

PAYMENT GUIDELINE Guideline No: GL-016

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, other Payment Guidelines, 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	Student Health Insurance (for policies issued or renewing after May
Plans	2019)
	Fully Insured
	Excluding policies issued in the following states: N/A
	Excluding Wellfleet Global

Guideline No: GL-016



PAYMENT GUIDELINE

Purpose

Scope

 Self-Funded □ Excluding policies issued by the following schools: N/A □ Student Sports □ Fully Insured; for policies issued by the following carriers: □ AIG
Wellfleet Insurance Company/Wellfleet New York Insurance Company Self-Funded Excluding policies issued by the following schools: N/A Fully Insured Student Accident: for policies issued by the following
carriers: AIG Wellfleet Insurance Company/Wellfleet New York Insurance Company
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
All codes on Wellfleet E/I Code List • See Attachment A

Definitions Experimental/Investigational (E/I):

• Services are medical procedures, equipment, medications, and cosmetic procedures that are not medically necessary and are not covered. These services are considered experimental and investigational if they meet any of the following criteria:

Experimental/Investigational



PAYMENT GUIDELINE

Guideline No: GL-016

- The service does not have unrestricted market approval from the Food and Drug Administration (FDA) or final approval from any other governmental regulatory body.
- o There is insufficient or inconclusive medical and scientific evidence to evaluate the service's therapeutic value.
- o The service is not medically necessary and there is a safe and medically accepted alternative available.
- The service is a medical device established by the FDA as Category A, which are generally not covered because their safety and effectiveness have not yet been established.

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:

- Hasn't been proven safe, efficacious, and/or comparable or superior to conventional services/supplies AND
- It 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
- Is considered Experimental/Investigational (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 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. (See Unlisted Codes Payment Guideline)
 - Medical records sent in as part of an appeal of a denial for inclusion on Wellfleet Unlisted Procedures Code List may be reviewed by a clinical resource (either by Wellfleet or a vendor network as per the Wellfleet Unlisted Codes Payment Guideline at the time of the appeal) for possible E/I.



PAYMENT GUIDELINE

Guideline No: GL-016

Attachments 1. Attachment A: Experimental and Investigational Codes https://wellfleetstudent.com/providers/

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	9/1/2022	9/1/2023
5.0	9/1/2023	9/2/2024
6.0	11/1/2024	8/1/2025