



MASS ADVANTAGE

Policy: Unlisted Procedure Code Payment Policy	Policy Number: CL-04
Department: Claims, Utilization Management Policy Owner: Melissa Heath, RN/Director Utilization Management	Original Issue Date: 01/01/2025
Approving Committee: Melissa Heath, RN	<input type="checkbox"/> Date Last Reviewed / Revised [mm/dd/yyyy] OR <input type="checkbox"/> Date Last Reviewed / No Revisions [mm/dd/yyyy] OR <input checked="" type="checkbox"/> New Policy / N/A
Dependencies: Mass Advantage Mass Advantage Definitions, Abbreviations and Acronyms	Effective Date: 01/01/2025
Date Approved: 12/30/2024	

PURPOSE

This policy defines Mass Advantage’s billing requirements and reimbursement process for unlisted codes. Unlisted codes do not have defined rates under the provider’s payment methodology.

POLICY

Unlisted codes require supporting documentation to identify the service being performed. The following documentation must be supplied:

- A cover letter must be attached that provides a clear description of the procedure, service, or supply for which the unlisted code is being used.
- Provide the rationale for the use of the unlisted code and if available include the comparable CPT/HCPCS code that most closely describes the work. The rational and comparable code must be supplied on the attached cover letter.
- Clinical documentation specific to the procedure, service, or supply (procedure notes, operative notes, office notes, laboratory/pathology reports, imaging reports, NDC, invoice) that supports the use of the unlisted code. The work assigned to the unlisted code should be underlined to identify the portion of the supporting clinical documentation.

Supporting documentation must be submitted on paper with the paper claim. A description of the item(s) must be included on the claim form.

- **HCFA 1500:** In addition to supporting documentation, submit unlisted procedure code description in box 19 of the CMS 1500 claim form.
- **UB-04:** In addition to supporting documentation, submit unlisted procedure code description in inbox 80 of the UB-04 form.

When performing two or more procedures that require the use of the same unlisted CPT code, the unlisted codes should only be reported once to identify the services provided (excludes unlisted HCPCS codes; for example, DME/unlisted drugs). Unlisted procedure codes appended with a modifier may be denied. Exceptions to this include: DME, orthotics, and prosthetics require appropriate NU, RR, or MS modifier. Unlisted drugs must be submitted with a National Drug Code (NDC).

SCOPE

This policy impacts the following departments and workflows:

Departments: Claims, Utilization Management

Workflows: Claims, Utilization Management



PROCEDURES

The following documentation must be supplied:

- A cover letter must be attached that provides a clear description of the procedure, service, or supply for which the unlisted code is being used.
- Provide the rationale for the use of the unlisted code and if available include the comparable CPT/HCPCS code that most closely describes the work. The rational and comparable code must be supplied on the attached cover letter.
- Clinical documentation specific to the procedure, service, or supply (procedure notes, operative notes, office notes, laboratory/pathology reports, imaging reports, NDC, invoice) that supports the use of the unlisted code. The work assigned to the unlisted code should be underlined to identify the portion of the supporting clinical documentation.

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REGULATORY CITATIONS AND POLICY REFERENCES

- o Medicare Claims Processing Manuals and related transmittals

VERSION AND REVIEW HISTORY					
Version #	Action (Original Issue, Reviewed, Revised)	Description of Changes	Policy Owner/ Business Lead Name/Title	Approving Committee Or Business Lead Approver	Committee or Business Lead Approval Date
v1	Original Issue	Policy Origination	MHeath/Director, Utilization Management	MHeath	12/30/2024