PAYMENT POLICY ID NUMBER: 10-013

Original Effective Date: 01/26/09

Revised: 06/18/12

Unlisted Current Procedural Codes (CPT)

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 unless otherwise noted in the program exceptions section.

DESCRIPTION:

Some services or procedures performed by providers might not have specific Current Procedural Code (CPT). 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.

BILLING/CODING INFORMATION:

According to the Current Procedural Terminology 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.

<table>
<thead>
<tr>
<th>Procedure Code Category</th>
<th>Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Procedures: all unlisted codes within the range of 10021-69990</td>
<td>Operative or procedure report</td>
</tr>
<tr>
<td>Radiology/imaging procedures: all unlisted codes within the range of 70010-79999</td>
<td>Imaging Report</td>
</tr>
<tr>
<td>Laboratory and pathology procedures: all unlisted codes within the range of 80048-89356</td>
<td>Laboratory or pathology report</td>
</tr>
<tr>
<td>Medical Procedures: all unlisted codes within the range of 90281-99602</td>
<td>Office notes and reports</td>
</tr>
<tr>
<td>Unclassified drug codes</td>
<td>Provide the NDC number with full description/name and strength of the drug and service units</td>
</tr>
<tr>
<td>Unlisted DME HCPCS codes</td>
<td>Provide narrative on the claim</td>
</tr>
</tbody>
</table>

**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 and without supporting documentation will be denied.
REFERENCES:


COMMITTEE APPROVAL:

This Payment Policy was approved by the Florida Blue Payment Policy Committee on 02/01/2011.

PAYMENT POLICY UPDATE INFORMATION:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/26/09</td>
<td>New payment policy.</td>
</tr>
<tr>
<td>02/01/2011</td>
<td>Revised</td>
</tr>
<tr>
<td>06/18/2012</td>
<td>Revision – Update name from BCBSF to Florida Blue</td>
</tr>
</tbody>
</table>

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