



**EFFECTIVE DATE:** 01|01|2020  
**POLICY LAST UPDATED:** 10|01|2020

## 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 is updated quarterly to reflect any additional or deleted codes.

## MEDICAL CRITERIA

None

## PRIOR AUTHORIZATION

Not Applicable.

## POLICY STATEMENT

The attached excel workbook reflects the code status for professional and institutional providers as of October 1, 2020. Reimbursement may vary by product.

### 2020 Q4 Non Reimbursable Health Service Codes

**\*\* Note: This list is updated quarterly. Please call Customer Service for specific information on coverage.**

## COVERAGE

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

## BACKGROUND

### Category II CPT and HCPCS codes (XXXXF) (G9490 – G9977) (MXXXX)

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 code 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 the Medical Policy for New Technology for a full listing of codes.

### Codes with a status indicator of "N" on the (OPPS) Fee Schedule

BCBSRI generally refers to the Centers for Medicare and Medicaid (CMS) Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule for many codes that are covered. Typically, codes with a status

indicator of "N" on Addendum B are set up in our claims processing system as covered and not separately reimbursed as CMS considers the payment packaged into payment for other services. Additionally, there are codes that BCBSRI may consider not separately reimbursed and those codes are included in the attached listing.

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

**\*\*Note:** Some codes may be NSR for specific ages.

### Use Alternate Code

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

### CODING

See above

### RELATED POLICIES

Not applicable

### PUBLISHED

Provider Update, Dec 2020  
Provider Update, Sep 2020  
Provider Update, June 2020  
Provider Update, March 2020  
Provider Update December 2019  
Provider Update September 2019  
Provider Update June 2019  
Provider Update March 2019  
Provider Update November 2018  
Provider Update August 2018

### REFERENCES:

None

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