

Reimbursement Policy	
Subject: Unlisted or Miscellaneous Codes	
Policy Number: G-06004	Policy Section: Coding
Last Approval Date: 04/14/2022	Effective Date: 04/11/2022

**** Visit our provider website for the most version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluemo.com>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Healthy Blue benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed codes are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These policies may be superseded by mandates in provider or state contracts, or state, federal, or CMS requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.

Healthy Blue reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Healthy Blue allows reimbursement for unlisted or miscellaneous codes unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Unlisted or miscellaneous codes should only be used when an established code does not exist to describe the diagnosis, service, procedure, or item rendered.

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.
MOHB-CD-RP-011169-22-CPN9504 November 2022

Reimbursement is based on review of the unlisted or miscellaneous code(s) on an individual claim basis. Claims submitted with unlisted, or miscellaneous codes must contain the applicable information and/or documentation below for consideration during review:

- A written description, office notes, or operative report describing the procedure or service performed
- An invoice with written description of items and supplies
- The corresponding National Drug Code number for an unlisted drug code

Related Coding

Standard correct coding applies

Policy History

04/11/2022	Biennial Review Approved and effective: Updated policy template, clarified policy language, removed Unspecified from policy language, updated Definition section
01/01/2021	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contracts
- Federal Register

Definitions

Miscellaneous	Codes submitted by a supplier for an item or service for which there is no existing code that adequately describes the item or service being billed
Unlisted	An unlisted HCPCS code represents an item, service, or procedure for which there is no specific CPT or Level II alphanumeric HCPCS code. The CPT code book lists a number of unlisted service or procedure codes, which can be found at the end of a section or subsection. Alternatively, a summary list of the unlisted CPT codes can be found in the Guidelines section for each chapter of the CPT code book. The long descriptors for these codes start with the term Unlisted and the last two digits of the codes often end in 99 .
General Reimbursement Policy Definitions	

Related Policies and Materials

Claims Requiring Additional Documentation