CPT Category III codes

This section of CPT codes contains a temporary set of codes for emerging technologies, services, and procedures.

For more information on CPT Category I, II and III codes, see Applying for Codes.

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Concurrent with the development of CPT-5, the CPT Editorial Panel has approved the early release of the new CPT Category III codes. All changes provided as an early release of Category III codes are not intended to take effect until the implementation date.

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. These dates for early release correspond with the three annual CPT Editorial Panel meetings for each CPT cycle (June, October, and February).

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 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 usual CPT code requirements as follows:

- Services or procedures must be performed by many health care professionals across the country.
- FDA approval must be documented or be imminent within a given CPT cycle.
- The service or procedure has a proven clinical efficacy.

The service or procedure must have relevance for research, either ongoing or planned.

These codes are assigned an alphanumeric identifier with a letter in the last character (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.

Because 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, they are not intended for services or procedures that are not accepted by the CPT Editorial Panel due to an incomplete proposal, the need for more information, or a lack of CPT Advisory Committee support.

Once approved by the CPT Editorial Panel, the newly added CPT Category III codes are made available on a semi-annual basis via electronic distribution on this Web site. The full set of Category III codes will be included in the next published edition for that CPT cycle.

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, these codes are archived after five years if the code has not been accepted for placement in the Category I section of the CPT codebook, unless demonstrated that a Category III code is still needed. These codes will not be reused.

Category III codes for CPT 2010
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.

The symbol ● indicates new procedure codes that will be added to the CPT codebook in 2010.

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. 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 already been received. The nature of emerging technology, services, and procedures is such that these requirements 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 or procedures described in this section make use of alphanumeric characters. These codes have an alpha character as the 5th character in the string, preceded by four digits. The digits are not intended to reflect the placement of the code in the Category I section of the CPT nomenclature. Codes in this section may or may not eventually receive a CPT Category I code. In either case, a given Category III code will be archived five years from its date of publication or revision in the CPT code book unless it is demonstrated that a temporary code is still needed. Services or procedures described by Category III codes which have been archived after five years, without conversion, may be reported using the Category I unlisted code. New codes in this section are released semi-annually via the AMA CPT Web 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.

●0197T Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Released July 1, 2008 Implemented Jan 1, 2009	*CPT 2010*
●0198T Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Released July 1, 2008 Implemented Jan 1, 2009	*CPT 2010*
●0199T Ohysiologic recording of tremor using accelerometer(s) and gyroscope(s), (including frequency and amplitude) including interpretation and report	Released January 1, 2009 Implemented July 1, 2009	*CPT 2010*
◎●0200T Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), one or more needles	Released January 1, 2009 Implemented July 1, 2009	*CPT 2010*
◎●0201T.Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), two or more needles	Released January 1, 2009 Implemented July 1, 2009	*CPT 2010*
(For radiological supervision and interpretation, see 72291, 72292)		
(If bone biopsy is performed, see 20220, 20225)		
●0202T Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	Released January 1, 2009 Implemented July 1, 2009	*CPT 2010*
(Do not report 0202T in conjunction with 22521, 22524, 22840, 22851, 22857, 63005, 63012, 63017, 63030, 63042, 63047, 63056 at the same level)		

▲0199T Physiologic recording of tremor using accelerometer(s) and/or gyroscope(s) (including frequency and amplitude), including interpretation and report	Released July 1, 2009 Implemented January 1, 2010	*CPT 2010*
●0203T Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by air flow or peripheral arterial tone) and sleep time	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2010*
(Do not report 0203T in conjunction with 93012, 93014, 93041-93227, 93228-93229, 93230-93272, 95803, 95806, 0204T)		
(For unattended sleep study that measures a minimum of heart rate, oxygen saturation, and respiratory analysis, use 0204T)		
(For unattended sleep study that measures heart rate, oxygen saturation, respiratory airflow, and respiratory effort, use 95806)		
●0204T minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by air flow or peripheral arterial tone)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2010*
(Do not report 0204T in conjunction with 93012, 93014, 93041-93227, 93228, 93229, 93230-93272, 95806, 0203T)		
(For unattended sleep study that measures heart rate, oxygen saturation, respiratory analysis and sleep time, use 0203T)		
(For unattended sleep study that measures heart rate, oxygen saturation, respiratory airflow, and respiratory effort, use 95806)		
+●0205T Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2010*
(Use 0205T in conjunction with 92980, 92982, 92995, 93508, 93510-93533)		
●0206T Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2010*
(When a 12-lead ECG is performed, 93000-93010 may be reported, as appropriate)		

●0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2010*

In addition to the revision of code 0199T and addition of Category III codes listed above, codes 0213T-0222T were accepted at the June 2009 CPT Editorial Panel meeting for the 2011 CPT production cycle. Therefore, these codes will not appear in the 2010 CPT codebook. However, due to the Category III code early release policy, these codes are effective on January 1, 2010, following the six month implementation period which begins July 1, 2009.

●0213T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(To report bilateral procedures, use 0213T with modifier 50)		
+●0214T second level. (List separately in addition to code for primary procedure)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(To report bilateral procedures, use 0214T with modifier 50)		
+●0215T third and any additional level(s) (List separately in addition to code for primary procedure)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(Do not report 0215T more than once per day)		
(Use 0214T, 0215T in conjunction with 0213T)		
(To report bilateral procedures, use 0215T with modifier 50)		
●0216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level.	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(To report bilateral procedures, use 0216T with modifier 50)		
+●0217T second level. (List separately in addition to code for primary procedure)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(To report bilateral procedures, use 0217T with modifier 50)		

+●0218T third and any additional level(s). (List separately in addition to code for primary procedure)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(Do not report 0218T more than once per day)		
(Use 0217T, 0218T in conjunction with 0216T)		
(To report bilateral procedures, use 0218T with modifier 50)		
●0219T Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
●0220T thoracic	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
●0221T lumbar	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(Do not report 0219T-0221T with any radiological service)		
(Do not report 0219T-0221T with 20930, 20931, 22600-22614, 22840, 22851 at same level)		
✚●0222T each additional vertebral segment (List separately in addition to code for primary procedure)	Released July 1, 2009 Implemented Jan 1, 2010	*CPT 2011*
(Use 0222T in conjunction with 0219T-0221T)		
(For posterior or posterolateral arthrodesis technique, see 22600-22614)		

Category III codes release schedule

Panel Action Web Information		
February – June, 2008	Released July 1, 2008	Implemented Jan. 1, 2009
October, 2008	Released Jan. 1, 2009	Implemented July 1, 2009
February – June , 2009	Released July 1, 2009	Implemented Jan. 1, 2010
October 2009	Released Jan. 1, 2010	Implemented July 1, 2010