

Policy Number: CP-IFP22-026A

Effective Date: January 1, 2025

Category III Codes

Category III codes 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 UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

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

Medicaid products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

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 UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

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 represent and meet Category I criteria which includes FDA approval, evidence that many providers perform the procedures, and evidence that the procedures have been proven effective they will be reassigned to Category I code
- Category III codes can be eliminated if providers do not use them.
- AMA releases new or revised Category III codes semiannually via their website
 - Category III deletions are published annually with the full set of Category III or Temporary (T) codes.

Coverage policy

Not Covered

- UCare does not cover Category III codes unless there is specific guidance for coverage, including:
 - NCD, LCD or coverage article published to address coverage for a specific Category III CPT code, UCare 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, or
 - 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.

Prior authorization	
Not Required	

Related policies and documentation	
<i>References to other policies or documentation that may be relevant to this policy</i>	
Policy Number	Policy Description
None	

References and source documents	
<i>Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i>	
Plan Documents and Forms UCare	
American Medical Association (AMA):	
Authorization and Notification Requirements-Medical Service:	

Coverage policy development and revision history		
Version	Date	Note(s)
V1	July 1, 2022	Original Effective Date
	Nov. 30, 2022	Annual review; no changes
	Oct.20, 2023	Annual review; no changes
	Oct. 1,2024	Annual review; no changes