

## Category III Codes

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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, 0100T, 0184T, 0308T, 0446T-0448T, 0451T-0463T

### 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 Division (MB&RD) 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](#).
- 4.8** Category III codes 0446T-0448T are covered services as listed in [Chapter 8, Section 5.3](#).
- 4.9** Category III codes 0451T-0463T are covered services as listed in [Chapter 4, Section 9.1](#).
- 4.10** Category III code 0474T is a covered service as listed in [Chapter 4, Section 21.1](#).
- 4.11** Category III codes **0100T**, 0472T, and 0473T are a covered service as listed in [Chapter 4, Section 21.1](#) (in accordance with the humanitarian device policy, [Chapter 8, Section 5.1](#)).

**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 (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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