

Payment Policy | Non Reimbursable Health Service Codes



EFFECTIVE DATE: 03|01|2018
POLICY LAST UPDATED: 03|01|2018

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 are 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 3/1/2018. Reimbursement may vary by product. **Note: This list is updated quarterly. Please call customer service for specific information on coverage. (previous quarters list included below as reference).**



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NSR REV Codes.pdf

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 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 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 Category III Medical Policy for full listing of codes.

"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

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

BCBSRI follows the Centers for Medicare and Medicaid (CMS) Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule for all codes that are covered. Codes with a status indicator of "N" on Addendum B are set up in our claims processing system as covered but not separately reimbursed as CMS considers payment packaged into payment for other services. Updates are posted quarterly to the CMS OPPS website by CMS. BCBSRI updates codes considered packaged into APC rates on a quarterly basis. Indicator N applies to Facility providers and excludes lab and drugs. The CMS fee schedule can be accessed at: <https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientpps/Addendum-A-and-Addendum-B-Updates.html>.

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.

CODING

See above

RELATED POLICIES

None

PUBLISHED

Provider Update March 2018

Provider Update January 2018

Provider Update October 2017

Provider Update April 2014

Provider Update June 2013

REFERENCES:

2018 1st quarter



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