



**EFFECTIVE DATE:** 04|05|2011  
**POLICY LAST UPDATED:** 06|24|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.

### ALL BCBSRI PRODUCTS: COVERED

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 (deleted 12/31/14, replace with 77385)	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 (deleted 12/31/14, replace with 77387)	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 (deleted 12/31/14, replace with 46601)	
0227T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies) (deleted 12/31/14, replace with 46607)	
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

**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
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level	Interspinous Process Decompression System
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level	Interspinous Process Decompression System
0275T-Q0	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 (7/1/2011) - <b>Covered for BlueCHiP for Medicare when part of a clinical trial.</b>	** Internal note, pending RSS # 14071650655

**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 <b>NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE. DOCUMENTATION MUST BE SUBMITTED FOR REVIEW. (Internal use only: The system will process the code the same as an unlisted code and be reviewed by MIC Claims)</b>	
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 <b>NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE AND DOCUMENTATION MUST BE SUBMITTED FOR REVIEW. (Internal use only: The system will process the code the same as an unlisted code and be reviewed by MIC Claims)</b>	
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 <b>NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE AND DOCUMENTATION MUST BE SUBMITTED FOR REVIEW. (Internal use only: The system will process the code the same as an unlisted code and be reviewed by MIC Claims)</b>	

0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed 1/1/12 <b>NOTE: BCBSRI ONLY COVERS REMOVAL OF THE DEVICE AND DOCUMENTATION MUST BE SUBMITTED FOR REVIEW. (Internal use only: The system will process the code the same as an unlisted code and be reviewed by MIC Claims)</b>	
0388T	Transcatheter Removal Of Permanent Leadless Pacemaker, Ventricular	
0393T	Removal of esophageal sphincter augmentation device	

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

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), (deleted 12/31/14, replace with 33241)	
0323T	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only (Effective 1/1/14),(deleted 12/31/14, replace with 33262)	
0324T	Removal of subcutaneous implantable (Effective 1/1/14), (deleted 12/31/14, replace with 33272)	
0325T	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator (Effective 1/1/14), (deleted 12/31/14, replace with 33273)	

**ALL BCBSRI PRODUCTS: NOT COVERED - CONTRACT EXCLUSION**

Code	Descriptor	Medical Policy
0058T	Cryopreservation; reproductive tissue, ovarian	Infertility Diag and Treatment
0059T	Cryopreservation; oocyte(s)(deleted 12/31/14 replace w/ 89337 or 03571)	Infertility Diag and Treatment
0099T	Implantation of intrastromal corneal ring segments <b>Not covered/Contract exclusion for the treatment of myopia</b>	

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 punctal dilation and implant removal when performed) into lacrimal canaliculus, each	
0357T	Cryopreservation; immature oocyte(s)	
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)	
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	

**BlueCHiP for Medicare: Not Covered**

0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode (deleted 12/31/14, use alternate code 33270)	
0320T	Insertion subcutaneous defibrillator electrode, (deleted 12/31/14, replace with 33271)	
0321T	Insertion subcutaneous implantable defibrillation plkus generator with subcutaneous electrode, (deleted 12/31/14, replace with 33240)	
0323T	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only, (deleted 12/31/14, replace with 33262)	
0325T	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator, (deleted 12/31/14, replace with 33273)	
0326T	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, (deleted 12/31/14, replace with 93644)	
0327T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recprding and disconnection per patient encounter; implantable subcutaneous lead defibrillator system, (deleted 12/31/14, replace with 93261)	
0328T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the functionof the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system, (deleted 12/31/14, replace with 93260),	
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, CT or fluoroscopic) , (deleted 12/31/14, replace with 27279)	
0321T	Insertion subcutaneous implantable defibrillation plkus generator with subcutaneous electrode, (deleted 12/31/14, use alternate code 33240)	

**ALL BCBSRI PRODUCTS: NOT SEPARATELY REIMBURSED**

Code	Descriptor	Medical Policy
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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: USE ALTERNATE PROCEDURE CODE**

<b>Code</b>	<b>Descriptor</b>	<b>Medical Policy</b>
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	Autism Spectrum Disorders Mandate
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	Autism Spectrum Disorders Mandate
0365T	each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Autism Spectrum Disorders Mandate
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	Autism Spectrum Disorders Mandate
0367T	each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Autism Spectrum Disorders Mandate
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	Autism Spectrum Disorders Mandate
0369T	each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	Autism Spectrum Disorders Mandate
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Autism Spectrum Disorders Mandate
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Autism Spectrum Disorders Mandate
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	Autism Spectrum Disorders Mandate
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	Autism Spectrum Disorders Mandate
0374T	each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)	Autism Spectrum Disorders Mandate

**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 <b>Not medically necessary for the treatment of keratoconus</b>	
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 Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit	Total Artificial Hearts as Permanent Replacement Therapy
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 osteophyctomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical (deleted 12/31/14)	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,	Extracorporeal Shock Wave



	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	
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 <b>Archived 4/25/11</b>
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	Lung Cancer Screening Using CT Scanning or Chest Radiographs <b>Archived</b>

	radiographic images, chest radiograph(s), performed remote from primary interpretation	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 (deleted 12/31/14, replace with 92145)	
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 (deleted 12/31/14, replace with 95999)	
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 vessel	
0206T	Algorithmic analysis, remote, of electrocardiographic derived 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 (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Facet Joint Nerve Blocks
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	Facet Joint Nerve Blocks
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)	Facet Joint Nerve Blocks
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Facet Joint Nerve Blocks
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level	Facet Joint Nerve Blocks
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)	Facet Joint Nerve Blocks
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 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, 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, with ultrasound guidance, cervical or thoracic; single level	Facet Joint Nerve Blocks
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level	Facet Joint Nerve Blocks
0230T	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, with ultrasound guidance, lumbar or sacral; each additional level	Facet Joint Nerve Blocks
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Autologous Platelet-Derived 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 (deleted 12/31/14, replace with 93702)	
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,(deleted 12/31/14, replace with 21811, 21812 or 21813)	
0246T	Open treatment of rib fracture requiring internal fixation, unilateral; 3-4 ribs, (deleted 12/31/14, replace with 21811, 21812 or 21813)	
0247T	Open treatment of rib fracture requiring internal fixation, unilateral; 5-6 ribs, (deleted 12/31/14, replace with 21811, 21812 or 21813)	
0248T	Open treatment of rib fracture requiring internal fixation, unilateral; 7 or more ribs, (deleted 12/31/14, replace with 21811, 21812 or 21813)	
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 day); with programming 7/1/11	
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 7/1/11	

0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes) 01/01/12	Transcutaneous Electrical Modulation Pain 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 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 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, for oxyhemoglobin measurement) 01/01/12	
0287T	Near-infrared guidance for vascular access requiring real-time digital 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 canal (eg, for fecal incontinence) 01/01/12	
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 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 energy, including topical application and dressing care; initial wound (01/01/12)	Extracorporeal Shock Wave Therapy
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (01/01/12)	Extracorporeal Shock Wave Therapy

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 (01/01/12)	Microwave Tumor Ablation
0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (Effective 1/1/2013)	Lumbar Fusion
0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode, (deleted 12/31/14, use alternate code 33270) <b>Commercial products only</b>	
0320T	Insertion of subcutaneous defibrillator electorde, (deleted 12/31/14, replace with 33271) <b>Commercial products only</b>	
0321T	Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode, (deleted 12/31/14, replace with 33240) <b>Commercial products only</b>	
0323T	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only, (deleted 12/31/14, use alternate code 33262) <b>Commercial products only</b>	
0325T	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator , (deleted 12/31/14, use alternate code 33273), <b>Commercial products only</b>	
0326T	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, (deleted 12/31/14, replace with 93644) <b>Commercial products only</b>	
0327T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system, (deleted 12/31/14, replace with 93261) <b>Commercial products only</b>	
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)(deleted 12/31/13, replace with 27279), <b>Commercial products only</b>	

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, includes imaging guidance (Effective 1/1/2014)	
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 (Deleted 12/31/14, replace with 33418)	
0344T	additional prosthesis (es) during same session (List separately in addition to code for primary procedure) (Deleted 12/31/14, replace with 33419)	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus (Effective 1/1/2014)	
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure) (Effective 1/1/2014)	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	
0348T	Radiologic examination, radiostereometric 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 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	
0375T	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Cervical, Three Or More Levels	Surgical Treatments for Glaucoma
0377T	Anoscopy With Directed Submucosal Injection Of Bulking Agent For Fecal Incontinence	



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 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	
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	
0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band	

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 (12/31/12)	
0048T	Implantation of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation (Deleted 12/31/12 replaced with <b>unlisted 33991</b> )	
0050T	Removal of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation Delete 12/31/12, report using 33990-33993	
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 12/31/13 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 12/31/13 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 12/31/13 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 12/31/13 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 12/31/13 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, lesser curvature (ie, morbid obesity) Deleted/Replaced with unlisted	Gastric Electrical Stimulation

	43659 (1/1/12)	
0166T	Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass 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 Deleted/Replaced with unlisted 30999 effective 1/1/12	
0173T	Monitoring of intraocular pressure during vitrectomy surgery Delete 12/31/12	
0183T	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day Deleted 12/31/13 and replaced with 97610	Non-contact non-thermal ultrasound treatment
0185T	Multivariate analysis of patient-specific findings with quantifiable computer probability assessment, including report Deleted 12/31/13 and replaced with 99199	Paraspinal surface electromyography and Multivariate analysis
0186T	Suprachoroidal delivery of pharmacologic agent (does not include supply of medication) Deleted 12/31/13 and replaced with 67299	Transpupillary thermotherapy of choroidal neovascularization
0192T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach Deleted 12/31/13 and replaced with 66183	Surgical treatment for glaucoma
0242T	Gastrointestinal tract transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report (Deleted 12/31/12 replace with 91112)	Wireless Capsule Endoscopy
0250T	Airway sizing and insertion of bronchial valve(s), each lobe (Deleted 12/31/12 replace with 31647)	
0251T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe (Deleted 12/31/12 replace with 31648)	
0252T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (deleted 12/31/12 replace with 31649)	
0256T	Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach (deleted 12/31/13 replace with 33361, 33362, 33363, 33364)	
0257T	Implantation of catheter-delivered prosthetic aortic heart valve; open thoracic approach (eg, transapical, transventricular) (delete 12/31/13 replace with 33365, 0318T)	
0258T	Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; without cardiopulmonary bypass (delete 12/31/13 replace with 33365, 0318T)	
0259T	Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; with cardiopulmonary bypass(delete12/31/13 replace with 33365-33369)	
0260T	Total body systemic hypothermia, per day, in the neonate 28 days of	

	age or younger, (delete 12/31/14 and replaced with 99184)	
0261T	Selective head hypothermia, per day, in the neonate 28 days of age or younger (deleted 12/31/14 and replaced with 99184)	
0276T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe (includes moderate sedation) (delete 12/31/12 replace with 31660)	
0277T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes (includes moderate sedation) (Delete 12/31/12 replace with 31661)	
0279T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); (delete 12/31/12 replace with 86152)	Detection of Circulating Tumor Cells in the Management of Patients with Cancer
0280T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); interpretation and report (delete 12/31/12 replace with 86153)	Detection of Circulating Tumor Cells in the Management of Patients with Cancer
0318T	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic) (delete 12/31/13 replace with 33366)	
0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode , (deleted 12/31/14 replace with 33270)	

## RELATED POLICIES

See grid for related policies

## PUBLISHED

Provider Update, January 2013

Provider Update, June 2011

## REFERENCES:

None.

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