



Billing and Reimbursement Policy: Unlisted/Unspecified Procedure Codes

Key coding and reimbursement points include:

- Services billed with unlisted procedure codes or a “not otherwise classified” code require supporting documentation prior to consideration of payment. Most sections of the CPT® code book contain codes for billing procedures and services that are not otherwise classified or described within the codes.
- Unlisted procedures should only be billed when no other code is appropriate. Providers should bill with the closest or most similar unlisted code.
- The medical report that accompanies the claim should include the following:
 - Nature and extent of the procedure performed
 - Medical necessity of the procedure performed
 - Total time, effort, and equipment needed
 - Complexity of the symptoms, final diagnosis, physical findings, concurrent problems, and follow-up care
- Procedures or devices deemed experimental or not FDA approved are not covered.

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