



This payment policy is Copyright 2023, Truli for Health. All Rights Reserved. You may not copy or use this document or disclose its contents without the express written permission of Truli for Health. The medical codes referenced in this document may be proprietary and owned by others. Truli for Health makes no claim of ownership of such codes. Our use of such codes in this document is for explanation and guidance and should not be construed as a license for their use by you. Before utilizing the codes, please be sure that to the extent required, you have secured any appropriate licenses for such use. Current Procedural Terminology (CPT) is Copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association

PAYMENT POLICY ID NUMBER: 10-013

Original Effective Date: 07/01/2020

Revised: 05/11/2023

Unlisted Procedure Codes

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDER OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO TRULI FOR HEALTH MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

Some services or procedures performed by providers might not have specific Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. When submitting claims for these services or procedures that are not otherwise specified, unlisted codes are designated. Unlisted codes provide the means of reporting and tracking services and procedures until a more specific code is established.

Since unlisted procedure codes are used to describe many different procedures, allowables are not established.

This policy describes reimbursement for unlisted procedure codes for professional services reported on a CMS-1500 claim or its electronic equivalent.

BILLING/CODING INFORMATION:

According to the Instructions for use of the CPT® Codebook:

“Select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT® code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code. Any service or procedure should be adequately documented in the medical record.”

The following supporting documentation should be submitted with a claim filed with an unlisted code:

- An adequate definition or description of the nature, extent, and need for the procedure.
- Indicate whether the procedure was performed independent from other services provided, or if it was performed at the same surgical site or through the same surgical opening.
- Any extenuating circumstances which may have complicated the service or procedure.
- Time, effort, and equipment necessary to provide the service.
- The number of times the service was provided.

Additional items which may be included are:

- Complexity of symptoms
- Final diagnosis
- Pertinent physical findings (such as size, locations, and number of lesion(s), if appropriate)
- Diagnostic and therapeutic procedures (including major and supplementary surgical procedures, if appropriate)
- Concurrent problems
- Follow up care

When submitting supporting documentation, clearly designate the portion of the report that identifies the test or procedure associated with the unlisted procedure code. Refer to the table below for documentation requirements.

Procedure Code Category	Documentation Requirements
Evaluation & Management: all unlisted codes within range 99202-9949	Office or other clinical note
Surgical Procedures: all unlisted codes within the range of 10004-69990	Operative or procedure report
Radiology/imaging procedures: all unlisted codes within the range of 70010-79999	Imaging Report
Laboratory and pathology procedures: all unlisted codes within the range of 80047-89398	Laboratory or pathology report
Medical Procedures: all unlisted codes within the range of 90281-99607	Office notes and reports
Unclassified drug codes	Provide the NDC number with full description/name and strength of the drug and service units. For more instructions see Payment Policy 10-008 "Unclassified Drugs"
Unlisted DME HCPCS codes	Provide narrative on the claim

REIMBURSEMENT INFORMATION:

- Claims submitted with an unlisted procedure code will be denied if determined an appropriate procedure or service code is available
- No additional reimbursement is provided for special techniques/equipment submitted with an unlisted procedure code.
- When performing two or more procedures that require the use of the same unlisted CPT® code, the unlisted code should only be reported once to identify the services provided (excludes unlisted HCPCS codes; for example, DME/unlisted drugs).
- Claims billed with unlisted procedure codes without supporting documentation will be denied.
- If allowed, a reasonable allowance will be determined by Truli for Health for the unlisted procedure.

RELATED POLICIES:

Unclassified Drugs; Payment Policy 10-008

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT ®), Professional Edition

GUIDELINE UPDATE INFORMATION

02/12/21	Annual Review – Evaluation & Management category added
05/13/21	Annual Review
05/12/22	Annual Review
05/11/23	Annual Review – References revised and updated.

Private Property of Truli for Health

This payment policy is Copyright 2023 Truli for Health. All Rights Reserved. You may not copy or use this document or disclose its contents without the express written permission of Truli for Health. The medical codes referenced in this document may be proprietary and owned by others. Truli for Health makes no claim of ownership of such codes. Our use of such codes in this document is for explanation and guidance and should not be construed as a license for their use by you. Before utilizing the codes, please be sure that to the extent required, you have secured any appropriate licenses for such use. Current Procedural Terminology (CPT) is Copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.

Health coverage is offered by Truli for Health, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.