

Provider Update



Coverage of unlisted codes – additional codes

Summary of change: Effective with dates of service on and after May 1, 2016, the unlisted/miscellaneous codes shown below will be considered for coverage.

✦ **What this means to you:** If a claim contains one of the below 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.

An unlisted procedure code may 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.

**Please note, that any code below that is considered content of service, will not warrant additional payment.

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.

21299	Unlisted craniofacial and maxillofacial procedure	A6512	Compression burn garment noc	K0108	Other accessories
38129	Unlisted laparoscopy procedure spleen	A6549	Gradient compression stocking/sleeve nos	K0462	Temp repl pt owned equip being repr any type
38589	Unlisted laparoscopy px lymphatic system	A9150	Nonprescription drug	K0812	Power operated vehicle not otherwise classified
41899	Unlisted procedure dentoalveolar structures	A9270	Noncovered item or service	K0898	Power wheelchair not otherwise classified
43659	Unlisted laparoscopic procedure stomach	A9279	Monitor feature/devc stand-alone/integrated noc	L0999	Add to spinal orthotic not otherwise specified
44238	Unlisted laparoscopy px intestine xcp rectum	A9280	Alert or alarm device not otherwise classified	L1499	Spinal orthotic not otherwise specified
44979	Unlisted laparoscopy procedure appendix	A9300	Exercise equipment	L2999	Lower extremity orthoses not otherwise specified
45499	Unlisted laparoscopy procedure rectum	A9698	Non-radioactv contrast imag material noc per stdy	L3649	Orthoped shoe modification addition/transfer nos

47579	Unlisted laparoscopy procedure biliary tract	A9699	Radiopharmaceutical therapeutic noc **considered content of service	L3999	Upper limb orthosis not otherwise specified
49329	Unlisted laparoscopic px abd pertoneum and omentum	A9900	Dme sup/access/srv-compon/oth hcpcs	L5999	Lower extremity prosthesis nos
49659	Unlis laps px hrnap herniorrhaphy herniotomy	A9999	Miscellaneous dme supply or accessory nos	L7499	Upper extremity prosthesis nos
49999	Unlisted procedure abdomen peritoneum and omentum	B9998	Noc for enteral supplies	L8039	Breast prosthesis not otherwise specified
50549	Unlisted laparoscopy procedure renal	B9999	Noc for parenteral supplies	L8048	Uns maxillofce prosth br provided non-physician
50949	Unlisted laparoscopy procedure ureter	C9399	Unclassified drugs or biologicals	L8699	Prosthetic implant not otherwise specified
51999	Unlisted laparoscopy procedure bladder	D0999	Unspecified diagnostic procedure by report	L9900	Ortho and pros spl acss and/srvc cmprnt oth hcpcs l code
54699	Unlisted laparoscopy procedure testis	E0625	Patient lift bathroom or toilet noc	Q0181	Uns oral dosage anti-emetic not >48 hr dose reg
55559	Unlisted laproscopy procedure spermatic cord	E0769	Estim/electromagnetic wound treatment devc noc	Q0507	Misc supply or accessory use with external vad
58578	Unlisted laparoscopy procedure uterus	E1229	Wheelchair pediatric size nos	Q0508	Misc supply or accessory use with implanted vad
58679	Unlisted laparoscopy procedure oviduct/ovary	E1239	Power wheelchair pediatric size nos	Q0509	Misc spl/acss impl vad no payment medicare prt a
59897	Unlisted fetal invasive px w/ultrasound	E1399	Durable medical equipment miscellaneous	Q4051	Splint supplies miscellaneous **considered content of service
59898	Unlisted laparoscopy px maternity care and delivery	E1699	Dialysis equipment not otherwise specified	Q4082	Drug or biological noc part b drug cap
60659	Unlisted laparoscopy procedure endocrine system	E2599	Accessory for speech generating device noc	Q4100	Skin substitute not otherwise specified
87999	Unlisted microbiology	J3490	Unclassified drugs	Q5009	Hospice/home health care provided in place nos **Considered content of service
88749	Unlisted in vivo labortory service	J3590	Unclassified biologics	S2409	Rep cong n malform fetus proc prfrm utero noc
93998	Unlisted noninvasive vascular diagnostic study	J7199	Hemophilia clotting factor noc	S5131	Homemaker service nos; per diem
94799	Unlisted pulmonary service/procedure	J7599	Immunosuppressive drug not otherwise classified	S5497	Home infus tx cath care/maint noc; per diem
96379	Unlisted therapeutic proph/dx iv/ia njx/nfs	J7699	Noc drugs inhalation solution admind thru dme	S8301	Infection control supplies nos
96549	Unlisted chemotherapy procedure	J7799	Noc rx oth than inhalation rx admind thru dme	S9379	Home infusion therapy infusion therapy noc; diem
A4335	Incontinence supply; miscellaneous	J8498	Antiemetic drug rectal/suppository nos	T5999	Supply not otherwise specified
A4421	Ostomy supply; miscellaneous	J8499	Prescription drug oral nonchemotherapeutic nos	V5274	Assistive learning device nos

A4641	Radiopharmaceutical diagnostic noc **considered content of service	J8597	Antiemetic drug oral not otherwise specified	V5298	Hearing aid not otherwise classified
A4649	Surgical supply; miscellaneous	J8999	Prescription drug oral chemotherapeutic nos	V5299	Hearing service miscellaneous
A4913	Miscellaneous dialysis supplies nos	J9999	Not otherwise classified antineoplastic drug		

The following unlisted/miscellaneous codes will be considered for coverage and will need to be submitted to Scion Dental (dental services) or Ocular Benefits (vision services), depending on the type of service it is:

D2999	Unspecified restorative procedure by report	D5999	Unspecified maxillofacial prosthesis by report	D7999	Unspecified oral surgery procedure by report
D3999	Unspecified endodontic procedure by report	D6199	Unspecified implant procedure by report	D8999	Unspecified orthodontic procedure by report
D4999	Unspecified periodontal procedure by report	D6999	Unspecified fixed prosthodontic procedure report	D9999	Unspecified adjunctive procedure by report
D5899	Unspecified removable prosthodontic procedure report	D7899	Unspecified tmd therapy by report	V2199	Not otherwise classified single vision lens
V2799	Vision service miscellaneous				