Neighborhood Health Plan OF RHODE ISLAND™

Unlisted/Unspecified Procedure Code Billing Guidelines

Policy Statement

An unlisted/unspecified procedure code represents an item, service, or procedure for which there is no specific CPT or HCPCS code. The CPT code book lists a number of unlisted/unspecified service or procedure codes, which can be found at the end of a section or subsection. Unlisted/unspecified codes provide the means of reporting and tracking services and procedures until a more specific code is established.

Scope

This policy applies to:

☒**Medicaid** *excluding Extended Family Planning (EFP)*
☒**INTEGRITY**
☒**Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)
- Medical Record Documentation

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Clinical Medical Policies.

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

Unlisted/unspecified procedures should only be billed when no other code is appropriate. Providers should bill with the closest or most similar unlisted/unspecified code.

Services billed with unlisted/unspecified 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.

Coverage Limitations

Procedures or devices deemed experimental or that are not FDA approved are not covered.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

The medical report that supports the unlisted/unspecified code should include the details of the following:

- Nature and extent of the procedure performed
- Medical necessity of the procedure performed
- Total time, effort, and equipment needed
- Description the complexity of the symptoms, final diagnosis, physical findings, concurrent problems, and follow-up care

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding

and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

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

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
12/11/2024	Annual review date. No content changes.
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