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## CPT® Category III Codes

### Most recent changes to the CPT® Category III Codes document

- Editorial revisions to the guidelines preceding code 0544T.
- Removal of hyphen between “Bone” and “quality” in the descriptor for code 0547T.
- Revision of code 78710 to 75710 in the parenthetical note following code 0553T.
- Removal of two commas in the descriptor for code 0554T.
- Addition of 6 new Category III codes (0563T-0568T) accepted by the CPT Editorial Panel at the February 2019 meeting.
- Addition of 25 new Category III codes (0569T-0593T) accepted by the CPT Editorial Panel at the May 2019 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 2020**

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 2020.

### **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 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 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 below for most current listing.

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 were accepted at the September 2018 CPT Editorial Panel meeting for the 2020 CPT production cycle. However, due to Category III code's early release policy, these codes are effective on July 1, 2019, following the six-month implementation period, which begins January 1, 2019.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
▲0402T	Collagen cross-linking of cornea, (including removal of the corneal epithelium and intraoperative pachymetry, when performed) (Report medication separately)	January 1, 2019	July 1, 2019	CPT® 2020
●0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae  ►(For transesophageal echocardiography image guidance, use 93355)◄	January 1, 2019	July 1, 2019	CPT® 2020
	<p>►Codes 0544T and 0545T include vascular access, catheterization, deploying and adjusting the reconstruction device(s), temporary pacemaker insertion for rapid pacing if required, and access site closure, when performed.</p> <p>Angiography, radiological supervision and interpretation, intraprocedural roadmapping (eg, contrast injections, fluoroscopy) to guide the device implantation, ventriculography (eg, to assess target valve regurgitation for guidance of device implantation and adjustment), and completion angiography are included in <del>codes</del> 0544T and 0545T.</p> <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93565, 93566) may not be used in conjunction with 0544T, <del>or</del> 0545T to report:</p> <ol style="list-style-type: none"> <li>1. contrast injections, angiography, road-mapping, and/or fluoroscopic guidance for the implantation and adjustment of the transcatheter mitral or tricuspid valve annulus reconstruction device, or</li> <li>2. right or left ventricular angiography to assess or confirm transcatheter mitral or tricuspid valve annulus reconstruction device positioning and function, or</li> <li>3. right and left heart catheterization for hemodynamic measurements before, during, and after transcatheter mitral or tricuspid valve annulus reconstruction for guidance.</li> </ol> <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461,</p>	January 1, 2019	July 1, 2019	CPT® 2020

	<p>93530, 93531, 93532, 93533) and diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564) performed at the time of transcatheter mitral or tricuspid valve annulus reconstruction may be separately reportable if:</p> <ol style="list-style-type: none"> <li>1. no prior study is available and a full diagnostic study is performed, or</li> <li>2. a prior study is available, but as documented in the medical record: <ol style="list-style-type: none"> <li>a. there is inadequate visualization of the anatomy and/or pathology, or</li> <li>b. the patient's condition with respect to the clinical indication has changed since the prior study, or</li> <li>c. there is a clinical change during the procedure that requires new evaluation.</li> </ol> </li> </ol> <p>Other cardiac catheterization services may be reported separately, when performed for diagnostic purposes not intrinsic to the transcatheter mitral valve annulus reconstruction.</p> <p>For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59 indicating separate and distinct procedural service from transcatheter mitral or tricuspid valve annulus reconstruction.</p> <p>Percutaneous coronary interventional procedures may be reported separately, when performed.</p> <p>When cardiopulmonary bypass is performed in conjunction with transcatheter mitral valve or tricuspid valve annulus reconstruction, codes 0544T, 0545T should be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369).</p> <p>When transcatheter ventricular support is required, the appropriate code may be reported with the appropriate ventricular assist device (VAD) procedure (33990, 33991, 33992, 33993) or balloon pump insertion (33967, 33970, 33973).</p> <p>For percutaneous transcatheter mitral valve repair, use 0345T. For percutaneous transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve, use 0483T. ◀</p>			
●0544T	<p>Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture</p> <p>▶(For transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed, see 33418, 33419) ◀</p>	January 1, 2019	July 1, 2019	CPT® 2020

	<p>►(For transcatheter mitral valve repair percutaneous approach via the coronary sinus, use 0345T)◄</p> <p>►(For transcatheter mitral valve implantation/replacement [TMVI] with prosthetic valve percutaneous approach, use 0483T)◄</p>			
●0545T	<p>Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach</p> <p>►(Do not report 0544T, 0545T in conjunction with 76000)◄</p> <p>►(Do not report 0544T, 0545T in conjunction with 93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93565, 93566 for diagnostic left and right heart catheterization procedures intrinsic to the annular repair procedure)◄</p> <p>►(Do not report 0544T, 0545T in conjunction with 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564 for coronary angiography procedures intrinsic to the annular repair procedure)◄</p>	January 1, 2019	July 1, 2019	CPT® 2020
●0546T	<p>Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report</p> <p>►(Use 0546T only once for each partial mastectomy site)◄</p> <p>►(Do not report 0546T for re-excision)◄</p>	January 1, 2019	July 1, 2019	CPT® 2020
●0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	January 1, 2019	July 1, 2019	CPT® 2020
●0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	January 1, 2019	July 1, 2019	CPT® 2020
●0549T	unilateral placement, including cystoscopy and fluoroscopy	January 1, 2019	July 1, 2019	CPT® 2020
●0550T	removal, each balloon	January 1, 2019	July 1, 2019	CPT® 2020

●0551T	adjustment of balloon(s) fluid volume ►(Do not report 0551T in conjunction with 0548T, 0549T, 0550T)◄	January 1, 2019	July 1, 2019	CPT® 2020
●0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	January 1, 2019	July 1, 2019	CPT® 2020
●0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention ►(Do not report 0553T in conjunction with 36005, 36011, 36012, 36140, 36245, 36246, 37220, 37221, 37224, 37226, 37238, 37248, 78571, 75820)◄	January 1, 2019	July 1, 2019	CPT® 2020
●0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report ►(Do not report 0554T in conjunction with 0555T, 0556T, 0557T)◄	January 1, 2019	July 1, 2019	CPT® 2020
●0555T	retrieval and transmission of the scan data	January 1, 2019	July 1, 2019	CPT® 2020
●0556T	assessment of bone strength and fracture risk and bone mineral density	January 1, 2019	July 1, 2019	CPT® 2020
●0557T	interpretation and report	January 1, 2019	July 1, 2019	CPT® 2020
●0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis ►(Do not report 0558T in conjunction with 71250, 71260, 71270, 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, 78816)◄	January 1, 2019	July 1, 2019	CPT® 2020

	<p>► Codes 0559T, 0560T represent production of 3D-printed models of individually prepared and processed components of structures of anatomy. These individual components of structures of anatomy include, but are not limited to, bones, arteries, veins, nerves, ureters, muscles, tendons and ligaments, joints, visceral organs, and brain. Each 3D-printed anatomic model of a structure can be made up of one or more separate components. The 3D anatomic printings can be 3D printed in unique colors and/or materials.</p> <p>Codes 0561T, 0562T represent the production of 3D-printed cutting or drilling guides using individualized imaging data. 3D-printed guides are cutting or drilling tools used during surgery and are 3D printed so that they precisely fit an individual patient's anatomy to guide the surgery. A cutting guide does not have multiple parts, but instead is a unique single tool. It may be necessary to make a 3D-printed model and a 3D-printed cutting or drilling guide on the same patient to assist with surgery. ◀</p>			
●0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	January 1, 2019	July 1, 2019	CPT® 2020
+●0560T	<p>each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)</p> <p>►(Use 0560T in conjunction with 0559T)◀</p> <p>►(Do not report 0559T, 0560T in conjunction with 76376, 76377)◀</p>	January 1, 2019	July 1, 2019	CPT® 2020
●0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	January 1, 2019	July 1, 2019	CPT® 2020
+●0562T	<p>each additional anatomic guide (List separately in addition to code for primary procedure)</p> <p>►(Use 0562T in conjunction with 0561T)◀</p> <p>►(Do not report 0561T, 0562T in conjunction with 76376, 76377)◀</p>	January 1, 2019	July 1, 2019	CPT® 2020
<p><b>The following Category III codes were accepted at the February 2019 CPT Editorial Panel meeting for the 2020 CPT production cycle. However, due to Category III code's early release policy, these codes are effective on January 1, 2020, following the six-month implementation period, which begins July 1, 2019.</b></p>				



#●0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral  ►(For evacuation of meibomian gland using manual gland expression only, use the appropriate evaluation and management code)◄	July 1, 2019	January 1, 2020	CPT® 2020
●0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	July 1, 2019	January 1, 2020	CPT® 2020
●0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	July 1, 2019	January 1, 2020	CPT® 2020
●0566T	injection of cellular implant into knee joint including ultrasound guidance, unilateral  ►(Do not report 0566T in conjunction with 20610, 20611, 76942, 77002)◄  ►(For bilateral procedure, report 0566T with modifier 50)◄	July 1, 2019	January 1, 2020	CPT® 2020
●0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound  ►(Do not report 0567T in conjunction with 58340, 58565, 74740, 74742, 76830, 76856, 76857)◄	July 1, 2019	January 1, 2020	CPT® 2020
●0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound  ►(Do not report 0568T in conjunction with 58340, 74740, 74742, 76830, 76831, 76856, 76857)◄	July 1, 2019	January 1, 2020	CPT® 2020
<b>The following Category III codes were accepted at the May 2019 CPT Editorial Panel meeting for the 2020 CPT production cycle. However, due to Category III code's early release policy, these codes are effective on January 1, 2020, following the six-month implementation period, which begins July 1, 2019.</b>				
	►Tricuspid Valve Repair◄  ►Codes 0569T, 0570T include the work of percutaneous vascular access, placing the access sheath, cardiac catheterization, advancing the repair device system into position, repositioning the prosthesis as needed, deploying the prosthesis, and vascular closure. Code 0569T may only be reported once	July 1, 2019	January 1, 2020	CPT® 2020

	<p>per session. Add-on code 0570T is reported in conjunction with 0569T for each additional prosthesis placed.</p> <p>For open tricuspid valve procedures, see 33460, 33463, 33464, 33465, 33468.</p> <p>Angiography, radiological supervision and interpretation performed to guide transcatheter tricuspid valve repair (TTVr) (eg, guiding device placement and documenting completion of the intervention) are included in these codes.</p> <p>Intracardiac echocardiography (93662), when performed, is included in 0569T, 0570T. Transesophageal echocardiography (93355) performed by a separate operator for guidance of the procedure may be separately reported.</p> <p>Fluoroscopy (76000) and diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93566) may <b>not</b> be used with 0569T, 0570T to report the following techniques for guidance of TTVr:</p> <ol style="list-style-type: none"> <li>1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the TTVr,</li> <li>2. Right ventricular angiography to assess tricuspid regurgitation for guidance of TTVr, or</li> <li>3. Right and left heart catheterization for hemodynamic measurements before, during, and after TTVr for guidance of TTVr.</li> </ol> <p>Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93566) and diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564) may be reported with 0569T, 0570T, representing separate and distinct services from TTVr, if:</p> <ol style="list-style-type: none"> <li>1. No prior study is available, and a full diagnostic study is performed, or</li> <li>2. A prior study is available, but as documented in the medical record: <ol style="list-style-type: none"> <li>a. There is inadequate evaluation of the anatomy and/or pathology, or</li> </ol> </li> </ol>			
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	<p>b. The patient's condition with respect to the clinical indication has changed since the prior study, or</p> <p>c. There is a clinical change during the procedure that requires new diagnostic evaluation.</p> <p>Other cardiac catheterization services may be reported separately when performed for diagnostic purposes not intrinsic to TTVr.</p> <p>For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) with modifier 59 indicating separate and distinct procedural service from TTVr.</p> <p>Diagnostic coronary angiography performed at a separate session from an interventional procedure may be separately reportable.</p> <p>Percutaneous coronary interventional procedures may be reported separately, when performed.</p> <p>When transcatheter ventricular support is required in conjunction with TTVr, the procedure may be reported with the appropriate ventricular assist device (VAD) procedure code (33990, 33991, 33992, 33993) or balloon pump insertion code (33967, 33970, 33973).</p> <p>When cardiopulmonary bypass is performed in conjunction with TTVr, 0569T, 0570T may be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369). ◀</p>			
●0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	July 1, 2019	January 1, 2020	CPT® 2020

<p>◆●0570T</p>	<p>each additional prosthesis during same session (List separately in addition to code for primary procedure)</p> <p>►(Use 0570T in conjunction with 0569T)◄</p> <p>►(Do not report 0569T, 0570T in conjunction with 93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93566 for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)◄</p> <p>►(Do not report 0569T, 0570T in conjunction with 93454, 93563, 93564 for coronary angiography intrinsic to the valve repair procedure)◄</p>	<p>July 1, 2019</p>	<p>January 1, 2020</p>	<p>CPT® 2020</p>
	<p>►Implantable Cardioverter-Defibrillator with Substernal Electrode◄</p> <p>►An implantable cardioverter-defibrillator system with substernal electrode (substernal implantable cardioverter-defibrillator) consists of a pulse generator and at least one substernal electrode. The generator is placed in a subcutaneous pocket over the lateral rib cage. The electrode is tunneled subcutaneously and placed into the substernal anterior mediastinum, without entering the pericardial cavity. The electrode performs defibrillation and pacing as needed. The system requires programming and interrogation of the device.</p> <p>All imaging guidance (eg, fluoroscopy) required to complete the substernal implantable defibrillator procedure is included in 0571T, 0572T, 0573T, 0574T. The work of implantation, removal, repositioning, interrogation, or programming of substernal implantable cardioverter-defibrillator systems, generators, or leads may not be reported using 33202-33275, 93260-93298, 93640, 93641, 93642, 93644.◄</p>	<p>July 1, 2019</p>	<p>January 1, 2020</p>	<p>CPT® 2020</p>
<p>●0571T</p>	<p>Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed</p> <p>►(Use 0571T in conjunction with 0573T, 0580T for removal and replacement of an implantable defibrillator pulse generator and substernal electrode)◄</p> <p>►(Do not report 0571T in conjunction with 93260, 93261, 93644, 0572T, 0575T, 0576T, 0577T)◄</p> <p>►(For insertion or replacement of permanent subcutaneous implantable defibrillator system with subcutaneous electrode, use 33270)◄</p>	<p>July 1, 2019</p>	<p>January 1, 2020</p>	<p>CPT® 2020</p>

●0572T	<p>Insertion of substernal implantable defibrillator electrode</p> <p>►(Do not report 0572T in conjunction with 93260, 93261, 93644, 0571T, 0575T, 0576T, 0577T)◄</p> <p>►(For insertion of subcutaneous implantable defibrillator electrode, use 33271)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0573T	<p>Removal of substernal implantable defibrillator electrode</p> <p>►(Do not report 0573T in conjunction with 93260, 93261, 93644, 0575T, 0576T, 0577T)◄</p> <p>►(For removal of subcutaneous implantable defibrillator electrode, use 33272)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0574T	<p>Repositioning of previously implanted substernal implantable defibrillator-pacing electrode</p> <p>►(Do not report 0574T in conjunction with 93260, 93261, 93644, 0575T, 0576T, 0577T)◄</p> <p>►(For repositioning of previously implanted subcutaneous implantable defibrillator electrode, use 33273)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0575T	<p>Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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</p> <p>►(Do not report 0575T in conjunction with pulse generator or lead insertion or repositioning codes 0571T, 0572T, 0573T, 0574T, 0580T)◄</p> <p>►(Do not report 0575T in conjunction with 93260, 93282, 93287, 0576T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0576T	<p>Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter</p> <p>►(Do not report 0576T in conjunction with pulse generator or lead insertion or repositioning codes 0571T, 0572T, 0573T, 0574T)◄</p> <p>►(Do not report 0576T in conjunction with 93261, 93289, 0575T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020

●0577T	<p>Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)</p> <p>►(Do not report 0577T in conjunction with 93640, 93641, 93642, 93644, 0571T at the time of insertion or replacement of implantable defibrillator system with substernal lead)◄</p> <p>►(Do not report 0577T in conjunction with 0580T)◄</p> <p>►(For electrophysiological evaluation of subcutaneous implantable defibrillator system with subcutaneous electrode, use 93644)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0578T	<p>Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</p> <p>►(Do not report 0578T in conjunction with 93294, 93295, 93297, 93298, 0576T)◄</p> <p>►(Report 0578T only once per 90 days)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0579T	<p>Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p> <p>►(Do not report 0579T in conjunction with 93296, 0576T)◄</p> <p>►(Report 0579T only once per 90 days)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0580T	<p>Removal of substernal implantable defibrillator pulse generator only</p> <p>►(Use 0580T in conjunction with 0571T, 0573T for removal and replacement of an implantable cardioverter-defibrillator and substernal electrode[s])◄</p> <p>►(Do not report 0580T in conjunction with 0575T, 0576T, 0577T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0581T	<p>Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral</p> <p>►(Report 0581T only once per breast treated)◄</p> <p>►(Do not report 0581T in conjunction with 76641, 76642, 76940, 76942)◄</p> <p>►(For cryoablation of breast fibroadenoma[s], use 19105)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020

●0582T	<p>Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance</p> <p>►(Do not report 0582T in conjunction with 52000, 72195, 72196, 72197, 76376, 76377, 76872, 76940, 76942, 77021, 77022)◄</p> <p>►(For transurethral destruction of prostate tissue by radiofrequency-generated water vapor thermotherapy for benign prostatic hypertrophy [BPH], use 53854)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0583T	<p>Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia</p> <p>►(Do not report 0583T in conjunction with 69209, 69210, 69420, 69421, 69433, 69436, 69990, 92504, 97033)◄</p> <p>►(For bilateral procedure, report 0583T with modifier 50)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	July 1, 2019	January 1, 2020	CPT® 2020
●0585T	laparoscopic	July 1, 2019	January 1, 2020	CPT® 2020
●0586T	open	July 1, 2019	January 1, 2020	CPT® 2020
●0587T	<p>Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve</p> <p>►(Do not report 0587T in conjunction with 64555, 64566, 64575, 64590, 95970, 95971, 95972, 0588T, 0589T, 0590T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0588T	<p>Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve</p> <p>►(Do not report 0588T in conjunction with 64555, 64566, 64575, 64590, 95970, 95971, 95972, 0587T, 0589T, 0590T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020

●0589T	<p>Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters</p> <p>►(Do not report 0589T in conjunction with 43647, 43648, 43881, 43882, 61850-61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553-64595, 95970, 95971, 95972, 95976, 95977, 95983, 95984, 0587T, 0588T, 0590T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
●0590T	<p>Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters</p> <p>►(Do not report 0590T in conjunction with 43647, 43648, 43881, 43882, 61850-61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553-64595, 95970, 95971, 95972, 95976, 95977, 95983, 95984, 0587T, 0588T, 0589T)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020
	<p>►Health and Well-Being Coaching◄</p> <p>►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. Coaches' 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.◄</p>			
●0591T	Health and well-being coaching face-to-face; individual, initial assessment	July 1, 2019	January 1, 2020	CPT® 2020
●0592T	<p>individual, follow-up session, at least 30 minutes</p> <p>►(Do not report 0592T in conjunction with 98960, 0488T, 0591T)◄</p> <p>►(For medical nutrition therapy, see 97802, 97803, 97804)◄</p>	July 1, 2019	January 1, 2020	CPT® 2020



●0593T	group (2 or more individuals), at least 30 minutes  ▶(Do not report 0593T in conjunction with 97150, 98961, 98962, 0403T)◀	July 1, 2019	January 1, 2020	CPT® 2020
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