker component of a complete dual-chamber leadless pacemaker system, report 0802T for the right atrial pacemaker component or 0803T for the right ventricular pacemaker component.</p> <p>Right heart catheterization (93451, 93453, 93456, 93457, 93460, 93461, 93593, 93594, 93596, 93597) may not be reported in conjunction with dual-chamber leadless pacemaker codes 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T unless complete right heart catheterization is performed for an indication distinct from the dual-chamber leadless pacemaker procedure.</p> <p>For programming device evaluation of a dual-chamber leadless pacemaker system, report 0804T. Device evaluation code 93279 may not be reported in conjunction with dual-chamber leadless pacemaker system codes 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T.</p> <p>Radiological supervision and interpretation, fluoroscopy (76000, 77002), ultrasound guidance for vascular access (76937), right ventriculography (93566), and femoral venography (75820) are included in the leadless pacemaker procedures, when performed. ◀</p> <p>Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)</p> <p>▶(Do not report 0795T in conjunction with 75820, 76000, 76937, 77002, 93566, 0796T, 0797T) ◀</p>	<p>December 29, 2022</p> <p>Revised Parenthetical Note Released to AMA Website</p> <p>March 1, 2023</p>	<p>July 1, 2023</p>	<p>CPT® 2024</p>
<p>●0796T</p>	<p>right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	<p>CPT® 2024</p>

●0797T	<p>right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)</p> <p>▶(Do not report 0795T, 0796T, 0797T in conjunction with 33274, 75820, 76000, 76937, 77002, 93566, 0795T)◀</p> <p>▶(Do not report 0795T, 0796T, 0797T in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93593, 93594, 93596, 93597, 93598, unless complete right heart catheterization is performed for indications distinct from the leadless pacemaker procedure)◀</p>	<p>December 29, 2022</p> <p>Revised Parenthetical Note Released to AMA Website</p> <p>March 1, 2023</p>	July 1, 2023	CPT® 2024
●0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	December 29, 2022	July 1, 2023	CPT® 2024
●0799T	right atrial pacemaker component	December 29, 2022	July 1, 2023	CPT® 2024
●0800T	<p>right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)</p> <p>▶(Do not report 0798T, 0799T, 0800T in conjunction with 75820, 76000, 76937, 77002, 93451, 93453, 93456, 93457, 93460, 93461, 93567, 93566, 93593, 93594, 93596, 93597)◀</p> <p>▶(Do not report 0799T, 0800T in conjunction with 33275, 0798T)◀</p>	<p>December 29, 2022</p> <p>Revised Parenthetical Note Released to AMA Website</p> <p>March 1, 2023</p>	July 1, 2023	CPT® 2024
●0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	December 29, 2022	July 1, 2023	CPT® 2024
●0802T	right atrial pacemaker component	December 29, 2022	July 1, 2023	CPT® 2024
●0803T	<p>right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)</p> <p>▶(Do not report 0801T, 0802T, 0803T in conjunction with 33274, 33275, 75820, 76000, 76937, 77002, 93451, 93453, 93456, 93457, 93460, 93461, 93566, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T)◀</p> <p>▶(Do not report 33274, 33275 when right ventricular single-chamber leadless pacemaker is part of a dual-chamber leadless pacemaker system)◀</p>	December 29, 2022	July 1, 2023	CPT® 2024
●0804T	<p>Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers</p> <p>▶(Do not report 0804T in conjunction with 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T)◀</p>	December 29, 2022	July 1, 2023	CPT® 2024
	<p>▶Codes 0805T, 0806T are used to report transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]).</p> <p>Codes 0805T, 0806T include the work, when performed, of vascular access, placing the access sheath, transseptal puncture, advancing the caval valve delivery systems into position, repositioning the device(s) as needed, and deploying the device(s).</p>	December 29, 2022	July 1, 2023	CPT® 2024

<p>●0805T</p>	<p>Angiography and radiological supervision and interpretation performed to guide CAVI (eg, guiding device placement and documenting completion of the intervention) are included in these codes.</p> <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597, 93598) should not be used with 0805T, 0806T to report:</p> <ol style="list-style-type: none"> 1. Contrast injections, angiography, road-mapping, and/or fluoroscopic guidance for the transcatheter CAVI, 2. Left ventricular angiography to assess tricuspid regurgitation for guidance of the transcatheter CAVI, or 3. Right and left heart catheterization for hemodynamic measurements before, during, and after transcatheter superior and inferior vena cava prosthetic valve implantation for guidance. <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597, 93598) and diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564) may be reported with 0805T, 0806T, representing separate and distinct services from CAVI, 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 or same day diagnostic cardiac catheterization services, the appropriate diagnostic cardiac catheterization code(s) may be reported by appending modifier 59 indicating separate and distinct procedural service from the transcatheter superior and inferior vena cava prosthetic valve implantation procedures.</p> <p>Percutaneous coronary interventional therapeutic procedures may be reported separately, when performed.</p> <p>When transcatheter ventricular support is required in conjunction with CAVI, the appropriate ventricular assist device (VAD) procedure codes (33990, 33991, 33992, 33993, 33995, 33997) or balloon pump insertion codes (33967, 33970, 33973) may be reported.</p> <p>When cardiopulmonary bypass is performed in conjunction with CAVI, 0805T and 0806T 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 superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach</p>			
<p>●0806T</p>	<p>open femoral vein approach</p> <p>▶(Do not report 0805T, 0806T in conjunction with 33210, 33211 for temporary pacemaker insertion) ◀</p> <p>▶(Do not report 0805T, 0806T in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93503, 93566, 93593, 93594, 93596, 93597, for diagnostic right heart catheterization procedures intrinsic to the superior and inferior vena cava valve implantations) ◀</p> <p>▶(Do not report 0805T, 0806T in conjunction with 93662 for imaging guidance with intracardiac echocardiography) ◀</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	<p>CPT® 2024</p>
<p>●0807T</p>	<p>Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and</p>	<p>December 29, 2022</p>	<p>July 1, 2023</p>	<p>CPT® 2024</p>

	transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report ▶(Do not report 0807T in conjunction with 76000, 78579, 78582, 78598)◀			
●0808T	in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report ▶(Do not report 0808T in conjunction with 71250, 71260, 71270, 71271, 76000, 78579, 78582, 78598)◀	December 29, 2022	July 1, 2023	CPT® 2024
●0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s) ▶(For bilateral procedure, report 0809T with modifier 50)◀	December 29, 2022	July 1, 2023	CPT® 2024
●0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies ▶(Report medication separately)◀ ▶(Do not report 0810T in conjunction with 67036, 67039, 67040, 67041, 67042, 67043)◀	December 29, 2022	July 1, 2023	CPT® 2024
The following Category III codes, guidelines, and parenthetical notes were accepted and/or revised at the February 2023 CPT Editorial Panel meeting for the 2024 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on January 1, 2024, following the six-month implementation period, which begins July 1, 2023.				
●0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	June 30, 2023	January 1, 2024	CPT® 2024
●0812T	device supply with automated report generation, up to 10 days ▶(Do not report 0811T, 0812T more than once per episode of care)◀ ▶(Do not report 0811T, 0812T in conjunction with 51736, 51741, 99453, 99454)◀	June 30, 2023	January 1, 2024	CPT® 2024
●0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon ▶(Do not report 0813T in conjunction with 43197, 43198, 43235, 43241, 43247, 43290, 43291)◀	June 30, 2023	January 1, 2024	CPT® 2024
●0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral ▶(Do not report 0814T in conjunction with 26992, 77002)◀	June 30, 2023	January 1, 2024	CPT® 2024
●0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	June 30, 2023	January 1, 2024	CPT® 2024
	▶ Continuous In-Person Monitoring and Intervention During Psychedelic Medication Therapy ◀ ▶Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention) is provided during and following supervised patient self-administration of a psychedelic medication in a therapeutic setting. Psychedelic medications induce distinctive alterations in perception that may place the patient at risk for emotional vulnerability and physiologic instability. The medications' pharmacologic risks may persist for multiple hours, and during this time, the patient may require continuous in-person monitoring and intervention by a physician or other qualified health care professional (QHP) to support the patient's physical, emotional, and psychological safety and to optimize treatment outcomes.	June 30, 2023	January 1, 2024	CPT® 2024

<p>●0820T</p>	<p>Code 0820T is used to report the total duration of in-person time with the patient by the physician or other QHP providing continuous monitoring, and intervention as needed, during psychedelic medication therapy. Codes 0821T, 0822T are used to report the concurrent in-person participation of a second physician or other QHP (0821T), or the concurrent in-person participation of clinical staff (0822T) based on a patient's complex presentation, that requires additional personnel in the therapy room (eg, a physician or other QHP monitoring patient needs assistance from additional clinical staff due to a crisis by the psychedelic experience that surfaces past psychological trauma). If necessary, report 0821T, 0822T, as appropriate. It is unlikely that more than two personnel need to be in the room at the same time with the patient (ie, the initial physician or other QHP and one additional physician or other QHP or clinical staff).</p> <p>Psychotherapy (90832, 90833, 90834, 90836, 90837, 90838), psychotherapy for crisis (90839, 90840), neurobehavioral status examination (96116, 96121), adaptive behavior assessments (97151, 97152), adaptive behavior treatment (97153, 97154, 97155, 97156, 97157, 97158), or prolonged clinical staff services (99415, 99416) may not be reported on the same date of service. ◀</p> <p>Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour</p> <p>▶(Do not report 0820T in conjunction with 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 96116, 96121, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 99415, 99416, on the same date of service)◀</p>			
<p>±●0821T</p>	<p>second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>
<p>±●0822T</p>	<p>clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)</p> <p>▶(Use 0821T, 0822T in conjunction with 0820T)◀</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>
	<p>▶Right Atrial Leadless Pacemaker◀</p> <p>▶A right atrial single-chamber leadless pacemaker includes a pulse generator with a built-in battery and electrode for implantation into the right atrium. Implantation of the atrial leadless pacemaker is performed using a catheter under fluoroscopic guidance via transvenous access.</p> <p>Codes 0823T, 0824T, 0825T, 0826T only apply to single-chamber leadless pacemakers implanted in the right atrium intended for atrial pacing only and that are not part of a dual-chamber leadless system. For insertion of a right atrial single-chamber leadless pacemaker, report 0823T. For removal of a right atrial single-chamber leadless pacemaker, report 0824T. For removal and replacement of a right atrial single-chamber leadless pacemaker, report 0825T.</p> <p>Leadless pacemakers are modular systems, and for clinical reasons, a dual-chamber leadless pacemaker may be implanted in stages with one pacemaker implanted into the right ventricle at the initial procedure and one pacemaker implanted into the right atrium at a subsequent session.</p> <p>When a right atrial leadless pacemaker component of a dual-chamber system is modified or a right atrial leadless pacemaker is implanted to complete a dual-chamber leadless pacemaker system, see 0796T, 0799T, 0802T. For insertion of a leadless pacemaker into the right atrium when a single-chamber right ventricular leadless pacemaker already exists, in order to complete the dual-chamber system, report 0796T. If the right atrial leadless pacemaker is permanently removed when part of a dual-chamber leadless system, report 0799T. If the right atrial leadless pacemaker is removed and replaced when part of a dual-chamber leadless system, report 0802T.</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>

<p>●0823T</p>	<p>Right heart catheterization (93451, 93453, 93456, 93460, 93461) may not be reported in conjunction with leadless pacemaker insertion, removal, and removal and replacement codes 33274, 33275, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, unless complete right heart catheterization is performed for an indication distinct from leadless pacemaker procedure.</p> <p>For programming device evaluation (in person) of a right atrial single-chamber leadless pacemaker, report 0826T. Device evaluation code 93279 may not be reported in conjunction with right atrial single-chamber leadless pacemaker system codes 0823T, 0824T, 0825T.</p> <p>Fluoroscopy (76000, 77002), ultrasound guidance for vascular access (76937), right ventriculography (93566), and femoral venography (75820) are included in 0823T, 0824T, 0825T, when performed.◀</p> <p>Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed</p> <p>▶(Do not report 0823T in conjunction with 33274, 0795T, 0796T, 0797T, 0802T)◀</p>			
<p>●0824T</p>	<p>Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed</p> <p>▶(Do not report 0824T in conjunction with 33275, 0799T)◀</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>
<p>●0825T</p>	<p>Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed</p> <p>▶(Do not report 0825T in conjunction with 33274, 0795T, 0796T, 0797T, 0802T)◀</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>
<p>●0826T</p>	<p>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, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber</p> <p>▶(Do not report 0826T in conjunction with 0823T, 0824T, 0825T)◀</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>
<p>The following Category III codes, guidelines, and parenthetical notes were accepted and/or revised at the May 2023 CPT Editorial Panel meeting for the 2024 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on January 1, 2024, following the six-month implementation period, which begins July 1, 2023.</p>				
<p>*Note: Codes 0827T-0856T will follow code 0763T.</p>				
	<p>Wireless Cardiac Stimulation System for Left Ventricular Pacing</p> <p>▶ A wireless cardiac stimulator system <u>for left ventricular pacing provides biventricular pacing functions</u> by sensing right ventricular pacing output from a previously implanted conventional device (pacemaker or defibrillator, with univentricular or biventricular leads), and then transmitting an ultrasound pulse to a wireless electrode implanted on the endocardium of the left ventricle, which then emits a left ventricular pacing pulse. <u>In combination, the left ventricular and right ventricular pacemakers provide biventricular cardiac pacing.</u></p> <p>The complete <u>wireless left ventricular pacing</u> system consists of <u>two components</u>: a wireless endocardial left ventricle electrode and a pulse generator. The pulse generator has two components: a transmitter and a battery. The electrode is <u>typically</u> implanted transarterially into the left ventricular wall and powered wirelessly using ultrasound delivered by a subcutaneously implanted transmitter. Two subcutaneous pockets are created on the chest wall, one for the battery and one for the transmitter, and these two components are connected by a subcutaneously tunneled cable.</p> <p>Patients with a wireless cardiac stimulator <u>who also have a conventional pacing device</u> require programming/interrogation of their existing conventional device, as</p>	<p>Revised Guidelines Released to AMA Website June 30, 2023</p>	<p>Revised Guidelines Effective January 1, 2024</p>	<p>CPT® 2024</p>

	<p>well as the wireless device. The wireless cardiac stimulator is programmed and interrogated with its own separate programmer and settings.</p> <p>Code 0515T describes insertion of a complete wireless cardiac stimulator system (electrode and pulse generator, which includes transmitter and battery) <u>for left ventricular pacing</u>, including interrogation, programming, pocket creation, <u>revision/relocation and repositioning</u>, and all echocardiography, <u>left ventriculography</u>, and <u>other fluoroscopic</u> imaging to guide the procedure, when performed. <u>Use 0516T only when For insertion of only the electrode of a wireless cardiac stimulator for left ventricular pacing, use 0516T is a stand-alone procedure.</u> For insertion of <u>only a new generator or generator of both</u> components of a <u>new pulse generator</u> (battery and/or transmitter), use 0517T.</p> <p><u>A wireless cardiac stimulator for left ventricular pacing may need to be removed, relocated, or replaced. The electrode component of the stimulator typically is not removed once implanted. For removal of both components of the pulse generator (battery and transmitter) without replacement, use 0861T. For removal of only the battery component of the pulse generator without replacement, use 0518T. For relocation of the pulse generator, use 0862T for relocation of the battery component or 0863T for relocation of the transmitter component. For removal and replacement of both components of the pulse generator, use 0519T. For removal and replacement of only the battery component, use 0520T.</u></p> <p><u>For removal of only the generator or a generator component (battery and/or transmitter) without replacement, use 0518T. For removal and replacement of a generator or a generator component (battery and/or transmitter), use 0519T. For battery and/or generator removal and reinsertion performed together with a new electrode insertion, use 0520T.</u></p> <p>All catheterization, <u>angiography</u>, and imaging guidance (including transthoracic or transesophageal echocardiography) required to complete a wireless cardiac stimulator procedure is included in 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0861T, 0862T, 0863T. Do not report 76000, 76998, 93303-93355, 93452, 93453, 93458, 93459, 93460, 93461, 93565, 93595, 93596, 93597 in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0861T, 0862T, 0863T. ◀</p> <p>Do not report left heart catheterization codes (93452, 93453, 93458, 93459, 93460, 93461, 93595, 93596, 93597) for delivery of a wireless cardiac stimulator electrode into the left ventricle.</p>			
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])			
0516T	electrode only			
▲0517T	<p><u>pulse generator both component(s) of pulse generator</u> (battery and/or transmitter) only</p> <p>▶(Do not report 0515T, 0516T, 0517T in conjunction with 0518T, 0519T, 0520T, 0521T, 0522T, 0861T, 0862T, 0863T) ◀</p>	June 30, 2023	January 1, 2024	CPT® 2024
#●0861T	<p>Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)</p> <p>▶(Do not report 0861T in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0862T, 0863T) ◀</p>	June 30, 2023	January 1, 2024	CPT® 2024
▲0518T	<p><u>Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing-battery component only</u></p> <p>▶(Do not report 0518T in conjunction with 0515T, 0516T, 0517T, 0519T, 0520T, 0521T, 0522T, 0861T, 0862T, 0863T) ◀</p>	June 30, 2023	January 1, 2024	CPT® 2024
#●0862T	<p>Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only</p> <p>▶(Do not report 0862T in conjunction with 0515T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0861T) ◀</p>	June 30, 2023	January 1, 2024	CPT® 2024

#●0863T	transmitter component only ▶(Do not report 0863T in conjunction with 0515T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0861T)◀	June 30, 2023	January 1, 2024	CPT® 2024
▲0519T	Removal and replacement of <u>pulse generator for</u> wireless cardiac stimulator for left ventricular pacing, <u>including device interrogation and programming; pulse generator both</u> component(s) (battery and/or transmitter)	June 30, 2023	January 1, 2024	CPT® 2024
▲0520T	<u>pulse generator battery</u> component(s) <u>only</u> (battery and/or transmitter), <u>including placement of a new electrode</u> ▶(Do not report 0519T, 0520T in conjunction with 0515T, 0516T, 0517T, 0518T, 0521T, 0522T, 0861T, 0862T, 0863T)◀	June 30, 2023	January 1, 2024	CPT® 2024
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing ▶(Do not report 0521T in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0522T, 0861T, 0862T, 0863T)◀	Revised Parenthetical Note Released to AMA Website June 30, 2023	Revised Parenthetical Note Effective January 1, 2024	CPT® 2024
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing ▶(Do not report 0522T in conjunction with 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0861T, 0862T, 0863T)◀	Revised Parenthetical Note Released to AMA Website June 30, 2023	Revised Parenthetical Note Effective January 1, 2024	CPT® 2024
+	Digital Pathology Digitization Procedures Digital pathology is a dynamic, image-based environment that enables the acquisition, management, and interpretation of pathology information generated from digitized glass microscope slides. ▶Glass microscope slides are scanned by clinical staff, and captured <u>whole-slide</u> images (either in real-time or stored in a computer server or cloud-based digital image archival and communication system) are used for digital examination for pathologic diagnosis distinct from direct visualization through a microscope. <u>Static digital photographic and photomicrographic imaging or digital video streaming of any portion of a glass microscope slide on mobile smartphone and tablet devices does not constitute a digital pathology digitization procedure.</u> Digitization of glass microscope slides enables remote examination by the pathologist and/or in conjunction with the use of artificial intelligence (AI) algorithms. Category III add-on codes 0751T-0763T, 0827T-0856T may be reported in addition to the appropriate Category I service code when the digitization procedure of glass microscope slides is performed and reported in conjunction with the Category I code for the primary service. <u>Each Category III add-on code is reported as a one-to-one unit of service for each primary pathology service code.</u> ◀ Do not report the Category III codes in this subsection solely for archival purposes (eg, after the Category I service has already been performed and reported), solely for educational purposes (eg, when services are not used for individual patient reporting), solely for developing a database for training or validation of AI algorithms, or solely for clinical conference presentations (eg, tumor board interdisciplinary conferences). Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) (Use 0751T in conjunction with 88302)	Revised Guidelines Posted to AMA Website June 30, 2023	Revised Guidelines Effective January 1, 2024	CPT® 2024
#+●0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure) ▶(Use 0827T in conjunction with 88104)◀	June 30, 2023	January 1, 2024	CPT® 2024

#+●0828T	simple filter method with interpretation (List separately in addition to code for primary procedure) ▶(Use 0828T in conjunction with 88106)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure) ▶(Use 0829T in conjunction with 88108)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure) ▶(Use 0830T in conjunction with 88112)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure) ▶(Use 0831T in conjunction with 88141)◀ ▶(Do not report 0831T in conjunction with 88141, when digitization of glass microscope slides is performed using an automated, computer-assisted screening-imaging system)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) ▶(Use 0832T in conjunction with 88160)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0833T	preparation, screening and interpretation (List separately in addition to code for primary procedure) ▶(Use 0833T in conjunction with 88161)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0834T	extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure) ▶(Use 0834T in conjunction with 88162)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure) ▶(Use 0835T in conjunction with 88172)◀ ▶(Do not report 0835T in conjunction with 88172, when 0837T is reported in conjunction with 88173)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0836T	immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) ▶(Use 0836T in conjunction with 88177)◀ ▶(Do not report 0836T in conjunction with 88177, when 0837T is reported in conjunction with 88173)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0837T	interpretation and report (List separately in addition to code for primary procedure) ▶(Use 0837T in conjunction with 88173)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) ▶(Use 0838T in conjunction with 88321)◀	June 30, 2023	January 1, 2024	CPT® 2024

	▶(Do not report 0838T in conjunction with 88321 for referred digitized glass microscope slides prepared elsewhere)◀			
#+●0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure) ▶(Use 0839T in conjunction with 88323)◀ ▶(Do not report 0839T in conjunction with 88323 for referred digitized glass microscope slides prepared elsewhere)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure) ▶(Use 0840T in conjunction with 88325)◀ ▶(Do not report 0840T in conjunction with 88325 for referred digitized glass microscope slides prepared elsewhere)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure) ▶(Use 0841T in conjunction with 88331)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0842T	each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) ▶(Use 0842T in conjunction with 88332)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0843T	cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure) ▶(Use 0843T in conjunction with 88333)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0844T	cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure) ▶(Use 0844T in conjunction with 88334)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0845T in conjunction with 88346)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0846T	each additional single antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0846T in conjunction with 88350)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure) ▶(Use 0847T in conjunction with 88363)◀ ▶(Do not report 0847T in conjunction 88363, when digitization of glass microscope slides has been previously reported)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0848T in conjunction with 88365)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0849T	each additional single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0849T in conjunction with 88364)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0850T	each multiplex probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0850T in conjunction with 88366)◀	June 30, 2023	January 1, 2024	CPT® 2024

#+●0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0851T in conjunction with 88368)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0852T	each additional single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0852T in conjunction with 88369)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0853T	each multiplex probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0853T in conjunction with 88377)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure) ▶(Use 0854T in conjunction with 85060)◀ ▶(Do not report 0854T in conjunction with 85060, when digitization of glass microscope slides is performed using an automated, computer-assisted cell-morphology imaging analyzer)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) ▶(Use 0855T in conjunction with 85097)◀	June 30, 2023	January 1, 2024	CPT® 2024
#+●0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) ▶(Use 0856T in conjunction with 88348)◀	June 30, 2023	January 1, 2024	CPT® 2024
+●0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure) ▶(Use 0857T in conjunction with 76641, 76642)◀	June 30, 2023	January 1, 2024	CPT® 2024
●0858T	▶Code 0858T represents measurement of evoked cortical potentials associated with transcranial magnetic stimulation of two or more cortical areas using multiple, externally applied scalp electrode channels. Upon stimulation, the device performs automated signal processing indicating brain physiological features of connectivity, excitability, and plasticity, which may be impaired with structural and functional brain deficits. Because these physiological features may be altered in certain types of brain disease, the device's automated report of analyzed data is intended to provide clinical insight of brain function within the context of certain brain disease states. ◀ Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report ▶(Do not report 0858T in conjunction with 95836, 95957, 95961, 95965, 95966)◀	June 30, 2023	January 1, 2024	CPT® 2024
●0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy ▶(Do not report 0864T in conjunction with 0101T when treating the same area)◀	June 30, 2023	January 1, 2024	CPT® 2024
●0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session ▶(Do not report 0865T in conjunction with 70551, 70552, 70553)◀	June 30, 2023	January 1, 2024	CPT® 2024

<p>+●0866T</p>	<p>Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)</p> <p>▶(Use 0866T in conjunction with 70551, 70552, 70553)◀</p> <p>▶(For quantitative MR for analysis of tissue composition, see 0648T, 0649T, 0697T, 0698T)◀</p> <p>▶(For quantitative computed tomography tissue characterization, see 0721T, 0722T)◀</p> <p>▶(For quantitative MRI analysis of the brain without comparison to prior MR study, report 0865T, 0866T with modifier 52)◀</p>	<p>June 30, 2023</p>	<p>January 1, 2024</p>	<p>CPT® 2024</p>
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