## Medical Coverage Policy | CPT Category III Codes



**EFFECTIVE DATE:** 04|05|2011 **POLICY LAST UPDATED:** 12|02|2016

#### **OVERVIEW**

CPT Category III codes represent temporary codes for new and emerging technologies. They have been created to allow for data collection and utilization tracking for new procedures or services.

### PRIOR AUTHORIZATION

See chart in attachment below

### **POLICY STATEMENT**

#### BlueCHiP for Medicare and Commercial Products

BCBSRI coverage categories for Category III CPT codes include the following:

- Covered;
- Not Covered and a contract exclusion;
- Not Covered as they are not FDA approved;
- Not medically necessary as there is insufficient clinical data available to support its efficacy;
- Preauthorization is required; or
- Not separately reimbursed.
- Use alternate procedure code

The CPT category III codes listed below have coverage determinations by product as listed in the policy statement above.

## MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial Products None

### BACKGROUND

Category III codes are different from Category I CPT codes in that they identify services that may not be performed by many health care professionals across the country, some may not have FDA approval, and some services/procedure have no proven clinical efficacy. The codes are intended to be temporary and will be retired if the procedure or service is not accepted as a Category I code within five years. In some instances Category III codes may replace temporary local codes (HCPCS Level III) assigned by carriers and intermediaries to describe new procedures or services. If a Category III code is available it must be used instead of the unlisted Category I code. The use of the unlisted code does not offer the opportunity for collection of specific data. The AMA releases new codes twice a year (January and July) on its Web site. **COVERAGE** 

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

See attachment below for coverage of all CPT III codes



## **RELATED POLICIES**

See grid for related policies **PUBLI SHED** Provider Update, January 2017 Provider Update, January 2016 Provider Update, January 2013 Provider Update, June 2011

# **REFERENCES**:

None.

----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS