



Effective 7/4/2026

Lines Of Business All Lines of Business

Non-Covered/Non-Reimbursable (Not Separately Billable) Codes

DISCLAIMER

This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without

express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: healthplan.org.

DEFINITIONS, ACRONYMS, TERMS

| Term | Definition |
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| Bureau for Medical Services (BMS) | BMS is the designated single state agency responsible for the administration of the State of West Virginia's Medicaid program. |
| Centers for Medicare and Medicaid Services (CMS) | A federal agency that provides health coverage to people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. |
| Current Procedural Terminology (CPT) code | CPT codes serve as the coding system by which practitioners bill for the various services and procedures that they render. |
| Healthcare Common Procedure Coding System (HCPCS) | A standardized code system utilized for drugs, supplies, durable medical equipment, and for filling in gaps within the CPT coding system. |
| Medicare Physician Fee Schedule (MPFS) | An on-line physician fee schedule search tool developed by CMS to provide Medicare payment information. |
| Resource-Based Relative Value Scale (RBRVS) | A standardized physician payment system established by the federal government which bases payment on a resource-based relative value scale (RBRVS) instead of basing payments on charges. This reimbursement method is used by the Centers for Medicare & Medicaid Services (CMS) and most other payers. |

POLICY

The Health Plan (THP) will not cover any Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code not included, priced, or indicated as non-covered per the appropriate governmental agency's guidelines or provider contract with THP. If a provider bills a non-covered/non-reimbursable (not separately billable) code, the claim will deny with zero (0) member financial responsibility.

The presence or absence of a code or service on a reference list does not guarantee coverage or exclude coverage if such excluded coverage is agreed upon contractually, nor does it take the place of medical necessity or utilization management requirements.

REFERENCES

Centers for Medicare and Medicaid Services(CMS). Fee Schedule - General Information. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/feeschedulegeninfo>

WV Medicaid Physician's Fee Schedules. WV Bureau for Medical Services. Available on-line at: <https://bms.wv.gov/providers/west-virginia-medicaid-physicians-fee-schedules>