



EFFECTIVE DATE: 06|01|2013
POLICY LAST UPDATED: 01|19|2022

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 vary for Professional and Institutional Providers. The list below is **not all-inclusive** and is updated quarterly to reflect any additional or deleted codes.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

The attached excel workbook reflects the code status for professional and institutional providers as of January 1, 2022. Reimbursement may vary by product.

[2022 Q1 Non-Reimbursable Use Alternate Code List](#)

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

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for the applicable benefits/coverage.

BACKGROUND

Category II CPT and HCPCS Codes (XXXXF) (GXXXX) (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. Category II codes are not included on this list as they are not intended to be used for reimbursement.

Codes with a status indicator of "N" on the CMS (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

"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 or provider type.

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, February 2022

Provider Update, Dec 2021

Provider Update, Sep 2021

Provider Update, July 2021

Provider Update, March 2021

REFERENCES:

None

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

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