POLICY AND PROCEDURE

DEPARTMENT: Operations	**DOCUMENT NAME:** Category III CPT Codes
PAGE: Page 1 of 8	**REPLACES DOCUMENT:** N/A
APPROVED DATE: 9/1/15	**RETIRED:** N/A
EFFECTIVE DATE: 10/12/15	**REVIEWED/REVISED:** N/A
PRODUCT TYPE: All	**REFERENCE NUMBER:** IL.PP.001

SCOPE:
This policy applies to any provider furnishing services represented by Category III CPT codes.

PURPOSE & IMPORTANT REMINDER:
This policy is current at the time of publication. Centene Corporation retains the right to change or amend this policy at any time.

This policy has been developed by licensed health care professionals and is based upon a review of currently available clinical information (including clinical outcome studies, evidence-based guidelines, and other relevant evidence). Centene Corporation makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this policy.

The purpose of this policy is to serve as one component of the guidelines used to assist in making coverage decisions and administering benefits. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), and to applicable law.

This policy does not constitute medical advice, medical treatment or medical care. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice, diagnosis and treatment of members.

Members and providers of Health Plans associated with Centene Corporation should discuss together the information in this policy. Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Centene Corporation has no control or right of control. Providers are not agents or employees of Health Plans associated with Centene Corporation.

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CPT® descriptions are from current 2015 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

By accessing this policy, you agree to be bound by the foregoing terms and conditions, in addition to the Site Use Agreement for Health Plans associated with Centene Corporation.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this policy.

Note: To ensure consistency with Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this Policy. Refer to the CMS website at http://www.cms.gov for additional information.

POLICY OVERVIEW:

The American Medical Association (AMA) develops Current Procedural Terminology (CPT) Category III codes to allow for data collection concerning the use of "emerging technology, services, and procedures."[1] The creation of a CPT Category III code by the AMA "neither implies nor endorses clinical efficacy, safety or the applicability to clinical practice."[2]

Because of the specific purpose these Category III codes serve, IlliniCare Health Plan will consider the item, service, or procedure represented by these codes to be experimental/investigational and not covered, unless we have published a positive coverage decision, either in this policy or in another policy, specifically extending coverage to a particular Category III code.

The purpose of this policy is to define coverage criteria for Category III CPT codes to be used by IlliniCare Health Plan in making coverage decisions and administering benefits.

[1] *Current Procedural Terminology (CPT)*®, Professional Edition, American Medical Association (2014), p. 659
[2] Ibid, p. 659

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POLICY:

Indications and Limitations:

CMS coverage decisions are governed in general by Section 1862(a)(1)(A) of the Social Security Act (SSA), which is the statutory basis for denying payment for types of care, items, services, and procedures, not excluded by any other statutory clause while meeting all technical requirements for coverage, that are determined to be any of the following:

- Not generally accepted by the medical community as safe and effective in the setting and for the condition for which it is used;
- Not proven safe and effective based on peer review or scientific literature;
- Experimental;
- Not medically necessary for a particular patient;
- Furnished at a level, duration, or frequency that is not medically appropriate;
- Not furnished in accordance with accepted standards of medical practice; or
- Not furnished in a setting appropriate to the patient's medical needs and condition.

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.

According to the CMS State Medicaid Manual, Chapter 4, Section 4385 (Preventive Services), although the Medicaid statute does not preclude Medicaid plans from funding experimental types of care, *CMS encourages plans to consider the following guidelines when developing proposals for coverage of preventive services, in order to achieve maximum effectiveness:*

- *When considering coverage of services to detect disease in its early state, focus on those services that have been proven to be safe and reliable, and that detect diseases for which an effective intervention exists.*

- *Make sure the services proposed to prevent occurrence of disease or disability (including those to modify predisposing risk factors) have a demonstrated efficacy in preventing disease or disability.*

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Medical devices that are not approved for marketing by the Food and Drug Administration (FDA) are considered investigational and are not considered reasonable and necessary under SSA 1862(a)(1)(A). Payment, therefore, may not be made for procedures performed using devices that have not been approved for marketing by the FDA or for those not included in an approved FDA Investigational Device Exemption (IDE) trial.

Utilization Guidelines
Not applicable

Covered Category III CPT Procedure Codes

CPT/HCPCS Code	Descriptor
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy [covered only as a bridge to transplant]
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) [covered only as a bridge to transplant]
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel
0099T	Implantation of intrastromal corneal ring segments
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave , high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle

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CPT/HCPCS Code	Descriptor
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level
0182T	High dose rate electronic brachytherapy, per fraction
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine

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CPT/HCPCS Code	Descriptor
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s)
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscopy, single or multiple levels, unilateral or bilateral; lumbar
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)

CPT/HCPCS Code	Descriptor
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion

Non-covered Procedure Codes

All remaining Category III CPT codes are non-covered.

ICD-9-CM Diagnosis Codes That Support Coverage Criteria

ICD-9-CM Code	Descriptor
Not Applicable	

ICD-9-CM Diagnosis Codes That DO NOT Support Coverage Criteria

ICD-9-CM Code	Descriptor
Not Applicable	

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ICD-10-CM Diagnosis Codes That Support Coverage Criteria

ICD-10-CM Code	Descriptor
Not Applicable	

ICD-10-CM Diagnosis Codes That DO NOT Support Coverage Criteria

ICD-10-CM Code	Descriptor
Not Applicable	

PROCEDURE: NOT APPLICABLE

REFERENCES:

1. Current Procedural Terminology (CPT)®, 2014
2. CMS State Medicaid Manual, Publication 45, Chapter 4, Section 4385
3. Social Security Act, Title XVIII, Section 1862 (a)(1)(A)

DEFINITIONS: Not Applicable

POLICY AND PROCEDURE APPROVAL

POLICY HISTORY	
9/1/15 - 10/12/15	Notice Period
10/12/15	Original Effective Date

The electronic approval retained in Compliance 360

Vice President of Department: Approval on file