



Health Plans

Manual: IU Health Plans
Department: Utilization Management
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Medicare Advantage

X Commercial

Category III CPT® Codes Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Category III CPT Codes.

II. Scope

This policy applies to all IU Health Plans and Utilization Management staff having decision-making responsibilities where authorization is required for Fully-insured and Team Member commercial plans.

III. Exceptions/Variations

Procedure code 0275T is a covered service for Medicare only when billed as part of a clinical trial approved by CMS per NCD-150.13. All Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (PILD for LSS) claims: 12/31/2014 and earlier should be processed with code 0275T. Claims 01/01/2015 and after use 2 different codes:

1. G0276 for clinical trial with Identifier NCT02079038. Is a blinded randomized controlled clinical trial which includes a CMS-approved placebo procedure arm
2. 0275T for all other clinical trials

Code	Description
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 (i.e. fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar
The following ICD-10 Codes are used to support medical necessity with CPT code 0275T.	
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
Z00.6	Encounter for examination for normal comparison and control in clinical research program

IV. Definitions

The American Medical Association (AMA) develops temporary Current Procedural Terminology (CPT) Category III codes to track the utilization of emerging technologies, services, and procedures. The Category III CPT Code description does not establish a service or procedure as safe, effective or applicable to the clinical practice of medicine.

1. The creation of a CPT Category III code by the AMA “does not represent endorsement by the AMA of any particular diagnostic or therapeutic procedure or service. Inclusion or exclusion of a procedure or service does not imply any health insurance coverage or reimbursement policy.”
2. Acceptance by individual health care providers, or even a limited group of health care providers, does not indicate general acceptance by the medical community. Testimonials indicating such limited acceptance, and limited case studies distributed by sponsors with financial interest in the outcome, are not sufficient evidence of general acceptance by the medical community. The available published evidence must be considered and its quality shall be evaluated before a conclusion is reached.

V. Policy Statements

A. IU Health Plans considers **Category III CPT Codes** to be unproven and not medically necessary unless **any of the following** apply:

1. A National Coverage Determination (NCD) or Local Coverage Determination (LCD) includes coverage criteria for the respective Category III CPT Code
2. The Category III CPT Code is noted as an exception. See the list of codes below that are covered when there is a documentation of medical necessity.

List of Covered Codes:

CPT/HCPCS Codes	
Code	Description
0042T*	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
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 (list separately in addition to code for primary procedure)
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach, (i.e. tems), including muscularis propria (i.e. full thickness)
0253T- 0254T**	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space
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), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
0398T****	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
0449T***	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
0450T***	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (list separately in addition to code for primary procedure)
0474T**	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
0525T-0532T	Insertion of intracardiac ischemia monitoring system

*The following ICD-10 Codes apply to CPT code 0042T to support medical necessity.

Code	Description
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery

**The following ICD-10 Codes apply to CPT code 0253T and 0474T to support medical necessity.

Code	Description
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1211	Low-tension glaucoma, right eye, mild stage
H40.1212	Low-tension glaucoma, right eye, moderate stage
H40.1221	Low-tension glaucoma, left eye, mild stage
H40.1222	Low-tension glaucoma, left eye, moderate stage
H40.1231	Low-tension glaucoma, bilateral, mild stage
H40.1232	Low-tension glaucoma, bilateral, moderate stage
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage

***The following ICD-10 Codes apply to CPT code 0449T and 0450T to support medical necessity.

Code	Description
H40.10X3	Unspecified open-angle glaucoma, severe stage
H40.10X4	Unspecified open-angle glaucoma, indeterminate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage

H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage

****The following ICD-10 Codes apply to CPT code 0398T to support medical necessity.

Code	Description
G25.0	Essential tremor

V. Procedures

None

VI. References/Citations

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). Category III Codes. L35490. (Contractor: Wisconsin Physician Service Insurance Corporation) Revision Effective Date 06/12/2022. [LCD - Category III Codes \(L35490\) \(cms.gov\)](https://www.cms.gov/medicare/coverage/determinations/lcds/l35490)
2. Centers for Medicare and Medicaid Services (CMS). Billing and Coding: Category III Codes (A56902). Revision Effective Date 01/01/2022. [Article - Billing and Coding: Category III Codes \(A56902\) \(cms.gov\)](https://www.cms.gov/medicare/coverage/determinations/billing-and-coding-category-iii-codes)
3. American medical Association CPT Category III Codes. Updated 3/1/2022. [CPT® Category III Codes Long Descriptors \(ama-assn.org\)](https://www.ama-assn.org/practice-management/cpt)

VII. Forms/Appendices

None

VIII. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.