TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

ADMINISTRATION

CHAPTER 1 SECTION 16.1

CATEGORY III CODES

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AUTHORITY: 32 CFR 199.2(b) and 32 CFR 199.4(g)(15)

I. CPT PROCEDURE CODES

0003T, 0008T, 0016T - 0019T, 0021T, 0024T, 0026T - 0032T, 0041T - 0161T

II. DESCRIPTION

Category III codes are a set of temporary codes for emerging technology, services, and procedures. These codes are used to track new and emerging technology to determine applicability to clinical practice. When a Category III code receives a Category I code from the American Medical Association (AMA) it does not automatically become a benefit under TRICARE. However, the codes that may have moved from unproven to proven must be forwarded to the Office of Medical Benefits and Reimbursement Branch (MB&RB) for coverage determination/policy clarification.

III. POLICY

- A. Category III codes are to be used instead of unlisted codes to allow the collection of specific data. TRICARE has not opted to track Category III codes at this time.
- B. Category III codes are excluded from coverage since clinical safety and efficacy or applicability to clinical practice has not been established.

IV. EXCEPTIONS

- A. Category III code 0024T may be covered under the Rare Disease Policy for children.
- B. FDA IDE (Category B) clinical trial. See Chapter 8, Section 5.1.
- C. Category III codes 0145T 0151T as outlined in Chapter 5, Section 1.1.
- D. Category III code 0073T is a covered service as listed in Chapter 5, Section 3.1.
- E. Category III codes 0075T and 0076T are covered codes as outlined in Chapter 4, Section 9.1.

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V. EXCLUSIONS

A. Unlisted codes for Category III codes. Effective January 1, 2002.

B. Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT^2 procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

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