



Strategic Reimbursement Guide

Making Sense of Category III CPT Codes in Neuroimaging



Introduction

Healthcare reimbursement is complex, especially for new imaging technologies. For clinicians, radiologists, and imaging centers adopting automated volumetric MRI analysis, understanding Category III CPT codes is critical to ensure proper documentation, maximize reimbursement potential, and position your practice for future growth.

1. What Are Category III CPT Codes?

Category III CPT codes are temporary tracking codes created by the American Medical Association (AMA) to capture usage of emerging medical technologies.

These Codes:

- Provide a mechanism to collect usage and outcomes data.
- Are updated semi-annually by the AMA.
- Can pave the way to permanent Category I codes once there is sufficient evidence of clinical value and widespread adoption.

For quantitative brain MRI, Category III codes reflect the growing recognition that automated volumetric analysis is more than a research tool — it is a clinical service with measurable impact.

2. Category III Codes Relevant to Quantitative Brain MRI

As of January 1, 2024, two new codes apply directly to quantitative MRI analysis:

Code	Description
0865T	Quantitative MRI analysis without a same-session diagnostic MRI. Includes lesion identification, brain volume quantification, interpretation/report, and data preparation/transmission.
0866T	Quantitative MRI analysis with a same-session diagnostic MRI (add-on to MRI brain codes such as 70551–70553). Includes lesion identification, brain volume quantification, interpretation/report, and data preparation/transmission.

Source: AMA CPT Category III Codes (2024)

3. Associated ICD-10 Codes

The following ICD-10-CM codes are commonly used to support medical necessity for quantitative brain MRI (0865T and 0866T). Final code selection should always reflect the patient’s specific diagnosis and clinical documentation:

Neurodegenerative Diseases

Code	Description
G30.0–G30.9	Alzheimer’s disease (early onset, late onset, or unspecified)
F01.50–F01.51	Vascular dementia
G31.84	Mild cognitive impairment (MCI)
G31.85	Progressive isolated aphasia
G31.89	Other specified degenerative diseases of nervous system
G31.9	Degenerative disease of nervous system, unspecified

Demyelinating & White Matter Disorders

Code	Description
G35	Multiple sclerosis
G37.9	Demyelinating disease of central nervous system, unspecified

Cerebrovascular Disease / Sequelae

Code	Description
I63.9	Cerebral infarction, unspecified
I69.3xx	Sequelae of cerebral infarction (various manifestations)

Other Neurological Symptoms / Conditions

Code	Description
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R90.89	Other abnormal findings on diagnostic imaging of central nervous system

Note: Payers may require additional clinical documentation to establish medical necessity. Always verify specific ICD-10 coverage requirements with the patient’s insurer.

4. Comparative Landscape of AI/ML Imaging Devices (OPPS/PFS)

Understanding how other FDA-cleared AI/ML imaging devices are reimbursed provides context for providers adopting Neuroreader® and similar tools.

Description	FDA Device Type & Approval	OPPS/PFS Payment Status	OPPS/ PFS estimated contractual reimbursement, 2024
Provides detailed information on regional lung function using CT; quantifies regional ventilation & heterogeneity	510(k) AI/ML Class II	OPPS: separately paid (CPT 0807T without CT; 0808T with CT) PFS: separately paid, carrier priced	\$299 for CPT 0807T and 0808T under OPPS; carrier priced under PFS**

Description	FDA Device Type & Approval	OPPS/PFS Payment Status	OPPS/ PFS estimated contractual reimbursement, 2024
Quantitative brain MRI with lesion identification, volume quantification, severity scoring, and reporting	510(k) AI/ML Class II	OPPS: separately paid (CPT 0865T without MRI; 0866T with MRI) PFS: separately paid, carrier priced	\$234 for CPT 0865T and 0866T under OPPS; carrier priced under PFS**
AI post-processing of echocardiography to detect HFpEF (heart failure with preserved EF)	510(k) AI/ML Class II (Breakthrough)	OPPS: separately paid (HCPCS C9786) PFS: no assigned billing code	\$285 under OPPS; no billing code assigned to device under PFS

Key Takeaway: CMS has begun to recognize AI/ML imaging analysis tools across modalities (CT, MRI, echo) and is establishing payment under both OPPS and PFS. Neuroreader aligns with this trajectory, leveraging Category III CPT codes 0865T and 0866T with growing reimbursement pathways.

5. Neuroreader® Patent Protection

Neuroreader® is a patented technology (US Patent 8,634,614 B2) underscoring its unique, proprietary approach to automated brain volumetrics. This patent protection strengthens the value proposition for providers and reinforces the innovation behind its FDA-cleared design.

6. Reimbursement Expectations and Patient Responsibility

It is important to set realistic expectations with patients and providers regarding payment for services billed under CPT codes 0865T and 0866T:

- Although these CPT codes are CMS-approved, payment is not guaranteed. Coverage may vary depending on the state, payer, and specific insurance plan.
- For Medicare Part B patients, providers often use an Assignment of Benefits (AOB) form. This form allows patients to acknowledge that if Medicare does not cover the service, they will be financially responsible for the cost.
- The AOB form helps protect the physician's office in cases where reimbursement is denied.
- Important Limitation: This process applies only to traditional Medicare Part B patients. It does not apply to Medicare Advantage plans or supplemental insurance carriers such as Humana Medicare or UnitedHealthcare Medicare.

By clearly communicating these details, practices can avoid confusion, minimize denied claim issues, and ensure that patients are fully informed before receiving services.

7. Why These Codes Matter

For practices implementing volumetric MRI tools:

- **Recognition of Innovation** — The AMA acknowledges quantitative MRI as a valid, trackable service.
- **Reimbursement Potential** — Coverage is payer-dependent, but these codes create a structured pathway for claim submission.
- **Future Pathway to Category I** — Consistent use and outcomes data strengthen the case for permanent reimbursement status.
- **Operational Clarity** — Clear coding (0865T vs. 0866T) reduces ambiguity between archived study analysis and same-session imaging.

8. Best Practices for Providers

To maximize reimbursement opportunities:

1. **Verify Coverage with Payers** — Check policies regularly. Some payers may reimburse; others track usage for policy development.
2. **Document Rigorously** — Provide structured volumetric reports with overlays, normative data, and interpretations.
3. **Train Staff** — Radiologists, coders, and billing teams must understand distinctions between 0865T and 0866T.
4. **Track Outcomes** — Record how often these codes are applied and clinical benefits observed. This supports both payer negotiations and broader adoption.

9. Strategic Considerations

- **Short-Term:** Expect variable reimbursement; use Category III coding to establish workflow, train staff, and build data.
- **Medium-Term:** Collaborate with professional societies and research partners to strengthen the evidence base.
- **Long-Term:** Position your practice for smooth adoption once these codes transition to Category I with broader reimbursement coverage.

Conclusion

Category III CPT codes 0865T and 0866T represent an important step toward integrating automated volumetric MRI into routine clinical care. While reimbursement is not yet universal, consistent use, strong documentation, and proactive payer engagement create both near-term opportunities and long-term positioning for success.



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US Patent 8,634,614 B2

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