



**EFFECTIVE DATE:** 02|16|2010  
**POLICY LAST UPDATED:** 07|13|2016

## 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 7/1/16. 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



NSR PROF All.pdf

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NSR Commercial Products only:



NSR PROF Comm  
Only.pdf

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NSR BlueCHiP for Medicare only:



NSR PROF MED  
Only.pdf

**Not Separately Reimbursed (NSR) - Facility:**

NSR for both BlueChip for Medicare and Commercial



NSR FAC All.pdf

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NSR Commercial products only:



NSR FAC Comm  
Only.pdf

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NSR BlueCHiP for Medicare only:



NSR FAC Med  
Only.pdf

**Not Separately Reimbursed (NSR) - Facility Revenue Codes:**



NSR REV Codes.pdf

**Use Alternate Procedure Code - Professional:**

Commercial:



Use Alt Phys  
Comm.pdf

BlueCHiP for Medicare:



Use Alt Phys  
Med.pdf

**Use Alternate Procedure Code - Facility**

Commercial:



Use Alt Fac  
Comm.pdf

### BlueCHIP for Medicare:



Use Alt Fac Med.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 (XXXT)**

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

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