

Unlisted Services Policy, Professional for Louisiana

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. *CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. All rights reserved.

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 | |
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| Louisiana | Documentation and review not needed for: • J3490 with modifier TH |

| 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 | | |
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| LA Unlisted CPT Codes | List of all CPT codes to which this policy applies | |
| LA Unlisted HCPCS Codes | List of all HCPCS codes to which this policy applies | |

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 | |
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| | Annual Version Change Attachments Section: Updated CPT Codes and HCPCS Codes attachments removed year History Section: Entries prior to 2/15/22 archived |
| 1/1/2015 | Annual Version Change History Section: Entries prior to 1/1/13 archived |