AI CPT codes.
What exists. What changes next.

Coding is not coverage. Coverage is not payment.

A practical reference for clinicians, practice leaders and healthcare AI builders. Selected examples, source links and dated assumptions.

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The AMA reports 10 new AI-related codes and an aggregate total of 43 in its CPT 2027 announcement. The tables in this brief are selected examples, not a complete inventory.

The date distinction

October 1, 2026: the revised AMA early-release document gives this effective date to the ten highlighted Category III additions. Their CPT 2027 publication label does not mean January 2027 implementation. They are not yet effective at this edition's source check.

Three questions before implementation

Coding: does the described service match the work and date of service?
Coverage: does the applicable payer cover this indication and setting?
Payment: which amount and billing rules apply to this provider and claim?

Keep the living reference

https://healthit.com/briefs/ai-cpt-codes

Selected codes and emerging services

Established Category I examples

Code	Service area
92229	Retinal imaging with automated analysis
75580	CT-derived coronary fractional flow reserve
75577	CT-based quantitative coronary plaque analysis

These are editorial summaries, not official descriptors or an exhaustive list. For 75577, the cited CMS policy documents replacement of 0623T-0626T in 2026.

Ten Category III additions

All ten: revised effective date October 1, 2026. Source: AMA early-release document, pages 12 and 14-17.

Code	Service area
1063T	Bladder recurrence and progression
1064T	Bladder BCG response
1085T	PET lesion heterogeneity
1086T	Intraprocedural angiographic FFR
1087T	Prior-angiogram FFR
1097T	Pancreatic chemotherapy response
1104T	Cardiopulmonary assessment
1105T	Personalized neurostimulation rate
1106T	Breast distant-metastasis risk
1107T	Prostate metastasis and mortality risk

Category III identifies emerging services. A code does not establish routine reimbursement or clinical validation. Check the full descriptor and reporting restrictions.

Check the assumptions. Keep the sources.

Before using a payment estimate

1. Match the service, date, modifiers and any code replacement.
2. Read the applicable payer policy and medical-necessity requirements.
3. Select the fee-schedule year, locality, setting and billing component; check QP status and adjustments for 2026.
4. Record the source and retrieval date with the estimate.

This edition omits dollar amounts without a complete payment basis. The 2027 PFS proposal is not a final fee schedule.

Primary sources

1. AMA: CPT 2027 release announcement

Aggregate AI-code count and annual code-set announcement.

2. AMA: Category III early-release update

Pages 12 and 14–17: code-level scope and revised effective dates. Short summaries below are HealthIT paraphrases.

3. AMA: AI taxonomy and established examples

Background on retinal imaging, FFR-CT and assistive, augmentative and autonomous services.

4. CMS: coronary plaque analysis coding article A59721

75577 replaced 0623T–0626T for 2026; this is a local contractor policy, not universal coverage.

5. CMS: Physician Fee Schedule lookup

Check year, locality, setting and applicable payment rules. The lookup does not show every carrier-priced or nonpayable code.

6. CMS: Physician Fee Schedule rulemaking

Distinguish proposed policy from final payment rules.

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First public edition. Corrects publication-year versus implementation-date framing, limits tables to selected examples, and links payment questions to CMS. Next review October 1, 2026; material source revisions or substantiated corrections may trigger an earlier update.

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