



unlisted surgical procedures and services for physicians

description of procedure/service

This policy applies to the payment of unlisted surgical procedures and services provided by physicians. An unlisted surgical procedure code provides the means of reporting procedures or services that do not have established CPT/HCPCS code. The purpose of this policy is to ensure the appropriate use and reimbursement of unlisted surgical procedure codes.

policy

Fallon Community Health Plan (FCHP) reimburses for unlisted surgical procedures and services that are preauthorized and meet the guidelines outlined below.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care

coverage and reimbursement criteria

Since unlisted surgical procedure codes do not describe a specific procedure or service, claims must be submitted with supporting documentation and are subject to Medical Director review. Similar codes to the unlisted code billed will be identified and reimbursement may be warranted. Supporting documentation should include the following:

- A cover letter outlining the need for an unlisted code and how the charges are derived;
- Operative report or office note which accurately describes the unlisted surgical code used;
- Adequate definition or description of the nature, extent and need for the procedure or service;
- Time, effort and equipment necessary to perform procedure or service;
- Any complicating circumstances (such as complexity of symptoms and concurrent problems).

pre-authorization requirements

Plan pre-authorization is required for unlisted surgical procedures and services. If preauthorization is not obtained the claim will be denied with the disposition "Reject Not Authorized Vendor Liable".

billing/coding guidelines

- Claims submitted without supporting documentation will be denied with the disposition "Reject No Supporting Documentation".
- Do not append modifiers to unlisted surgical procedure or service codes.
- Unit value should always be 1 (one).
- Physicians bill services using the CMS-1500 claim form or ANSI 837P 4010.

place of service

This policy applies to services rendered at all places of service.

policy implementation

Policy number: ADM0043
Origination: 09/14/2005
Last review: 12/20/2006
Next review: 12/20/2007
Effective date: 01/01/2006
Revision date(s):

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.