MEDICAL POLICY

Excellus
An independent licensee of the Blue Cross Blue Shield Association

MEDICAL POLICY DETAILS	
Medical Policy Title	**New/Emerging Technology and Services**
Policy Number	**11.01.27**
Category	**Technology Assessment**
Original Effective Date	**03/17/25**
Committee Approval Date	**11/21/24**
Current Effective Date	**03/17/25**
Archived Date	**N/A**
Archive Review Date	**N/A**
Product Disclaimer	• *Services are contract dependent, if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

Based upon our criteria and the lack of peer-reviewed literature, in general, new/emerging technology and services evaluated by the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel and assigned Category III codes, have not been medically proven to be effective and, therefore, will be considered **investigational** unless specific coverage criteria exist on an active Corporate Medical Policy *(Refer to **New/Emerging Technology and Services Code List**)*.

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINE

Requests for Category III codes for technology, procedures or services will be considered in accordance with State and Federal Law.

DESCRIPTION

CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association. CPT codes are used as a uniform language for coding medical services and procedures. The development and management of the CPT code set relies on a rigorous, transparent and open process led by the AMA's CPT Editorial Panel. The Panel consists of medical professionals from national medical specialty societies, members of the CPT Health Care Professionals Advisory Committee (HCPAC) and also has representation from the Blue Cross and Blue Shield Association, America's Health Insurance Plans, the American Hospital Association, and at-large or umbrella payer organizations. All members are nominated to the Panel, who are then approved by the AMA Board.

The AMA defines the categories of CPT codes as follows:

Category I: These codes have descriptors that correspond to a procedure or service. Codes range from 00100–99499 and are generally ordered into sub-categories based on procedure/service type and anatomy.

Category II: These alphanumeric tracking codes are supplemental codes used for performance measurement. Using them is optional and not required for correct coding.

Category III: Also referred to as T codes, these are temporary alphanumeric codes for new and developing technology, procedures and services. They were created for data collection, assessment and in some instances, payment of new services and procedures that currently do not meet the criteria for a Category I code.

Proprietary Laboratory Analyses (PLA) codes are not addressed in this policy.

RATIONALE

The CPT Editorial Panel consists of 21 medical professionals, 12 of which are members appointed by the national medical specialty societies. The HCPAC consists of members of organizations representing qualified non-physician health care professionals.

Category III CPT codes were developed partially to address the elimination of local codes under the Health Information Portability and Accountability Act (HIPAA). Local codes were temporary codes utilized to identify services and supplies such as services and procedures that had not yet been substantiated through research. Category III codes were first published in the 2002 CPT codebook.

The CPT/HCPAC Advisory Committee and the CPT Editorial Panel utilize the following criteria for evaluating applications for Category III Codes:

I. The procedure or service is currently or recently performed in humans; and
II. At least one of the following additional criteria has been met:
    A. The application is supported by at least 1 CPT or HCPAC Advisor representing practitioners who would use this procedure or service; or
    B. The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the CPT Editorial Panel; or
    C. There is:
        1. At least one (1) Institutional Review Board approved protocol of a study of the procedure or service being performed;
        2. A description of a current and ongoing United States trial outlining the efficacy of the procedure or service; or
        3. Other evidence of evolving clinical utilization.

The assignment of a Category III Code to a technology, service or procedure does not signify a finding of support, or lack of support regarding the clinical efficacy, safety, applicability or clinical practice. Typically, there is a lack of published, peer-reviewed scientific literature supporting the efficacy, safety and utility, and as these are emerging technologies, procedures or services, they are not yet considered an established standard of care. Category III codes are reviewed through the CPT editorial process. If the code has not been re-categorized to a Category I code after five (5) years from the date of publication in the CPT codebook, the CAT III code is typically archived.

The criteria requirements for Category I assignment are more stringent than that of Category III codes:

I. All devices and drugs necessary for performance of the procedure or service have received U.S. Food and Drug Association (FDA) clearance or approval when such is required for performance of the procedure or service.
II. The procedure or service is performed by many physicians or other qualified health care professionals across the United States.
III. The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume).
IV. The procedure or service is consistent with current medical practice.

V. The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code-change application.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN)*

CPT/Category III Codes

New/Emerging Technology and Services Code List

ICD10 Codes

Code	Description
All diagnoses	

REFERENCES

*Centers for Medicare & Medicaid Services. Final notice- fact sheets-transitional coverage for emerging technologies. 2024 Aug 07 [Final Notice — Transitional Coverage for Emerging Technologies (CMS-3421-FN) | CMS] accessed 08/23/24.

*The American Medical Association. Category III Codes. 2024 Aug 02 [Category III Codes | American Medical Association (ama-assn.org)] accessed 08/23/24.

*The American Medical Association. CPT category III codes: the first ten years. Copyright 2010 [https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cpt/cat-3-codes-first-10-yrs_1.pdf] accessed 08/23/24.

*The American Medical Association. CPT overview and code approval. Copyright 1995-2024 [https://www.ama-assn.org/practice-management/cpt/cpt-overview-and-code-approval] accessed 08/23/24.

KEY WORDS

Emerging Technology, Current Procedural Terminology (CPT) codes, Experimental and Investigational, CPT Editorial Panel, Category I, Category II, Category III.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, emerging technologies and services are not broadly addressed in National or Regional Medicare coverage determinations or policies. Please refer to coverage determinations or policies specific to the service/technology.