



EFFECTIVE DATE: 04|01|2003
POLICY LAST UPDATED: 02|06|2018

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

BlueCHiP for Medicare and Commercial Products

Not applicable.

PRIOR AUTHORIZATION

Not Applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

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 Unlisted claims will pend for review. To ensure correct claim review, all unlisted claims must be submitted with the completed Unlisted Claim form, that gives an adequate description of the unlisted procedure being submitted for reimbursement along with the supporting documentation. Claims submitted without the completed Unlisted Procedure form will deny for documentation.

Forms:



Unlisted_Procedure
_Claim_Form_for_Ph



DME Unlisted
Codes.pdf

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.

BACKGROUND

Unlisted Surgical and Non-surgical Procedures:

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. 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. 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. The appropriate modifiers should be used in such circumstances. In general, if there is a HCPCS code available to describe the service, an unlisted CPT code should not be used preferentially. There are some exceptions when it has been determined that the HCPCS code is not sufficiently precise to establish an allowance. In such cases the claim will adjudicate with a notation of not separately reimbursed (NSR). The time, effort, and equipment necessary to provide the service must be described for reimbursement allowances to be established. Additional items which may be included are: coding advice from a specialty society, the AMA, or other authority, and the

extent of expected follow-up care. Unlisted surgical procedures require a copy of the operative note; unlisted radiologic and laboratory procedures require a copy of the report.

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 and the appropriate unlisted HCPCS code.

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

PUBLISHED

Provider Update, April 2018

Provider Update, April 2017

Provider Update, July 2016

Provider Update, December 2015

Policy Update, April 2003

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 of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

