

Policy Number: CP-AMCR24-003A

Effective Date: January 1, 2025

Category III Codes

The purpose of this policy is to provide clarity and specificity for coverage of Category III codes which are temporary codes developed by the American Medical Association (AMA) to describe emerging technology, services, and procedures.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for Aspirus benefits under Aspirus's health plans. They are intended to serve only as a general reference regarding Aspirus's administration of health benefits and are not intended to address all issues related to coverage for health services provided to Aspirus members.

These services may or may not be covered by all Aspirus products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their Aspirus patient refer to their Aspirus plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the Aspirus plan documents, the Aspirus Health Plan document is used to determine coverage.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following Aspirus products:

Aspirus product	Applies to
Aspirus Medicare Advantage Elite (PPO)	✓
Aspirus Medicare Advantage Essential Rx (PPO)	✓

Benefit category:

Exclusions-Services Not covered

Definitions or summary

- **Category III CPT or Temporary (T) codes are:**
 - a set of temporary codes for emerging technology, services, and procedures.
 - generally considered experimental, investigational, or unproven
 - intended to track usage of these services
 - data collected may be used to substantiate widespread usage in the Food and Drug Administration (FDA) approval process.
- Temporary codes (T codes) describing new services and procedures can remain in Category III for up to five years.
- Category III codes are reassigned to Category I code if Category I code category is met (FDA approval, evidence that many providers perform the procedures, and evidence that the procedures have been proven effective).
- Category III codes can be eliminated if providers do not use them.
- AMA releases new or revised Category III codes semi-annually via their website
 - Category III deletions are published annually with the full set of Category III or Temporary (T) codes.

Coverage policy**NOT COVERED**

- Aspirus does not cover Category III codes unless there is specific guidance for coverage, including:
 - NCD, LCD, coverage article published to address coverage for a specific Category III CPT code, or Fee Schedule. Aspirus considers all services and procedures listed in the current and future Category III CPT code list as not proven effective and will deny submitted claims.
- Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, specific items, services, or procedures, not excluded by any other statutory clause, meeting all technical requirements for coverage, but are determined to be any of the following:
 - Experimental
 - Furnished at a level, duration or frequency that is not medically appropriate
 - Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used
 - Not medically necessary in the particular case
 - Not proven to be safe and effective based on peer review or scientific literature
 - Not furnished in accordance with accepted standards of medical practice
 - Not furnished in a setting (such as inpatient care at a hospital or SNF, outpatient care through a hospital or physician's office or home care) appropriate to the patient's medical needs and condition.
 - Items and services must be established as safe and effective to be considered medically necessary. That is, the items and services must be:
 - Consistent with the symptoms or diagnosis of the illness or injury under treatment
 - Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental, or investigational).
 - Not furnished primarily for the convenience of the patient, the attending physician or other physician or supplier.
 - Furnished at the most appropriate level that can be provided safely and effectively to the patient.

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description

*CPT is a registered trademark of the American Medical Association.

Prior authorization

Not Required

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
None	

References and source documents

Links to the Aspirus contracts, Center for Medicare and Medicaid Services (CMS), and other relevant documents used to create this policy

[Aspirus Elite Medicare Evidence of Coverage \(EOC\)](#)

[Aspirus Essential Rx Medicare Evidence of Coverage \(EOC\)](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	8/1/24	New policy Aspirus
V2	10/08/2024	Annual Review, eff date updated, disclaimer updated, no further change.