

PAYMENT GUIDELINE

Guideline No: GL-017

Payment Guideline: Unlisted Codes

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
\boxtimes Fully Insured; for policies issued by the following carriers:
AIG
\boxtimes Axis



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	 ☐ 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	Unlisted Codes: CPT or HCPCS codes meant to describe non-specific services or supplies. Unlisted Codes need to be reviewed because they have high abuse potential. Unlisted codes are considered appropriate when a CPT/HCPCS code that accurately identifies an item, service or procedure performed does not exist. Wellfleet reviews appropriate supporting documentation for unlisted or not otherwise classified (NOC) codes, as described below.			
Scope	This Guideline covers all submitted claims with Unlisted Codes as described under "Definitions" below.			
Definitions	 Unlisted Codes: CPT or HCPCS codes used to describe non-specific services or supplies such as items described as Unlisted, Not Otherwise Classified (NOC), Not Otherwise Specified (NOS), Unclassified, Miscellaneous, Generic, etc. 			
Guidelines	 Unlisted Codes should only be utilized when there is no other appropriate CPT or HCPCS available. Wellfleet will accept Unlisted Codes for payment when: a. The total line cost of an individual Unlisted Code is less than \$500.00 (1). This includes the sum cost of all units under that individual Unlisted Code OR b. The claim is accompanied by: 			



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	 procedure per (2). Documentation (3). Supporting of service or prime Imagini Invoice Laboration Operation Proceder 3. Unlisted or miscellance code should include a name, appropriate National 4. Since CPT/HCPCS code 	tory/pathology report ive/office notes ure notes/reports eous drug codes not curren n invoice with the claim th tional Drug Code (NDC) n	the Unlisted Code he Unlisted Code vs. ropriate is pertinent to the item, s: tly covered by a HCPCS hat includes the drug humber and dosage. , these same requirements	
Attachments	1. Attachment A: Wellfleet Unlisted Code List: https://wellfleetstudent.com/providers/			
Change				
History	Version	Effective Date	Next Review Date	
	1.0	12/1/2019	12/1/2020	
	2.0	12/1/20	12/1/21	
	h			

10/1/2021

9/1/2022

3/1/2023

2.1

3.0

3.1

10/1/2022

10/1/2023

10/1/2023