Unlisted Procedures

Reimbursement Policy ID: RPC.0115.05xx

Recent review date: 01/2025

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AmeriHealth Caritas Pennsylvania reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Pennsylvania may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement for services that are submitted with an unlisted HCPCS or CPT code.

Exceptions

N/A

Reimbursement Guidelines

Unlisted procedure codes are covered by AmeriHealth Caritas Pennsylvania, subject to prior authorization with appropriate supporting documentation.

Supporting documentation is required when filing a claim that includes unlisted procedure codes, because those codes do not describe or identify a specific procedure or service. Supporting documentation must include a definition or description of the nature, extent, and need for the procedure or service, as well as the provider's time, effort and equipment necessary to provide the service. Unlisted procedures are paid based on the applicable non-OPPS payment methodology. Unlisted procedure codes should only be used when no other HCPCS/CPT code exists to reflect the procedure or service the provider is submitting for reimbursement.

Unlisted procedure codes can be found in the CPT book at the end of a section or subsection. Alternatively, a summary list of the unlisted CPT codes can be found in the Guidelines section for each chapter of the CPT code book. The long descriptors for these codes start with the term "unlisted" and the last two digits of the codes often end in "99".

Definitions

Unlisted Procedure Code
An unlisted procedure CPT code is used when there is no specific code that accurately describes a service or procedure. Unlisted codes are often used for new technologies or services that have not yet been approved by the FDA.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS), https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1657CP.pdf
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding AmeriHealth Caritas Pennsylvania Clinical Policies.
VII. Applicable AmeriHealth Caritas Pennsylvania manual reference.
VIII. Commonwealth of Pennsylvania Medicaid Program guidance.
IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble

08/2023	Removal of policy implemented by AmeriHealth Caritas Pennsylvania from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section