

PAYMENT GUIDELINE**Guideline No: GL-016****Payment Guideline:
Experimental/Investigational/Unproven**

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 to determine 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
Plans**

☒ Student Health Insurance (for policies issued or renewing after May 2019)



☒ Fully Insured

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 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

Purpose

Experimental/Investigational/Unproven(E/I/U) 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/U procedures or testing. The purpose of this document is to:

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

Scope

All codes on Wellfleet Experimental_Investigational_Unproven Code List

- See Attachment A

Definitions

Experimental/Investigational/Unproven (E/I/U):

- 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:

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- The service does not have unrestricted market approval from the Food and Drug Administration (FDA) or final approval from any other governmental regulatory body.
 - There is insufficient or inconclusive medical and scientific evidence to evaluate the service's therapeutic value.
 - 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 is generally not covered because their safety and effectiveness have not yet been established.
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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 falls under the E/I/U definition above is not a covered benefit.
 2. Attachment A: Experimental_Investigational_Unproven Code List includes codes that may be considered E/I/U. Wellfleet will utilize a contracted Internal Review Organization (IRO) with URAC certification to perform utilization reviews to determine if the service is considered E/I/U. Wellfleet will apply the IRO recommendation/determination to the claim payment decision.
 3. Wellfleet's Experimental_Investigational_Unproven Code List is non-exhaustive. Codes that are not present on the E/I/U list may be new and haven't yet been assigned a CPT/HCPCS code. Additionally, an unlisted code may be E/I/U (refer to the Unlisted Codes Payment Guideline). Wellfleet has the right to subject additional codes to utilization review for E/I/U.
 - Medical records sent with an appeal related to an unlisted code denial may be reviewed by an IRO for possible E/I/U.

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Attachments 1. Attachment A: Wellfleet
Experimental_Investigational_Unproven Code
List: <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
7.0	8/1/2025	6/1/2026
