Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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***Current Policy Effective Date: 7/1/24**
(See policy history boxes for previous effective dates)

Title: CPT Category III Codes-Noncovered Services

Description/Background

CPT Category III codes are a set of temporary codes that allow data collection for emerging technologies, services, and procedures. These codes are intended to be used for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. CPT Category III codes are not required to conform to the CPT Category I code requirements. Devices to perform the procedure or service may not have FDA clearance or approval, the procedure or service may not be performed by many health care professionals across the country, the procedure or service may not be performed with a frequency that is consistent with the intended clinical use, the procedure or service may not be consistent with current medical practice, and the clinical efficacy of the procedure or service may not be proven.[1]

The inclusion of a service or procedure in this section neither implies nor endorses clinical efficacy, safety, or the applicability to clinical practice.

Regulatory Status

N/A

Medical Policy Statement

The procedures, services and/or tests in this policy have been determined to be experimental/ investigational. They are not a covered benefit for all contracts that exclude reimbursement for experimental/investigational services.

Inclusionary and Exclusionary Guidelines

I. Governmental approval of a service is considered in determining whether a service is experimental or investigational. However, governmental approval does not necessarily mean that the service has proven benefit or is an appropriate or effective treatment for a particular diagnosis or for a particular condition.

II. In assessing whether there is rigorous scientific evidence to determine if a service is or is not experimental or investigational, the following five criteria must be met:
   a. A service that is a medical device, drug, or biological product must have received final approval from the appropriate government regulatory bodies(eg, the United States Food and Drug Administration [FDA]). Any other approval granted as an interim step in the regulatory process (eg, an Investigational Device Exemption or an Investigational New Drug Exemption) is not sufficient.
   b. Published, peer-reviewed medical literature must provide evidence that the service has a definite, positive effect on health outcomes. The evidence must include reports of well-designed investigations that have been reproduced by nonaffiliated, authoritative sources with measurable results, supported by the positive endorsements of national medical bodies or panels.
   c. Published, peer-reviewed medical literature must provide evidence that, over time, the service leads to improvement in health outcomes (eg, the beneficial effects of the service outweigh any harmful effects).
   d. Published, peer-reviewed medical literature must provide evidence that the service is at least as effective in improving health outcomes as established services or technologies, or is appropriate in clinical contexts in which an established service or technology is not employable.
   e. Published, peer-reviewed medical literature must provide evidence that improvement in health outcomes is possible in standard conditions of medical practice, outside of clinical investigatory settings.

III. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational; and thus, these procedures, devices or laboratory tests may be only assessed based on medical necessity.

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

N/A

Other codes (investigational, not medically necessary, etc.):

Multiple

Rationale

The use of a service, procedure or supply that is not recognized as standard medical care for the condition, disease, illness or injury being treated is considered an experimental/ investigational service.

The following CPT category III codes are excluded from coverage and considered experimental/investigational due to lack of literature establishing clinical efficacy, safety, or the applicability to clinical practice.

Table 1. CPT Category III Codes That are Noncovered Due to Experimental/ Investigational Status

Note: A blank field in the "Policy (If Applicable)" column denotes there is no JUMP medical policy that references the code.

Code	Policy (If Applicable)
0071T	Magnetic Resonance-Guided Focused Ultrasound (MRgFUS)
0072T	Magnetic Resonance-Guided Focused Ultrasound (MRgFUS)
0075T	Endovascular Therapies for Extracranial Vertebral Artery Disease
0076T	Endovascular Therapies for Extracranial Vertebral Artery Disease
0095T	Artificial Intervertebral Disc-Cervical Spine
0098T	Artificial Intervertebral Disc-Cervical Spine
0101T	Extracorporeal Shock Wave Therapy for Treatment of Plantar Fasciitis and other Musculoskeletal Disorders
0102T	Extracorporeal Shock Wave Therapy for Treatment of Plantar Fasciitis and other Musculoskeletal Disorders
0106T	Quantitative Sensory Testing (QST)
0107T	Quantitative Sensory Testing (QST)
0108T	Quantitative Sensory Testing (QST)
0109T	Quantitative Sensory Testing (QST)
0110T	Quantitative Sensory Testing (QST)
0111T	
0174T	Screening for Lung Cancer Using Computed Tomography Scanning (Spiral of Helical CT) or Chest Radiographs
0175T	Screening for Lung Cancer Using Computed Tomography Scanning (Spiral of Helical CT) or Chest Radiographs
0198T	Ophthalmologic Techniques that Evaluate the Posterior Segment for Glaucoma
0200T	Percutaneous Sacral Augmentation
0201T	Percutaneous Sacral Augmentation
0202T	
0207T	Eyelid Thermal Pulsation and Interferometric Color Assessment of the Tear Film for the Diagnosis and Treatment of Dry Eye Syndrome
0208T	Hearing Services
0209T	Hearing Services
0210T	Hearing Services
0211T	Hearing Services
0212T	Hearing Services
0219T	Facet Arthroplasty
0220T	Facet Arthroplasty
0221T	Facet Arthroplasty
0222T	Facet Arthroplasty
0232T	Platelet Rich Plasma Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Non-Orthopedic Conditions
0253T	Aqueous Shunts and Stents for Glaucoma
0263T	Stem Cell Therapy in the Treatment of Peripheral Artery Disease
0264T	Stem Cell Therapy in the Treatment of Peripheral Artery Disease
0265T	Stem Cell Therapy in the Treatment of Peripheral Artery Disease

0266T	Baroreflex Stimulation Devices
0267T	Baroreflex Stimulation Devices
0268T	Baroreflex Stimulation Devices
0269T	Baroreflex Stimulation Devices
0270T	Baroreflex Stimulation Devices
0271T	Baroreflex Stimulation Devices
0272T	Baroreflex Stimulation Devices
0273T	Baroreflex Stimulation Devices
0274T	
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Scrambler Therapy)
0329T	Continuous Intraocular Pressure Monitoring
0330T	Eyelid Thermal Pulsation and Interferometric Color Assessment of the Tear Film for the Diagnosis and Treatment of Dry Eye Syndrome
0331T	Myocardial Sympathetic Innervation Imaging
0332T	Myocardial Sympathetic Innervation Imaging
0333T	Automated Visual Evoked Potentials for Routine Vision Screening in Pediatrics
0335T	Subtalar Arthroereisis
0338T	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
0339T	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
0342T	
0347T	Radiostereometric Analysis (RSA)
0348T	Radiostereometric Analysis (RSA)
0349T	Radiostereometric Analysis (RSA)
0350T	Radiostereometric Analysis (RSA)
0351T	Optical Coherence Tomography (OCT) of the Breast and/or Axillary Lymph Nodes
0352T	Optical Coherence Tomography (OCT) of the Breast and/or Axillary Lymph Nodes
0353T	Optical Coherence Tomography (OCT) of the Breast and/or Axillary Lymph Nodes
0354T	Optical Coherence Tomography (OCT) of the Breast and/or Axillary Lymph Nodes
0358T	Dual Energy X-Ray Absorptiometry (DXA) and Bioelectrical Impedance Analysis (BIA) to Determine Body Composition
0378T	Home Monitoring Device for Age-Related Macular Degeneration
0379T	Home Monitoring Device for Age-Related Macular Degeneration
0394T	Electronic Brachytherapy
0395T	Electronic Brachytherapy
0397T	Confocal Laser Endomicroscopy
0403T	
0408T	
0409T	
0410T	
0411T	
0412T	
0413T	
0414T	
0415T	
0416T	
0417T	
0418T	
0422T	
0437T	
0439T	
0440T	Cryoablation or Cryoneurolysis (e.g., Iovera° System) of Peripheral Nerves
0441T	Cryoablation or Cryoneurolysis (e.g., Iovera° System) of Peripheral Nerves
0442T	Cryoablation or Cryoneurolysis (e.g., Iovera° System) of Peripheral Nerves
0443T	Spectral Analysis of Prostate Tissue (Policy is Retired/Obsolete)
0444T	
0445T	

0464T	Ophthalmologic Techniques that Evaluate the Posterior Segment for Glaucoma
0469T	Retinal Polarization Scan (Retinal Birefringence Scanning)
0472T	Retinal Prosthesis
0473T	Retinal Prosthesis
0481T	
0483T	
0484T	
0485T	Optical Coherence Tomography (OCT) of the Middle Ear (e.g., PhotoniCare ClearView® System)
0486T	Optical Coherence Tomography (OCT) of the Middle Ear (e.g., PhotoniCare ClearView® System)
0488T	
0489T	Orthopedic Applications of Stem-Cell Therapy (Including autologous stem cells used with Allografts and Bone Substitutes)
0490T	Orthopedic Applications of Stem-Cell Therapy (Including autologous stem cells used with Allografts and Bone Substitutes)
0494T	Ex-Vivo Lung Perfusion (EVLP)
0495T	Ex-Vivo Lung Perfusion (EVLP)
0496T	Ex-Vivo Lung Perfusion (EVLP)
0500T	
0505T	
0506T	
0507T	
0509T	Electroretinography (ERG), Multifocal Electroretinography (mfERG) and Pattern Electroretinography (pERG)
0510T	Subtalar Arthroereisis
0511T	Subtalar Arthroereisis
0512T	Extracorporeal Shock Wave Treatment Of Wounds
0513T	Extracorporeal Shock Wave Treatment Of Wounds
0515T	
0516T	
0517T	
0518T	
0519T	
0520T	
0521T	
0522T	
0524T	Treatment of Varicose Veins/Venous Insufficiency
0525T	
0526T	
0527T	
0528T	
0529T	
0530T	
0531T	
0532T	
0538T	
0541T	
0542T	
0543T	Transcatheter Mitral Valve Procedures
0544T	Transcatheter Mitral Valve Procedures
0545T	
0546T	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery (e.g., MarginProbe®)
0547T	
0553T	
0554T	
0555T	
0556T	
0557T	

0558T	
0559T	
0560T	
0561T	
0562T	
0563T	Eyelid Thermal Pulsation and Interferometric Color Assessment of the Tear Film for the Diagnosis and Treatment of Dry Eye Syndrome
0564T	Chemosensitivity and Chemoresistance Assay, In Vitro
0565T	Orthopedic Applications of Stem-Cell Therapy (Including autologous stem cells used with Allografts and Bone Substitutes)
0566T	Orthopedic Applications of Stem-Cell Therapy (Including autologous stem cells used with Allografts and Bone Substitutes)
0567T	
0568T	
0569T	
0570T	
0571T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0572T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0573T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0574T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0575T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0576T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0577T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0578T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0579T	
0580T	
0581T	Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone
0582T	
0583T	Balloon Dilation of the Eustachian Tube (BDET)
0591T	
0592T	
0593T	
0594T	
0596T	
0597T	
0598T	
0599T	
0600T	
0601T	
0602T	
0603T	
0604T	Home Monitoring Device for Age-Related Macular Degeneration
0605T	Home Monitoring Device for Age-Related Macular Degeneration
0606T	Home Monitoring Device for Age-Related Macular Degeneration
0607T	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting
0608T	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting
0609T	Magnetic Resonance Spectroscopy (MRS)
0610T	Magnetic Resonance Spectroscopy (MRS)
0611T	Magnetic Resonance Spectroscopy (MRS)
0612T	Magnetic Resonance Spectroscopy (MRS)
0613T	
0614T	Implantable Cardioverter Defibrillator (ICD), Including Subcutaneous ICDs and Substernal ICDs
0615T	
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0621T	
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0637T	
0638T	
0639T	
0640T	Near Infrared Spectroscopy for Wound Examination
0643T	
0645T	
0646T	
0647T	
0650T	Ambulatory Event Monitor and Mobile Cardiac Outpatient Telemetry
0651T	Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon
0655T	Focal Treatments for Prostate Cancer
0656T	Vertebral Body Tethering and/or Stapling for Scoliosis
0657T	Vertebral Body Tethering and/or Stapling for Scoliosis
0658T	
0659T	
0660T	
0661T	
0662T	
0663T	
0664T	
0665T	
0666T	
0667T	Composite Tissue Allotransplantation
0668T	Composite Tissue Allotransplantation
0669T	
0670T	
0672T	
0673T	Radiofrequency Ablation of Miscellaneous Solid Tumors, Excluding Liver Tumors
0674T	
0675T	
0676T	
0677T	
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0680T	
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0705T	
0706T	
0707T	Subchondroplasty
0708T	
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0774T	
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0779T	
0780T	Fecal Microbiota Transplantation (Fecal Bacteriotherapy, Fecal Transplant)
0781T	Bronchial Thermoplasty for the Treatment of Asthma
0782T	Bronchial Thermoplasty for the Treatment of Asthma
0783T	
0790T	Vertebral Body Tethering and/or Stapling for Scoliosis
0791T	
0792T	
0793T	
0794T	
0805T	
0806T	
0807T	
0808T	
0810T	
0811T	
0812T	
0813T	Bariatric Surgery
0814T	
0815T	
0823T	
0816T	Percutaneous and Implantable Tibial Nerve Stimulation
0817T	Percutaneous and Implantable Tibial Nerve Stimulation
0818T	Percutaneous and Implantable Tibial Nerve Stimulation
0819T	Percutaneous and Implantable Tibial Nerve Stimulation
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0851T	
0853T	
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0856T	
0857T	
0859T	Near Infrared Spectroscopy for Wound Examination
0860T	Near Infrared Spectroscopy for Wound Examination
0861T	
0862T	
0863T	
0864T	
0865T	
0866T	
0867T	
0868T	
0869T	
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0899T	
0900T	

Government Regulations
National:
No NCD regarding Category III codes

Local:
A Medicare Administrative Contractor (MAC) may have Local Coverage Determinations or Local Coverage Articles that address coverage of specific Category III services or codes.

The Medicare Coverage Database may be found at the following:
www.cms.gov/medicare-coverage-database/search.aspx

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

N/A

References

1. American Medical Association. CPT® Category III Codes. Updated January 17, 2024. https://www.ama-assn.org/system/files/cpt-category3-codes-long-descriptors.pdf Accessed 3/6/24.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through March, 2024, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
11/1/18	8/21/18	8/21/18	Joint policy established
12/11/18	12/11/18		Removed questionable codes 0501T-0504T and 0095T.
2/19/19	2/19/19		Codes 0387T-0391T, 0346T deleted 1/1/19.
4/16/19	4/16/19		Codes 0479T and 0480T removed from policy as procedure is not E/I. Codes 0159T, 0188T-0196T, 0337T, 0406T and 0407T are deleted codes and therefore removed from policy. The following codes were removed from the policy because they are now payable: 0215T-0218T, 0235T-0238T and 0466T-0468T.
6/18/19	6/18/19		No new codes added/deleted.
8/20/19	8/20/19		Added E/I codes 0509T-0562T.
10/15/19	10/15/19		Deleted codes 0537T, 0539T and 0540T from policy.
12/17/19	12/17/19		Added codes 0563T-0583T and 0591T-0593T as E/I. Removed 0398T as now it is established.
2/18/20	2/18/20		Removed the following codes: 0205T, 0206T, 0254T, 0341T, 0357T, 0375T, 0377T, 0380T, 0482T.
4/14/20	4/14/20		No new codes added/deleted.
6/16/20	6/16/20		No new codes added/deleted.
8/18/20	8/18/20		Added codes 0594T-0619T as E/I.
10/1/20	10/15/20		Added codes 0620T-0639T as E/I. Removed code 0356T.
12/15/20	12/15/20		No codes added or deleted.
2/16/21	2/16/21		Deleted codes as of 1/1/2021: 0058T, 0085T, 0126T, 0228T-0231T, 0382T-0386T, 0396T, 0400T-0401T, and 0405T. Code 0601T nomenclature revised

4/20/21	4/20/21		Code 0552T removed from policy as this code is now payable.
6/15/21	6/15/21		Code 0381T deleted, Code 0404T now established and removed from this policy.
8/17/21	8/17/21		Codes 0640T-0670T added, effective 7/1/21. Code 0523T removed as it is a covered service.
10/19/21	10/19/21		Codes 0446T-0448T removed as they are now established.
12/14/21	12/14/21		No additions or deletions.
2/15/22	2/15/22		Added codes 0671T-0713T effective 1/1/22. Deleted codes 0290T, 0355T, 0356T, 0376T, 0423T, 0451T-0463T, 0466T-0468T, 0548T-0551T.
4/19/22	4/19/22		No additions or deletions, routine policy maintenance.
6/1/22	6/21/22		Added codes 0714T-0737T effective 7/1/22.
8/1/22	8/16/22		No additions removed reference to policy under code 0619T, routine policy maintenance.
10/18/22	10/18/22		Added codes 0738T-0783T as E/I
12/20/22	12/20/22		Multiple codes deleted due to sundown process.
5/1/23	2/21/23		Code 0499T has been reinstated and placed back on the policy as E/I. Removed 0421T as it is now payable.
7/1/23	4/18/23		Added codes 0791T-0810T as E/I, effective 7/1/23. Vendor managed: N/A. (ds)
9/1/23	6/13/23		Removed 0648T and 0649T as they are now covered. (ds)
11/1/23	8/15/23		• Removed 0740T and 0741T representing the Hygeia system which is now established in the Artificial Pancreas policy • Codes 0795T-0804T removed as they leadless cardiac pacemakers are established • Added 0469T for retinal polarization scan as E/I Vendor managed N/A. (ds)
1/1/24	10/17/23		• 0517T-0520T nomenclature changes

			• Added 08115T-0864T effective 1/1/24
3/1/24	12/19/23		• Deleted codes 0054T & 0055T, established but not separately reimbursed • Deleted codes 0424T-0436T, 0465T, 0499T, 0508T, 0533T-0536T, 0641T-0642T, 0715T, 0768T, 0769T, 0775T, 0809T. • Revisions to nomenclature for the following codes: 0517T-0520T, 0640T, 0656T, 0657T, 0766T, 0767T • Added codes 0786T-0787T, 0859T-0860T, 0861T-0863T as E/I effective 1/1/24 • Added codes 0865T and 0866T as E/I effective 1/1/24 • Removed 0421T which was mistakenly left on policy, this was made payable on 5/1/23. Vendor managed: N/A (ds)
5/1/24	2/20/24		• Updates: o Review of medical policy titles resulted in additions and deletions. o Review of policy, code deletions: 0164T, 0165T, 0423T, 0641T, 0642T o Review of policy, code additions: 0095T, 0464T • February updates: o 0786T, 0787T deleted from this policy, newly added as EST to JUMP policy Sacral Nerve Neuromodulation/ Stimulation. o 0790T: newly added as EI to JUMP medical policy Vertebral Body Tethering and/or Stapling for Scoliosis (title added to this code). 0816T – 0819T: added as EI to the JUMP policy Percutaneous and Implantable Tibial Nerve Stimulation (title added to these codes). (ls)
7/1/24	4/16/24		Changes per Code Update: • 0867T - 0900T added; codes are effective 7/1/2024. • 0714T: revision of nomenclature • 0813T: added as EI to JUMP medical policy Bariatric Surgery.

			• Description/background and rationale sections edited/streamlined. Inclusion section updated with minor verbiage and grammar edits. (ls)

Next Review Date: Every JUMP meeting