



**EFFECTIVE DATE:** 04|01|2003

**POLICY LAST REVIEWED:** 11|05|2025

### 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

#### Medicare Advantage Plans and Commercial Products

#### Professional Claims billed on a HCFA-1500 Form

#### 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 and supporting documentation i.e. medical records. 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.

Note: When a surgical CPT code exists for an "open" procedure only and the procedure was performed laparoscopically, the CPT code will be approved with a 20% reduction of the allowed amount for the 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

Coding and Payment Guidelines/Modifiers

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, November 2025

Provider Update, February 2024

Provider Update, February 2023

Provider Update, October 2021

Provider Update, March 2020

Provider Update, April 2018

Provider Update, April 2017

Provider Update, July 2016

### REFERENCES:

None

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