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 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.

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	
Arizona	Documentation and review not needed for AZ Medicaid excluding AZ Long Term: • E1399 with modifiers NU, CC, CR, GB, KF, LL, NR, Q6, RP, RR, 22, 52, 59, 76, and 77 AZ Long Term Care does not require documentation and review for: • S5130 and S5131
California	Documentation and review not needed for: • J3490 with modifiers U5, U6 & U8 • S5199
Florida	Documentation and review not needed for: • S5130 allowed for FLLTC and FLMMA • H0046 allowed for FLLTC and FLMMA • H0047 allowed for FLLTC and FLMMA • K0108 allowed for FLLTC, FLMMACDH and FLMMACH • 59899 with modifier TG allowed for FLMMA
Hawaii	Documentation and review not needed for: • E1399 with modifier KL • S5130 and T2025
Iowa	Documentation and review not needed for: • H0046, State regulations do not require records to be submitted for procedure code H0046 when billed by Mental Health or Maternity Services providers • 99199, H0046, S5130, S5199 and T2025 for HCBS waiver plans
Maryland	Documentation and review not needed for: • 59899 for place of service 25
Missouri	Documentation and review not needed for: • D7999 and D9999 with modifier SG
Nebraska	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. Documentation and review not needed for: • H0046
New Jersey	Documentation and review not needed for: • 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: • 90899 • S5130 with modifiers U1, U2, U3 and TV
Ohio	Documentation and review not needed for: • Code J8499 billed ICD-10 Z30.011 and/or Z30.41: Birth Control Pills. Ohio's MME product does not require documentation and review for code • T1999, S5130, T2025 with modifier UA • T2025 with modifier UB

	B4199 is conditionally covered and requires authorization.
Pennsylvania	Documentation and review not needed for: • 99499
Texas	Documentation and review not needed for: • 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
Tennessee	Documentation and review not needed for: • 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: • S9445, 96379 and H0046
Washington	Documentation and review not needed for: • 99429 when billed with OR without modifier DA • 99499 • A4335 • H0046 • H0047 • J3490 with modifier FP • S9446 when billed with BH Specialty types 15, 61, 62, 66, 84, 115, 116, 117, 120
Wisconsin	Documentation and review not needed for: • 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

Attachments	
UnitedHealthcare Community Plan Unlisted CPT Codes	List of all CPT codes to which this policy applies
UnitedHealthcare Community Plan Unlisted HCPCS Codes	List of all HCPCS codes to which this policy applies

UnitedHealthcare Community Plan NE RNE Code List	List of all codes that require documentation review for Nebraska

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

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
6/7/2019	State Exceptions updated: Arizona
4/7/2019	State Exceptions updated: Ohio to ICD-10 codes, Washington code exception with BH provider specialty types
3/3/2019	Reimbursement Guidelines section updated State Exceptions updated: Tennessee and Washington

1/1/2019	Annual Version Change Attachments Section: Updated CPT Codes and HCPCS Codes attachments History Section: Entries prior to 1/1/16 archived