

## Category III Codes

Issue Date: March 6, 2002

Authority: [32 CFR 199.2\(b\)](#) and [32 CFR 199.4\(g\)\(15\)](#)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

0073T, 0075T, 0076T, 0099T, 0184T, 0308T

### 2.0 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.

### 3.0 POLICY

**3.1** 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.

**3.2** Category III codes are excluded from coverage since clinical safety and efficacy or applicability to clinical practice has not been established.

### 4.0 EXCEPTIONS

**4.1** U.S. Food and Drug Administration (FDA) Investigational Device Exemption (IDE) (Category B) clinical trial. See [Chapter 8, Section 5.1](#).

**4.2** Category III code 0073T is a covered service as listed in [Chapter 5, Section 3.1](#).

**4.3** Category III codes 0075T and 0076T are covered codes as outlined in [Chapter 4, Section 9.1](#).

**4.4** Category III codes 0099T and 0308T are covered codes as outlined in [Chapter 4, Section 21.1](#).

**4.5** Category III code 0184T is a covered service as listed in [Chapter 4, Section 13.1](#).

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**5.0 EXCLUSIONS**

**5.1** Unlisted codes for Category III codes. Effective January 1, 2002.

**5.2** Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT<sup>2</sup> procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

**5.3** Computer-Aided Detection (CAD) with breast MRI (CPT<sup>2</sup> procedure code 0159T) is unproven.

**5.4** XSTOP Interspinous Process Decompression System (CPT<sup>2</sup> procedure codes 0171T and 0172T, HCPCS code C1821) is unproven.

**5.5** Ultrasound-guided facet joint injection (CPT<sup>2</sup> procedure codes 0216T and 0217T) is unproven.

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