



Pharmaco-oncologic Algorithmic Treatment Ranking
Edition CPT® 2024 - Category III CPT® Code 0794T
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The Current Procedural Terminology codes issued by the American Medical Association offer doctors and healthcare professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency.

CPT® Category III temporary codes are designed to assess the demand for and importance of, emerging technologies, services, procedures and service paradigms by enabling usage tracking and data collection and by facilitating their use, adoption and eventual reimbursement.

Code 0794T recognizes the use of AI augmentation to identify personalized oncologic treatments.

Short Descriptor:

Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately.

Long Descriptor:

Code 0794T (pharmaco-oncologic treatment ranking) represents rules-based algorithm-generated match scores that rank available monotherapies and drug combinations according to their ability to target the patient's specific cancer biomarkers. These pharmaco-oncologic treatment ranking options are based only on current Food and Drug Administration (FDA)-approved drugs but may include both on-label and off-label uses for targeted therapies, and additional information may also be provided on potential active clinical trials that include specifically matched, currently available, therapy options.

Code 0794T includes time spent by the physician, qualified health care professional, or clinical staff in submitting the patient's clinical and existing molecular, laboratory, or pathology result data for algorithmic assessment. Only existing result data should be submitted without alteration of original results and interpretations (e.g., variant calls or expression markers) from those separately reported by the original performing clinical laboratories and should not include genomic sequencing raw data files for reevaluation. The algorithmic program generates a report that is used by the physician or other qualified health care professional to inform treatment choices.
