

Policy Number	ADM1001.035
Policy Effective Date	07/01/2026

Category III Current Procedural Terminology (CPT®) Codes

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Disclaimer

Medical policies are a set of written guidelines that support current standards of practice. They are based on current generally accepted standards of care developed by: nonprofit professional association(s) for the relevant clinical specialty, third-party entities that develop treatment criteria, or other federal or state governmental agencies. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and/or nationally recognized authoritative references to major drug compendia, peer reviewed scientific literature and generally accepted standards of medical care. These references include, but are not limited to: MCG care guidelines, DrugDex (IIa level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines, and CMS coverage policy.

Carefully check state regulations and/or the member contract.

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Coverage

Review the following tables carefully:

Table 1: Includes those Category III Current Procedural Terminology (CPT®) codes that are not subject to review and/or are included in the Preventive Services Reimbursement Policy (formerly Clinical Payment and Coding Policy).

Table 2: Includes those Category III Current Procedural Terminology (CPT®) codes that may be conditionally medically necessary for some indications and are included in specific Medical Policy documents.

Table 3: Includes those Category III Current Procedural Terminology (CPT®) codes that **are considered experimental, investigational and/or unproven** as these codes are designed for

data collection for emerging technologies, services, procedures, and service paradigms **unless** the code is included in either **Table 1 OR Table 2** below.

Category III Current Procedural Terminology (CPT®) codes included in **Table 3** below **may be considered experimental, investigational and/or unproven** as these codes are designed for data collection for emerging technologies, services, procedures, and service paradigms **unless** the code is included in either **Table 1 OR Table 2** below.

NOTE 1: Changes may be made to the codes in the tables below as the American Medical Association (AMA) makes updates to the CPT® code set, and/or as new medical policies are developed to address those services described by these codes.

Table 1. Category III Current Procedural Terminology (CPT®) Codes Not Subject to Review and/or Are Included in the Preventive Services Reimbursement Policy

Code	Category	Effective Date	End Date
0174T	Not subject to review	01/01/2026	
0175T	Not subject to review	01/01/2026	
0333T	Preventive Services	01/01/2026	
0583T	Not subject to review	01/01/2026	
0633T	Preventive Services	01/01/2026	
0634T	Preventive Services	01/01/2026	
0635T	Preventive Services	01/01/2026	
0637T	Preventive Services	01/01/2026	
0638T	Preventive Services	01/01/2026	
0836T	Preventive Services	01/01/2026	

Table 2. Related Medical Policies with specific Category III codes that may be conditionally medically necessary for some indications. (May not be all inclusive)

Medical Policy	Category III CPT® Code(s)
DME102.009 Intraurethral Valve Drainage Device for Impaired Detrusor Contractility	0596T, 0597T
MED201.045 Low-Level and High-Power Laser Therapy	0552T
MED202.062 Ultrafiltration in Heart Failure	0692T
MED204.006 Medical Management of Obstructive Sleep Apnea	0964T, 0965T, 0966T
MED205.035 Percutaneous and Subcutaneous Tibial Nerve Stimulation	0587T, 0588T, 0589T, 0590T, 0816T, 0817T, 0818T, 0988T, 0989T
OB402.035 Uterus Transplantation for Absolute Uterine Factor Infertility	0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T

OTH903.024 Intravitreal, Punctum and Intracameral Implants	0660T, 0661T
OTH903.028 Corneal Collagen Cross-Linking	0402T
PSY301.015 Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	0858T, 0889T, 0890T, 0891T, 0892T
RAD602.019 Elastography and Associated Imaging Techniques	0648T, 0649T
RAD604.009 Computed Tomography to Detect Coronary Artery Calcification	0710T, 0711T, 0712T, 0713T
RX501.034 Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	0232T, 0481T
RX501.098 Gene Therapy for Inherited Retinal Dystrophy	0810T
RX501.101 Orthopedic Applications of Platelet-Rich Plasma	0232T, 0481T
SUR701.018 Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	0581T
SUR701.030 Renal Denervation for Uncontrolled Hypertension	0338T, 0339T
SUR701.040 Transanal Endoscopic Microsurgery	0184T
SUR701.048 Irreversible Electroporation (IRE)	0600T, 0601T
SUR702.015 Facet Joint Injections	0213T, 0214T, 0215T, 0216T, 0217T, 0218T
SUR703.049 Fecal Microbiota Transplantation (FMT)	0780T
SUR703.057 Islet Transplantation	0584T, 0585T, 0586T
SUR705.023 Computer-Assisted Navigation for Orthopedic Procedures	0054T, 0055T
SUR706.009 Sleep Related Breathing Disorders: Surgical Management	0978T, 0979T, 0980T
SUR707.003 Implantable Cardioverter Defibrillators	0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0614T
SUR707.025 Transcatheter Mitral Valve Procedures	0345T, 0483T, 0484T, 0544T

SUR707.030 Leadless Cardiac Pacemaker	0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0823T, 0824T, 0825T, 0826T
SUR707.032 Transcatheter Tricuspid Valve Procedures	0569T, 0570T, 0646T
SUR707.034 Percutaneous Revascularization Procedures for Lower Extremity Peripheral Arterial Disease	0238T, 0505T
SUR710.018 Sacral Nerve Neuromodulation/ Stimulation	0786T, 0787T, 0788T, 0789T
SUR712.009 Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation	0784T, 0785T, 0788T, 0789T
SUR712.028 Artificial Intervertebral Disc	0095T, 0098T, 0164T, 0165T
SUR713.025 Intraocular Lens (IOLs) and Implantable Miniature Telescope (IMT)	0308T
SUR713.034 Aqueous Shunts and Stents for Glaucoma	0253T, 0449T, 0450T, 0474T, 0671T
SUR716.001 Cosmetic and Reconstructive Procedures	0419T, 0420T, 0479T, 0480T
THE801.004 Heat and Cold Therapy Devices	0662T, 0663T
Refer to Carelon Guidelines for review: https://guidelines.carelonmedicalbenefitsmanagement.com/	0648T, 0649T, 0707T

Table 3. Category III CPT codes considered experimental, investigational and/or unproven

CPT® Category III Code	Effective Date	End-Date
0075T	01/01/2026	
0076T	01/01/2026	
0100T	01/01/2026	
0200T	01/01/2026	
0201T	01/01/2026	
0207T	01/01/2026	
0208T	01/01/2026	
0209T	01/01/2026	
0210T	01/01/2026	
0211T	01/01/2026	
0212T	01/01/2026	
0219T	01/01/2026	
0220T	01/01/2026	
0221T	01/01/2026	
0222T	01/01/2026	

0234T	01/01/2026	
0235T	01/01/2026	
0236T	01/01/2026	
0237T	01/01/2026	
0278T	01/01/2026	
0330T	01/01/2026	
0347T	01/01/2026	
0348T	01/01/2026	
0349T	01/01/2026	
0350T	01/01/2026	
0351T	01/01/2026	
0352T	01/01/2026	
0353T	01/01/2026	
0354T	01/01/2026	
0358T	01/01/2026	
0378T	01/01/2026	
0379T	01/01/2026	
0422T	01/01/2026	
0437T	01/01/2026	
0439T	01/01/2026	
0440T	01/01/2026	
0441T	01/01/2026	
0442T	01/01/2026	
0444T	01/01/2026	
0445T	01/01/2026	
0464T	01/01/2026	
0469T	01/01/2026	
0472T	01/01/2026	
0473T	01/01/2026	
0485T	01/01/2026	
0486T	01/01/2026	
0494T	01/01/2026	
0495T	01/01/2026	
0496T	01/01/2026	
0506T	01/01/2026	
0507T	01/01/2026	
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0582T	01/01/2026	
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0592T	01/01/2026	
0593T	01/01/2026	
0594T	01/01/2026	
0598T	01/01/2026	
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1043T	07/01/2026	
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1051T	07/01/2026	
1052T	07/01/2026	
1053T	07/01/2026	

Policy Guidelines

None.

Description

CPT® Category III codes are a set of temporary (T) codes assigned to emerging technologies, services, and procedures. These codes are intended to be used for data collection to substantiate more widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. Category III codes can be identified by the T alpha character that follows the four initial numerical digits (i.e., four digits followed by the letter T). These codes are also referred to as T Codes. (1)

The use of a Category III code allows physicians and other qualified health care professionals to identify emerging technologies, services and procedures for clinical efficacy, utilization and outcomes. Category III codes are generally archived after five years and may or may not eventually receive a Category I CPT code. If a specific cross-referenced Category I code has not been established at the time of archiving, the service or procedure will be reported with a Category I unlisted code. (1)

It is noted by the AMA that a service or procedure represented by a T code does not constitute a finding of support, or lack thereof with regard to clinical efficacy, safety, applicability or clinical practice. Typically, there is a lack of published, peer-review evidence supporting the clinical efficacy, safety, and applicability of these services to clinical practice nor are these services considered an established standard of care. (1)

Rationale

This policy is based on the American Medical Association (AMA) Current Procedural Terminology (CPT®) description of Category III (T) codes. (1)

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	0054T, 0055T, 0075T, 0076T, 0095T, 0098T, 0100T, 0164T, 0165T, 0174T, 0175T, 0184T, 0200T, 0201T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0253T, 0278T, 0308T, 0330T, 0333T, 0338T, 0339T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0358T, 0378T, 0379T, 0402T, 0419T, 0420T, 0422T, 0437T, 0439T, 0440T, 0441T, 0442T, 0444T, 0445T, 0449T, 0450T, 0464T, 0469T, 0472T, 0473T, 0474T, 0479T, 0480T, 0481T, 0483T, 0484T, 0485T, 0849T, 0494T, 0495T, 0496T, 0505T, 0506T, 0507T, 0509T, 0524T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0552T, 0555T, 0556T, 0557T, 0558T, 0563T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0581T, 0582T, 0583T, 0584T, 0585T, 0586T, 0587T, 0588T, 0589T, 0590T, 0591T, 0592T, 0593T, 0594T, 0596T, 0597T, 0598T, 0599T, 0600T, 0601T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0614T, 0615T, 0620T, 0621T, 0622T, 0632T, 0633T, 0634T, 0635T, 0637T, 0638T, 0639T, 0640T, 0643T, 0644T, 0645T, 0646T, 0647T, 0648T, 0649T, 0651T, 0652T, 0653T, 0654T, 0568T, 0659T, 0660T, 0661T, 0662T, 0663T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 0671T, 0673T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0699T, 0700T, 0701T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 0714T, 0716T, 0717T, 0718T, 0719T, 0721T, 0722T, 0723T, 0724T, 0725T, 0726T, 0727T, 0728T, 0729T, 0730T, 0731T, 0732T, 0733T, 0734T, 0735T, 0736T, 0737T, 0738T, 0739T, 0742T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0780T, 0781T, 0782T, 0784T, 0785T, 0786T, 0787T, 0788T, 0789T, 0791T, 0792T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0810T, 0811T, 0812T, 0814T, 0815T, 0816T, 0817T, 0818T, 0819T, 0820T, 0821T, 0822T, 0823T, 0824T, 0825T, 0826T, 0827T, 0828T, 0829T, 0830T, 0831T, 0832T, 0833T, 0834T, 0835T, 0836T, 0837T, 0838T, 0839T, 0840T, 0841T, 0842T, 0843T, 0844T, 0845T, 0846T, 0847T, 0848T, 0849T, 0850T, 0851T, 0852T, 0853T, 0854T, 0855T, 0856T, 0857T, 0858T, 0859T, 0860T, 0864T, 0865T, 0866T, 0867T, 0868T, 0869T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T, 0901T, 0902T, 0903T, 0904T, 0905T, 0906T, 0907T, 0908T,
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HCPCS Codes	None

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References

1. Current Procedural Terminology (CPT®). ©2025 American Medical Association: Chicago, IL.

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <<https://www.cms.hhs.gov>>.

Policy History/Revision	
Date	Description of Change
07/01/026	Document updated. The following codes were added to Table 3: 1026T, 1027T, 1028T, 1029T, 1030T, 1031T, 1032T, 1033T, 1034T, 1035T, 1036T, 1037T, 1038T, 1039T, 1040T, 1041T, 1042T, 1043T, 1050T, 1051T, 1052T, 1053T.
05/01/2026	Document updated. The following codes were moved from Table 3 to Table 2: 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, AND 0670T.
01/01/2026	New medical document. Category III CPT codes are considered experimental, investigational and/or unproven except as noted in the tables in Coverage.