

Category III Codes

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

1.0 CPT¹ 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](#).

4.6 Category III code 0249T is a covered service as listed in [Chapter 4, Section 13.1](#).

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4.7 Category III code 0346T is a covered service as listed in Chapter 5, Section 1.1.

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 (CPT² procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

5.3 Computer-Aided Detection (CAD) with breast MRI (CPT² procedure code 0159T) is unproven.

5.4 XSTOP Interspinous Process Decompression System (CPT² procedure codes 0171T and 0172T, HCPCS code C1821) is unproven.

5.5 Ultrasound-guided facet joint injection (CPT² procedure codes 0216T and 0217T) is unproven.

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