Priority Health	BILLING POLICY No. 069
UNLISTED CODES	
Date of origin: Dec. 30, 2024	**Review dates: None yet recorded**

APPLIES TO

- Commercial
- Medicare follows CMS unless otherwise stated
- Medicaid follows MDHHS unless otherwise stated

DEFINITION

An unlisted CPT or HCPC code is a code used when there isn't a specific code to accurately describe a procedure, service or item.

FOR MEDICARE

For indications that don't meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Get more information on PSOD in our Provider Manual.

POLICY SPECIFIC INFORMATION

Coding specifics

Professional claims

- Medical records must be submitted for claims that have an unlisted code.
- If it's determined that a more appropriate procedure code is available, the claim line with the unlisted code will be denied.
- Additional reimbursement may not be 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).
- Bundling rules apply to services billed with an unlisted code.

Facility claims

- Identify the unlisted procedure by including a note describing what item or service was supplied. Use the note segment: NTE - Third-party Organization Notes in the electronic claim, or the FL80 remark section of the paper UB-04.
- Provide a comparable CPT (when possible). This provides us with detailed information regarding comparable services.

Unlisted drugs

- Make sure to provide the name of the drug, NDC and the dosage.
- An invoice is needed when submitting an unlisted code for a compound drug.

DME, P&O or other supplies

Be sure to include the following on the claim:

- Name of the item
- Manufacturer of the item

- Specific documentation on why you're using an unlisted HCPCS code.

Place of service
Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Get more information in our Provider Manual.

Documentation requirements
The medical record must clearly define the procedure, service or item that is billed. This can be done by underlining or adding an asterisk by the portion of the medical record. In addition to flagging the medical record, you must fill out an Unlisted code explanation form.

Modifiers
Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. Get more information on modifier use in our Provider Manual.

Resources
CPT 2025

CHANGE / REVIEW HISTORY

Date	Revisions made