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PAYMENT POLICY ID NUMBER: 10-013

Original Effective Date: 01/26/2009

Revised: 05/08/2025

Unlisted Procedure Codes

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DESCRIPTION:

Some services or procedures performed by providers might not have specific Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. 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.

This policy describes reimbursement for unlisted procedure codes for professional services reported on a CMS-1500 claim or its electronic equivalent.

BILLING/CODING INFORMATION:

According to the Instructions for use of the CPT® Codebook:

Select the CPT® code of the procedure or service that accurately identifies the service performed. Do not select a CPT® code that merely approximates the procedure or service provided. If no such specific code exists, then report the procedure or 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.

Procedure Code Category	Documentation Requirements
Evaluation & Management: all unlisted codes within range 99202-99499	Office or other clinical note
Surgical Procedures: all unlisted codes within the range of 10004-69990	Operative or procedure report
Radiology/imaging procedures: all unlisted codes within the range of 70010-79999	Imaging Report
Laboratory and pathology procedures: all unlisted codes within the range of 80047-89398	Laboratory or pathology report
Medical Procedures: all unlisted codes within the range of 90281-99607	Office notes and reports
Unclassified drug codes	Provide the NDC number with full description/name and strength of the drug and service units. For more instructions see Payment Policy 10-008 Unclassified Drugs
Unlisted DME HCPCS codes	Provide narrative on the claim

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 without supporting documentation will be denied.
- If allowed, a reasonable allowance will be determined by Florida Blue for the unlisted procedure.

RELATED POLICIES:

Unclassified Drugs 10-008

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition

PAYMENT POLICY UPDATE INFORMATION:

01/26/2009	New payment policy.
02/01/2011	Revised
06/18/2012	Revision – Update name from BCBSF to Florida Blue
05/15/2016	Revision – Policy name change
05/11/2017	Annual Review
05/17/2018	Annual Review
05/16/2019	Annual Review
05/14/2020	Annual Review – Evaluation & Management category added
05/13/2021	Annual Review
05/12/2022	Annual Review
05/11/2023	Annual Review – References reviewed and updated.
05/09/2024	Annual Review – References reviewed and updated.
05/08/2025	Annual Review – References reviewed and updated.

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