



EFFECTIVE DATE: 02|16|2010
POLICY LAST UPDATED: 04|01|2015

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.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Not Applicable.

POLICY STATEMENT

The attached spreadsheets reflect the code status for professional and institutional providers as of 1/1/15. Please note that reimbursement may vary by product and that this list is not all- inclusive.

Not Separately Reimbursed (NSR) - Professional:

NSR for both BlueChip for Medicare and Commercial



1.1.15.NSR_Professional_BlueChiP_Med_Commercial.pdf

NSR Commercial Products only:



1.1.15.NSR_Commercial_Professional.pdf

NSR BlueCHiP for Medicare only:



NSR_BlueCHiP_Med_Professional.pdf

Not Separately Reimbursed (NSR) - Facility:

NSR for both BlueChip for Medicare and Commercial



4.1.15.NSR_Facility_BlueChiP_Med_Commercial.pdf

NSR Commercial products only:



1.1.15.NSR_Commercial_Facility.pdf

NSR BlueCHiP for Medicare only:



1.1.15.NSR_BlueCHiP_Med_Facility.pdf

Not Separately Reimbursed (NSR) - Facility Revenue Codes:



revenue codes nsr 2-2014.pdf

Use Alternate Procedure Code - Professional:

Commercial:



4.1.15.Use_Alternate_Proc_Code_Commercial_Professional.pdf

BlueCHiP for Medicare:



4.1.15.Use_Alternate_Proc_Code_BlueCHiP_Medicare_Professional.pdf

Use Alternate Procedure Code - Facility

Commercial:



1.1.15.Use_Alternate_Proc_Code_Commercial_Facility.pdf

BlueCHIP for Medicare:



1.1.15.Use_Alternate_Proc_Code_BlueCHIP_Medicare_Facility.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

"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.

CODING

See above

RELATED POLICIES

None

PUBLISHED

Provider Update April 2014

Provider Update June 2013

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.

