

Category III Codes

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 [Instructions for Use](#)

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Related Commercial/Individual Exchange Policy

- [Omnibus Codes](#)

Community Plan Policy

- [Non-Covered and Covered Codes Policy, Professional](#)

Medicare Advantage Policy Guideline

- [Category III CPT Codes](#)

Application

UnitedHealthcare Commercial

This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado.

Coverage Rationale

 See [Benefit Considerations](#)

Unless otherwise specified in another applicable UnitedHealthcare Policy, category III codes are considered experimental, investigational, or unproven and not medically necessary due to insufficient evidence of efficacy. Refer to the *Category III CPT Codes List* in the [Applicable Codes](#) section for specific information surrounding a Category III code.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply (COC).

CPT Codes

[Category III CPT Codes List](#)

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Description of Services

Current Procedural Terminology (CPT®) Category III codes are a set of temporary codes that allow physicians and other qualified health care professionals to identify and submit for emerging technology, services, and procedures for clinical efficacy, utilization and outcomes. The assignment of these codes from the AMA offers the opportunity for specific data collection unlike unlisted codes, which requires specific documentation describing the procedure.

Unlike Category I CPT® codes, these do not necessitate FDA approval and therefore have been placed in a separate section of the CPT book. Per the AMA, “the inclusion of a service or procedure in this section does not constitute a finding of support, or lack thereof, with regard to clinical efficacy, safety, applicability to clinical practice, or payer coverage.”

Category III codes may or may not eventually receive a Category I code. “In general, a given Category III code will be archived five years from the date of initial publication or extension unless a modification of the archival date is specifically noted at the time of a revision or change to a code” (AMA, 2022).

Benefit Considerations

Services that are not medically necessary; experimental or investigational; or unproven are excluded from coverage on most plans. The fact that such services may be the only available treatment(s) for a particular condition will not result in benefits if the service is considered to be not medically necessary; experimental or investigational; or unproven in the treatment of that particular condition. This exclusion does not apply to certain covered health care services provided during a clinical trial for which benefits may be provided under the benefit plan document.

References

American Medical Association (AMA). Current Procedural Terminology (CPT®) book. Chicago, IL. 2022.

UnitedHealthcare Insurance Company Generic Certificate of Coverage, 2018.

Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<p>Applicable Codes</p> <ul style="list-style-type: none">Updated list of applicable CPT codes to reflect annual edits:<ul style="list-style-type: none">Removed 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0465T, 0501T, 0502T, 0503T, 0504T, 0508T, 0533T, 0534T, 0535T, 0536T, 0641T, 0642T, 0715T, 0768T, 0769T, 0775T, and 0809TRevised description for 0517T, 0518T, 0519T, 0520T, 0587T, 0588T, 0589T, 0590T, 0640T, 0656T, 0657T, 0766T, and 0767T <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version 2023T0644F

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS

allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.