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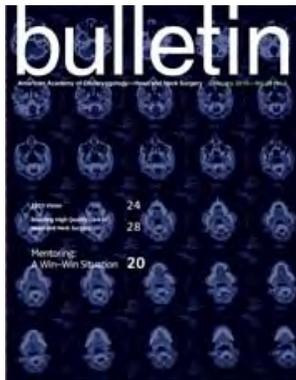
AMA Current Procedural Terminology (CPT) Category III Codes:
What You Need to Know and Why

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The American Medical Association first developed and published Current Procedural Terminology (CPT) in 1966. This first edition facilitated standardization of terms and descriptors for medical procedures, helped provide consistent information to insurance companies, and set the stage for computer-based claims processing.[1] The first edition of the CPT contained four-digit categorizations of primarily surgical procedures, with limited sections on medicine, radiology, and laboratory procedures.[2] In 1970, the second edition of CPT was published, which provided an expanded system of codes to include diagnostic and therapeutic procedures. In addition, the five-digit coding system we know today was introduced. In 1977, the fourth edition was published, and the AMA developed a system for updating as new procedures and technology were rapidly changing the medical community.

The CPT is currently divided into three different categories of codes-Category I, Category II, and Category III. Category I codes represent the services most frequently used by physicians and other healthcare professionals. These codes are updated yearly by the AMA. They are "restricted to clinically recognized and generally accepted services, and are not emerging technologies, services, or procedures."[3]

Category II codes are tracking codes used for performance measurement. They allow for easier data collection related to performance measures. The use of these codes is optional and not required for correct coding. They may not be used as a substitution for Category I codes. Category II codes are identified as a four-digit code followed by an alpha character in the fifth character of the string (for example, 1111Q). Category II codes do not have any relative value units assigned to them, as they are for the reporting of performance measures alone.

Category III codes were first established in 2001.[4] They are temporary codes designed to collect data on emerging technology, services, and procedures.[5] The threshold for attaining Category III status is considerably lower than that for Category I. Category III codes are approved for five years, during which the service may become more widely accepted and have sufficient literature support to achieve Category I status. If this is not achieved, the sponsor may apply for another five-year extension. In most cases, if Category I status is not attained by this point, the code is sunsetted. These codes, similar to the Category II codes, have four digits followed by an alpha character to make up a five-character code (for example 0088T). These codes are often referred to as "T" or "tracking codes."

Primarily, Category III codes are designed, and should be used, to substantiate the widespread adoption of a new technology, service, and/or procedure. Criteria for approval of Category III code requests are based on some or all of the following:

1. A protocol of the study or procedures being performed;
2. Support from the specialties that would use this procedure;
3. Availability of United States peer-reviewed literature for examination by the Editorial Panel; and

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