



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, and procedures.

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, the AMA's CPT Web site features updates of the CPT Editorial Panel actions and early release of the Category III codes in July and January in a given CPT cycle. This was approved by the CPT Editorial Panel as a part of the 1998-2000 CPT-5 projects. These dates for early release correspond with the three annual CPT Editorial Panel meetings for each CPT cycle (June, October, and February). Although publication of Category III codes through early release to the CPT web site allows for expedient dispersal of the code and descriptor, early availability does not imply that these codes are immediately reportable before the posted implementation date.

Publication of the Category III codes to this Web site takes place on a semiannual basis when the codes have been approved by the CPT Editorial Panel. The full set of temporary Category III codes for emerging technology, procedures and services 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 technology, services, and procedures. 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 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.

These codes have an alpha character as the 5th character in the string preceded by four digits (e.g., 1234T) and are located in a separate section of the CPT codebook, following the Medicine section. The introductory language for this code section explains the purpose of these codes

CPT Category III codes are intended to be used for data collection purposes to substantiate widespread usage or to provide documentation for the FDA approval process. 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. Payment for these services or procedures is based on the policies of payers and not on a yearly fee schedule.

In general, a given Category III code will be archived five years from the date of 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).

Category III codes for CPT 2015

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. Also, future Panel actions may result in gaps in code number sequencing. A cross-reference will appear in the Category III section of the CPT codebook to direct users to the newly established CPT Category I code.

Unless otherwise indicated, the symbol ● indicates new procedure codes that will be added to the CPT codebook in 2015.

Category III codes

The following section contains a set of temporary codes for emerging technology, services, and procedures. Category III codes allow data collection for these services or procedures. Use of unlisted codes 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 the codes in this section allows physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technology, services, and procedures for clinical efficacy, utilization, and outcomes.

The inclusion of a service or procedure in this section neither implies nor endorses clinical efficacy, safety, or the applicability to clinical practice. The codes in this section may not conform to the usual requirements for CPT Category I codes established by the Editorial Panel. The nature of emerging technology, services, and procedures is such that the requirements for the Category I criteria may not be met. For these reasons, temporary codes for emerging technology, services, and procedures have been placed in a separate section of the CPT codebook, and the codes are differentiated from CPT Category I codes by the use of the alphanumeric characters.

Services/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 date of 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/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 are released semi-annually via the AMA/CPT internet site, to expedite dissemination for reporting. The full set of temporary codes for emerging technology, services, and procedures are published annually in the CPT codebook. Go to www.ama-assn.org/go/cpt for the most current listing.

Category III codes 0340T- 0346T were accepted at the May 2013 CPT Editorial Panel meeting for the 2015 CPT production cycle. Therefore, these codes do not appear in the 2014 CPT codebook. However, due to the Category III code early release policy, these codes are effective on January 1, 2014, following the six- month implementation period which began on July 1, 2013. Shaded text refers to additional refinements accepted at the October 2013 CPT Editorial Panel meeting for the 2015 CPT production cycle.

<p>⊙●0340T Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance</p>	<p>Released July 1, 2013 Implemented January 1, 2014</p> <p>Moderate Sedation symbol ⊙ added October 2013</p>	<p>CPT 2015</p>
<p>(Do not report code 0340T in conjunction with 76940, 77013, 77022)</p>		
<p>●0341T Quantitative pupillometry with interpretation and report, unilateral or bilateral</p>	<p>Released July 1, 2013 Implemented January 1, 2014</p>	<p>CPT 2015</p>
<p>●0342T Therapeutic apheresis with selective HDL delipidation and plasma reinfusion</p>	<p>Released July 1, 2013 Implemented January 1, 2014</p>	<p>CPT 2015</p>
<p>●0343T Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis</p>	<p>Released July 1, 2013 Implemented January 1, 2014</p>	<p>CPT 2015</p>
<p>●0344T additional prosthesis (es) during same session (List separately in addition to code for primary procedure)</p>	<p>Released July 1, 2013 Implemented January 1, 2014</p>	<p>CPT 2015</p>
<p>(Use 0343T in conjunction with 0344T)</p>		
<p>●0345T Transcatheter mitral valve repair percutaneous approach via the coronary sinus</p>	<p>Released July 1, 2013 Implemented January 1, 2014</p>	<p>CPT 2015</p>
<p>(0343T is applicable for initial prosthesis placed during a session even when patient has an existing mitral valve prosthesis in place)</p>		

	(Do not report 0343T, 0344T, 0345T in conjunction with 93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461 for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)		
	(Do not report 0345T in conjunction with 93453, 93454 for coronary angiography intrinsic to the valve repair procedure)		
●0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)	Released July 1, 2013 Implemented January 1, 2014	CPT 2015
	(Use 0346T in conjunction with 76536, 76604, 76645, 76700, 76705, 76770, 76775, 76830, 76856, 76857, 76870, 76872, 76881, 76882)		
	(For elastography without ultrasound imaging, use an unlisted code)	Refinement approved October 2013	
<p>Category III codes were accepted at the October 2013 CPT Editorial Panel meeting for the 2015 CPT production cycle. However, due to the Category III code early release policy, these codes are effective on July 1, 2014, following the six-month implementation period which begins January 1, 2014.</p>			
●0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
●0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
●0349T	upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Released January 1, 2014 Implemented July 1, 2014	CPT 2015

●0350T	lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
●0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
●0352T	interpretation and report, real time or referred	Released January 1, 2014 Implemented July 1, 2014	
	(Do not report 0352T in conjunction with 0351T when performed by the same physician)		
●0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
	(Report 0353T once per session)		
●0354T	interpretation and report, real time or referred	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
	(Do not report 0354T in conjunction with 0353T when performed by the same physician)		
●0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
	(Use 0355T for imaging of distal ileum, when performed)		
	(Do not report 0355T in conjunction with 91110, 91111)		
●0356T	Insertion of drug-eluting implant (including punctual dilation and implant removal when performed) into lacrimal canaliculus, each	Released January 1, 2014 Implemented July 1, 2014	CPT 2015



<p>●0358T Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report</p>	<p>Released January 1, 2014 Implemented July 1, 2014</p>	<p>CPT 2015</p>
<p>Adaptive Behavior Assessments</p> <p>Behavior identification assessment (0359T) conducted by the physician or other qualified health care professional, includes a detailed behavioral history, patient observation, administration of standardized and non-standardized tests and structured guardian/caregiver interview to identify and describe deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication deficits, destructive behaviors, and additional functional limitations secondary to maladaptive behaviors). 0359T also includes the physician’s or other qualified health care professional’s interpretation of results and development of plan of care, which may include further observational or exposure behavioral follow-up assessment(s) (0360T, 0361T, 0362T, 0363T), discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.</p> <p>Observational behavioral follow-up assessment (0360T, 0361T) is administered by a technician under the direction of a physician or other qualified health care professional. The physician or other qualified health care professional may or may not be on-site during the face-to-face assessment process. Codes 0360T, 0361T include the physician’s or other qualified health care professional’s interpretation of results, discussion of findings and recommendations with the primary caregiver(s), and preparation of report.</p> <p>Codes 0360T, 0361T describe services provided to patients who present with specific destructive behavior(s) (eg, self-injurious behavior, aggression, property destruction) or behavioral problems secondary to repetitive behaviors or deficits in communication or social relatedness. These assessments include use of structured observation and/or standardized and non-standardized tests to determine levels of adaptive behavior. Areas assessed may include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play and leisure and social interactions. Specific destructive behavior(s) assessments include structured observational testing to examine events, cues, responses, and consequences associated with the behavior(s).</p>		<p>CPT 2015</p>

<p>Exposure behavioral follow-up assessment (0362T, 0363T) is administered by the physician or other qualified health care professional with the assistance of one or more technicians. Codes 0362T, 0363T include the physician's or other qualified health care professional's interpretation of results, discussion of findings and recommendations with the primary caregiver(s), and preparation of report.</p> <p>The typical patients for 0362T, 0363T include patients with one or more specific severe destructive behavior(s) (eg, self-injurious behavior, aggression, property destruction). Specific severe destructive behavior(s) are assessed using structured testing to examine events, cues, responses, and consequences associated with the behavior(s).</p>		
<p>Codes 0362T, 0363T include exposing the patient to a series of social and environmental conditions associated with the destructive behavior(s). Assessment methods include using testing methods designed to examine triggers, events, cues, responses, and consequences, associated with the before mentioned maladaptive behavior(s). This assessment is completed in a structured, safe environment.</p> <p>Codes 0360T, 0361T, 0362T, 0363T are reported following 0359T based on the time that the patient is face-to-face with one or more technician(s). Only count the time of one technician when two or more are present. Codes 0360T, 0361T, 0362T, 0363T are reported per the CPT Time Rule (eg, a unit of time is attained when the mid-point is passed). See Table 1. The time reported with 0360T, 0361T, 0362T, 0363T is over a single day and is not cumulative over a longer period.</p> <p>Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, 96101-96125, 96150, 96151, 96152, 96153, 96154, 96155 on the same date.</p> <p>(For psychiatric diagnostic evaluation, see 90791, 90792) (For speech evaluations, use 92506) (For occupational therapy evaluation, see 97003, 97004) (For medical team conference, see 99366, 99367, 99368) (For health and behavior assessment/intervention, see 96150, 96151, 96152, 96153, 96154, 96155) (For neurobehavioral status exam, use 96116) (For neuropsychological testing, use 96118)</p>		

Table1
Reporting of 0360T, 0361T, 0362T, 0363T per CPT Time Rule
Utilizing Face-to-Face Technician Time

Less than 16 min	Not reportable
16 – 45 min	0360T or 0362T
46 – 75 min	0360T and 0361T, or 0362T and 0363T
Each additional increment up to 30 min	Additional 0361T or 0363T

●0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
●0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
+●0361T	each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	Released January 1, 2014 Implemented July 1, 2014	CPT 2015
(Use 0361T in conjunction with 0360T)			
●0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	Released January 1, 2014 Implemented July 1, 2014	CPT 2015

<p>+●0363T each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)</p>	<p>Released January 1, 2014 Implemented July 1, 2014</p>	<p>CPT 2015</p>
<p>(Use 0363T in conjunction with 0362T)</p>		
<p>(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)</p>		
<p>Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, 96101-96125, 96150, 96151, 96152, 96153, 96154, 96155)</p>		
<p>Coding Tip</p> <p>If the physician or other qualified health care professional personally performs the technician activities, his or her time engaged in these activities may be included as part of the required technician time to meet the elements of the code.</p>		
<p>Adaptive Behavior Treatment Adaptive behavior treatment codes 0364T-0374T describe services provided to patients, presenting with deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication, destructive behaviors, or additional functional limitations secondary to maladaptive behaviors). Specific target problems and treatment goals are based on results of previous assessments (see 0359T-0363T).</p>	<p>Released March 2014 Implemented July 1, 2014</p>	<p>CPT 2015</p>
<p>Adaptive behavior treatment by protocol and group adaptive behavior treatment by protocol are administered by a technician face-to-face with one patient (0364T, 0365T), or two or more patients (0366T, 0367T) under the direction of a physician or other qualified health care professional, utilizing a behavior intervention protocol designed in advance by the physician or other qualified health care professional who may or may not provide direct supervision during the face-to-face therapy. Do not report 0366T, 0367T if the group is larger than 8 patients.</p>		



<p>Adaptive behavior treatment with protocol modification (0368T, 0369T) is administered by a physician or other qualified health care professional face-to-face with a single patient. The physician or other qualified health care professional resolves one or more problems with the protocol and may simultaneously instruct a technician and/or guardian(s)/caregiver(s) in administering the modified protocol. Physician or other qualified health care professional instruction of the technician without the patient present is not reported separately.</p>		
<p>Family adaptive behavior treatment guidance and multiple-family group adaptive behavior treatment guidance are administered by a physician or other qualified health care professional face-to-face with guardian(s)/caregiver(s), without the presence of a patient, and involves identifying problem behaviors and deficits and teaching guardian(s)/caregiver(s) of one patient (0370T) or multiple patients (0371T) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits. Do not report 0371T if the group is larger than 8 patients.</p>		
<p>Adaptive behavior treatment social skills group (0372T) is administered by a physician or other qualified health care professional face-to-face with multiple patients, focusing on social skills training and identifying and targeting individual patient social deficits and problem behaviors. The physician or other qualified health care professional monitors the needs of individual patients and adjusts the therapeutic techniques during the group, as needed. Services to increase target social skills may include modeling, rehearsing, corrective feedback, and homework assignments. In contrast to adaptive behavior treatment by protocol techniques (0364T-0367T), adjustments required in social skills group setting are made in real time rather than for a subsequent service. Do not report 0372T if the group is larger than 8 patients.</p>		
<p>Codes 0364T-0369T, 0372T may include services involving patient interaction with other individuals, including other patients. Report group services (0366T, 0367T, 0372T) only for patients who are participating in the interaction in order to meet their own individual treatment goals.</p>		
<p>Coding Tips</p> <p>If the physician or other qualified health care professional personally performs the technician activities, his or her time engaged in these activities may be reported as technician time. Each minute is only counted once whether 1 or more than one treating individual is present</p>		



●0364T	Adaptive behavior treatment by protocol , administered by technician, face-to-face with one patient; first 30 minutes of technician time	Released March 2014 Implemented July 1, 2014	CPT 2015
✚●0365T	each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Released March 2014 Implemented July 1, 2014	CPT 2015
	(Use 0365T in conjunction with 0364T)		
	(Do not report 0364T, 0365T in conjunction with 90785-90899, 92507, 96101-96155, 97532)		
●0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	Released March 2014 Implemented July 1, 2014	CPT 2015
✚●0367T	each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Released March 2014 Implemented July 1, 2014	CPT 2015
	(Use 0367T in conjunction with 0366T)		
	(Do not report 0366T, 0367T if the group is larger than 8 patients)		
	(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, 96101-96155, 97150)		
●0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	Released March 2014 Implemented July 1, 2014	CPT 2015
●0369T	each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	Released March 2014 Implemented July 1, 2014	CPT 2015



	(Use 0369T in conjunction with 0368T)		
	(Do not report 0368T, 0369T in conjunction with 90791, 90792, 90846, 90847, 90887, 92507, 97532)		
●0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Released March 2014 Implemented July 1, 2014	CPT 2015
●0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Released March 2014 Implemented July 1, 2014	CPT 2015
	(Do not report 0371T when the families of more than 8 patients are participants)		
	(Do not report 0370T, 0371T in conjunction with 90791, 90792, 90846, 90847, 90887)		
●0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	Released March 2014 Implemented July 1, 2014	CPT 2015
	(Do not report 0372T if the group is larger than 8)		
	(Do not report 0372T in conjunction with 90853, 92508, 97150)		

<p>Exposure Adaptive Behavior Treatment With Protocol Modification</p> <p>Codes 0373T, 0374T describe services provided to patients with one or more specific severe destructive behaviors (eg, self-injurious behavior, aggression, property destruction), with direct supervision by a physician or other qualified health care professional which requires two or more technicians face-to-face with the patient for safe treatment. Technicians elicit behavioral effects of exposing the patient to specific environmental conditions and treatments. Technicians record all occurrences of targeted behaviors. The physician or other qualified health care professional reviews and analyzes data and refines the therapy using single-case designs; ineffective components are modified or replaced until discharge goals are achieved (eg, reducing destructive behavior by at least 90%, generalizing the treatment effects across caregivers and settings, or maintaining the treatment effects over time). The therapy is conducted in a structured, safe environment. Precautions may include environmental modifications and/or protective equipment for the safety of the patient or the technicians.</p>	<p>Released March 2014 Implemented July 1, 2014</p>	<p>CPT 2015</p>
<p>●0373T Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient</p>	<p>Released March 2014 Implemented July 1, 2014</p>	<p>CPT 2015</p>
<p>✚●0374T each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)</p>	<p>Released March 2014 Implemented July 1, 2014</p>	<p>CPT 2015</p>
<p>(Use 0374T in conjunction with 0373T)</p>		
<p>(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)</p>		
<p>(Do not report 0373T, 0374T in conjunction with 90785-90899, 96101-96155)</p>		