Payment Policy | CPT Category III Codes



EFFECTIVE DATE: 04|05|2011 **POLICY LAST UPDATED:** 01|01|2015

OVERVIEW

CPT Category III codes represent temporary codes for new and emerging technologies. They have been created to allow for data collection and utilization tracking for new procedures or services.

PRIOR AUTHORIZATION

See chart below

POLICY STATEMENT

BCBSRI coverage categories for Category III CPT codes include the following:

- Covered;
- Not Covered and a contract exclusion;
- Not Covered as they are not FDA approved;
- Not medically necessary as there is insufficient clinical data available to support its efficacy;
- Preauthorization is required; or
- Not separately reimbursed.

NOTE: Not all CPT Category III codes have an associated Medical Policy. The grid column below for Medical Policy will be left blank if there is no policy available for that code. Available policies are typically for services requiring preauthorization and Category III codes that have related CPT Category I and/or HCPCS codes that are either not covered or not medically necessary.

MEDICAL CRITERIA

None

BACKGROUND

Category III codes are different from Category I CPT codes in that they identify services that may not be performed by many health care professionals across the country, some may not have FDA approval, and some services/procedure have no proven clinical efficacy.

The codes are intended to be temporary and will be retired if the procedure or service is not accepted as a Category I code within five years. In some instances Category III codes may replace temporary local codes (HCPCS Level III) assigned by carriers and intermediaries to describe new procedures or services. If a Category III code is available it must be used instead of the unlisted Category I code. The use of the unlisted code does not offer the opportunity for collection of specific data. The AMA releases new codes twice a year (January and July) on its Web site.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet for the applicable "Health Care Services Not Covered" coverage.

CODING

Deleted Codes: Category III codes that have been deleted will remain on the grid with the CPT Category I replacement code that is if one has been assigned. This means that the Category III code has been assigned a permanent Category I code to describe the exact procedure, or an unlisted code. If a Category I code has not been assigned then the procedure code will no longer be active.

Code	Descriptor	Medical Policy
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	Intensity Modulated Radiation Therapy (IMRT)
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	
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	Intensity Modulated Radiation Therapy (IMRT)
0226T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	
0227T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)	
0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach $(1/1/11)$	
0285T	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed $(1/1/12)$	
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 $(1/1/12)$	
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 $(1/1/12)$	
0376T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Trabecular Meshwork; Each Additional Device Insertion (List Separately In Addition To Code For Primary Procedure)	Surgical Treatments for Glaucoma

ALL BCBSRI PRODUCTS: COVERED

BLUECHiP MEDICARE: COVERED

ALL OTHER BCBSRI PRODUCTS: NOT MEDICALLY NECESSARY DUE TO LACK OF PEER-REVIEWED MEDICAL LITERATURE DEMONSTRATING ITS EFFECTIVENESS

Code	Descriptor	Medical Policy
		Interspinous Process Decompression System

0172T		Interspinous Process
	necessary removal of bone or ligament for insertion and imaging	Decompression System
	guidance), lumbar; each additional level	
0275T-Q0	Percutaneous laminotomy/laminectomy (intralaminar 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 $(7/1/2011)$ - Covered for BlueCHiP for	
	Medicare when part of a clinical trial.	

ALL BCBSRI PRODUCTS: PRIOR AUTHORIZATION IS REQUIRED FOR BLUE CHIP MEDICARE AND RECOMMENDED FOR ALL OTHER BCBSRI PRODUCTS.

Code	Descriptor	Medical Policy
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical	Artificial Intervertebral Disc
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar	Artificial Intervertebral Disc
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) 7/1/11 NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE.DOCUMENTATION MUST BE SUBMITTED FOR REVIEW.	
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) 7/1/11 NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE AND DOCUMENTATION MUST BE SUBMITTED FOR REVIEW.	
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) 7/1/11 NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE AND DOCUMENTATION MUST BE SUBMITTED FOR REVIEW.	
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed 1/1/12 NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE AND DOCUMENTATION MUST BE SUBMITTED FOR REVIEW.	
0388T	Transcatheter Removal Of Permanent Leadless Pacemaker, Ventricular	

Code	Descriptor	Medical Policy
0289T	Corneal incisions in the donor cornea created using a laser, in	
	preparation for penetrating or lamellar keratoplasty $(1/1/12)$	
0290T	Corneal incisions in the recipient cornea created using a laser, in	
	preparation for penetrating or lamellar keratoplasty $(1/1/12)$	
0322T	Removal of subcutaneous implantable (Effective 1/1/14)	
0323T	Removal of subcutaneous implantable defibrillator pulse generator	
	with replacement of subcutaneous implantable defibrillator pulse	
	generator only (Effective 1/1/14)	
0324T	Removal of subcutaneous implantable (Effective 1/1/14)	
0325T	Repositioning of subcutaneous implantable defibrillator electrode	
	and/or pulse generator (Effective $1/1/14$)	

ALL BCBSRI PRODUCTS: WILL FOLLOW UNLISTED PROCESS (MIC REVIEW)

ALL BCBSRI PRODUCTS: NOT COVERED - CONTRACT EXCLUSION

Code	Descriptor	Medical Policy
0058T	Cryopreservation; reproductive tissue, ovarian	Infertility Diag and
		Treatment
0059T	Cryopreservation; oocyte(s)	Infertility Diag and
		Treatment
0099T	Implantation of intrastromal corneal ring segments	
	Not covered/Contract exclusion for the treatment of myopia	

0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse	
	generator, and implantation of intra-ocular retinal electrode array,	
	with vitrectomy	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma	
	reinfusion	
0356T	Insertion of drug-eluting implant (including	
	punctual dilation and implant removal	
	when performed) into lacrimal canaliculus,	
	each	
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	
0361T	each additional 30 minutes of technician	
	time, face-to-face with the patient (List	
	separately in addition to code for	
	primary service)	
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	
0363T	each additional 30 minutes of	
	technician(s) time, face-to-face with the	
	patient (List separately in addition to	
	code for primary procedure)	

ALL BCBSRI PRODUCTS: NOT SEPARATELY REIMBURSED

Code	Descriptor	Medical Policy
0188T	Remote real-time interactive video-conferenced critical care,	
	evaluation and management of the critically ill or critically injured	
	patient; first 30-74 minutes	
0189T	Remote real-time interactive video-conferenced critical care,	
	evaluation and management of the critically ill or critically injured	
	patient; each additional 30 minutes	

ALL BCBSRI PRODUCTS: NOT MEDICALLY NECESSARY DUE TO LACK OF PEER-REVIEWED MEDICAL LITERATURE DEMONSTRATING ITS EFFECTIVENESS

Code	Descriptor	Medical Policy
0099T	Implantation of intrastromal corneal ring segments	
	Not medically necessary for the treatment of keratoconus	
0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy	Extracorporeal Shock Wave

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	
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Total Artificial Hearts as Permanent Replacement Therapy
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	Total Artificial Hearts as Permanent Replacement Therapy
0053T	Total Artificial Hearts as Permanent Replacement Therapy keepReplacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit	Total Artificial Hearts as
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image guidance based on CT/MRI images	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
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	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	Carotid Artery Stenting to Treat Carotid Artery Stenosis
0076T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; each additional vessel	Carotid Artery Stenting to Treat Carotid Artery Stenosis
0085T	Breath test for heart transplant rejection	
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical	Artificial Intervertebral Disc
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical	Artificial Intervertebral Disc
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Extracorporeal Shock Wave
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Extracorporeal Shock Wave
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	
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	Measurement of Long Chain Omega-3 Fatty Acids in Red Blood Cell Membranes
0123T	Fistulization of sclera for glaucoma, through ciliary body	Emerging Surgical Treatments for Glaucoma
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	
0155T	Laparoscopy, surgical; implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)Deleted/Replaced with 43659 effective 1/1/12	Gastric Electrical Stimulation
0157T	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	Gastric Electrical Stimulation
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	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar	Artificial Intervertebral Disc
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar	Artificial Intervertebral Disc
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)	
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	Lung Cancer Screening Using CT Scanning or Chest Radiographs Archived 4/25/11
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	Lung Cancer Screening Using CT Scanning or Chest Radiographs Archived 4/25/11
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	Electrocardiographic Body Surface Mapping
0179T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report	Electrocardiographic Body Surface Mapping

0180T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	Electrocardiographic Body Surface Mapping
0181T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	
0182T	High dose rate electronic brachytherapy, per fraction	Brachytherapy Archived 5/6/2014
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	Emerging Surgical Treatments for Glaucoma
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace	Lumbar Fusion
0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar;	Lumbar Fusion
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, when used, 1 or more needles	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, 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 vesse	
0206T	Algorithmic analysis, remote, of electrocardiographicderived data with computer probability assessment, including report	Signal-Averaged Electrocardiography (SAECG)
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	Facet Joint Nerve Blocks
	(zygapophyseal) joint (or nerves innervating that joint) with	
00147	ultrasound guidance, cervical or thoracic; single level	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Facet Joint Nerve Blocks
	(zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Facet Joint Nerve Blocks
02151	(zygapophyseal) joint (or nerves innervating that joint) with	Pacet Joint Nerve Diocks
	ultrasound guidance, cervical or thoracic; third and any additional	
	level(s)	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Facet Joint Nerve Blocks
	(zygapophyseal) joint (or nerves innervating that joint) with	
	ultrasound guidance, lumbar or sacral; single level	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Facet Joint Nerve Blocks
	(zygapophyseal) joint (or nerves innervating that joint) with	5
	ultrasound guidance, lumbar or sacral; second level	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Facet Joint Nerve Blocks
	(zygapophyseal) joint (or nerves innervating that joint) with	
	ultrasound guidance, lumbar or sacral; third and any additional level(s)	
0219T	Placement of a 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 a posterior intrafacet implant(s), unilateral or bilateral,	
	including imaging and placement of bone graft(s) or synthetic	
000475	device(s), single level; thoracic	
0221T	Placement of a 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 a posterior intrafacet implant(s), unilateral or bilateral,	
02221	including imaging and placement of bone graft(s) or synthetic	
	device(s), single level; each additional vertebral segment	
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	
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural,	Facet Joint Nerve Blocks
000077	with ultrasound guidance, cervical or thoracic; single level	
0229Т	Injection(s), anesthetic agent and/or steroid, transforaminal epidural,	Facet Joint Nerve Blocks
0230T	with ultrasound guidance, cervical or thoracic; each additional level	Es act Is int Name Dis des
02301	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Facet Joint Nerve Blocks
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural,	Facet Joint Nerve Blocks
02311	with ultrasound guidance, lumbar or sacral; each additional level	1 ACCU JOHIN INCLVE DIOCKS
	with diffasound guidance, fumbar of sacrai, cach additional icver	

0232T	Injection(s), platelet rich plasma, any site, including image guidance,	Autologous Platelet-Derived
	harvesting and preparation when performed	Growth Factors (PRP)
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)	
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	
0246T	Open treatment of rib fracture requiring internal fixation, unilateral;	
	3-4 ribs	
0247T	Open treatment of rib fracture requiring internal fixation, unilateral;	
	5-6 ribs	
0248T	Open treatment of rib fracture requiring internal fixation, unilateral; 7	
	or more ribs	
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound	
	guidance	
0253T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	
	when performed; internal approach, into the suprachoroidal space	
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	
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 7/1/11	
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 7/1/11	
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 7/1/11	
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) 7/1/11	
0267T	Implantation or replacement of carotid sinus baroreflex activation	
	device; lead only, unilateral (includes intra-operative interrogation,	
	programming, and repositioning, when performed) 7/1/11	
0268T	Implantation or replacement of carotid sinus baroreflex activation	
	device; pulse generator only (includes intra-operative interrogation,	
	programming, and repositioning, when performed) 7/1/11	
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); 7/1/11	
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	
00547	day); with programming 7/1/11	
0274T	Percutaneous laminotomy/laminectomy (intralaminar 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 7/1/11	

0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler	Transcutaneous Electrical
	therapy), each treatment session (includes placement of electrodes)	Modulation Pain
	01/01/12	Reprocessing
0281T	Percutaneous transcatheter closure of the left atrial appendage with	
	implant, including fluoroscopy, transseptal puncture, catheter	
	placement(s), left atrial angiography, left atrial appendage	
	angiography, radiological supervision and interpretation 01/01/12	
0282T	Percutaneous or open implantation of neurostimulator electrode	
02021	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	
	01/01/12	
0283T	Percutaneous or open implantation of neurostimulator electrode	
02001	array(s), subcutaneous (peripheral subcutaneous field stimulation),	
	including imaging guidance, when performed, cervical, thoracic or	
	lumbar; permanent, with implantation of a pulse generator $01/01/12$	
0286T	Near-infrared spectroscopy studies of lower extremity wounds (eg,	
02001	for oxyhemoglobin measurement) $01/01/12$	
0287T	Near-infrared guidance for vascular access requiring real-time digital	
02071	visualization of subcutaneous vasculature for evaluation of potential	
	access sites and vessel patency $01/01/12$	
0288T	Anoscopy, with delivery of thermal energy to the muscle of the anal	
02001	canal (eg, for fecal incontinence) $01/01/12$	
0293T	Insertion of left atrial hemodynamic monitor; complete system,	
02/01	includes implanted communication module and pressure sensor lead	
	in left atrium including transseptal access, radiological supervision and	
	interpretation, and associated injection procedures, when performed	
	01/01/12	
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 $(1/1/12)$	
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	
	(01/01/12)	
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) $(01/01/12)$	
0297T	External electrocardiographic recording for more than 48 hours up to	
	21 days by continuous rhythm recording and storage; scanning	
	analysis with report $(01/01/12)$	
0298T	External electrocardiographic recording for more than 48 hours up to	
	21 days by continuous rhythm recording and storage; review and	
	interpretation 01/01/12	
0299T	Extracorporeal shock wave for integumentary wound healing, high	Extracorporeal Shock Wave
	energy, including topical application and dressing care; initial wound	Therapy
	(01/01/12)	
0300T	Extracorporeal shock wave for integumentary wound healing, high	Extracorporeal Shock Wave
	energy, including topical application and dressing care; each additional	Therapy
	wound (01/01/12)	

0301T	Destruction/reduction of malignant breast tumor with externally	Microwave Tumor Ablation
	applied focused microwave, including interstitial placement of	
	disposable catheter with combined temperature monitoring probe	
	and microwave focusing sensocatheter under ultrasound	
	thermotherapy guidance $(01/01/12)$	
0309T	Arthrodesis, pre-sacral interbody technique, including disc space	Lumbar Fusion
	preparation, discectomy, with posterior instrumentation, with image	
	guidance, includes bone graft, when performed, lumbar, L4-L5	
	interspace (Effective $1/1/2013$)	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral	
	or bilateral, with interpretation and report (Effective $1/1/2014$)	
0330T	Monitoring of intraocular pressure for 24 hours or longer, unilateral	
	or bilateral, with interpretation and report (Effective $1/1/2014$)	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and	
	quantitative assessment; (Effective 1/1/2014)	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and	
	quantitative assessment; with tomographic SPECT (Effective	
	1/1/2014)	
0333T	Visual evoked potential, screening of visual acuity, automated	
	(Effective 1/1/2014)	
0334T	Sacroiliac joint stabilization for arthrodesis, percutaneous or	
	minimally invasive (indirect visualization), includes obtaining and	
	applying autograft or allograft (structural or morselized), when	
	performed, includes image guidance when performed (eg (Effective	
	1/1/2014)	
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	
	(Effective 1/1/2014)	
0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including	
	intraoperative ultrasound guidance and monitoring, radiofrequency	
	(Effective 1/1/2014)	
0337T	Endothelial function assessment, using peripheral vascular response	
	to reactive hyperemia, non-invasive (eg, brachial artery ultrasound,	
	peripheral artery tonometry), unilateral or bilateral (Effective	
	1/1/2014)	
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when	
	involved by tumor extension, percutaneous, cryoablation, unilateral,	
0.0.4475	includes imaging guidance [Effective 1/1/20	
0341T	Quantitative pupillometry with interpretation and report, unilateral or	
	bilateral (Effective 1/1/2014)	
0343T	Transcatheter mitral valve repair percutaneous approach including	
	transseptal puncture when performed; initial prosthesis	-
0.0.4.475	1/1/2014)	
0344T	additional prosthesis (es) during same session (List separately in	
0.0 4 5 75	addition to code for primary procedure) (Effective 1/1/2014)	
0345T	Transcatheter mitral valve repair percutaneous approach via the	
00467	coronary sinus (Effective 1/1/2014)	
0346T	Ultrasound, elastography (List separately in addition to code for $1/1/2014$)	
0.0457	primary procedure) (Effective 1/1/2014)	
0347T	Placement of interstitial device(s) in bone for	
1	radiostereometric analysis (RSA)	

0348T	Radiologic examination, radiostereometric	
05401	analysis (RSA); spine, (includes, cervical,	
	thoraciupper extremity(ies), (includes	
	shoulder, elbow and wrist, when	
	performed) c and lumbosacral, when performed)	
0349T	upper extremity(ies), (includes	
05471	shoulder, elbow and wrist, when	
	performed)	
0350T	lower extremity(ies), (includes hip,	
	proximal femur, knee and ankle,	
	when performed)	
0351T	Optical coherence tomography of breast	
	or axillary lymph node, excised tissue,	
	each specimen; real time intraoperative	
0352T	interpretation and report, real time	
0353T	Optical coherence tomography of	
	breast, surgical cavity; real time	
	intraoperative	
0354T	interpretation and report, real time	
	or referred	
0355T	Gastrointestinal tract imaging, intraluminal	
	(eg, capsule endoscopy), colon, with	
	interpretation and report	
0358T	Bioelectrical impedance analysis whole body	
	composition assessment, supine position, with	
	interpretation and report	
0375T	Total Disc Arthroplasty (Artificial Disc), Anterior Approach,	Surgical Treatments for
	Including Discectomy With End Plate Preparation (Includes	Glaucoma
	Osteophytectomy For Nerve Root Or Spinal Cord Decompression	
	And Microdissection), Cervical, Three Or More Levels	
0377T	Anoscopy With Directed Submucosal Injection Of Bulking Agent	
	For Fecal Incontinence	
0270T		
0378T	Visual Field Assessment, With Concurrent Real Time Data Analysis And Accessible Data Storage With Patient Initiated Data Transmitted	
	To A Remote Surveillance Center For Up To 30 Days; Review And	
	Interpretation With Report By A Physician Or Other Qual	
0379T	Visual Field Assessment, With Concurrent Real Time Data Analysis	
03771	And Accessible Data Storage With Patient Initiated Data Transmitted	
	To A Remote Surveillance Center For	
0380T	Computer-Aided Animation And Analysis Of Time Series Retinal	
	Images For The Monitoring Of Disease Progression, Unilateral Or	
	Bilateral, With Interpretation And Report	
0381T	External Heart Rate And 3-Axis Accelerometer Data Recording Up	
	To 14 Days To Assess Changes In Heart Rate And To Monitor	
	Motion Analysis For The Purposes Of Diagnosing Nocturnal	
	Epilepsy Seizure Events; Includes Report, Scanning Analysis With	
	Report, Review And Interpretation By A Physician Or Other	
	Qualified Health Care Professional	
0382T	Review And Interpretation Only	

0383T	External Heart Rate And 3-Axis Accelerometer Data Recording From	
	15 To 30 Days To Assess Changes In Heart Rate To Monitor Motion	
	Analysis For The Purposes Of Diagnosing Nocturnal Epilepsy	
	Seizure Events; Includes Report, Scanning Analysis With Report,	
	Review And Interpretation By A Physician Or Other Qualified	
	Health Care Professional	
0384T	Review And Interpretation Only	
0385T	External Heart Rate And 3-Axis Accelerometer Data Recording More	
	Than 30 Days To Assess Changes In Heart Rate To Monitor Motion	
	Analysis For The Purposes Of Diagnosing Nocturnal Epilepsy	
	Seizure Events; Includes Report, Scanning Analysis With Report,	
	Review And Interpretation By A Physician Or Other Qualified	
	Health Care Professional	
0386T	Review And Interpretation Only	
0387T	Transcatheter Insertion Or Replacement Of Permanent Leadless	
	Pacemaker, Ventricular	
0389T	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, Review And Report, Leadless Pacemaker System	
0390T	Peri-Procedural Device Evaluation (In Person) And Programming Of	
	Device System Parameters Before Or After A Surgery, Procedure Or	
	Test With Analysis, Review And Report, Leadless Pacemaker System	
0391T	Interrogation Device Evaluation (In Person) With Analysis, Review	
	And Report, Includes Connection, Recording And Disconnection Per	
	Patient Encounter, Leadless Pacemaker System	

CATEGORY III : DELETED CODES

Code	Descriptor	Related Medical Policy
0017T	Destruction of macular drusen, photocoagulation DELETED USE UNLISTED CODE 67299 (1/1/11)	
0030T	Antiprothrombin (phospholipid cofactor) antibody, each Ig class DELETED USE UNLISTED CODE 86849 (1/1/13)	
0048T	Implantation of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation Delete/Replaced w/ unlisted 33991 1/1/13	
0050T	Removal of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation Delete 1/1/13	
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]) Deleted 1/1/14 and replaced with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848	
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) Deleted 1/1/14 and replaced with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848	
0080T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac and/or renal artery[s]), radiological supervision and interpretation Deleted 1/1/14 and replaced with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848	
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) Deleted 1/1/14 and replaced with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848	
0124T	Conjunctival incision with posterior extrascleral placement of pharmacological agent (does not include supply of medication) Deleted 1/1/14 and replaced with 68399	
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous (Medicare/participating in clinical trials) Deleted/Replaced with 48999 (1/1/12)	Islet Cell Transplant
0142T	Pancreatic islet cell transplantation through portal vein, open (Medicare/participating in clinical trials) Deleted/Replaced with 48999 (1/1/12)	Islet Cell Transplant
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein (Medicare/participating in clinical trials) Deleted/Replaced with 48999 (1/1/12)	Islet Cell Transplant
0156T	Laparoscopy, surgical; revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) Deleted/Replaced with unlisted 43659 (1/1/12)	Gastric Electrical Stimulation

0158T	Laparotomy, revision or removal of gastric stimulation electrodes,	Gastric Electrical
	lesser curvature (ie, morbid obesity) Deleted/Replaced with unlisted $43659 (1/1/12)$	Stimulation
0166T	Transmyocardial transcatheter closure of ventricular septal defect,	
	with implant; without cardiopulmonary bypass	
04677	Deleted/Replaced with unlisted 33999 effective 1/1/12	
0167T	Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass	
	Deleted/Replaced with unlisted 33999 effective 1/1/12	
0168T	Rhinophototherapy, intranasal application of ultraviolet and visible	
	light, bilateral	
0173T	Deleted/Replaced with unlisted 30999 effective 1/1/12	
01/31	Monitoring of intraocular pressure during vitrectomy surgery Delete 1/1/13	
0183T	Low frequency, non-contact, non-thermal ultrasound, including	Non-contact non-thermal
	topical application(s), when performed, wound assessment, and	ultrasound treatment
	instruction(s) for ongoing care, per day	
04057	Deleted 1/1/14 and replaced with 97610	
0185T	Multivariate analysis of patient-specific findings with quantifiable computer probability assessment, including report	Paraspinal surface electomyography and
	Deleted 1/1/14 and replaced with 99199	Multivariate analysis
0186T	Suprachoroidal delivery of pharmacologic agent (does not include	Transpupillary
	supply of medication)	thermotherapy of
	Deleted 1/1/14 and repalced with 67299	choroidal
0192T	Insertion of antonion accompany any according to with out	neovascularization
01921	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach	Surgical treatment for glaucoma
	Deleted 1/1/14 and replaced with 66183	Shadeonna
0242T	Gastrointestinal tract transit and pressure measurement, stomach	Wireless Capsule
	through colon, wireless capsule, with interpretation and report	Endoscopy
02507	Delete/Replaced w/ 91112-1/1/13	
0250T	Airway sizing and insertion of bronchial valve(s), each lobe Delete/Replaced w/ 31647-1/1/13	
0251T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	
	when performed; with removal of bronchial valve(s), initial lobe	
	Delete/Replaced w/ 31648-1/1/13	
0252T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	
	when performed; with removal of bronchial valve(s), each additional lobe Delete/Replaced w/ 31649-1/1/13	
0256T	Implantation of catheter-delivered prosthetic aortic heart valve;	
	endovascular approach Delete/Replaced w/33361,	
	33362, 33363, 33364-1/1/13	
0257T	Implantation of catheter-delivered prosthetic aortic heart valve;	
	open thoracic approach (eg, transapical, transventricular) Delete/Replaced w/33365, 0318T-1/1/13	
0258T	Transthoracic cardiac exposure (eg, sternotomy, thoracotomy,	
_	subxiphoid) for catheter-delivered aortic valve replacement; without	
	cardiopulmonary bypassDelete/Replaced w/33365, 0318T-1/1/13	
0259T	Transthoracic cardiac exposure (eg, sternotomy, thoracotomy,	
	subxiphoid) for catheter-delivered aortic valve replacement; with cardiopulmonary bypass Delete-1/1/13	
I	Detete-1/1/13	

0260T	Total body systemic hypothermia, per day, in the neonate 28 days of	
	age or younger	
	Deleted 1/1/14 and replaced with 99481	
0261T	Selective head hypothermia, per day, in the neonate 28 days of age	
	or younger	
	Deleted 1/1/14 and replaced with 99482	
0276T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	
	when performed; with bronchial thermoplasty, 1 lobe (includes	
	moderate sedation) 01/01/12 Delete/replace w/ 31660 1/1/13	
0277T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	
	when performed; with bronchial thermoplasty, 2 or more lobes	
	(includes moderate sedation) 01/01/12 Delete/ replace w/ 31661	
	1/1/13	
0279T	Cell enumeration using immunologic selection and identification in	Detection of Circulating
	fluid specimen (eg, circulating tumor cells in blood);	Tumor Cells in the
	Delete/replace w/ 86152 1/1/13	Management of Patients
		with Cancer
0280T	Cell enumeration using immunologic selection and identification in	Detection of Circulating
	fluid specimen (eg, circulating tumor cells in blood); interpretation	Tumor Cells in the
	and report 01/01/12 Delete/replace w/ 86153 1/1/13	Management of Patients
		with Cancer
0318T	Implantation of catheter-delivered prosthetic aortic heart valve,	
	open thoracic approach, (eg, transapical, other than transaortic)	
	Deleted 1/1/14 and replaced with 33366	

RELATED POLICIES

See grid for related policies

PUBLI SHED

Provider Update, January 2013 Provider Update, June 2011

REFERENCES:

None.

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