

PAYMENT GUIDELINE Guideline No: GL-017

Payment Guideline: Unlisted Procedure 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, 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	2
Plans	

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af	ter May	2019)							

□ Fully Insured



Purpose

Scope

Definitions

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Excluding policies issued in the following states: N/A Excluding Wellfleet Global 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 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				
Unlisted Procedure Codes: CPT or HCPCS codes meant to describe non-specific services or supplies. Unlisted Procedure Codes need to be reviewed because they have high abuse potential. Unlisted Procedure 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.				
This Guideline covers all submitted claims with Unlisted Procedure Codes as described under "Definitions" below.				
 Unlisted Procedure Codes: CPT or HCPCS codes used to describe non-specific services or supplies such as items described as Unlisted, Not Otherwise Classified (NOC), Not 				

Unlisted Procedure Codes

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Otherwise Specified (NOS), Unclassified, Miscellaneous, Generic, etc.

Codes listed in Unlisted Procedure Codes Attachment A

Guidelines

- 1. Unlisted Procedure Codes should only be utilized when there is no other appropriate CPT or HCPCS available.
- 2. Wellfleet will accept Unlisted Procedure Codes for payment when:
 - a. The total line cost of an individual Unlisted Procedure Code is less than \$500.00
 - (1). This includes the sum cost of all units under that individual Unlisted Procedure Code

OR

- b. The claim is accompanied by:
 - (1). An accurate, detailed description of the item, service or procedure performed, as identified by the Unlisted Procedure Code
 - (2). Documentation supporting the use of the Unlisted Procedure Code vs. other available CPT or HCPCS, if appropriate
 - (3). Supporting clinical documentation that is pertinent to the item, service or procedure performed, such as:
 - Imaging report
 - Invoice
 - Laboratory/pathology report
 - Operative/office notes
 - Procedure notes/reports
- 3. Unlisted drug codes not currently covered by a HCPCS code should include an invoice with the claim that includes the drug name, appropriate National Drug Code (NDC) number and dosage.
- 4. Since CPT/HCPCS codes are subject to revision, these same requirements apply to any unlisted procedure code not listed in Attachment A.
- 5. Unlisted codes may be sent for clinical review and may be denied if deemed experimental or investigational or unproven



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Attachments 1. Attachment A: Wellfleet Unlisted Procedure Code List: https://wellfleetstudent.com/providers/

Change History

Version	Effective Date	Next Review Date		
1.0	12/1/2019	12/1/2020		
2.0	12/1/2020	12/1/2021		
2.1	10/1/2021	10/1/2022		
3.0	9/1/2022	10/1/2023		
3.1	3/1/2023	10/1/2023		
4.0	10/1/2023	10/1/2024		
5.0	11/1/2024	8/1/2025		