| PROVIDER REIMBURSEMENT GUIDANCE | | | |
|---|---|---|---|
| **Unlisted Procedure Codes** | | | |
| **Original Date Approved** | **Effective Date SCO/ICO** | **Effective Date MAPD*** | **Revision Date** |
| 10/26/2017 | 03/01/2022 | 03/01/2022 | 02/01/2022 |

**Scope:** Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☒ CCA Medicare Preferred – (PPO) MA*
☒ CCA Medicare Value - (PPO) MA*
☒ CCA Medicare Preferred – (PPO) RI*
☒ CCA Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

## PAYMENT POLICY SUMMARY:

When a provider performs a services or procedures that do not have a Current Procedural Terminology code (CPT) or HCPCS code, unlisted codes are designated for use. This is common when a provider performs a new procedure or utilizes new technology in which no other code adequately describes the procedure or service. It is necessary to submit supporting documentation when filing a claim with unlisted procedure codes since they do not describe a specific procedure or service.

## REIMBURSEMENT REQUIREMENTS:

CCA will reimburse medically necessary and authorized unlisted procedures and services when they are submitted with the appropriate supporting documentation. All claims submitted with unlisted procedure codes are subject to Clinical Review. Claims submitted without supporting documentation may be denied. Billing guidelines include the following:

- Do not append modifiers to unlisted procedure codes
- Unit value should be reported only once to identify the services provided. If more than one procedure is performed that requires the use of the same unlisted code it should be reported only once. Documentation should support and detail additional procedures if submitted for reimbursement.
- No additional reimbursement is provided for special techniques/equipment submitted with an unlisted procedure code.
- Relative Value Units (RVU) are not assigned to unlisted procedure codes because the codes do not identify usual procedural components, or the effort/skill required for the service.
- CCA will make the payment determination based upon a comparable procedure—Providers will need to gather RVU's, charges, and/or payment for a similar comparable procedure.
- The comparable procedure should have a similar approach and similar anatomical site. It is necessary to provide the RVU's and/or charges for a similar procedure and provide an example of how the current procedure is more or less difficult differentiates from the comparable procedure.

**PROVIDER SUPPORTING DOCUMENTATION REQUIREMENTS:**

CCA requires that providers submit supporting documentation when filing a claim with an unlisted procedure code. Appropriate information should include:

- A clear description of the nature, extent, and need for procedure or services
- Whether the procedure was performed independent from other services provided, if it was performed at the same surgical site, or 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
- When submitting supporting documentation highlight the portion of the report that identifies the test or procedure associated with the unlisted procedure code. The required information must be legible and clearly marked.

**How to Submit Supporting Documentation:**

Claims should be submitted on the applicable industry standard claim form and shall include the following supporting documentation that is required according to the Centers for Medicare and Medicaid Services (CMS):

- Detailed description of the procedure or service
- Comparable CPT/HCPCS code when possible
- Supporting clinical documentation

CCA reserves the right to request an invoice on services that are billed with an unlisted code and the claim exceeds $200.

**Address to Send Claims & Supporting Documentation:**

Commonwealth Care Alliance
PO Box 22280
Portsmouth, NH 03802-2280

**DOCUMENTATION GUIDELINES BY PROCEDURE CODE:**

| Unlisted Procedure Code Category | Procedure Code / Description | Supportive Documentation Requirements |
|---|---|---|
| Evaluation & Management | 99499 | Office Notes and Reports |
| Anesthesia | 01999 | Operative or Procedure Report |
| Surgical Procedures | 15999-69979 (code range) | Operative or Procedure Report |
| Radiology Procedures | 76497-79999 (code range) | Imaging Report |
| Pathology & Laboratory | 81999-89398 (code range) | Laboratory or Pathology Report |
| Medical Procedures | 90399-99600 (code range) | Office Notes and Reports |
| Unlisted HCPCS Codes | Refer to HCPCS Manual for Coding | Operative or Procedure Report |
| Unlisted HCPCS DME Codes | Refer to HCPCS Manual for Coding | Provide Narrative on the Claim |

CCA will reimburse an unlisted procedure or service based upon a comparable procedure. Supporting documentation will help CCA determine accurate claim reimbursement.

**DISCLAIMER:**

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

## REFERENCES:

Centers for Medicare and Medicaid Services, CMS Manual System, and other CMS publications and services.

Payment Policies:
Massachusetts / Rhode Island

Provider Manuals:
Massachusetts / Rhode Island

Prior Authorization Forms:
Massachusetts / Rhode Island

## POLICY TIMELINE DETAILS

1. December 2018 Approved
2. Effective date 3/3/2019
3. Annual review and format revision 8/15/2019
4. Revised Scope and Format 11/1/2021