Non-Reimbursable Services

Origination Date: 09/01/2015
Last Review: 01/30/2025
Next Review: 01/2026

Description

There are certain procedures or categories of codes that are considered non-reimbursable. Inclusion of a code in the CPT, HCPCS, or ICD-10 code sets does not imply that it is a covered or reimbursable service. The purpose of this policy is to define the services that Oscar considers to be non-reimbursable.

Policy

Oscar does not reimburse for the procedures or categories of codes outlined in this policy. This list is not all-inclusive. Denials include non-covered services defined as: exclusions in the member's evidence of coverage (EOC), payment included in the allowance of another service (i.e., global), and procedure codes submitted that are not eligible for payment.

Reimbursement Guidelines

Category II CPT Codes (XXXXF)

These codes are intended to facilitate data collection about quality of care. Use of these codes is optional, not required for correct coding, and may not be used as a substitute for Category I codes. These codes are for reporting purposes only and non-reimbursable.

Category III CPT Codes (XXXXT)

Category III CPT Codes are temporary codes for emerging technology, services and procedures. Supporting documentation is required with the claim. Some services may be payable when specifically referenced within a clinical guideline and considered medically necessary.

Measurement and Reporting Codes

Oscar will not reimburse measurement codes. These codes are to facilitate data collection about the quality of care delivered by coding certain services and test results that support nationally established performance measures, and that have an evidence base on contributing to quality patient care. CMS has assigned these services a Physician Fee Schedule status code of "M" (Measurement codes used for reporting purposes only). These codes are used to aid with identifying performance measurement values. There are no Relative Value Units (RVUs) and no payment amounts for these codes.

OPPS Codes (CXXXX)

The C codes represent items that qualify for payment under the Outpatient Prospective Payment System (OPPS). Oscar's standard policy is to not reimburse OPPS codes when billed on a Professional claim (HCFA-1500) form.

Related Policies

Modifier Guidelines

References

1. American Medical Association Category II Codes
2. American Medical Association, Current Procedural Terminology (CPT®) Category III Codes
3. Medicare Physician Fee Schedule-How to

Publication History

Date	Action/Description
9/01/2015	Original Documentation
10/05/2015	Approval and inclusion in Oscar Provider Manual
4/20/2017	Policy Updated
8/29/2018	Policy Updated
1/23/2024	Policy revised, Clarified Category III definition and removed statement related to unlisted code submission. Moved Modifier information to new Modifier Guidelines Policy, Added some detail for description of code types. Removed Coding Section. Removed POS reference. Reimbursement Policy Governance Committee Approved.
1/30/2025	Annual Review