Unlisted Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

An unlisted code may be submitted for a procedure or service that does not have a valid, more descriptive CPT or HCPCS code assigned. A procedure/service may not have a CPT or HCPCS code if it is new, rare or unusual. The unlisted code must be from the appropriate anatomic section of codes.

Documentation is required for all unlisted codes submitted for reimbursement. Documentation is to include, but is not limited to:

- Complete description of what the unlisted code is being used for along with:
  - Procedure report for unlisted surgical/procedure codes or
  - Invoice for unlisted DME/supply codes
- NDC #, dose and route of administration for unlisted drug codes

Reimbursement Guidelines

Documentation may be reviewed for appropriate coding, existence of a more appropriate code, coverage, reimbursement allowance and prior notification if needed. Unlisted codes that do not have documentation will be denied.

State Exceptions	
Arizona	AZ does not require documentation and review not needed for: • E2599 AZ Medicaid (excluding AZ Long Term Care) does not require documentation and review for: • E1399 with modifiers NU, CC, CR, GB, KF, LL, NR, Q6, RP, RR, 22, 52, 59, 76, and 77 AZ Long Term Care does not require documentation and review for: • S5130 and S5131
California	Documentation and review not needed for: • J3490 with modifiers U5, U6 & U8 • S5199 • S9977 with modifier U6
Colorado	Documentation and review not needed for: • H0047 • S9445 • S9975
Florida	Documentation and review not needed for: • S5130 allowed for FLLTC and FLMMA • H0046 allowed for FLLTC and FLMMA • H0047 allowed for FLLTC and FLMMA • K0108 allowed for FLLTC, FLMMACDH and FLMMACH • 59899 with modifier TG allowed for FLMMA
Hawaii	Documentation and review not needed for: • E1399 with modifier KL • S5130 and T2025
Kansas	Documentation and review not needed for KSKCCH & KSKCMD on the following codes: • B4160 • B9998 with modifier U7 or U8 • S4130 • T2025 Documentation and review are not needed for KSKCCH & KSKCMD for age 0-20 for the following code: • 41899
Kentucky	Kentucky does not require documentation and review for: • S5130 and S5131
Maryland	Documentation and review not needed for: • 59899 for place of service 25 • 99600 • 97799
Michigan	Documentation and review not needed for: • S9445
Minnesota	Documentation and review not needed for: • 99199 with modifier U4 allowed for provider specialty DOUL, CMID, MDWF and APRN • S9445 with modifier U4 allowed for provider specialty DOUL, CMID, MDWF and APRN • T1033 allowed for provider specialty DOUL, CMID, MDWF and APRN • E1399 with modifier U9

	• S9446
Missouri	Documentation and review not needed for: • D7999 and D9999 with modifier SG
Nebraska	Nebraska has a list of additional codes that require documentation review to determine reimbursement. These codes are identified as RNE (Rate Not Established) codes. These codes require an invoice for pricing. Documentation and review not needed for: • H0046
New Jersey	Documentation and review not needed for: • 90899, S5130 and T2025 with modifier SE • 99199 and 99600 when billed with a HD or 22 modifiers • S9445 and S9446
New York	In addition to the NDC code unlisted drug codes require the infusion record and a copy of the invoice showing the actual cost of the drug. Documentation and review not needed for: • 90899 • S5130 with modifiers U1, U2, U3 and TV • 99429 for NYCDFHP, NYCHP, and NYWEL4ME
North Carolina	Documentation and review not needed for: • 99499 • 41899 • J3590 • B9998
Ohio	Documentation and review not needed for: • Code J8499 billed ICD-10 Z30.011 and/or Z30.41: Birth Control Pills. • B9998 Ohio's MME product does not require documentation and review for codes: • T1999, S5130, T2025 with modifier UA • T2025 with modifier UB • B4199 is conditionally covered and requires authorization
Pennsylvania	Documentation and review not needed for: • 99499
Rhode island	Documentation and review not needed for: • H0046 • H0047 • S9446 • T5999 • V2799 • S9445, 59510, 59400 • S5130
Tennessee	Documentation and review not needed for: • 90899 for DSNP/Medicare • TN SNP on CSP S5130, S5131, S5181, S5497, S9542 • H0047 when billed with modifier HG • S5130
Texas	Documentation and review not needed for:

	• 99429, State requires providers to bill unlisted code 99429 when providing dental varnish • A4335 when billed with an U9 modifier • H0046 when billed by an FQHC for Texas MMP • H0046 when billed for Texas Chip, Star Kids and Star Plus • B9998 when billed with modifiers U1-U5 • S8301 – documentation and review are not needed
Virginia	Documentation and review not needed for: • 96379, 99600, A6549, H0046 and S9445
Washington	Documentation and review not needed for: • 99429 when billed with OR without modifier DA • 99499 • A4335 • E1399 • H0046 • H0047 • J3490 with modifier FP • K0108 • S9446 when billed with BH Specialty types 15, 61, 62, 66, 84, 115, 116, 117, 120 • 99429 when billed with modifier CR
Washington DC	Documentation and review not needed for: • S5199 • S5130 U3 • 99199 HD • 99600 HD
Wisconsin	Documentation and review not needed for: • BH Specialty types 62, 15, 84, 116, 120, 615 when code H0047 is billed

Definitions	
Unlisted Codes	Codes that have non-specific descriptors such as “unlisted”, “unspecified”, “miscellaneous, NOS, NOS in their description. Many unlisted codes end in -99

Attachments	
Unlisted CPT and HCPCS Codes	List of all CPT and HCPCS codes to which this policy applies
NE RNE Code List	List of all codes that require documentation review for Nebraska

Resources
Individual state Medicaid regulations, manuals & fee schedules
American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
5/14/2024	Policy Version Change State Exceptions Section: Virginia updated
4/28/2024	Policy Version Change State Exceptions Section: Minnesota and New Jersey Updated
2/4/2024	Policy Date and Version Change State Exception Section: Kansas Updated
7/16/2023	Policy Version Change State Exception Section: Michigan Updated History Section: Entries prior to 5/1/2022 archived
7/9/2023	Policy Version Change Policy List Update
5/21/2023	Policy Version Change State Exception Section: North Carolina Updated Branding Mark Updated
2/5/2023	Policy Version Change State Exception Section: Ohio updated, Rhode Island Updated.
1/15/2023	Policy Version Change State Exception Section: Michigan Added, Rhode Island Updated, Washington DC Updated.
1/1/2023	Policy Version Change State Exception Section: Colorado Added
10/17/2022	Policy Version Change State Exception Section: Rhode Island Updated
9/1/2022	Policy Version Change State Exception Section: Rhode Island Added
8/14/2022	Policy Version Change State Exception Section: Minnesota Added
5/29/2022	Policy Version Change State Exception Section: California Updated
5/1/2022	Policy Version Change State Exception Section: Washington DC, Maryland History Section: Entries prior to 5/1/2020 archived
11/22/2010	Policy published by UnitedHealthcare Community & State