



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

For more information on Category I, II, and III CPT 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 Category I CPT 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

The following section contains a set of temporary codes for emerging technology, services, and procedures. Category III CPT codes allow data collection for these services or procedures. Use of unlisted codes does not offer the opportunity for 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. These codes are intended to be used for data collection purposes to substantiate widespread usage or in the Food and Drug Administration (FDA) approval process. The Category III CPT 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 (eg, 1234T). These codes 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 Category III CPT codes are intended to be used for data collection purposes to substantiate widespread usage or in 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 Category III CPT 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.

Category III CPT 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.

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 2009/2010

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 Category I CPT code.

The symbol ● indicates new procedure codes that will be added to the CPT codebook in 2009.

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 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 do 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 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 Category I CPT codes by the use of alphanumeric characters. These codes have an alpha character as the fifth 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 codebook. Codes in this section may or may not eventually receive a Category I CPT code. In either case, a given Category III code will be archived after five years of its inception unless it is demonstrated that a temporary code is still needed. Services or procedures described by Category III codes that 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 Internet 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.

<p>▲0124T Conjunctival incision with posterior juxtascleral extrascleral placement of pharmacological agent (does not include supply of medication)</p> <p>(For suprachoroidal delivery of pharmacologic agent, use 0186T)</p>	<p>Released Jan 1, 2008 Implemented Jul 1, 2008</p>	<p>CPT 2009</p>
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In addition to the editorial revision noted above(*), codes 0184T-0187T were accepted at the June 2007 CPT Editorial Panel meeting for the 2009 CPT production cycle. Therefore, these codes do not appear in the 2008 CPT codebook. However, due to the Category III code early release policy, these codes are effective on January 1, 2008, following the six month implementation period which began July 1, 2007. Code 0183T was accepted for inclusion in the CPT codebook at the February 2007 CPT Editorial Panel meeting and is also effective January 1, 2008.

<p>●0184T Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS)</p> <p><u>(For non-endoscopic excision of rectal tumor, see 45160 or 45170)</u></p> <p><u>(Do not report 0184T in conjunction with 45300-45327, 69990)</u></p>	<p>Released July 1, 2007 Implemented Jan 1, 2008</p>	<p>CPT 2009</p>
<p>●0185T Multivariate analysis of patient specific findings with quantifiable computer probability assessment, including report</p> <p><u>(Do not report 0185T in conjunction with 99090)</u></p>	<p>Released July 1, 2007 Implemented Jan 1, 2008</p>	<p>CPT 2009</p>
<p>●0186T Suprachoroidal delivery of pharmacologic agent (does not include supply of medication)</p>	<p>Released July 1, 2007 Implemented Jan 1, 2008</p>	<p>CPT 2009</p>
<p>●0187T Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral</p>	<p>Released July 1, 2007 Implemented Jan 1, 2008</p>	<p>CPT 2009</p>
<p><u>Remote Critical Care Services</u></p>		
<p><u>Remote critical care is the direct delivery by a physician(s) of medical care for a critically ill or critically injured patient from an off-site location. Remote critical care is intended to supplement on-site critical care services at times when a critically ill or injured patient requires additional critical care resources than are available on-site. (For definitions of</u></p>	<p>Released Jan 1, 2008 Implemented July 1, 2008</p>	<p>CPT 2009</p>

<p><u>critical illness or injury and critical care services see Critical Care Services section).</u></p>		
<p><u>In order to report remote critical care, the physician(s) in the remote location must have real-time access to the patient's medical record including progress notes, nursing notes, current medications, vital signs, clinical laboratory test results, other diagnostic test results, and radiographic images. The physician must have real-time capability to enter electronic orders; document the remote care services provided in the hospital medical record; videoconference with the on-site health care team in the patient room; assess patients in their individual rooms, using high fidelity audio and video capabilities, including but not limited to clear observation of the patient, monitors, ventilators, and infusion pumps; and speak to patients and family members.</u></p>	<p>Released Jan 1, 2008 Implemented July 1, 2008</p>	<p>CPT 2009</p>
<p><u>The review and/or interpretation of all diagnostic information is included in reporting remote critical care when performed during the critical period by the physician(s) providing remote critical care and should not be reported separately.</u></p>	<p>Released Jan 1, 2008 Implemented July 1, 2008</p>	<p>CPT 2009</p>

<p><u>The remote critical care codes 0188T and 0189T are used to report the total duration of time spent by a physician providing remote critical care services to a critically ill or critically injured patient, even if the time spent by the physician on that date is not continuous. For any given period of time spent providing remote critical care services, the physician must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.</u></p>	<p>Released Jan 1, 2008 Implemented July 1, 2008</p>	<p>CPT 2009</p>
<p><u>Time spent with the individual patient should be recorded in the patient's record. The time that can be reported as remote critical care is the time spent engaged in work directly related to the individual patient's care. For example, time spent reviewing test results or imaging studies, discussing the critically ill patient's care with other medical staff or documenting remote critical care services in the medical record would be reported as remote critical care, even though it does not occur at the bedside. Also, when the patient is unable or clinically incompetent to participate in discussions, time spent from the remote site with family members or surrogate decision makers obtaining a medical history, reviewing the patient's condition or prognosis, or discussing treatment or limitation(s) of treatment may be reported as remote critical care, provided that the conversation bears directly on the management of the patient.</u></p>	<p>Released Jan 1, 2008 Implemented July 1, 2008</p>	<p>CPT 2009</p>
<p><u>Time spent in activities that occur away from the remote site when the physician does not have the real-time capabilities described above may not be reported as remote critical care because the physician is not immediately available to</u></p>	<p>Released Jan 1, 2008 Implemented July 1, 2008</p>	<p>CPT 2009</p>

<u>the patient. Time spent in activities that do not directly contribute to the treatment of the patient may not be reported as remote critical care, even if they are performed in the remote site (eg, participation in administrative meetings or telephone calls to discuss other patients).</u>		
<u>Code 0188T is used to report the first 30 to 74 minutes of remote critical care on a given date. It should be used only once per date even if the time spent by the physician is not continuous on that date. Remote critical care of less than 30 minutes total duration on a given date should not be reported.</u>	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
<u>Code 0189T is used to report additional block(s) of time, of up to 30 minutes each, beyond the first 74 minutes (see table below).</u>	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
<u>The following examples illustrate the correct reporting of remote critical care services:</u>	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
<u>Total Duration of Critical Care</u>	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
<u>less than 30 minutes (less than 1/2 hour)</u> Code(s): Do not report		
<u>30-74 minutes (1/2 hr. - 1 hr. 14 min.)</u> Code(s): 0188T X 1		
<u>75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)</u> Code(s): 0188T X 1 AND 0189T X 1		
<u>105-134 minutes (1 hr. 45 min. - 2 hr. 14 min.)</u> Code(s): 0188T X 1 AND 0189T X 2		

●0188T Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
+●0189T each additional 30 minutes (List separately in addition to code for primary service)	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
<u>(Use 0189T in conjunction with 0188T)</u>		
+●0190T Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
<u>(Use 0190T in conjunction with 67036)</u>		
<u>(For application of the source by radiation oncologist, see Clinical Brachytherapy section)</u>		
●0191T Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
●0192T external approach	Released Jan 1, 2008 Implemented July 1, 2008	CPT 2009
●0193T Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Released July 1, 2008 Implemented Jan 1, 2009	CPT 2009
<u>(Do not report 0193T in conjunction with 51701)</u>		
●0194T Procalcitonin (PCT)	Released July 1, 2008 Implemented Jan 1, 2009	CPT 2009

●0195T Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace	Released July 1, 2008 Implemented Jan 1, 2009	CPT 2009
+●0196T each additional interspace (List separately in addition to code for primary procedure)	Released July 1, 2008 Implemented Jan 1, 2009	CPT 2009
<u>(Use 0196T in conjunction with 0195T)</u>		
<u>(Do not report 0195T, 0196T in conjunction with 22558, 22845, 22851, 76000, 76380, 76496, 76497)</u>		

In addition to the editorial revision noted above(*), codes 0197T and 0198T were accepted at the June 2008 CPT Editorial Panel meeting for the 2010 CPT production cycle. Therefore, these codes will not appear in the 2009 CPT codebook. However, due to the Category III code early release policy, these codes are effective on January 1, 2009, following the six month implementation period which began July 1, 2008.

●0197T Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 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

Category III Codes Release Schedule

Panel Action Web Info

February-June 2007: Released July 1, 2007; Implemented January 1, 2008

October 2007: Released January 1, 2008; Implemented July 1, 2008

February-June 2008: Released July 1, 2008; Implemented January 1, 2009

October 2008: Released January 1, 2009; Implemented July 1, 2009