

CPT[®] Category III Codes

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

- Revision of two Category III codes (0733T, 0734T) and the addition of 11 Category III codes (0738T-0748T) and parenthetical notes accepted by the CPT Editorial Panel at the February 2022 meeting.
- Addition of 35 Category III codes (0749T-0783T), guidelines, and parenthetical notes accepted by the CPT Editorial Panel at the May 2022 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 2023

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 2023.

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 2021 CPT Editorial Panel meeting for the 2023 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on July 1, 2022, following the six-month implementation period, which begins January 1, 2022. *Note code 0714T will precede code 0421T.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
▲0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, <u>when performed</u> , and intraoperative pachymetry, when performed (Report medication separately) (Do not report 0402T in conjunction with 65435, 69990, 76514) ▶(Report medication separately)◀	December 30, 2021	July 1, 2022	CPT® 2023
#●0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	December 30, 2021	July 1, 2022	CPT® 2023
	Health and Well-Being Coaching ▶Health and well-being coaching is a patient-centered approach wherein patients determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach. The coach is a nonphysician health care professional certified by the National Board for Health and Wellness Coaching or National Commission for Health Education Credentialing, Inc. The health and well-being coach is qualified to perform health and well-being coaching by education, training, national examination and, when applicable, licensure/regulation, and has completed a training program in health and well-being coaching whose content meets standards established by an applicable national credentialing organization. Coaches— The training includes behavioral change theory, motivational strategies, communication techniques, health education and promotion theories, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being.◀	December 30, 2021	July 1, 2022	CPT® 2023
0621T 0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope ▶(Do not report 0621T, 0622T in conjunction with 92020, 0730T)◀	Revised Parenthetical Note Released to AMA Website December 30, 2021	Revised Parenthetical Note Effective July 1, 2022	Revised Parenthetical Note Publication CPT® 2023
+●0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) ▶(Use 0715T in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	December 30, 2021	July 1, 2022	CPT® 2023
●0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs ▶(Do not report 0717T in conjunction with 15769, 15771, 15772, 15773, 15774, 15876, 15877, 15878, 15879, 20610, 20611, 76942, 77002, 0232T, 0481T, 0489T, 0565T)◀	December 30, 2021	July 1, 2022	CPT® 2023

●0718T	injection into supraspinatus tendon including ultrasound guidance, unilateral ▶(Do not report 0718T in conjunction with 20610, 20611, 76942, 77002, 0232T, 0481T, 0490T, 0566T)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment ▶(Do not report 0719T in conjunction with 22840, 63005, 63012, 63017, 63030, 63042, 63047, 63056, 76000, 76496)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	December 30, 2021	July 1, 2022	CPT® 2023
●0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging ▶(Do not report 0721T in conjunction with 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 71250, 71260, 71270, 71271, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72192, 72193, 72194, 73200, 73201, 73202, 73700, 73701, 73702, 74150, 74160, 74170, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 76497, 0722T, when performed on the same anatomy)◀	December 30, 2021	July 1, 2022	CPT® 2023
+●0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure) ▶(Use 0722T in conjunction with 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 71250, 71260, 71270, 71271, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72192, 72193, 72194, 73200, 73201, 73202, 73700, 73701, 73702, 74150, 74160, 74170, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 76497, 0721T)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session ▶(Do not report 0723T in conjunction with 74181, 74182, 74183, 76376, 76377, 0724T, when also evaluating same organ, gland, tissue, or target structure)◀	December 30, 2021	July 1, 2022	CPT® 2023
+●0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) ▶(Use 0724T in conjunction with 74181, 74182, 74183, when also evaluating same organ, gland, tissue, or target structure)◀ ▶(Do not report 0724T in conjunction with 76376, 76377, 0723T)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0725T	Vestibular device implantation, unilateral ▶(Do not report 0725T in conjunction with 69501, 69502, 69505, 69511, 69601, 69602, 69603, 69604)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0726T	Removal of implanted vestibular device, unilateral	December 30, 2021	July 1, 2022	CPT® 2023

	▶(Do not report 0726T in conjunction with 69501, 69502, 69505, 69511, 69601, 69602, 69603, 69604)◀			
●0727T	Removal and replacement of implanted vestibular device, unilateral ▶(Do not report 0727T in conjunction with 69501, 69502, 69505, 69511, 69601, 69602, 69603, 69604)◀ ▶(For cochlear device implantation, with or without mastoidectomy, use 69930)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	December 30, 2021	July 1, 2022	CPT® 2023
●0729T	with subsequent programming ▶(For initial and subsequent diagnostic analysis and programming of cochlear implant, see 92601, 92602, 92603, 92604)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance ▶(Do not report 0730T in conjunction with 65850, 65855, 92132, 0621T, 0622T)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0731T	Augmentative AI-based facial phenotype analysis with report	December 30, 2021	July 1, 2022	CPT® 2023
●0732T	Immunotherapy administration with electroporation, intramuscular	December 30, 2021	July 1, 2022	CPT® 2023
●0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	December 30, 2021	July 1, 2022	CPT® 2023
●0734T	treatment management services by a physician or other qualified health care professional, per calendar month	December 30, 2021	July 1, 2022	CPT® 2023
+●0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure) ▶(Use 0735T in conjunction with 61510, 61512, 61518, 61519, 61521)◀	December 30, 2021	July 1, 2022	CPT® 2023
●0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	December 30, 2021	July 1, 2022	CPT® 2023
●0737T	Xenograft implantation into the articular surface ▶(Use 0737T once per joint)◀ ▶(Do not report 0737T in conjunction with 27415, 27416)◀	December 30, 2021 Parenthetical Note Released to AMA Website March 1, 2022	July 1, 2022	CPT® 2023
The following Category III codes, guidelines, and parenthetical notes were accepted and/or revised at the February 2022 CPT Editorial Panel meeting for the 2023 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on January 1, 2023, following the six-month implementation period, which begins July 1, 2022.				
0557T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; interpretation and report	Revised Parenthetical Note Released to AMA Website	Revised Parenthetical Note Released to AMA Website July 1, 2022	Revised Parenthetical Note Publication CPT® 2023

	▶(Do not report 0554T, 0555T, 0556T, 0557T in conjunction with 0691T, <u>0743T</u>)◀	July 1, 2022		
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report ▶(Do not report 0691T in conjunction with 71250, 71260, 71270, 71271, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 78814, 78815, 78816, 0554T, 0555T, 0556T, 0557T, 0558T, <u>0743T</u>)◀	Revised Parenthetical Note Released to AMA Website July 1, 2022	Revised Parenthetical Note Released to AMA Website July 1, 2022	Revised Parenthetical Note Publication CPT® 2023
▲0733T	Remote real-time, motion capture-based neurorehabilitative body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Revision Released to AMA Website July 1, 2022	Revision Effective January 1, 2023	Revision Publication CPT® 2023
▲0734T	treatment management services by a physician or other qualified health care professional, per calendar month	Revision Released to AMA Website July 1, 2022	Revision Effective January 1, 2023	Revision Publication CPT® 2023
●0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination ▶(Do not report 0738T in conjunction with 0739T on the same date of service)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation ▶(Do not report 0739T in conjunction with 51700, 51702, 72192, 72193, 72194, 72195, 72196, 72197, 74176, 74177, 74178, 76497, 76498, 76856, 76857, 76872, 76873, 76940, 76942, 76998, 76999, 77011, 77012, 77013, 77021, 77022, 77600, 77605, 77610, 77615, 77620)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education ▶(Do not report 0740T in conjunction with 95249, 95250, 95251, 98975, 99453)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0741T	provision of software, data collection, transmission, and storage, each 30 days ▶(Do not report 0741T in conjunction with 95249, 95250, 95251, 99091, 99454)◀ ▶(Do not report 0741T for data collection less than 16 days)◀	July 1, 2022	January 1, 2023	CPT® 2023
±●0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) ▶(Use 0742T in conjunction with 78451, 78452)◀ ▶(For absolute quantification of myocardial blood flow [AQMBF] with positron emission tomography [PET], use 78434)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0743T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data,	July 1, 2022	January 1, 2023	CPT® 2023

	measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report ▶(Do not report 0743T in conjunction with 0554T, 0555T, 0556T, 0557T, 0691T)◀			
●0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed ▶(Do not report 0744T in conjunction with 34501, 34510, 76998, 93971)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance ▶(For catheter-based electrophysiologic evaluation, see 93609, 93619, 93620, 93621, 93622)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0746T	conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	July 1, 2022	January 1, 2023	CPT® 2023
●0747T	delivery of radiation therapy, arrhythmia	July 1, 2022	January 1, 2023	CPT® 2023
●0748T	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings) ▶(Report 0748T once per session)◀ ▶(Report stem cell product separately)◀ ▶(Do not report 0748T in conjunction with 46030, 46940, 46942)◀	July 1, 2022	January 1, 2023	CPT® 2023
<p>The following Category III codes, guidelines, and parenthetical notes were accepted at the May 2022 CPT Editorial Panel meeting for the 2023 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on January 1, 2023, following the six-month implementation period, which begins July 1, 2022. *Note resequenced codes 0749T, 0750T will follow code 0743T.</p>				
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes) ▶(For peripheral nerve transcutaneous magnetic stimulation, see 0766T, 0767T, 0768T, 0769T)◀	Parenthetical Note Released to AMA Website July 1, 2022	Parenthetical Note Effective January 1, 2023	CPT® 2023
#●0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; ▶(When the data from a concurrently performed wrist or hand X ray obtained for another purpose is used for the DXR-BMD analysis, use the appropriate X-ray code in conjunction with 0749T. If a single-view digital X ray of the hand is used as a data source, use 0750T)◀	July 1, 2022	January 1, 2023	CPT® 2023
#●0750T	with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	July 1, 2022	January 1, 2023	CPT® 2023
	▶ 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 images (either in real-time or stored in a computer server or cloud-based digital image archival	Section and Guidelines Released to AMA Website July 1, 2022	Section and Guidelines Effective January 1, 2023	CPT® 2023

	<p>and communication system) are used for digital examination for pathologic diagnosis distinct from direct visualization through a microscope.</p> <p>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 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.</p> <p>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). ◀</p>			
+●0751T	<p>Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)</p> <p>▶(Use 0751T in conjunction with 88302)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0752T	<p>Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)</p> <p>▶(Use 0752T in conjunction with 88304)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0753T	<p>Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)</p> <p>▶(Use 0753T in conjunction with 88305)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0754T	<p>Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)</p> <p>▶(Use 0754T in conjunction with 88307)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0755T	<p>Digitization of glass microscope slide for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)</p> <p>▶(Use 0755T in conjunction with 88309)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0756T	<p>Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)</p> <p>▶(Use 0756T in conjunction with 88312)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0757T	<p>Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)</p> <p>▶(Use 0757T in conjunction with 88313)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0758T	<p>Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)</p> <p>▶(Use 0758T in conjunction with 88314)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0759T	<p>Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)</p>	July 1, 2022	January 1, 2023	CPT® 2023

	▶(Use 0759T in conjunction with 88319)◀			
+●0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0760T in conjunction with 88342)◀	July 1, 2022	January 1, 2023	CPT® 2023
+●0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0761T in conjunction with 88341)◀	July 1, 2022	January 1, 2023	CPT® 2023
+●0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0762T in conjunction with 88344)◀	July 1, 2022	January 1, 2023	CPT® 2023
+●0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure) ▶(Use 0763T in conjunction with 88360)◀	July 1, 2022	January 1, 2023	CPT® 2023
+●0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure) ▶(Use 0764T in conjunction with 93000, 93010)◀ ▶(Use 0764T only once for each unique, concurrently performed electrocardiogram tracing)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0765T	related to previously performed electrocardiogram ▶(Use 0765T only once for each unique, previously performed electrocardiogram tracing)◀	July 1, 2022	January 1, 2023	CPT® 2023
	▶Codes 0766T, 0767T, 0768T, 0769T describe transcutaneous magnetic stimulation that is performed to treat chronic nerve pain and provided by a physician or other qualified health care professional. The injured nerve is localized using magnetic stimulation at the time of the initial treatment, the skin is marked (with photographic record) to facilitate rapid localization of the correct site for subsequent treatments, and the appropriate amplitude of magnetic stimulation is defined. Noninvasive electroneurography (nerve conduction) may be used as guidance to confirm the precise localization of the injured nerve and, when performed, should not be separately reported as a diagnostic study. A separate diagnostic nerve conduction study performed prior to the decision to treat with transcutaneous magnetic stimulation may be separately reported.◀	Guidelines Released to AMA Website July 1, 2022	Guidelines Effective January 1, 2023	CPT® 2023
●0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	July 1, 2022	January 1, 2023	CPT® 2023
+●0767T	each additional nerve (List separately in addition to code for primary procedure) ▶(Use 0767T in conjunction with 0766T)◀	July 1, 2022	January 1, 2023	CPT® 2023

	<p>▶(Do not report 0766T, 0767T in conjunction with 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, for nerve conduction used as guidance for transcutaneous magnetic stimulation therapy)◀</p> <p>▶(Do not report 0766T, 0767T in conjunction with 64566, 90867, 90868, 90869, 97014, 97032, 0278T, for the same nerve)◀</p>			
●0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	July 1, 2022	January 1, 2023	CPT® 2023
+●0769T	<p>each additional nerve (List separately in addition to code for primary procedure)</p> <p>▶(Use 0769T in conjunction with 0768T)◀</p> <p>▶(Do not report 0768T, 0769T in conjunction with 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, for nerve conduction used as guidance for transcutaneous magnetic stimulation therapy)◀</p> <p>▶(Do not report 0768T, 0769T in conjunction with 64566, 90867, 90868, 90869, 97014, 97032, 0278T, for the same nerve)◀</p> <p>▶(For posterior tibial neurostimulation, percutaneous needle electrode, use 64566)◀</p> <p>▶(For therapeutic repetitive transcranial magnetic stimulation [TMS] treatment, see 90867, 90868, 90869)◀</p> <p>▶(For application of a modality to one or more areas, electrical stimulation [unattended], use 97014)◀</p> <p>▶(For application of a modality to one or more areas, electrical stimulation [manual], each 15 minutes, use 97032)◀</p> <p>▶(For transcutaneous electrical modulation pain reprocessing [eg, scrambler therapy], each treatment session [includes placement of electrodes], use 0278T)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
	▶Virtual reality (VR) technology may be integrated into multiple types of patient therapy as an adjunct to the base therapy. Code 0770T is an add-on code that represents the practice expense for the software used for the VR technology and may be reported for each session for which the VR technology is used. VR technology is incorporated into the base therapy session and is used to enhance the training or teaching of a skill upon which the therapy is focused. Code 0770T does not incur any additional reported therapist time beyond that already reported with the base therapy code.◀	<p>Guidelines Released to AMA Website</p> <p>July 1, 2022</p>	<p>Guidelines Effective</p> <p>January 1, 2023</p>	CPT® 2023
+●0770T	<p>Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)</p> <p>▶(Use 0770T only in conjunction with 90832, 90833, 90834, 90836, 90837, 90838, 90847, 90849, 90853, 92507, 92508, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 97110, 97112, 97129, 97150, 97153, 97154, 97155, 97158, 97530, 97533, 97535, 97537)◀</p> <p>▶(Do not report 0770T more than once per session)◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
	<p>▶Virtual Reality Patient Procedural Dissociation◀</p> <p>▶Virtual reality (VR) procedural dissociation is a VR-based state of altered consciousness that supports and optimizes the patient's comfort, increases procedural tolerance, and decreases the patient's pain during the associated</p>	<p>Guidelines Released to AMA Website</p> <p>July 1, 2022</p>	<p>Guidelines Effective</p> <p>January 1, 2023</p>	CPT® 2023

	<p>procedure. VR procedural dissociation establishes a computer-generated audio, visual, and proprioceptive immersive environment in which patients respond purposefully to verbal commands and stimuli, either alone or accompanied by light tactile stimulation. VR procedural dissociation does not involve interventions to maintain cardiovascular function, patent airway, or spontaneous ventilation.</p> <p>VR procedural dissociation codes 0771T, 0772T, 0773T, 0774T are not used to report administration of medications for pain control, minimal sedation (anxiolysis), moderate sedation (99151, 99152, 99153, 99155, 99156, 99157), deep sedation, or monitored anesthesia care (00100-01999). Time spent administering VR procedural dissociation cannot be used to report moderate sedation or anesthesia services. VR procedural dissociation is not reported for patients younger than 5 years of age.</p> <p>For 0771T, 0772T, the independent, trained observer is an individual who is qualified to monitor the patient during the procedure and has no other duties (eg, assisting at surgery) during the procedure. This individual has undergone training in immersive technologies and can adjust the technology under the supervision of the physician or other qualified health care professional who is performing the procedure. If the physician or other qualified health care professional who provides the VR also performs the procedure supported by VR (0771T, 0772T), the physician or other qualified health care professional will supervise and direct the independent, trained observer who will assist in monitoring the patient's level of consciousness, procedural dissociation, and physiological status throughout the procedure.</p> <p>Intraservice time is used to determine the appropriate code to report VR procedural dissociation and is defined as:</p> <ul style="list-style-type: none"> ▪ beginning with administration of the immersive VR technology, which at minimum, includes audio, video, and proprioceptive feedback; ▪ requiring continuous face-to-face attendance of the physician or other qualified health care professional. Once continuous face-to-face time with the patient has ended, additional face-to-face time with the patient is not added to the intraservice time; ▪ ending when the procedure and the administration of the VR technology ends and the physician or other qualified health care professional is no longer continuously face-to-face with the patient; ▪ requiring monitoring patient response to the VR procedural dissociation, including: <ul style="list-style-type: none"> • periodic assessment of the patient; • monitoring of procedural tolerance, oxygen saturation, heart rate, pain, neurological status, and global anxiety; • altering of and/or adjustment of the VR program to optimize the dissociated state based on patient tolerance of the associated. • Optimization techniques include: <ul style="list-style-type: none"> ○ changing the VR baseline software program and/or adjustment of program volume; ○ adjusting the visual virtual environment; ○ altering the visual virtual position of the VR program to enable patient repositioning; ○ changing an embedded video programming in the virtual environment to maintain the dissociated state; and ○ utilizing and adjusting a proprioception, olfactory, or tactile feedback loop that corresponds to the VR program to achieve a proper and/or deeper dissociated state. <p>Preservice work and time are not reported separately and include the initial ordering and selecting of the VR program, describing VR procedural dissociation to the patient and/or family, and applying the VR device to the patient prior to starting the procedure. Postservice work and time is not reported separately and begins with the end of the procedure, the termination of the VR technology, and</p>			
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	when the physician or other qualified health care professional is no longer continuously face-to-face with the patient. ◀						
			▶ Virtual reality (VR) procedural dissociation by physician or other qualified health care professional (same physician or other qualified health care professional performing the procedure the VR is supporting)	Virtual reality (VR) procedural dissociation by different physician or other qualified health care professional (not the physician or other qualified health care professional who is performing the procedure the VR is supporting)	Guidelines Released to AMA Website July 1, 2022	Guidelines Effective January 1, 2023	CPT® 2023
	Total Intraservice Time for VR Procedural Dissociation	Patient Age	Code(s)	Code(s)			
	Less than 10 minutes	< 5 years	Not reported separately	Not reported separately			
		5 years or older	Not reported separately	Not reported separately			
	10-22 minutes	5 years or older	0771T	0773T			
	23-37 minutes	5 years or older	0771T + 0772T X 1	0773T + 0774T X 1			
	38-52 minutes	5 years or older	0771T + 0772T X 2	0773T + 0774T X 2			
	53-67 minutes	5 years or older	0771T + 0772T X 3	0773T + 0774T X 3 ◀			
●0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older				July 1, 2022	January 1, 2023	CPT® 2023
+●0772T	each additional 15 minutes intraservice time (List separately in addition to code for primary service) ▶(Use 0772T in conjunction with 0771T)◀				July 1, 2022	January 1, 2023	CPT® 2023
●0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older				July 1, 2022	January 1, 2023	CPT® 2023
+●0774T	each additional 15 minutes intraservice time (List separately in addition to code for primary service) ▶(Use 0774T in conjunction with 0773T)◀				July 1, 2022	January 1, 2023	CPT® 2023
	▶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				Guidelines Released to AMA Website July 1, 2022	Guidelines Effective January 1, 2023	CPT® 2023

	arthrodesis of the sacroiliac joint utilizing both a transfixation device and intra-articular implant(s), use 27299. ◀			
●0775T	<p>Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])</p> <p>▶(Do not report 0775T in conjunction with 27279, 27280) ◀</p> <p>▶(For percutaneous arthrodesis, sacroiliac joint, with transfixation device, use 27279) ◀</p> <p>▶(For removal or replacement of sacroiliac intra-articular implant[s], use 27299) ◀</p> <p>▶(For bilateral procedure, report 0775T with modifier 50) ◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
●0776T	<p>Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment</p> <p>▶(Do not report 0776T more than once per day) ◀</p> <p>▶(For initiation of selective head or total body hypothermia in the critically ill neonate, use 99184) ◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
+●0777T	<p>Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)</p> <p>▶(Use 0777T in conjunction with 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327) ◀</p>	July 1, 2022	January 1, 2023	CPT® 2023
	<p>▶Office-Based Measurement of Mechanomyography and Inertial Measurement Units ◀</p> <p>▶Code 0778T represents the measurement and recording of dynamic joint motion and muscle function that includes the incorporation of multiple inertial measurement unit (IMU) with concurrent surface mechanomyography (sMMG) sensors. Code 0778T is not a remote service and measurements are obtained in the office setting while the patient is physically present.</p> <p>The IMU sensors contain an accelerometer that measures acceleration and velocity of the body during movement, a gyroscope that measures the positioning, rotation, and orientation of the body during movement, and a magnetometer that measures the strength and direction of the magnetic field to orient the body position during movement relative to the earth's magnetic north field. The sMMG sensors measure muscle function by quantifying muscle activation and contraction amplitude and duration by recording high-sensitivity volumetric change.</p> <p>A combination of the sensors is used to dynamically record multi-joint motion and muscle function bilaterally and concurrently during functional movement. Data collected from the wireless-enabled IMUs and sMMGs are then uploaded to a secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant cloud-based processing platform. The cloud-based application immediately processes the data and produces an automated report with digestible chronological data to assist in serial tracking improvement, decline, or plateau of progress during the episode of care. When 0778T is performed on the same day as another therapy, assessment, or evaluation services, those services may be reported separately and in addition to 0778T. ◀</p>	<p>Section and Guidelines Released to AMA Website</p> <p>July 1, 2022</p>	<p>Section and Guidelines Effective</p> <p>January 1, 2023</p>	CPT® 2023
●0778T	<p>Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function</p> <p>▶(Do not report 0778T in conjunction with 96000, 96004, 98975, 98977, 98980, 98981) ◀</p>	July 1, 2022	January 1, 2023	CPT® 2023

●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)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract ▶(Do not report 0780T in conjunction with 44705, 44799, 45999, 74283)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	July 1, 2022	January 1, 2023	CPT® 2023
●0782T	unilateral mainstem bronchus ▶(Use 0781T, 0782T only once, regardless of the number of treatments per bronchus)◀ ▶(Do not report 0781T, 0782T in conjunction with 31622-31638, 31640, 31641, 31643, 31645, 31646, 31647, 31648, 31649, 31651, 31652, 31653, 31654, 31660, 31661)◀ ▶(For bronchial thermoplasty, see 31660, 31661)◀	July 1, 2022	January 1, 2023	CPT® 2023
●0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	July 1, 2022	January 1, 2023	CPT® 2023