

Payment Policy | Non Reimbursable Services



EFFECTIVE DATE: 02/16/2010
POLICY LAST UPDATED: 09/16/2014

OVERVIEW

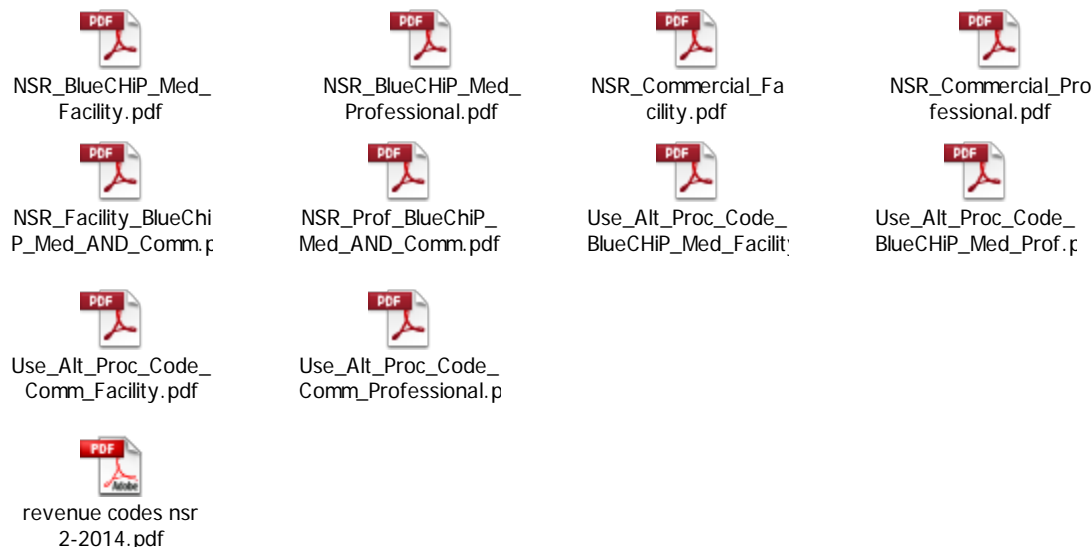
Blue Cross and Blue Shield of RI (BCBSRI) has determined that the codes listed in this policy are covered services but providers will not be separately reimbursed for the services. Many of the services are included in the allowance of another service, or BCBSRI has determined that even if the service listed below is the only service filed, we will not reimburse them separately. The codes are provider liability and reimbursement varies for Professional vs Institutional Providers. The list below is not all inclusive and will be updated quarterly to reflect any additional or deleted codes.

PRIOR AUTHORIZATION

Not Applicable.

POLICY STATEMENT

The attached spreadsheets reflect the code status for professional and institutional providers as of 10/1/2014. Please note that reimbursement may vary by product and that this list is not all-inclusive.



MEDICAL CRITERIA

None

BACKGROUND

Category II CPT codes (XXXXF)

These codes are used for performance measurement and to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures. These codes are not intended to be used for reimbursement.

Category III CPT codes (XXXXT)

These are temporary codes for emerging technology, services or procedures. Most of these codes are considered not medically necessary unless specified in a policy. Refer to Category III Medical Policy for full listing of codes

"C" Codes

C codes are used only as part of Hospital Outpatient Prospective Payment System (OPPS) and unless reimbursement has been negotiated as part of a hospital contract, these not separately reimbursed for institutional providers. These codes are not applicable for use by professional providers.

"D" Codes

These codes are used to file for dental procedures. Unless specified in a particular medical policy, BCBSRI will deny these codes are non covered, member liability

Not Separately Reimbursed

"Not Separately Reimbursed is used when a code is covered but not a separately reimbursable service. These services are not billable to the member.

Use Alternate Code

This indication is used when there is an equivalent CPT or HCPCS for the service that is being rendered and services should be reported using that code.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable not medically necessary coverage.

CODING

See codes in Policy section

RELATED POLICIES

None

PUBLISHED

Provider Update	April 2014
Provider Update	June 2013

REFERENCES

None

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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