

Unlisted/Miscellaneous Codes

Policy REIMB-040

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Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the “Policy” section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member’s plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Current AMA-CPT and NCCI (National Correct Coding Initiative) coding guidelines require claims for services, procedures and supplies to be submitted using the “most specific” code applicable to the service, procedure or supplies. Many services, procedures and supplies, however, do not have a specific code that accurately reflects the service/procedure performed or the supplies used. In these cases, coding guidelines indicate an unlisted/miscellaneous code should be used. In other situations, coding guidelines and regulations may also affect when an unlisted/miscellaneous code should be used. (Example: the only code to describe a procedure is classified as an add-on code, but no primary procedure was done). Again, in this instance an unlisted/miscellaneous code would be appropriate.

Due to the marked variability of the services, procedures and supplies used with an unlisted/miscellaneous code, these codes are typically paid at a percentage of billed charges. In some situations, however, a specific procedure/service or supply, which is billed using an unlisted or miscellaneous code, may have enough information available to determine a fee schedule. In these situations, for the purposes of payment consistency, a permanent fee schedule can then be established.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans requires documentation for all unlisted/miscellaneous codes submitted in order to make sure there is not a more appropriate code, and that the unlisted/miscellaneous code is the only one that reflects the services/procedures being done or supplies being used based on the circumstances.

If U of U Health Plans determines a more appropriate code is available when an unlisted or miscellaneous code is billed, the claim line will be denied for a corrected claim.

U of U Health Plans requires claim lines billed with an unlisted or miscellaneous code to be submitted with a description of services provided; claim lines submitted without a description, with a generic description or with an incomplete description may be denied.

U of U Health Plans may request additional required appropriate medical records such as an operative report, to adjudicate the claim. Medical records not submitted upon request may result in denial of all or a portion of a claim.

U of U Health Plans reserves the right to set a fee schedule amount for any code, whether or not that code has a published CMS fee.

Examples of incorrect usage of Unlisted/Miscellaneous Codes that WILL result in denial of the claims include the following:

- A. Using an unlisted/miscellaneous code instead of modifier 22 (increased procedural services) to indicate the work provided was substantially greater than typically required.
- B. Using an unlisted/miscellaneous code when a more specific code is available.
- C. Using an unlisted/miscellaneous code in conjunction with other codes to unbundle the services rendered.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at:

<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

CPT Codes

All active unlisted/miscellaneous codes

HCPCS Codes

All active unlisted/miscellaneous codes

References:

1. American Medical Association (AMA), Current Procedural Terminology (CPT®) Professional Edition and associated publications and services.
2. Centers for Medicare and Medicaid Services (CMS). CMS Manual System and other CMS publications and services.
3. Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). Release and Code Sets.
4. Medicare NCCI Manual - <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual> accessed online April 21, 2024

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

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