DRAFT Medical Coverage Policy | New Technology and Miscellaneous Services

EFFECTIVE DATE: 12|01|2026
POLICY LAST REVIEWED: 04|01|2026

OVERVIEW

The intent of this policy is to identify coverage determinations for Current Procedural Terminology (CPT®) codes that represent new and emerging technologies.

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

For services that require prior authorization, please refer to the Related Policies identified in the Code and Coverage Grid found in the Coding Section of this policy for appropriate medical criteria.

PRIOR AUTHORIZATION

Medicare Advantage Plans and Commercial Products

For services that require prior authorization, please refer to the Related Policies identified in the Code and Coverage Grid found in the Coding Section of this policy for appropriate medical criteria.

Effective 10/1/2025, for Fully-Funded Commercial Products only, prior authorization requests may not be needed when the requesting physician is a BCBSRI Contracted Primary Care Provider. See below for a list of specialties. Prior authorization continues to be needed for all other Commercial Products, including Self-Funded and Medicare Advantage Plans.

The following specialties, that are credentialed as a primary care provider, are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- Obstetrics and Gynecology
- Doctor of Osteopathic Medicine
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

POLICY STATEMENT

Medicare Advantage Plans

BCBSRI coverage categories for procedure codes for new and existing unproven technology include the following:

• Covered;
• Not Covered as the evidence is insufficient to determine the effects of the technologies on health outcomes
• Preauthorization is required;
• Not separately reimbursed;
• Use alternate procedure code

Commercial Products

BCBSRI coverage categories for procedure codes for new and existing unproven technology include the following:

• Covered;
• Not Covered and a contract exclusion;

• Not medically necessary as the evidence is insufficient to determine the effects of the technologies on health outcomes;
• Preauthorization is recommended;
• Not separately reimbursed;
• Use alternate procedure code

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable "Health Care Services Not Covered" coverage/benefits.

BACKGROUND

The majority of CPT® codes included in this policy are Category III CPT® codes. They are a set of temporary codes for emerging technology, services and procedures. Category III CPT® codes allow data for these services/procedures. The use of unlisted codes does not offer the opportunity for the collection of specific data. If a Category III code is available, this code must be reported instead of a Category I unlisted code.

The use of Category III CPT® codes allows physicians and other qualified health care professionals, insurers, health services researchers and health policy experts to identify emerging technologies, services and procedures for clinical efficacy, utilization and outcomes.

The inclusion of a service or procedure within the section of Category III does not constitute a finding of support, or lack thereof, with regard to clinical efficacy, safety, applicability to clinical practice or payer coverage.

The nature of emerging technologies, services and procedures is such that the requirements for CPT® Category I codes established by the Editorial Panel may not be met, such as:

- Service/procedure be performed by many health care professionals in clinical practice in multiple locations
- FDA approval has already been received.

Category III CPT® codes may or may not eventually receive a Category I CPT® code. In general, a given Category III code will be archived five years from the date of initial publication or extension unless a modification of the archival date is specifically noted at the time of a revision or change to a code. Services and procedures described by Category III codes which have been archived, without conversion to a Category I codes, must be reported using a Category I unlisted code unless another specific cross-reference is established at the time of archiving. New or revised codes in this section are released semi-annually via the AMA CPT® website.

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 of diagnosis of the illness or injury under treatment;
• Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental);
• Not furnished primarily for the convenience of the patient or of the provider or supplier; and
• Furnished at the most appropriate level of care that can be provided safely and effectively to the patient.

A treatment or procedure is considered not medically necessary if reliable evidence shows that prevailing opinion among experts regarding the treatment is that more studies or clinical trials are necessary to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis.

Medicare Advantage Plans Investigational Devices

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Category A devices, as categorized by the U.S. Food and Drug Administration, are considered not medically reasonable and necessary and are therefore not covered.

Category A (Experimental) device, which refers to a device for which "absolute risk" of the device type has not been established (that is, initial questions of safety and effectiveness have not been resolved) and the FDA is unsure whether the device type can be safe and effective.

Category B devices may be covered if they are considered medically reasonable and necessary and all other applicable Medicare coverage requirements are met.

Category B (Non-experimental/investigational) device, which refers to a device for which the incremental risk is the primary risk in question (that is, initial questions of safety and effectiveness of that device type have been resolved), or it is known that the device type can be safe and effective because, for example, other manufacturers have obtained FDA premarket approval or clearance for that device type.

CODING

See the attached grid for Medicare Advantage Plans and Commercial Products coverage of new and existing unproven technology.

New Technology and Miscellaneous Services

RELATED POLICIES

Medicare Advantage Plans National and Local Coverage Determinations
Medical Necessity
Non-Reimbursable Health Service Codes
Prior Authorization of Services, Treatments or Procedures
Prior Authorization of Spinal Procedures
Removal of Implantable Devices

PUBLISHED

Provider Update, January/February/March/April/June/July/August 2026
Provider Update, January/February/June/September/November 2025
Provider Update, March/May/June/August/September/December 2024
Provider Update, March 2023
Provider Update, April/May 2022

REFERENCES

American Medical Association (AMA) Current Procedural Terminology, CPT® 2022, Professional Edition

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CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.