

# Clinical Policy: New Technologies and New Uses of Existing Technologies

Reference Number: OC.UM.CP.0042

Last Review Date: 11/2022

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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## Description

This policy describes the process for evaluating the medical necessity of new technologies and new uses of existing technologies, including medical procedures or new uses of existing medical procedures for ocular care, new pharmaceuticals or new uses of existing pharmaceuticals for ocular procedure related use, and new devices or new uses of existing devices for ocular conditions.

## Policy/Criteria

- I. It is the policy of health plans affiliated with Envolve Vision, Inc.<sup>®</sup> (Envolve) that the use of new technologies and new uses of existing technologies are **medically necessary** and evaluated for inclusion in benefits for the following indications:
  - A. When the technology or use improves health outcomes, health risks and health benefits compared with established procedures and products, as proven through the following sources:
    1. The approval of evidence-based safety and efficacy studies from appropriate government regulatory bodies, including the Food and Drug Administration (FDA) and Centers for Medicare and Medicaid Services (CMS).
    2. Clinical preferred practice pattern publications, including those from the American Academy of Ophthalmology and American Optometric Association.
    3. Input from relevant specialists and professionals who have expertise in the new technology or new use of existing technology.
    4. Published clinical literature and scientific evidence, including current medical journals, published clinical research, or other evidence-based medicine resources.

## Background

New technologies or new applications of existing technologies include services or supplies which include, but are not limited to any diagnosis, treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies. When clinical literature and safety and efficacy studies support adoption of a new technology or new indications for use of an existing technology; clinical criteria will be reviewed and adopted into relevant clinical policies for continued use. *See OC.UM.0006 Clinical Criteria for UM Decisions.*

## Coding Implications

This clinical policy references Current Procedural Terminology (CPT<sup>®</sup>). CPT<sup>®</sup> is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

## CLINICAL POLICY

### New Technologies and New Uses of Existing Technologies

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT <sup>®</sup> Codes	Description
92499	Unlisted ophthalmological service or procedure

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	09/2020	10/2020
Annual Review	12/2020	12/2020
Annual Review	12/2021	12/2021
Annual Review	11/2022	11/2022

#### References

1. U.S. Food and Drug Administration. Device Approvals, Denials and Clearances. <https://www.fda.gov/medical-devices/products-and-medical-procedures/device-approvals-denials-and-clearances>
2. American Academy of Professional Coders. Keeping Pace with HCPCS Level II.
3. Centers for Medicare and Medicaid Services (CMS)
  - o National Correct Coding Initiative Edits for Physicians
  - o Physician Fee Schedule
  - o Medicare Administrative Contractors and Local Coverage Determination policies
4. American Academy of Ophthalmology (AAO) Preferred Practice Patterns, <https://www.aao.org/about-preferred-practice-patterns>
5. American Optometric Association (AOA) Clinical Guidelines, <https://www.aoa.org/practice/clinical-guidelines>
6. NCQA Standards and Guidelines for Accreditation in Utilization Management

#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering

## CLINICAL POLICY

### New Technologies and New Uses of Existing Technologies

benefits. It does not constitute a contract or guarantee regarding payment or results. 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.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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