Payment Policy | Unlisted Procedures



**EFFECTIVE DATE:** 04 | 01 | 2003 **POLICY LAST UPDATED:** 01 | 07 | 2020

### **OVERVIEW**

It is recognized that some medical services or procedures performed by physicians and facilities do not have a code assigned to them. Therefore, a number of unlisted procedure codes have been designated for reporting these unlisted procedures. Unlisted CPT codes specify "unlisted procedure," while HCPCS codes use the terms "miscellaneous," "not otherwise specified," "not otherwise classified," and "unclassified" in addition to "unlisted."

## **MEDICAL CRITERIA**

Not applicable.

PRIOR AUTHORIZATION

Not Applicable

## POLICY STATEMENT

## BlueChip for Medicare and Commercial Products Unlisted Surgical Procedures

The CPT and HCPCS manuals provide unlisted procedure codes for healthcare providers to report services for which there is no specific code descriptor available. All claims filed with an unlisted code will pend for review.

Unlisted procedure codes should not be used unless there is not an established code which adequately describes the procedure. An "Unlisted Procedure Claim" form, (as attached below), must be completed and the required supporting documentation provided.

## Unlisted form for Procedures

To ensure correct claim review, all claims filed with an unlisted CPT or HCPCS code **must be** submitted with the completed Unlisted Claim form. Claims submitted without the completed Unlisted Procedure form will deny for documentation.

Pertinent information should include a clear definition, description or name of the procedure performed and why it is not appropriate to use a more specific code. Unlisted surgical procedures require a copy of the operative note; unlisted radiologic and laboratory procedures require a copy of the report. When multiple procedures are performed, the services that are being reported with the unlisted procedure must be clearly differentiated from those that are reported separately. It is not appropriate to use an unlisted procedure code due to a procedure being unusually complex or a reduced service

## Unlisted drug codes

Claims for unlisted and non-specific drug codes require submission of the 11-digit National Drug Code (NDC) in the correct format. The Unlisted Drug Code List identifies all codes that require the submission of an NDC. If the NDC is not submitted, the claim will not be processed and will be returned for correction.

## Unlisted durable medical equipment codes

Claims for unlisted and non-specific durable medical equipment items require submission of the invoice for the item, the appropriate unlisted HCPCS code and the completed unlisted form below.

# Unlisted form for DME

## COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable benefits/coverage for the service.

### CODING

Not Applicable

# **RELATED POLICIES**

Durable Medical Equipment Preauthorization via Web Based Tool for Durable Medical Equipment Preauthorization via Web Based Tool for Procedures Genetic Testing Services Claim Filing Requirements for Drugs

### PUBLISHED

Provider Update, March 2020 Provider Update, April 2018 Provider Update, April 2017 Provider Update, July 2016

#### **REFERENCES:**

None

#### ----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield Association.



**MEDICAL COVERAGE POLICY | 2**