# Medical Coverage Policy | CPT Category III Codes



**EFFECTIVE DATE:** 04 | 05 | 2011

**POLICY LAST UPDATED:** 11 | 23 | 2015

#### **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 U.S. Food and Drug Administration (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 healthcare 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 website.

#### 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

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# **RELATED POLICIES**

See grid for related policies

#### **PUBLISHED**

Provider Update, January 2016 Provider Update, January 2013 Provider Update, June 2011

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