

Category III CPT Codes

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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

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The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

The American Medical Association (AMA) developed Category III CPT codes to track the utilization of emerging technologies, services, and procedures. The Category III CPT codes description does not establish a service or procedure as safe, effective or applicable to the clinical practice of medicine. The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists. Title XVIII of the Social Security Act, Section 1862(a) (1) (A) allows coverage and payment for items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Because of the specific purpose these Category III codes serve, UHC will consider the item, service, or procedure represented by these codes to be not proven effective; therefore, the codes will be denied as not medically necessary, unless an LCD or coverage article specifically extending coverage to a particular Category III code has been published. If providers believe that any of the Category III codes qualify for Medicare coverage (have been proven both-safe and effective as well as reasonable and necessary), those providers may request their removal from this list through the standard reconsideration process. Copies of the extended coverage details must be submitted with the reconsideration.

Reimbursement Guidelines

Unless an NCD, LCD or coverage article is published to address coverage for a specific Category III CPT code, UHC considers all services and procedures listed in the current and future Category III CPT code list as not proven effective and will deny submitted claims as not medically necessary.

Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, specific items, services, or procedures, not excluded by any other statutory clause, meeting all technical requirements for coverage, but are determined to be any of the following:

- Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used
- Not proven to be safe and effective based on peer review or scientific literature
- Experimental
- Not medically necessary in the particular case
- Furnished at a level, duration or frequency that is not medically appropriate
- Not furnished in accordance with accepted standards of medical practice, or
- Not furnished in a setting (such as inpatient care at a hospital or SNF, outpatient care through a hospital or physician's office or home care) appropriate to the patient's medical needs and condition.

Items and services must be established as safe and effective to be considered medically necessary. That is, the items and services must be:

- Consistent with the symptoms or diagnosis of the illness or injury under treatment;
- Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental or investigational);
- Not furnished primarily for the convenience of the patient, the attending physician or other physician or supplier;

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- Furnished at the most appropriate level that can be provided safely and effectively to the patient.
- Medical devices that are not approved for marketing by the Food and Drug Administration (FDA) are considered investigational by Medicare and are not considered reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve functioning of a malformed body member. UHC payment, therefore, may not be made for medical procedures and services performed using devices that have not been approved for marketing by the FDA or for those not included in an FDA-approved investigational (IDE) trial.

CPT/HCPCS Codes

- BLUE** highlights—on all LCD Noncovered lists
- PINK** highlights—provisional coverage on at least 1 LCD
- NO color highlight—no longer considered investigational; global coverage allowed
- GREY SHADED**—expired code

Code	Description
0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy (See Reimbursement Policy Extracorporeal Shock Wave Treatment (ESWT))
0030T	Antiprothrombin (phospholipid cofactor) antibody, each Ig class (Expired 12/31/2012 – see 86849)
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
0048T	Implantation of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation (See Reimbursement Policy Percutaneous Ventricular Assist Device and Artificial Hearts and Related Devices (NCD 20.9)) (Expired 12/31/2012 – see 33991)
0050T	Removal of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation (See Reimbursement Policy Percutaneous Ventricular Assist Device and Artificial Hearts and Related Devices (NCD 20.9)) (Expired 12/31/2012 – see 33990-33993)
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy (See Reimbursement Policy Artificial Hearts and Related Devices (NCD 20.9))
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) (See Reimbursement Policy Artificial Hearts and Related Devices (NCD 20.9))
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit (See Reimbursement Policy Artificial Hearts and Related Devices (NCD 20.9))
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)
0058T	Cryopreservation; reproductive tissue, ovarian
0059T	Cryopreservation; oocyte(s)
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session (See Reimbursement Policy IMRT and Other Targeted Radiation Treatment Delivery)

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0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel (See Reimbursement Policy Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7))
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure) (See Reimbursement Policy Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7))
0078T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral branches (superior mesenteric, celiac and/or renal artery[s]) (Expired 12/31/2013 – See 34841-34848) (See Reimbursement Policy Endovascular Repair of an Abdominal Aortic Aneurysm)
0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (List separately in addition to code for primary procedure) (Expired 12/31/2013 – See 34841-34848) (See Reimbursement Policy Endovascular Repair of an Abdominal Aortic Aneurysm)
0080T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (2 docking limbs), radiological supervision and interpretation (Expired 12/31/2013 – See 34841-34848) (See Reimbursement Policy Endovascular Repair of an Abdominal Aortic Aneurysm)
0081T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (List separately in addition to code for primary procedure) (Expired 12/31/2013 – See 34841-34848) (See Reimbursement Policy Endovascular Repair of an Abdominal Aortic Aneurysm)
0085T	Breath test for heart transplant rejection (Not Covered by Medicare) (See Reimbursement Policy Heartbreath Test for Heart Transplant Rejection (NCD 260.10))
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical (List separately in addition to code for primary procedure)
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
0099T	Implantation of intrastromal corneal ring segments (See Reimbursement Policy Intrastromal Corneal Ring Segments)
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy (See Reimbursement Policy Retinal Prosthesis)
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0103T	Holotranscobalamin, quantitative
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation

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0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
0123T	Fistulization of sclera for glaucoma, through ciliary body
0124T	Conjunctival incision with posterior extracanal placement of pharmacological agent (does not include supply of medication) (Expired 12/31/2013 – See 68399)
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous (Expired 12/31/2011 – see 48160, 48999)
0142T	Pancreatic islet cell transplantation through portal vein, open (Expired 12/31/2011 – see 48160, 48999)
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein (Expired 12/31/2011 – see 48160, 48999)
0155T	Laparoscopy, surgical; implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) (Expired 12/31/2011 – see 43659)
0156T	Laparoscopy, surgical; revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) (Expired 12/31/2011 – see 43659)
0157T	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) (Expired 12/31/2011 – see 43999)
0158T	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) (Expired 12/31/2011 – see 43999)
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure) (See Reimbursement Policy Lumbar Artificial Disc Replacement (LADR) (NCD 150.10))
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) (See Reimbursement Policy Lumbar Artificial Disc Replacement (LADR) (NCD 150.10))
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) (See Reimbursement Policy Lumbar Artificial Disc Replacement (LADR) (NCD 150.10))
0166T	Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass (Expired 12/31/2011 – see 33999)
0167T	Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass (Expired 12/31/2011 – see 33999)
0168T	Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral (Expired 12/31/2011 – see 30999)
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)

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0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level (See Reimbursement Policy Insertion of Posterior Spinous Process Device)
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure) (See Reimbursement Policy Insertion of Posterior Spinous Process Device)
0173T	Monitoring of intraocular pressure during vitrectomy surgery (List separately in addition to code for primary procedure) (Expired 12/31/2012 – No Code Replacement)
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report
0179T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report
0180T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only
0181T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report
0182T	High dose rate electronic brachytherapy, per fraction (See Reimbursement Policy High Dose Rate Electronic Brachytherapy)
0183T	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day (Expired 12/31/2013 ; See 97610) (See Reimbursement Policy Low Frequency, Non-Contact, Non-Thermal Ultrasound)
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness) (Removed from the 495 review effective 07/01/2010) (See update history in this document) (See Reimbursement Policy Excision of Rectal Tumor)
0185T	Multivariate analysis of patient-specific findings with quantifiable computer probability assessment, including report (Expired 12/31/2013 ; No Code Replacement)
0186T	Suprachoroidal delivery of pharmacologic agent (does not include supply of medication) (Expired 12/31/2013 ; No Code Replacement)
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes (Not Covered by Medicare)
0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) (Not Covered by Medicare)
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork (See Reimbursement Policy Anterior Segment Aqueous Drainage Device)

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0192T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach (Expired 12/31/2013 ; See 66183) (See Reimbursement Policy Anterior Segment Aqueous Drainage Device)
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace (Code is expired from CR CCAT effective 12/31/2011) (see 22586) (See update history in this document).
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure) (Code is expired from CR CCAT effective 12/31/2011) (see 22586) (See update history in this document).
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 (see Reimbursement Policy IMRT and Other Targeted Radiation Treatment Delivery)
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0199T	Physiologic recording of tremor using accelerometer(s) and/or gyroscope(s) (including frequency and amplitude) including interpretation and report
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), 1 or more needles (see Reimbursement Policy Vertebral Augmentation Procedure (VAP)/Percutaneous Vertebroplasty)
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), 2 or more needles (see Reimbursement Policy Vertebral Augmentation Procedure (VAP)/Percutaneous Vertebroplasty)
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
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)
0206T	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0208T	Pure tone audiometry (threshold), automated; air only
0209T	Pure tone audiometry (threshold), automated; air and bone
0210T	Speech audiometry threshold, automated;
0211T	Speech audiometry threshold, automated; with speech recognition
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level (See Reimbursement Policy Paravertebral Facet Joint Injections)
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) (See Reimbursement Policy Paravertebral Facet Joint Injections)

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0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) (See Reimbursement Policy Paravertebral Facet Joint Injections)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level (See Reimbursement Policy Paravertebral Facet Joint Injections)
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) (See Reimbursement Policy Paravertebral Facet Joint Injections)
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) (See Reimbursement Policy Paravertebral Facet Joint Injections)
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
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
0223T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interpretation and report
0224T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter, AV or VV delays only, with interpretation and report
0225T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter, AV and VV delays, with interpretation and report
0226T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed (See Reimbursement Policy High Resolution Anoscopy)
0227T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies) (See Reimbursement Policy High Resolution Anoscopy)
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

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0233T	Skin advanced glycation endproducts (AGE) measurement by multi-wavelength fluorescent spectroscopy
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs
0240T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with 3-dimensional high resolution esophageal pressure topography
0241T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during 3-dimensional high resolution esophageal pressure topography study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
0242T	Gastrointestinal tract transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report (Expired 12/31/2012 – see 91112)
0243T	Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report
0244T	Continuous measurement of wheeze rate during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation 3 to 24 hours, with interpretation and report
0245T	Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs (See Reimbursement Policy Open Treatment of Rib Fractures)
0246T	Open treatment of rib fracture requiring internal fixation, unilateral; 3-4 ribs (See Reimbursement Policy Open Treatment of Rib Fractures)
0247T	Open treatment of rib fracture requiring internal fixation, unilateral; 5-6 ribs (See Reimbursement Policy Open Treatment of Rib Fractures)
0248T	Open treatment of rib fracture requiring internal fixation, unilateral; 7 or more ribs (See Reimbursement Policy Open Treatment of Rib Fractures)
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance (Expired from CCAT effective 07/24/2013; RP unnecessary d/t global coverage)
0250T	Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure) (Expired 12/31/2012 – see 31647)
0251T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe (Expired 12/31/2012 – see 31648)
0252T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure) (Expired 12/31/2012 – see 31649)
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space (See Reimbursement Policy Anterior Segment Aqueous Drainage Device)

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0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;
0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation
0256T	Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach (Expired 12/31/2012 – see 33361-33364) (See Reimbursement Policy Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32))
0257T	Implantation of catheter-delivered prosthetic aortic heart valve; open thoracic approach (eg, transapical, transventricular) (Expired 12/31/2012 – see 0318T, 33365) (See Reimbursement Policy Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32))
0258T	Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; without cardiopulmonary bypass (Expired 12/31/2012 – see 0318T, 33365) (See Reimbursement Policy Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32))
0259T	Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; with cardiopulmonary bypass (Expired 12/31/2012 – see 33365-33369) (See Reimbursement Policy Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32))
0260T	Total body systemic hypothermia, per day, in the neonate 28 days of age or younger (Expired 12/31/2013 ; No Code Replacement)
0261T	Selective head hypothermia, per day, in the neonate 28 days or younger (Expired 12/31/2013 ; No Code Replacement)
0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy (Effective 07/01/2011)
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) (Effective 07/01/2011)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) (Effective 07/01/2011)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) (Effective 07/01/2011)
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) (Effective 07/01/2011)

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0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) (Effective 07/01/2011)
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) (Effective 07/01/2011)
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); (Effective 07/01/2011)
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming (Effective 07/01/2011)
0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic (Effective 07/01/2011)
0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar (Effective 07/01/2011) (See Reimbursement Policy Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13) and Minimally Invasive Lumbar Decompression (mild®))
0276T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe (Effective 01/01/2012; Expired 12/31/2012 – see 31660)
0277T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes (Effective 01/01/2012; Expired 12/31/2012 – see 31661)
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes) (Effective 01/01/2012)
0279T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); (Effective 01/01/2012; Expired 12/31/2012 – see 86152) (See Reimbursement Policy Molecular Pathology/Molecular Diagnostics/Genetic Testing)
0280T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); interpretation and report (Effective 01/01/2012; Expired 12/31/2012 – see 86153) (See Reimbursement Policy Molecular Pathology/Molecular Diagnostics/Genetic Testing)
0281T	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation (Effective 01/01/2012)
0282T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period (Effective 01/01/2012) (See Reimbursement Policy Electrical Nerve Stimulators (NCD 160.7))

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0283T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator (Effective 01/01/2012) (See Reimbursement Policy Electrical Nerve Stimulators (NCD 160.7))
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed (Effective 01/01/2012) (See Reimbursement Policy Electrical Nerve Stimulators (NCD 160.7))
0285T	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed (Effective 01/01/2012) (See Reimbursement Policy Electrical Nerve Stimulators (NCD 160.7))
0286T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement) (Effective 01/01/2012)
0287T	Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency (Effective 01/01/2012)
0288T	Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence) (Effective 01/01/2012)
0289T	Corneal incisions in the donor cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure) (Effective 01/01/2012)
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure) (Effective 01/01/2012)
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) (Effective 01/01/2012)
0292T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to primary procedure) (Effective 01/01/2012)
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 (Effective 01/01/2012)
0294T	Insertion of left atrial hemodynamic monitor; 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) (Effective 01/01/2012)
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 (Effective 01/01/2012) (See Reimbursement Policy External Electrocardiographic Recording)
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) (Effective 01/01/2012) (See Reimbursement Policy External Electrocardiographic Recording)
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report (Effective 01/01/2012) (See Reimbursement Policy External Electrocardiographic Recording)

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0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation (Effective 01/01/2012) (See Reimbursement Policy External Electrocardiographic Recording)
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound (Effective 01/01/2012)
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure) (Effective 01/01/2012)
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 (Effective 01/01/2012)
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) (Effective 07/01/2012)
0303T	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; electrode only (Effective 07/01/2012)
0304T	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; device only (Effective 07/01/2012)
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report (Effective 07/01/2012)
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report (Effective 07/01/2012)
0307T	Removal of intracardiac ischemia (Effective 07/01/2012)
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens (Effective 07/01/2012) (See Reimbursement Policy Ocular Telescope)
0309T	Arthrodesis, pre-sacral interbody technique, w/ disc space prep, discectomy (Effective 01/01/2013)
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity (Effective 01/01/2013)
0311T	Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report (Effective 01/01/2013)
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming (Effective 01/01/2013)
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator (Effective 01/01/2013)
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator (Effective 01/01/2013)
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator (Effective 01/01/2013)
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator (Effective 01/01/2013)

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0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed (Effective 01/01/2013)
0318T	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic) (Effective 01/01/2013; Expired 12/31/2013 – See 33366) (See Reimbursement Policy Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32))
0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0320T	Insertion of subcutaneous defibrillator electrode (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0321T	Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0322T	Removal of subcutaneous implantable defibrillator pulse generator only (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0323T	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0324T	Removal of subcutaneous defibrillator electrode (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0325T	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0326T	Electrophysiologic evaluation of subcutaneous implantable defibrillator (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0327T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0328T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system (Effective 01/01/2013) (See Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4))
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report (Effective 07/01/2013)
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report (Effective 07/01/2013)
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment (Effective 07/01/2013)
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT (Effective 07/01/2013)
0333T	Visual evoked potential, screening of visual acuity, automated (Effective 07/01/2013)
0334T	Sacroiliac joint stabilization for arthodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic) (Effective 07/01/2013)
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization (Effective 01/01/2014)

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0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency (Effective 01/01/2014)
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral (Effective 01/01/2014)
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral (Effective 01/01/2014)
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral (Effective 01/01/2014)
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance (Effective 01/01/2014)
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral (Effective 01/01/2014)
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion (Effective 01/01/2014)
0343T	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis (Effective 01/01/2014)
0344T	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure) (Effective 01/01/2014)
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus (Effective 01/01/2014)
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure) (Effective 01/01/2014)
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) (Effective 07/01/2014)
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed) (Effective 07/01/2014)
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed) (Effective 07/01/2014)
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed) (Effective 07/01/2014)
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative (Effective 07/01/2014)
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred (Effective 07/01/2014)
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative (Effective 07/01/2014)
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred (Effective 07/01/2014)

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0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report (Effective 07/01/2014) (See Reimbursement Policy Capsule Endoscopy)
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each (Effective 07/01/2014)
0357T	Cryopreservation; immature oocyte(s) (Effective 07/01/2014)
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report (Effective 07/01/2014)
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report (Effective 07/01/2014)
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient (Effective 07/01/2014)
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service) (Effective 07/01/2014)
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient (Effective 07/01/2014)
0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure) (Effective 07/01/2014)
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time (Effective 07/01/2014)
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure) (Effective 07/01/2014)
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time (Effective 07/01/2014)
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure) (Effective 07/01/2014)
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time (Effective 07/01/2014)
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure) (Effective 07/01/2014)
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) (Effective 07/01/2014)
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) (Effective 07/01/2014)

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0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients (Effective 07/01/2014)
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient (Effective 07/01/2014)
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure) (Effective 07/01/2014)

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Claims Processing Manual

Chapter 23; § 20.7.6.1 Attachment I - CPT 2000 and 2001 Section Counts

CMS Transmittals

Transmittal 2717, Change Request 8328, Dated 05/31/2013 (July 2013 Update of the Ambulatory Surgical Center (ASC) Payment System)

Transmittal 2718, Change Request 8338, Dated 06/07/2013 (July 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS))

Transmittal 2971, Change Request 8776, Dated 05/23/2014 (July 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS))

UnitedHealthcare Medicare Advantage Coverage Summaries

Artificial Disc Replacement, Cervical and Lumbar

Gastroesophageal and Gastrointestinal (GI) Services and Procedures

Glaucoma Surgical Treatments

Orthopedic Procedures, Devices and Products

Spine Procedures

Uterine Services and Procedures

Vision Services, Therapy and Rehabilitation

UnitedHealthcare Reimbursement Policies

Anterior Segment Aqueous Drainage Device

Artificial Hearts and Related Devices (NCD 20.9)

Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)

Carotid Body Resection-Carotid Body Denervation (NCD 20.18)

Delivery of IMRT/SRS/SBRT

Electrical Nerve Stimulators (NCD 160.7)

Endovascular Repair of an Abdominal Aortic Aneurysm

Epidural Injection

Excision of Rectal Tumor

External Electrocardiographic Recording

Extracorporeal Shock Wave Treatment (ESWT)

Heartsbreath Test for Heart Transplant Rejection (NCD 260.10)

High Dose Rate Electronic Brachytherapy

High Resolution Anoscopy

Implantable Automatic Defibrillators (NCD 20.4)

Insertion of Posterior Spinous Process Device

Category III CPT Codes

Intrastromal Corneal Ring Segments
 Low Frequency, Non-Contact, Non-Thermal Ultrasound
 Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)
 Ocular Telescope
 Open Treatment of Rib Fractures
 Ultrasound and Fluoroscopic Guidance of Paravertebral Facet Joint Injections
 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13)
 Percutaneous Lumbar Laminotomy
 Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)
 Percutaneous Ventricular Assist Device
 Stereotactic Computer Assisted Volumetric and/or Navigational Procedures
 Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)
 Vertebral Augmentation Procedure (VAP)/Percutaneous Vertebroplasty

UnitedHealthcare Medical Policies

Abnormal Uterine Bleeding and Uterine Fibroids
 Apheresis
 Autologous Chondrocyte Transplantation In The Knee
 Breast Imaging for Screening and Diagnosing Cancer
 Bronchial Thermoplasty
 Cardiovascular Disease Risk Tests
 Corneal Hysteresis and Intraocular Pressure Measurement
 Electrical Stimulation and Electromagnetic Therapy for Wounds
 Fecal Calprotectin Testing
 Gastrointestinal Motility Disorders, Diagnosis and Treatment
 Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors
 Intrastromal Corneal Ring Segments
 Macular Degeneration Treatment Procedures
 Proton Beam Radiation Therapy
 Surgical Treatment for Spine Pain
 Total Artificial Heart
 Transcatheter Heart Valve Procedures

MLN Matters

Article MM7008, July 2010 Update to the Ambulatory Surgical Center (ASC) Payment System
 Article MM7443, July 2011 Update of the Hospital Outpatient Prospective Payment System (OPPS)
 Article MM7854, July 2012 Update of the Ambulatory Surgical Center (ASC) Payment System
 Article MM8328, July 2013 Update of the Ambulatory Surgical Center (ASC) Payment System
 Article MM8338, July 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS)
 Article MM8776, July 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS)
 Article MM8786, July 2014 Update of the Ambulatory Surgical Center (ASC) Payment System

History

Date	Revisions
09/24/2014	<ul style="list-style-type: none"> Quarterly review; Policy presented at the 10/08/2014 MRPC meeting Revising CPT 0100T to provisionally covered from Category III noncovered status effective 02/20/2014; see Retinal Prosthesis Reimbursement Policy for more details
08/13/2014	<ul style="list-style-type: none"> Request to exclude 0275T from the 435 Clinical Trial Review for claim type 92 effective 01/09/2014 Remove CPT code 0275T from custom rule CCAT to deny Continue to allow professional claims to process per the coding in the NCD via CES

Category III CPT Codes

	<ul style="list-style-type: none"> If claim passes NCD requirements, claim will pend to the 435 review for CED/Clinical Trial secondary payment. See Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13) for more details
06/25/2014	Quarterly re-review of policy: <ul style="list-style-type: none"> Newly released CPTs 0347T-0374T added effective 07/01/2014; High Resolution Anoscopy RP created and approved at 06/11/14 MRPC for CPTs 0226T and 0227T
03/26/2014	Quarterly re-review of policy: 0249T has been changed from non-covered to globally covered
02/26/2014	Administrative updates
01/23/2014	Administrative updates
01/22/2014	Request submitted to expire 0163T, 0164T and 0165T off CCAT1 and CCAT2 effective 01/21/2014. See Lumbar Artificial Disc Replacement (LADR) (NCD 150.10) for more details.
12/18/2013	<ul style="list-style-type: none"> Re-review presented to MRPC for approval Newly released T codes effective for 01/01/2014 have been added
07/10/2013	Re-review presented to MRPC for approval <ul style="list-style-type: none"> The following codes have provisional coverage and will have the corresponding RPs presented for MRPC approval: <ul style="list-style-type: none"> 0078T-0081T: Endovascular Repair of Abdominal Aortic Aneurysm RP 0184T: Excision of Rectal Tumor RP 0245T-0248T: Open Treatment of Rib Fractures RP 0275T: Percutaneous Lumbar Laminotomy RP
06/26/2013	<ul style="list-style-type: none"> Removed From Body of Policy Due to Expiration Timeframe: <ul style="list-style-type: none"> 0066T: Computed tomographic (CT) colonography (ie, virtual colonoscopy); screening (Expired 12/31/2009 – see 74263) 0140T: Exhaled breath condensate pH (Expired 12/31/2009 – see 83987) 0162T: Electronic analysis and programming, reprogramming of gastric neurostimulator (i.e., morbid obesity) (Expired 12/31/2008 – see 95980-95982) Coverage Changes: <ul style="list-style-type: none"> 0319T-0328T are covered, Effective 01/01/2013, see Reimbursement Policy Implantable Automatic Defibrillators (NCD 20.4)
03/13/2013	<ul style="list-style-type: none"> Updating RP to expire provisional coverage of 0234T-0238T effective 08/16/2012 Effective 03/13/2013 Non-Coronary Vascular Stents Reimbursement Policy has been retired
02/11/2013	Updated RP with provisional coverage for codes 0213T-0218T effective 06/22/2011 see Paravertebral Facet Joint Injections
12/20/2012	Administrative updates
12/19/2012	Reimbursement Policy Re-review was presented to the MRP Committee and the recommended updates and changes were approved
12/03/2012	<ul style="list-style-type: none"> Updated RP with the following expired codes: 0030T, 0048T, 0050T, 0173T, 0242T, 0250T, 0251T, 0252T, 0256T, 0257T, 0258T, 0259T, 0276T, 0277T, 0279T, 0280T. Added the following new codes: 0309T-0328T Provisional coverage added for 0099T – Policy to follow
10/05/2012	Administrative updates
10/04/2012	Administrative updates
09/27/2012	Administrative updates

Category III CPT Codes

09/26/2012	<ul style="list-style-type: none"> • Reviewed policy <ul style="list-style-type: none"> ○ Updated codes 0295T-0298T with provisional coverage effective 01/01/2012 ○ Updated code 0308T with provisional coverage effective 07/01/2012 ○ Updated codes 0228T-0231T with date provisional coverage expired (08/19/2012-see Epidural Injection) • Presented to MRP Committee
07/25/2012	Updated codes 0256T-0259T with provisional coverage effective 05/01/2012, see NCD 20.32
07/04/2012	Administrative updates
06/15/2012	Added new codes effective 07/01/2012
04/25/2012	Reviewed policy – updated codes 0228T, 0229T, 0230T, 0231T with provisional coverage, see Epidural Injection
12/01/2011	Added new codes effective 07/01/2011 and 01/01/2012
11/04/2011	Administrative updates
07/20/2011	Policy developed and approved
06/08/2011	Policy Implemented
12/01/2010	<ul style="list-style-type: none"> • Implemented new template and established consistent formatting for this policy • Re-review presented to MRPC for approval