

	Unlisted and Miscellaneous Codes	
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	Policy Status: Active	Next Review Date: 11/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input checked="" type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Services or procedures that do not have a specific Current Procedure Codes (CPT) or Health Care Common Procedure Coding System (HCPCS) code are submitted using unlisted or miscellaneous codes.

Unlisted or miscellaneous codes should only be used if no code exists to describe the procedure, service, or supply.

Policy

Claims submitted with an unlisted or miscellaneous CPT or HCPCS procedure code are identified using system edits. Because unlisted and miscellaneous codes do not provide clear information about the service or item being billed, Blue KC requires that supporting documentation be submitted via written inquiry.

When submitting supporting documentation, identify the portion of the report (such as underlining or highlighting the entry) that identifies the test or procedure associated with the procedure code in question.

When submitting an unlisted or miscellaneous code for supplies/DME the provider must submit a detailed description of the supply, including a copy of the physician’s order and invoice from the manufacturer with pricing.

The required information must be legible and clearly marked. Refer to the guidelines below for documentation requirements.

Please submit a written inquiry, along with the documentation listed below.

Procedure Code Category	Documentation Requirements
Surgical Procedures	Operative or procedure report
Radiology/Imaging procedures	Imaging report
Laboratory and Pathology procedures	Laboratory or pathology report
Medical Procedures and Behavioral health services	Office notes, chart notes, and reports
Unclassified Drug codes	Provide the National Drug Code (NDC) number or full description/name and strength of the drug and dosage
Unlisted DME HCPCS codes	The supplier must submit a detailed description of the equipment/supplies, including a copy of the physician’s order and invoice from the manufacturer with pricing.

If upon review it is found a CPT or HCPCS code exists, the provider must resubmit the claim using the appropriate CPT or HCPCS code for the procedure

Coding

CPT	Code Description
N/A	N/A

References and Resources

Blue KC Provider Reference guide
American Medical Association CPT Manual
CMS National Correct Coding Initiative Manual

Related Documents

N/A

Revision History		
Version	Date	Summary of Revisions
001	11/1/2020	Initial version
002	8/12/2021	CPT codes removed from policy
003	9/15/2021	Added documentation must be submitted with all unlisted CPT and HCPCS codes.
004	12/14/2021	Table for required documentation of different types of unlisted services was added
005	11/1/2022	Annual review, miscellaneous codes were added to policy
006	11/1/2023	Annual review, No updates or changes were made to the policy
007	11/1/2024	Annual review, No updates or changes were made to the policy
008	11/1/2025	Annual review, No updates or changes were made to the policy