



POLICY INFORMATION			
Policy Number:	POL-PP-248	Original Effective Date:	7/15/2024
Version Number:	002	Revision Date:	7/15/2025
Policy Status:	Active	Next Revision Date:	7/15/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Blue KC complies with the legislation below by allowing reimbursement for routine costs related to certain clinical trials. Federal Patient Protection and Affordable Care Act (PPACA or ACA) legislation requires certain fully insured group and individual plans and self-insured group plans to provide coverage for routine patient costs related to certain clinical trials.

[Coverage for individuals participating in approved clinical trials](#)

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Policy

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All services provided as part of a clinical trial such as S9988, S9990, S9991, S9992, S9994, S9996, G0293 and G0294 must be billed with the modifier Q0 or Q1. Additionally, the service must be billed with ICD-10 diagnosis code Z00.6 in either the primary or secondary position of the diagnosis codes on the claim; and 837I (electronic claim form) Value Code D4 along with the 8-digit clinical trial as the value.

For inpatient claims, revenue code 0624 (FDA Investigational Device) must be present, along with the IDE number in the line-level detail information in Loop 2300.

837I claims must contain condition code 30 (Non research services provided to patients enrolled in a qualified clinical trial).

It is mandatory to report a clinical trial number on claims for items/services provided in clinical trials/studies/registries, or under Coverage with Evidenced Development (CED) in the 837I or 837P 2300 loop.

Documentation must clearly identify, and support procedures performed. If a denial is appealed, complete documentation must be submitted with the appeal.

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

Coding

CPT/HCPCS Modifier:	Q0- Investigational clinical service provided in a clinical research study that is in an approved clinical research study Q1 - Routine clinical service provided in a clinical research study that is in an approved clinical research study
ICD-10 Diagnosis	Z00.6 Encounter for examination for normal comparison and control in clinical research program
CPT/HCPCS	G0293, G0294, S9988, S9990, S9991, S9992, S9994, S9996
Revenue Codes	0624



Condition code	30
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Related Documents

N/A

References and Resources

Centers for Medicare and Medicaid Services
Patient Protection and Affordable Care Act

Revision History

Version	Date	Summary of Revisions
001	07/15/2024	Initial version
002	07/15/2025	Annual review, no changes or updates were made to this policy