SonoSite

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Ultrasound Reimbursement Information

Category III Codes

SonoSite provides this information as a courtesy to assist providers in determining appropriate codes and other information for reimbursement purposes. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for services rendered. SonoSite makes no guarantees concerning reimbursement or coverage. Please feel free to contact the SonoSite reimbursement staff if you have any questions at 1-888-482-9449 or send email to reimbursement@sonosite.com.

CPT codes were established for the use of ultrasound guidance with injections of the paravertebral facet joint or nerves innervating that joint and transforaminal epidural injections. These codes may be found in Category III of the CPT manual.

Category III codes as described by the AMA:

Background information for Category III codes

CPT Category III codes are a set of temporary codes that allow data collection for emerging technology, services, and procedures. These codes are intended to be used to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. The CPT Category III codes may not conform to the usual CPT code requirements as follows:

- Services or procedures must be performed by many health care professionals across the country.
- FDA approval must be documented or be imminent within a given CPT cycle.
- The service or procedure has a proven clinical efficacy.
- The service or procedure must have relevance for research, either ongoing or planned."

Regarding payment:

"CPT Category III codes are not referred to the AMA-Specialty RVS Update Committee (RUC) for valuation because no relative value units (RVUs) are assigned to these codes. Payment for these services or procedures is based on the policies of payers and not on a yearly fee schedule."

Currently Medicare and the majority of third party payers have policy that these codes are not covered as "investigational/experimental". Coverage and payment are up to the individual carriers.

In addition the code description is written to include both the injection and image guidance; ***no image guidance of the injections is reported separately.***

Code Selection

Below is the list of codes that are reported for paravertebral facet joint or nerves innervating that joint and transforaminal epidural injections with ultrasound guidance:

Revenue Code	Descriptor
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
+0214T	second level (List separately in addition to code for primary procedure)
+0215T	third and any additional level(s) (List separately in addition to code for primary procedure)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
+0217T	second level (List separately in addition to code for primary procedure)
+0218T	third and any additional level(s) (List separately in addition to code for primary procedure)
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
+0229T	each additional level (List separately in addition to code for primary procedure)
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
+0231T	each additional level (List separately in addition to code for primary procedure)

[1] Current Procedural Terminology (CPT®) Copyright 2011 American Medical Association.