



EFFECTIVE DATE: 06|01|2013

POLICY LAST REVIEWED: 1|01|2025

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, 2025. Reimbursement may vary by product.

[Non Reimbursed 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, January 2025
Provider Update, July 2024
Provider Update, March 2024
Provider Update, December 2023
Provider Update, November 2023
Provider Update, September 2023
Provider Update, August 2023
Provider Update, June 2023
Provider Update, April 2023
Provider Update, February 2023
Provider Update, January 2023
Provider Update, October 2022
Provider Update, September 2022
Provider Update, June 2022
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](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

