



Medical Coverage Policy

Effective Date4/15/2025

Next Review Date8/15/2025

Coverage Policy Number..... 0558

Category III Current Procedural Terminology (CPT®) codes

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Related Coverage Resources

[Ambulatory External and Implantable Electrocardiographic Monitoring](#)
[Bariatric Surgery and Procedures](#)
[Behavioral Health Coaching and Peer Support Services](#)
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[Cardiac Omnibus Codes](#)
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[Transcranial Magnetic Stimulation](#)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific

exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses CPT® Category III Codes, which are a set of temporary (T) codes for emerging technologies, services, and procedures. They have an alpha character as the 5th character in the string (i.e., four digits followed by the letter T) and are also referred to as T Codes. There may be some T codes that are considered medically appropriate based on peer-reviewed scientific literature. Certain T codes which may be recommended for coverage if coverage criteria are met are addressed in the relevant coverage policies listed under the Related Coverage Resources heading above. Therefore, unless there is a Cigna Coverage Policy that specifically extends coverage to a particular Category III code, the code would generally be considered experimental, investigational, or unproven.

Coverage Policy

Because of the specific purpose CPT Category III codes serve for data collection, the items, services or procedures represented by Category III codes are considered experimental, investigational or unproven, unless coverage for a particular Category III code is separately addressed in a Cigna Coverage Policy.

Please refer to Related Coverage Resources above for additional policies that address Category III codes.

Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

General Background

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 (American Medical Association [AMA], 2019).

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 (AMA, 2019).

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.

Related Coverage Policies that consider specific Category III codes medically necessary for some indications include the following:

Coverage Policy	Category III CPT Code(s)
Ambulatory External and Implantable Electrocardiographic Monitoring	0650T
Behavioral Health Coaching and Peer Support Services	0591T, 0592T
Brexucabtagene autoleucel	0537T, 0538T, 0539T, 0540T
Diabetes Equipment and Supplies	0446T, 0447T, 0448T
Glaucoma Surgical Procedures	0449T, 0671T
eviCore Pediatric Cardiac Imaging guideline	0501T, 0502T, 0503T, 0504T
eviCore Adult Head Imaging guideline	0042T
Idcabtagene vicleucel	0537T, 0538T, 0539T, 0540T
Intensive Behavioral Interventions	0362T, 0373T
Lisocabtagene maraleucel	0537T, 0538T, 0539T, 0540T
Oncology (Injectable – CAR-T) - Yescarta	0537T, 0538T, 0539T, 0540T
Pancreatic Islet Cell Transplantation	0584T, 0585T, 0586T
Preventive Care Services	0403T, 0488T, 0500T
Scar Revision	0479T, 0480T
Tisagenlecleucel	0537T, 0538T, 0539T, 0540T
Transcatheter Heart Valve Procedures	0483T

Medicare Coverage Determinations

	Contractor	Determination Name/Number	Revision Effective Date
NCD		No National Coverage Determination found	
LCD	Wisconsin Physicians Service Insurance Corporation	Category III Codes (L35490)	3/28/2024

Note: Please review the current Medicare Policy for the most up-to-date information.
(NCD = National Coverage Determination; LCD = Local Coverage Determination)

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Experimental/Investigational/Unproven:

CPT®* Codes	Description
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
0511T	Removal and reinsertion of sinus tarsi implant
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure

CPT®* Codes	Description
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
0689T	Quantitative ultrasound tissue characterization (nonelastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)

CPT®* Codes	Description
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed

***Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.**

References

1. Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCDs) alphabetical index. Accessed Jun 10, 2024. Available at URL address: <https://www.cms.gov/medicare-coverage-database/reports/local-coverage-proposed-lcds-alphabetical-report.aspx?proposedStatus=A&sortBy=title>
3. Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) alphabetical index. Accessed Jun 10, 2024. Available at URL address: <https://www.cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=all&sortBy=title>

Revision Details

Type of Revision	Summary of Changes	Date
Focused Review	No clinical policy statement changes.	4/15/2025
Focused Review	No clinical policy statement changes.	2/15/2025
Focused Review	Revised policy statement.	12/15/2024
Annual Review	No clinical policy statement changes.	8/15/2024

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