



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 07/01/24
LAST REVIEW DATE: 05/21/24
CURRENT EFFECTIVE DATE: 10/03/24
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

CATEGORY III CODES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.



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CATEGORY III CODES

Description:

Category III codes are temporary codes for emerging technology, services, and procedures. Category III codes allow data collection for these services and 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. This activity is critically important in the evaluation of health care delivery and the formation of public and private policy. The use of Category III codes allows physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technology, services, and procedures for clinical efficacy, utilization and outcomes.

The inclusion of a Category III code service or procedure does not constitute a finding of support, or lack thereof, with regard to clinical efficacy, safety, and applicability to clinical practice. Temporary codes for emerging technologies, services, and procedures are differentiated from Category I CPT codes by the use of the alphanumeric character. Category III codes have an alpha character as the 5th character in the string (e.g., four digits followed by the letter T).

Category III codes may or may not eventually receive a Category I CPT code. In either case, 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 (e.g., addition of parenthetical, instructions, reinstatement). Services and procedures described by Category III codes which have been archived after five years, without conversion, must be reported using the Category I unlisted code unless another specific cross-reference is established at the time of archiving.

Unless otherwise specified in another applicable medical policy utilized by BCBSAZ, Category III codes are considered experimental or investigational due to insufficient evidence of efficacy.

Criteria:

- Category III codes not otherwise specified in another applicable medical policy utilized by BCBSAZ are considered **experimental or investigational** based upon **ONE** or more of the following:
 1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
 2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
 3. Insufficient evidence to support improvement of the net health outcome; or
 4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, or
 5. Insufficient evidence to support improvement outside the investigational setting.



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Resources:

Literature reviewed 05/21/24. We do not include marketing materials, poster boards and non-published literature in our review.

1. *Current Procedural Terminology (CPT®)*. American Medical Association; 2024.

Coding:

CPT: 0075T, 0076T, 0174T, 0175T, 0198T, 0200T, 0201T, 0202T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0219T, 0220T, 0221T, 0222T, 0234T, 0235T, 0236T, 0237T, 0238T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0278T, 0308T, 0329T, 0330T, 0342T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0378T, 0379T, 0403T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0422T, 0437T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0469T, 0485T, 0486T, 0494T, 0495T, 0496T, 0505T, 0506T, 0507T, 0509T, 0512T, 0513T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0541T, 0542T, 0543T, 0545T, 0546T, 0547T, 0553T, 0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, 0562T, 0563T, 0564T, 0567T, 0568T, 0569T, 0570T, 0583T, 0584T, 0585T, 0586T, 0591T, 0592T, 0593T, 0594T, 0596T, 0597T, 0598T, 0599T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0615T, 0619T, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0639T, 0640T, 0643T, 0644T, 0645T, 0646T, 0647T, 0648T, 0649T, 0651T, 0655T, 0658T, 0659T, 0660T, 0661T, 0662T, 0663T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 0672T, 0673T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0691T, 0692T, 0693T, 0694T, 0697T, 0698T, 0700T, 0701T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 0714T, 0716T, 0719T, 0721T, 0722T, 0723T, 0724T, 0725T, 0726T, 0727T, 0728T, 0729T, 0731T, 0732T, 0736T, 0737T, 0738T, 0739T, 0740T, 0741T, 0748T, 0749T, 0750T, 0764T, 0765T, 0766T, 0767T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0781T, 0782T, 0784T, 0785T, 0786T, 0787T, 0788T, 0789T, 0791T, 0792T, 0793T, 0794T, 0805T, 0806T, 0807T, 0808T, 0811T, 0812T, 0813T, 0814T, 0815T, 0820T, 0821T, 0822T, 0857T, 0859T, 0860T, 0861T, 0862T, 0863T, 0864T, 0865T, 0866T, 0868T, 0869T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T

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<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel	05/21/24	Approved guideline (effective 07/01/24)
Medical Director (Dr. Raja, Dr. Sutanto)	05/17/24	Development
Medical Director (Dr. Deering, Dr. Sutanto)	04/17/24	Development
Legal Division	01/18/24	Development
Medical Director (Dr. Deering, Dr. Sutanto)	01/17/24	Development

Policy Revisions:

10/03/24	Removed:	CPT codes: 0338T, 0339T
09/17/24	Removed:	CPT codes: 0483T, 0484T
08/13/24	Removed:	CPT codes: 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T
07/09/24	Added:	CPT codes: 0868T, 0869T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T
06/04/24	Removed:	CPT codes: 0106T, 0107T, 0108T, 0109T, 0110T, 0331T, 0332T, 0358T, 0489T, 0490T, 0565T, 0566T, 0717T, 0718T, 0720T



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'ánii hólo díí t'áá hazaadk'ehjí háká a'doowolgo bee haz'á doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

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Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید].

Assyrian:

.877-475-4799 .Blue Cross Blue Shield of Arizona .

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณต้องการช่วยเหลือมาถามเกี่ยวกับ Blue Cross Blue Shield of Arizona

คุณสมารถจะได้รับความช่วยเหลือและขอมลในภาษา ของคุณได้โดยไม่มคาคไขจาย โปรดขอมลลาม โทร 877-475-4799