Unlisted Coding

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

1. Unlisted Codes Overview:

- Unlisted codes are used when a more specific code (such as a CPT or HCPCS code) is not available for a particular procedure or service.
- These codes are typically assigned when a procedure is new, rare, or unusual and lacks a specific code.
- Unlisted codes often end in 99 (e.g., J3490, J3590, J9999 for drugs).

2. Appropriate Use:

- Unlisted codes should not be used when a more suitable code exists.
- They are reserved for cases where no valid or descriptive code is available.

3. Anatomic Section:

- The unlisted code chosen must align with the appropriate anatomic section of codes.
- For example, if the procedure relates to a specific body area, select an unlisted code from that section.

4. Documentation Requirements:

- **Complete Description:** When submitting an unlisted code, provide a concise description of the service or procedure in Item 19 on the CMS-1500 claim form or its electronic equivalent.
  - Include details such as how the procedure was performed, the body area treated, and why it was necessary.
  - The electronic equivalent allows up to 80 characters for this concise statement.
- **Procedure Report:** For unlisted surgical/procedure codes, attach the relevant procedure report.
- **Invoice for DME/Supply Codes:** If the unlisted code pertains to durable medical equipment (DME) or supplies, include the invoice.
- **Drug Codes (NDC):** For unlisted drug codes, provide the drug name, dosage, and route of administration.

5. Exceptions:

- **Compound Drugs:** Compound drugs (often prepared by special pharmacies) have specific billing guidelines.
- **Valid J-Codes:** If a valid J-code exists for a drug, use it instead of an unlisted code.
- **Clinical Documentation:** Claims submitted without supporting clinical documentation will be denied.

Remember, accurate documentation ensures proper reimbursement and prevents claim processing issues.

Reimbursement Guidelines

Molina Healthcare retains the authority to deny, review, audit, and recovery claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Unlisted code	Codes that have non-specific descriptors such as "unlisted," "unspecified," "miscellaneous, NOS, NOS in their description. Many unlisted codes end in -99
CPT	Current Procedural Terminology

State Exceptions

State	Exception
Arizona	**AZ does not require documentation and review not needed for:** E2599 **AZ Medicaid (excluding AZ Long Term Care) does not require documentation and review for:** 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 S9977 with modifier U6
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

Kentucky	**Kentucky does not require documentation and review for:** S5130 and S5131
Michigan	**Documentation and review not needed for:** S9445
New York	**In addition to the NDC (National Drug Code) 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 99429 for NYCDFHP, NYCHP, and NYWEL4ME
Ohio	**Documentation and review not needed for:** J8499 billed ICD-10 Z30.011 and/or Z30.41: Birth Control Pills. B9998 Ohio's MME product does not require documentation and review for codes: T1999, S5130, T2025 with modifier UA T2025 with modifier UB B4199 is conditionally covered and requires authorization
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 (Federally Qualified Health Centers) for Texas MMP (Medicare Medicaid Plan) H0046 when billed for Texas Chip, Star Kids and Star Plus B9998 when billed with modifiers U1-U5 S8301 – documentation and review are not needed
Virginia	**Documentation and review not needed for:** 96379, A6549, H0046 and S9445
Washington	**Documentation and review not needed for:** 99429 when billed with OR without modifier DA 99499, A4335, 1399, H0046, H0047 J3490 with modifier FP K0108 S9446 when billed with BH (Behavioral Health) Specialty types 15, 61, 62, 66, 84, 115, 116, 117, 120 99429 when billed with modifier CR

Wisconsin	**Documentation and review not needed for:** BH Specialty types 62, 15, 84, 116, 120, 615 when code H0047 is billed

Documentation History

Type	Date	Action
Published		
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts