

Benefit Coverage

| Covered Benefit for lines of business including: |
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| Covered Benefit for lines of business including: For Medicare-Medicaid Plan (MMP) Integrity Only |
| Excluded from Coverage: |
| Extended Family Planning (EFP), Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE) |

Description:

The American Medical Association developed CATEGORY III codes to allow for data collection concerning the use of “emerging technologies, services, and procedures.” The creation of these codes neither implies nor endorses clinical efficacy, safety or the applicability to clinical practice.

Coverage Determination/Documentation:

The patient’s medical record must contain documentation that fully supports the medical necessity for CATEGORY III CPT codes as they are covered by Medicare.

This documentation includes but is not limited to:

- ☐ relevant history
- ☐ physical examination
- ☐ results of pertinent diagnostic tests or procedures and
- ☐ any other records that describe or support the evaluation and treatment of the patient.

1. 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.

Computed Tomographic Perfusion (CTP) (using automated post-processing software algorithmic analysis) is medically reasonable and necessary in patients with acute ischemic stroke (AIS) caused by unilateral large vessel occlusion (LVO) in the proximal anterior circulation evaluated at stroke centers, to aid in selection for endovascular mechanical thrombectomy (EVT) if all of the following conditions are fulfilled:

- 1.Intracranial internal carotid artery (ICA) OR middle cerebral artery (MCA) occlusion
- 2.The medical record documents the patient is being considered for endovascular mechanical thrombectomy (EVT) and does not have contraindications to the EVT (based on DAWN or DEFUSE3 trial criteria)
- 3.Treatment (femoral puncture) can be started within 6-24 hours of the last time known to be at neurologic baseline

2. **(CPT 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)
 - Note: These codes are allowed when provided in accordance with NCD 20.7, Percutaneous Transluminal Angioplasty.
3. **(CPT 0184T): Transanal Endoscopic Microsurgery (TEM)** TEM is a minimally invasive surgical procedure that presents an alternative to laparoscopic surgical excision or open surgical excision for mild and proximally located rectal benign and selected malignant lesions. TEM is considered medically necessary for patients who have one of the following conditions:
 - Benign rectal tumors (adenomas)
 - Malignant tumors less than 3cm in size, well to moderately differentiated, early stage Tis or T1N0, within 8cm of the anal verge, less than 30% of the rectal circumference, and it can be removed with clear margins.
 - Small rectal carcinoids less than 2cm in diameter.
 - Are medically unfit or unwilling to undergo a radical resection and require palliative resection. TEM is considered not medically necessary for all other indications because its effectiveness for any other indications has not been established.
4. **(CPT 0275T): Percutaneous Image-Guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis** CMS has determined that PILD will be covered by Medicare when provided in a clinical study under section 1862(a)(1)(E) through Coverage with Evidence Development (CED) for beneficiaries with LSS who are enrolled in an approved clinical study.
5. 0398T- Magnetic resonance image guided high intensity focused ultrasound (MRgFUS) is for the treatment of idiopathic essential tremor patients with medication-refractory tremor.
 - Criteria for Medical Necessity:
 - Essential tremor refractory to medical therapy, i.e., tremor refractory to at least two trials of medical therapy, which has included at least one first-line agent.
 - Moderate to severe postural or intention tremor of the dominant hand [defined by a score greater than or equal to 2 on the Clinical Rating Scale for Tremor (CRST)].
 - Disabling essential tremor, i.e., a score of 2 or more on any of the eight items in the disability subsection of the CRST.

- Not a surgical candidate for deep brain stimulation.
 - Exclusion from Coverage:
 - Treatment of head or voice tremor
 - Bilateral thalamotomy
 - Following conditions:
 - A neurodegenerative condition
 - Unstable cardiac disease
 - Coagulopathy
 - Risk factors for deep-vein thrombosis
 - Severe depression, i.e., a score greater than or equal to 20 on the Patient Health Questionnaire 9 (PHQ-9)
 - Cognitive impairment defined by a score of less than 24 on the Mini-Mental Status Examination
 - Previous brain procedure (transcranial magnetic stimulation, deep brain stimulation, stereotactic lesioning, or electroconvulsive therapy)
 - A skull density ratio (the ratio of cortical to cancellous bone) less than 0.45
 - Contraindications for MRI.
6. (CPT 0308T) – Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis. This code is billable with the covered (authorization required code) C1840 Lens, intraocular telescopic. See LCD I35490 and LCD L33584. CPT 0501T-0504T- Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
- FDA-approved FFRct technology may be considered reasonable and necessary in the management of patients with:
 - Intermediate-risk* patients with acute chest pain and no known coronary artery disease, with coronary artery stenosis of 40-90% in proximal or middle coronary artery on CCTA;
OR
 - Intermediate risk with acute chest pain and known coronary artery stenosis of 40-90% in a proximal or middle segment on CCTA;
OR
 - Stable nonobstructive coronary artery disease with persistent symptoms requiring further test, and \geq 40-90% stenosis on CCTA;
AND
 - Not in conjunction with stress testing (unless FFRCT was not high quality and alternative study needed)
 - Intermediate and high-risk is as defined in the 2021 AHA/ ACC/ ASE/ CHEST/ SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain¹
 - FFRct is not considered reasonable in the following clinical circumstances:

- Prior placement of prosthetic valves
- Known severe aortic stenosis
- Prior placement of grafts in coronary bypass surgery
- Suspicion of acute coronary syndrome (where MI or unstable angina have not been ruled out)
- Intracoronary metallic stent
- Status post-heart transplantation
- Recent MI (30 days or less)
- Prior pacemaker or defibrillator lead placement
- Newly diagnosed systolic heart failure, with no prior left heart catheterization
- Left main coronary artery disease with Intermediated Coronary Stenosis (lumen reduction less than or equal to 30%)
- Non-obstructing stenosis (<50% of all major epicardial vessels) on CTA or catheterization in the past twelve months, in the absence of a new symptom complex.
- If turnaround times may impact prompt clinical care decisions
- High risk defined by left main stenosis $\geq 50\%$

Exclusions:

Any category III code that is not mentioned above or provided for any indications not mentioned in the above criteria are considered non-covered.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference Guide](#)

CMP Cross Reference:

[Local Coverage Determination: Category III CPT Codes \(L33392\)](#)

[Local Coverage Determination Category III CPT Codes \(L35490\)](#)

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Neighborhood reviews clinical medical policies on an annual base.

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References:

[National Coverage Determination for Percutaneous image-guided lumbar decompression for lumbar spinal stenosis \(150.13\)](#)