

Medical Coverage Policies

Printer-Friendly Page

Unlisted Procedures

EFFECTIVE DATE	04/01/2003	LAST UPDATED	06/15/2007
-----------------------	------------	---------------------	------------

Description:

It is recognized that some medical services/procedures performed by physicians/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."

Unlisted procedure codes should not be used unless there is not an established code that adequately describes the procedure. An "Unlisted Procedure Claim" form must be completed and the required supporting documentation provided. Pertinent information should include a clear definition/description of the procedure 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. 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 that 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.

Medical Criteria:

Not applicable.

Policy:

Unlisted procedures will suspend for review; claims filed electronically will deny for documentation. If documentation is submitted (paper claims), the claims will be reviewed by the Claims Individual Consideration unit in conjunction with a member of the Medical Management Review team.

Also Known As:

Not applicable

Related topics:

Not applicable

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 judgement 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.

[← Back to Previous Page](#)