



Payment Guideline: Experimental/Investigational

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet’s payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member’s benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

**Applicable
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
 - Fully Insured
 - Excluding policies issued in the following states: N/A
 - Excluding ISO
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
- Student Sports
 - Fully Insured; for policies issued by the following carriers:
 - AIG
 - Axis

- Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded
 - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded Employer Insurance
 - Excluding policies issued by the following employers: N/A

Purpose

Experimental/Investigational (E/I) procedures and testing has been identified as an area of possible high financial abuse by providers. As such, Wellfleet is required to review claims containing codes identified as E/I procedures or testing.

The purpose of this document is to:

1. Provide Wellfleet's definition of E/I
2. Delineate which services fall under E/I
3. Describe Wellfleet's Payment Policy for claims determined by Wellfleet to fall under within the category of E/I

Scope

-) All codes on Wellfleet E/I Code List
 -) See Attachment B
-) All services/supplies generally accepted/identified as E/I but utilizing Unlisted, NOC, NOS, miscellaneous, or other undefined codes because they are either
 -) New and haven't yet been assigned a CPT or HCPCS code
 -) Circumventing E/I detection by using an undefined code
 -) See Attachment A

Definitions

-) Experimental/Investigational (E/I):
 -) A service or supply that has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication AND/OR

- J The service or supply is not within the range of accepted, appropriate medical practice under the standards of the case and by the standards of a reasonably substantial, qualified, responsible, relevant segment of the medical community or government oversight agencies.
 - J Unlisted, NOC, NOS, miscellaneous, or other undefined codes:
 - J Current Procedural Terminology (CPT) codes administered by the AMA and Healthcare Common Procedural Coding System Level II (HCPCS) codes administered by CMS used for non-specific items.
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Guidelines

1. Wellfleet limits coverage to services/supplies which are proven safe, efficacious and comparable or superior to conventional services/supplies. Any service/supply that:
 - A. Hasn't been proven safe, efficacious, and/or comparable or superior to conventional services/supplies AND
 - B. Is not within the range of accepted, appropriate medical practice under the standards of the case and by the standards of a reasonably substantial, qualified, responsible, relevant segment of the medical community or government oversight agenciesis considered Experimental/Investigational/Experimental(E/I) and is not a covered benefit.
 2. All items on Attachment A: Wellfleet E/I Code List are considered E/I
 3. Certain service/supplies generally recognized as E/I may not be on Wellfleet's E/I code list either because they are new and haven't yet been assigned a CPT/HCPCS code or the provider has chosen to use an Unlisted/Miscellaneous/etc. code.
 - A. Medical records sent in as part of an appeal of a denial for inclusion on Wellfleet Unlisted Code List (Attachment B) may be reviewed by a clinical resource (either by Wellfleet or a vendor network as per Wellfleet protocol at the time of the appeal) for possible E/I.
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Attachments

1. Attachment A: Wellfleet E/I Code List:
<https://wellfleetstudent.com/providers/>
 2. Attachment B: Wellfleet Unlisted Code List:
<https://wellfleetstudent.com/providers/>
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PAYMENT GUIDELINE

Guideline No: GL-016

**Change
History**

Version	Effective Date	Next Review Date
1.0	1/1/2019	1/1/2020
1.0 (no changes)	1/1/2019	9/1/2020
2.0	9/1/2020	9/1/2021
3.0	10/1/2021	10/1/2022
4.0	9/1/22	9/1/22
