



# Unlisted Procedures and Services Payment Policy

## **Policy**

Fallon Community Health Plan (FCHP) reimburses for unlisted procedures and services that are preauthorized. This policy applies to the payment of unlisted procedures and services rendered in all settings. The purpose of this policy is to ensure the appropriate use and reimbursement of unlisted procedure codes.

FCHP expects that the use of unlisted codes is limited to situations where there is truly no listed code or combination of codes that adequately describes the service provided.

## **Definitions**

An unlisted procedure code provides the means of reporting procedures or services that do not have an established CPT/HCPCS code. Unlisted codes do not include descriptor language that specifies the components of a particular service. Unlisted codes provide the means of reporting and tracking services and procedures until a more specific code is established.

## **Benefits application**

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCare<sup>SM</sup>

## **Reimbursement**

Fallon Community Health Plan (FCHP) reimburses medically necessary and preauthorized unlisted procedures and services.

Since unlisted 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 will be identified to determine reimbursement. 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).

## **Referral/notification/preauthorization requirements**

FCHP preauthorization is required for unlisted procedures for covered services. If preauthorization is not obtained, the claim will be denied with the disposition "Reject Not Authorized Vendor Liable."

## **Billing/coding guidelines**

Facilities bill services using the UB-04 claim form or ANSI 837I 4010.

Physicians bill services using the CMS-1500 claim form or ANSI 837P 4010.

Unlisted codes require review of procedural documentation. Claims must be submitted with this supporting documentation. Claims submitted without supporting documentation will be denied with the disposition "Reject Medical Notes Required."

Do not append modifiers to unlisted procedure or service codes.

Unit value should always be one (1).

## **Place of service**

This policy applies to facility and professional services rendered in all settings.

## **Policy history**

Origination date:	09/14/05
Previous revision date(s):	01/01/06 05/01/09 – Updated billing/coding guidelines section of the facility policy to more accurately explain the process for reviewing supporting documentation.
Connection date & details:	11/01/09 – Combined facility and professional policies, edited language to apply to all unlisted codes – not just unlisted surgical codes, and updated language in the reimbursement section to describe how reimbursement is determined.

*This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.*