

UnitedHealthcare® West Medical Management Guideline

Category III Codes

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[Instructions for Use](#)

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Related Medical Management Guideline

- [Omnibus Codes](#)

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 guideline 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.

CPT Codes

[Category III 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.

Guideline 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 MMG196.F

Instructions for Use

This Medical Management Guideline 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 guideline, 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 Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines 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.

Member benefit coverage and limitations may vary based on the member’s benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.