



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 semiannual 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 2013

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 2013.

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/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 CPT nomenclature. Codes in this section may or may not eventually receive a Category I CPT code. In either case, in general, a given Category III code will be archived five years from the date of initial publication or extension unless a modification of the archival date is specifically noted at the time of a revision or change to a code (eg, addition of parenthetical instructions, reinstatement). Services/procedures described by Category III codes which have been archived after five years, without conversion, must be reported using the Category I unlisted code unless another specific cross reference is established at the time of archiving. 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. Go to www.ama-assn.org/go/cpt for the most current listing.



Category III codes 0291T-0301T were accepted at the June 2011 CPT Editorial Panel meeting for the 2013 CPT production cycle. Therefore, these codes will not appear in the 2012 CPT codebook. However, due to the Category III code early release policy, these codes are effective on January 1, 2012, following the six month implementation period which begins July 1, 2011.

<p>⊕● 0291T Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; initial vessel (List separately in addition to primary procedure)</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>(Use 0291T in conjunction with cardiac catheterization codes 92975, 92980, 92982, 92995, 93454-93461, 93563, 93564)</p>		
<p>(Intravascular optical coherence tomography services include all transducer manipulations and repositioning within the specific vessel being examined, both before and after therapeutic intervention [eg, stent placement])</p>		
<p>⊕● 0292T each additional vessel (List separately in addition to primary procedure)</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>(Use 0292T in conjunction with 0291T)</p>		
<p>(For intravascular spectroscopy, use 0205T)</p>		
<p>⊕● 0293T Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, radiological supervision and interpretation, and associated injection procedures, when performed</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>(Do not report 0293T in conjunction with 93462, 93662)</p>		

<p>⊕+●0294T pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure)</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>(Do not report 0294T in conjunction with 93462, 93662)</p>		
<p>(Do not report 33202-33249, 93451-93453 in conjunction with 0293T or 0294T unless performed for separate and distinct clinical indication other than for placement or calibration of left atrial hemodynamic monitoring system)</p>		
<p>●0295T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>●0296T recording (includes connection and initial recording)</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>●0297T scanning analysis with report</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>●0298T review and interpretation</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>(Do not report 0295T-0298T in conjunction with 93224-93272 for same monitoring period)</p>		
<p>●0299T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>
<p>+●0300T each additional wound (List separately in addition to code for primary procedure)</p>	<p>Released July 1, 2011 Implemented January 1, 2012</p>	<p>CPT 2013</p>

(Use 0300T in conjunction with 0299T)		
(Do not report 0300T in conjunction with 28890, 0101T, 0102T when treating the same area)		
☉●0301T Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance	Released July 1, 2011 Implemented January 1, 2012	CPT 2013
(Do not report 0301T in conjunction with 76645, 76942, 76998, 77600-77615)		

Category III codes were accepted at the October 2011 CPT Editorial Panel meeting for the 2013 CPT production cycle. Therefore, these codes will not appear in the 2012 CPT codebook. However, due to the Category III code early release policy, these codes are effective on July 1, 2012, following the six-month implementation period which begins January 1, 2012.

▲0206T Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
☉●0302T Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode)	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
☉●0303T electrode only	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
☉●0304T device only	Released January 1, 2012 Implemented July 1, 2012	CPT 2013

(Do not report 0302T-0304T in conjunction with 93000-93010)		
● 0305T Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
(Do not report 0305T in conjunction with 93000-93010, 0302T-0304T, 0306T)		
● 0306T Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
(Do not report 0306T in conjunction with 0302T-0305T)		
⊙● 0307T Removal of intracardiac ischemia monitoring device	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
⊙⊙● 0308T Insertion of ocular telescope prosthesis including removal of crystalline lens	Released January 1, 2012 Implemented July 1, 2012	CPT 2013
(Do not report 0308T in conjunction with 65800-65815, 66020, 66030, 66600-66635, 66761, 66825, 66982-66986, 69990)		