MEDICAL POLICY

Medical Policy Title	**New/Emerging Technology and Services**
Policy Number	**11.01.27**
Current Effective Date	**November 19, 2026**
Next Review Date	**November 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. In general, new/emerging technology and services evaluated by the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel and assigned Category III codes will be considered **investigational** unless specific coverage criteria exist on an active Corporate Medical Policy (Refer to New/Emerging Technology and Services Code List).

RELATED POLICIES

Corporate Medical Policy

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

I. Requests for Category III codes for technology, procedures or services will be considered in accordance with State and Federal Law.

DESCRIPTION

CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association. CPT codes are used as a uniform language for coding medical services and procedures. The development and management of the CPT code set relies on a rigorous, transparent and open process led by the AMA's CPT Editorial Panel. The Panel consists of medical professionals from national medical specialty societies, members of the CPT Health Care Professionals Advisory Committee (HCPAC) and has representation from the Blue Cross and Blue Shield Association, America's Health Insurance Plans, the American Hospital Association, and at-large or umbrella payer organizations. All members are nominated to the Panel, who are then approved by the AMA Board.

The AMA defines the categories of CPT codes as follows:

- **Category I:** These codes have descriptors that correspond to a procedure or service. Codes range from 00100–99499 and are generally ordered into sub-categories based on procedure/service type and anatomy.
- **Category II:** These alphanumeric tracking codes are supplemental codes used for performance measurement. Using them is optional and not required for correct coding.

- **Category III:** Also referred to as T codes, these are temporary alphanumeric codes for new and developing technology, procedures and services. They were created for data collection, assessment and, in some instances, payment of new services and procedures that currently do not meet the criteria for a Category I code.
- **Proprietary Laboratory Analyses (PLA) codes, although included within the CPT code set, are not applicable to this policy.**

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

The CPT Editorial Panel consists of 21 medical professionals, 12 of which are members appointed by the national medical specialty societies. The HCPAC consists of members of organizations representing qualified non-physician health care professionals.

Category III CPT codes were developed partially to address the elimination of local codes under the Health Information Portability and Accountability Act (HIPAA). Local codes were temporary codes utilized to identify services and supplies such as services and procedures that had not yet been substantiated through research. Category III codes were first published in the 2002 CPT codebook.

The CPT/HCPAC Advisory Committee and the CPT Editorial Panel utilize the following criteria for evaluating applications for Category III Codes:

I. The procedure or service is currently or recently performed in humans; and

II. At least one (1) of the following additional criteria has been met:

A. The application is supported by at least one (1) CPT or HCPAC Advisor representing practitioners who would use this procedure or service; or

B. The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the CPT Editorial Panel; or

C. There is:

1. At least one (1) Institutional Review Board approved protocol of a study of the procedure or service being performed;

2. A description of a current and ongoing United States trial outlining the efficacy of the procedure or service; or

3. Other evidence of evolving clinical utilization.

The assignment of a Category III Code to a technology, service or procedure does not signify a finding of support, or lack of support regarding clinical efficacy, safety, applicability or clinical practice. Typically, there is a lack of published, peer-reviewed scientific literature supporting efficacy, safety and utility, and as these are emerging technologies, procedures or services, they are not yet

considered an established standard of care. Category III codes are reviewed through the CPT editorial process. If the code has not been re-categorized to a Category I code after five (5) years from the date of publication in the CPT codebook, the CAT III code is typically archived.

The criteria requirements for Category I assignment are more stringent than those of Category III codes:

I. All devices and drugs necessary for performance of the procedure or service have received U.S. Food and Drug Association (FDA) clearance or approval when such is required for performance of the procedure or service.

II. The procedure or service is performed by many physicians or other qualified health care professionals across the United States.

III. The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume).

IV. The procedure or service is consistent with current medical practice.

V. The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code-change application.

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT/Category III Codes

Refer to: New/Emerging Technology and Services Code List

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ICD10 Codes

Code	Description
All Diagnosis Codes	

REFERENCES

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SEARCH TERMS

Emerging Technology, Current Procedural Terminology (CPT) codes, Experimental and Investigational, CPT Editorial Panel, Category I, Category II, Category III.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Based on our review, emerging technologies and services are not broadly addressed in National or Regional Medicare coverage determinations or policies. Please refer to coverage determinations or policies specific to the service/technology.

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
11/21/24, 11/20/25, 11/19/26	
Date	**Summary of Changes**
11/19/26	• Annual policy update; policy intent unchanged
11/20/25	• Annual policy update; intent of policy unchanged.
03/17/25	• Original effective date