

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 use 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.

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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.

Unlisted CPT and HCPCS Codes

01999	15999	17999	19499	20999	21089	21299	21499	21899	22899
22999	23929	24999	25999	26989	27299	27599	27899	28899	29799
29999	30999	31299	31599	31899	32999	33999	36299	37501	37799
38129	38589	38999	39499	39599	40799	40899	41599	41899	42299
42699	42999	43289	43499	43659	43999	44238	44799	44899	44979
45399	45499	45999	46999	47379	47399	47579	47999	48999	49329
49659	49999	50549	50949	51999	53899	54699	55559	55899	58578
58579	58679	58999	59897	59898	59899	60659	60699	64999	66999
67299	67399	67599	67999	68399	68899	69399	69799	69949	69979
76496	76497	76498	76499	76999	77299	77399	77499	77799	78099
78199	78299	78399	78499	78599	78699	78799	78999	79999	81099
81479	81599	84999	85999	86849	86999	87999	88099	88199	88299
88399	88749	89240	89398	90399	90749	90899	90999	91299	92499
92700	93799	93998	94799	95199	95999	96379	96549	96999	97039
97139	97799	99199	99429	99499	99600	A0999	A4335	A4421	A4641
A4649	A4913	A6512	A6549	A9150	A9270	A9279	A9280	A9300	A9597
A9598	A9698	A9699	A9900	A9999	B9998	B9999	C9399	D0999	D2999
D3999	D4999	D5899	D5999	D6199	D6999	D7899	D7999	D8999	D9999
E0625	E0769	E1229	E1239	E1399	E1699	E2599	G0235	H0046	H0047
J3490	J3590	J3591	J7199	J7599	J7699	J7799	J7999	J8498	J8499
J8597	J8999	J9999	K0108	K0462	K0812	K0898	L0999	L1499	L2999
L3649	L3999	L5999	L7499	L8039	L8048	L8499	L8608	L8698	L8699
L9900	P9099	Q0181	Q0507	Q0508	Q0509	Q4050	Q4051	Q4082	Q4100
Q5009	S2409	S5000	S5001	S5130	S5131	S5181	S5199	S5497	S8189
S8301	S9379	S9445	S9446	S9542	S9810	S9976	S9977	T1999	T2025
T5999	V2199	V2799	V5274	V5298	V5299				

State Exceptions

Arizona	<p>AZ does not require documentation and review not needed for:</p> <ul style="list-style-type: none"> E2599 <p>AZ Medicaid (excluding AZ Long Term Care) does not require documentation and review for:</p> <ul style="list-style-type: none"> E1399 with modifiers NU, CC, CR, GB, KF, LL, NR, Q6, RP, RR, 22, 52, 59, 76, and 77 <p>AZ Long Term Care does not require documentation and review for:</p> <ul style="list-style-type: none"> S5130 and S5131
California	<p>Documentation and review not needed for:</p> <ul style="list-style-type: none"> J3490 with modifiers U5, U6 & U8 S5199
Florida	<p>Documentation and review not needed for:</p> <ul style="list-style-type: none"> S5130 allowed for FLLTC and FLMMMA H0046 allowed for FLLTC and FLMMMA H0047 allowed for FLLTC and FLMMMA K0108 allowed for FLLTC, FLMMACDH and FLMMACH 59899 with modifier TG allowed for FLMMMA
Hawaii	<p>Documentation and review not needed for:</p> <ul style="list-style-type: none"> E1399 with modifier KL S5130 and T2025
Kansas	<p>Documentation and review not needed for KSKCCH & KSKCMD on the following codes:</p>

	<ul style="list-style-type: none"> S4130 T2025 <p>Documentation and review is not needed for KSKCCH & KSKCMD for age 0-20 for the following code:</p> <ul style="list-style-type: none"> 41899 																																																																																																																																																																																																																																																																																																																																																				
Kentucky	<p>Kentucky does not require documentation and review for:</p> <ul style="list-style-type: none"> S5130 and S5131 																																																																																																																																																																																																																																																																																																																																																				
Maryland	<p>Documentation and review not needed for:</p> <ul style="list-style-type: none"> 59899 for place of service 25 																																																																																																																																																																																																																																																																																																																																																				
Missouri	<p>Documentation and review not needed for:</p> <ul style="list-style-type: none"> D7999 and D9999 with modifier SG 																																																																																																																																																																																																																																																																																																																																																				
Nebraska	<p>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.</p> <p>NE RNE Code List</p> <table border="1"> <tr><td>20930</td><td>20936</td><td>20962</td><td>22841</td><td>22856</td><td>22861</td><td>35632</td><td>38204</td><td>38207</td><td>38208</td></tr> <tr><td>48160</td><td>54440</td><td>64727</td><td>65757</td><td>69990</td><td>77520</td><td>77522</td><td>77523</td><td>77525</td><td>88334</td></tr> <tr><td>88381</td><td>88387</td><td>88388</td><td>90287</td><td>90288</td><td>90375</td><td>90378</td><td>90386</td><td>90393</td><td>90396</td></tr> <tr><td>90581</td><td>90585</td><td>90676</td><td>90940</td><td>92605</td><td>92606</td><td>92630</td><td>92633</td><td>93015</td><td>93018</td></tr> <tr><td>93745</td><td>93998</td><td>94774</td><td>94775</td><td>94776</td><td>94777</td><td>95170</td><td>99060</td><td>99070</td><td>99327</td></tr> <tr><td>A4218</td><td>A4230</td><td>A4231</td><td>A4248</td><td>A4250</td><td>A4252</td><td>A4261</td><td>A4263</td><td>A4266</td><td>A4269</td></tr> 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</table>	20930	20936	20962	22841	22856	22861	35632	38204	38207	38208	48160	54440	64727	65757	69990	77520	77522	77523	77525	88334	88381	88387	88388	90287	90288	90375	90378	90386	90393	90396	90581	90585	90676	90940	92605	92606	92630	92633	93015	93018	93745	93998	94774	94775	94776	94777	95170	99060	99070	99327	A4218	A4230	A4231	A4248	A4250	A4252	A4261	A4263	A4266	A4269	A4281	A4282	A4283	A4284	A4285	A4286	A4290	A4420	A4458	A4465	A4483	A4565	A4600	A4601	A4606	A4613	A4653	A4663	A4911	A4928	A5508	A5510	A6025	A6198	A6205	A6206	A6208	A6213	A6215	A6218	A6221	A6228	A6230	A6239	A6256	A6261	A6262	A6404	A6413	A6450	A6451	A6501	A6502	A6503	A6504	A6505	A6506	A6507	A6508	A6509	A6510	A6511	A6513	A6540	A6545	A7028	A7029	A7523	A9504	A9509	A9512	A9526	A9527	A9528	A9529	A9530	A9531	A9532	A9536	A9540	A9542	A9543	A9546	A9550	A9553	A9554	A9566	A9567	A9568	A9569	A9570	A9571	A9572	A9576	A9577	A9578	A9579	A9580	A9700	B4088	B4157	B4162	B5200	B9002	E0118	E0135	E0143	E0172	E0190	E0236	E0240	E0247	E0248	E0260	E0271	E0328	E0329	E0370	E0455	E0470	E0480	E0485	E0486	E0487	E0500	E0600	E0601	E0637	E0638	E0639	E0641	E0642	E0720	E0730	E0745	E0746	E0755	E0830	E1009	E1011	E1017	E1018	E1220	E1231	E1702	E1902	E2216	E2217	E2218	E2230	E2291	E2292	E2293	E2294	E2295	E2312	E2313	E2331	E2372	E2511	E2512	E2609	E2617	E8000	E8001	E8002	J0129	J0130	J0180	J0207	J0220	J0350	J0461	J0480	J0561	J0586	J0598	J0740	J0834	J0850	J0894	J1162	J1300	J1324	J1452	J1458	J1560	J1562	J1595	J1626	J1740	J1743	J1950	J1953	J2170	J2248	J2315	J2323	J2503	J2504	J2505	J2562	J2778	J2793	J2796	J2850	J2993	J2997	J3240	J3243	J3472	J3473	J7185	J7186	J7187	J7306	J7310	J7311	J7330	J7505	J7605	J7607	J7609	J7610	J7615	J7622	J7632	J7670	J7685	J9015	J9045	J9120	J9155	J9160	J9171	J9217	J9219	J9225	J9226	J9230	J9261	J9266	J9268	J9328	J9390	J9600	K0001	K0009	K0014	K0800	K0830	K0831	K0868	K0869	K0870	K0871	K0877	K0878	K0879	K0880	K0884	K0885	K0886	K0890	K0891	L0452	L0623	L0629	L1001	L3031	L3160	L3230	L3677	L3891	L3956	L4002	L4210	L7510	L7600	L8500	L8505	P9041	P9045	P9046	P9047	P9048	Q4074	Q4081	Q4101	Q4102
20930	20936	20962	22841	22856	22861	35632	38204	38207	38208																																																																																																																																																																																																																																																																																																																																												
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	Documentation and review not needed for: <ul style="list-style-type: none"> H0046 																																																																								
New Jersey	Documentation and review not needed for: <ul style="list-style-type: none"> 90899, S5130 and T2025 with modifier SE 																																																																								
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: <ul style="list-style-type: none"> 90899 S5130 with modifiers U1, U2, U3 and TV 																																																																								
Ohio	Documentation and review not needed for: <ul style="list-style-type: none"> Code J8499 billed ICD-10 Z30.011 and/or Z30.41: Birth Control Pills. <p>Ohio's MME product does not require documentation and review for code</p> <ul style="list-style-type: none"> T1999, S5130, T2025 with modifier UA T2025 with modifier UB <ul style="list-style-type: none"> B4199 is conditionally covered and requires authorization 																																																																								
Pennsylvania	Documentation and review not needed for: <ul style="list-style-type: none"> 99499 																																																																								
Texas	Documentation and review not needed for: <ul style="list-style-type: none"> 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 																																																																								
Tennessee	Documentation and review not needed for: <ul style="list-style-type: none"> 90899 for DSNP/Medicare TN SNP on CSP S5130, S5131, S5181, S5497, S9542 H0047 when billed with modifier HG S5130 																																																																								
Virginia	Documentation and review not needed for: <ul style="list-style-type: none"> S9445, 96379 and H0046 																																																																								
Washington	Documentation and review not needed for: <ul style="list-style-type: none"> 99429 when billed with OR without modifier DA 99499 A4335 H0046 H0047 J3490 with modifier FP 																																																																								

	<ul style="list-style-type: none"> S9446 when billed with BH Specialty types 15, 61, 62, 66, 84, 115, 116, 117, 120 99429 when billed with modifier CR
Wisconsin	Documentation and review not needed for: <ul style="list-style-type: none"> 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

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

History	
7/1/2021	Policy Version Change Attachment Section: Removed attachment(s) and converted to table(s) History Section: Entries prior to 7/1/2019 archived
3/28/2021	Policy Version Change Attachments Section: Removed UnitedHealthcare Community Plan Unlisted HCPCS Codes Combined and Updated UnitedHealthcare Community Plan Unlisted CPT and HCPCS Codes List
1/1/2021	Policy Version Change State Exception Section: Updated Arizona and added Kentucky state exception
11/8/2020	Policy Version Change State Exception Section: Updated Washington
9/9/2020	State Exception Section: Update exception for Texas (S8301)
8/23/2020	Policy Version Change State Exception: Updated Kansas
7/28/2020	Policy Version Change State Exception added for Kansas
7/17/2020	Policy Version Change State Exceptions Section: Removal of Iowa Section
4/5/2020	Policy Version Change State Exceptions Section: Updated Washington Attachment Section: Removed code descriptions from lists
3/17/2020	State exceptions section: Removed reference to Louisiana Updated policy version 2020R7101E to 2020R7101F Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the “Louisiana Only” policy History section: Entries prior to 1/1/2019 archived

3/15/2020	Policy Version Change State Exceptions Section: Updated Washington
3/1/2020	Policy Version Change Attachments Section: Updated NE RNE Code List
1/30/2020	Policy Version Change State Exceptions Section: Updated Washington
1/17/2020	Policy Version Change State Exceptions Section: Updated Washington
1/1/2020	Policy Version Change State Exceptions: Updated Louisiana and removed Delaware Attachments Section: Updated Nebraska RNE Code List History Section: Entries prior to 1/1/18 archived
11/24/2019	Policy Version Change State Exceptions: Added California Exception
8/2/2019	Annual Anniversary Date and Version Change History Section: Entries prior to 1/1/17 archived
11/22/2010	Policy published by UnitedHealthcare Community & State