

## 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

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

### 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** Category III code 0024T may be covered under the Rare Disease Policy for children.

**4.2** FDA IDE (Category B) clinical trial. See [Chapter 8, Section 5.1](#).

**4.3** Category III codes 0145T - 0151T as outlined in [Chapter 5, Section 1.1](#).

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

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

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Chapter 1, Section 12.1

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**5.0 EXCLUSION**

**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.

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