Category III Current Procedural Terminology (CPT) Codes

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The American Medical Association (AMA) developed CPT® Category III codes to track the utilization of emerging technologies, services, and procedures. The set of temporary (T) codes are established for data collection and assessment of emerging technologies. The codes are intended to be used for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. The codes are reviewed and updated semi-annually (January & July)

Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, items, services, and procedures, not excluded by any other statutory clause while meeting all technical requirements for coverage, which are determined to be not generally accepted, not proven safe, or not medically necessary/appropriate for the medical condition.

Criteria

Commercial and Medicaid

I. Coverage Consideration

CPT® Category III codes are generally considered experimental, investigational, or unproven and typically not eligible for reimbursement due to insufficient evidence of safety and efficacy, unless otherwise specified.

Any exceptions of coverage will be specifically identified in a related PacificSource policy, external clinical criteria (e.g., MCG, Carelon), Oregon Administrative Rules (OARs), HERC Prioritized List of Health Services, National Coverage Determination (NCD) criteria, or other regulatory requirement or guidance. Follow PacificSource Authorization Grid for coverage guidance.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow commercial criteria within a specific PacificSource policy, as applicable, or external criteria for determination of coverage and medical necessity coverage.

Related Policies

New and Emerging Technologies – Coverage Status

References

American Medical Association. CPT® Category III Codes. March 1, 2026.

Centers for Medicare & Medicaid Services (CMS). (2026). Article A56902. Billing and Coding: Category III Codes.

Social Security Act, Section 1862(a)(1)(A). https://www.ssa.gov/OP_Home/ssact/title18/1862.htm

PacificSource Authorization Grid: https://authgrid.pacificsource.com/

Appendix

Policy Number:

Effective: 7/27/2023 **Next review:** 9/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): Social Security Act, §1862(a)(1)(A); CMS Article A56902; OAR 410-130-0160(2)(c), 410-141-3820, 410-141-3825

External entities affected:

OPs Approval: 7/2026