

# Provider Update



## Coverage of unlisted codes

**Summary of change:** Effective with processing dates June 1, 2015 and after, the following unlisted/miscellaneous codes will be considered for coverage.

01999	15999	17999	19499	20999	21089	21499	21899
22899	22999	23929	24999	25999	26989	27299	27599
27899	28899	29799	29999	30999	31299	31599	31899
32999	33999	36299	37501	37799	38999	39499	39599
40799	40899	41599	42299	42699	42999	43499	43999
44799	44899	45999	46999	47399	47999	48999	53899
55899	58579	58999	59899	60699	64999	66999	67299
67399	67599	67999	68399	68899	69399	69799	69949
69979	76496	76497	76498	76499	76999	77299	77399
77499	77799	78099	78199	78299	78399	78499	78599
78699	78799	78999	79999	81099	84999	85999	86849
86999	88199	88299	88399	89240	90899	91299	92499
92700	93799	95199	95999	96999	97039	97799	99199
99499	A0999	G6021	L8499				

✦ **What this means to you:** If a claim contains one of the above unlisted procedure codes, it must include a complete description. For surgical procedures, the claim must contain an operative report. Documentation supporting medical necessity must also accompany the claim. All supporting documentation must accompany the claim so that appropriate coverage and reimbursement can be determined.

### **What is the impact of this change?**

An unlisted procedure code can only be used when there is not a pure code to use. If an unlisted procedure code is billed and there is an appropriate pure code to use, the charges for the unlisted code will be denied and the claim must be resubmitted with the appropriate pure code for consideration of payment within the provider's timely filing period according to contract.

### **What if I need assistance?**

If you have questions, please contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.

