# Category III Current Procedural Terminology (CPT) Codes

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

## Enterprise Policy

*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 generally considered experimental, investigational, or unproven. 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 1962(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, that are determined to be not generally accepted, not proven safe, or not medically necessary/appropriate for the medical condition.

## Criteria

### I. Coverage Consideration

The majority of CPT® Category III codes are considered experimental, investigational, or unproven and not eligible for reimbursement.

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

## Related Policies

New and Emerging Technologies – Coverage Status

## References

American Medical Association. CPT® Category III Codes. March 1, 2023.

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

Billing and Coding: Category III Codes. Local Coverage Article A56902. CMS.gov

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

## Appendix

**Policy Number:**

**Effective:** 7/27/2023 **Next review:** 8/1/2024

**Policy type:** Enterprise

**Author(s):** [Authors]

**H**ealth Services

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

**External entities affected:** N/A

**Commercial OPs:** 11/2023

**Government OPs:**12/2023