

Payment Guideline: Unlisted Codes

Read First**IMPORTANT INFORMATION CONCERNING
WELLFLEET PAYMENT GUIDELINES**

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

**Applicable
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
 - Fully Insured
 - Excluding policies issued in the following states: N/A
 - Excluding ISO
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
- Student Sports
 - Fully Insured; for policies issued by the following carriers:
 - AIG
 - Axis

PAYMENT GUIDELINE

Guideline No: GL-017

- Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded
 - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded Employer Insurance
 - Excluding policies issued by the following employers: N/A

Purpose

Unlisted Codes: CPT or HCPCS codes meant to describe non-specific services or supplies. Unlisted Codes need to be reviewed because they have high abuse potential. Unlisted codes are considered appropriate when a CPT/HCPCS code that accurately identifies an item, service or procedure performed does not exist. Wellfleet reviews appropriate supporting documentation for unlisted or not otherwise classified (NOC) codes, as described below.

Scope

This Guideline covers all submitted claims with Unlisted Codes as described under “Definitions” below.

Definitions

- Unlisted Codes: CPT or HCPCS codes used to describe non-specific services or supplies such as items described as Unlisted, Not Otherwise Classified (NOC), Not Otherwise Specified (NOS), Unclassified, Miscellaneous, Generic, etc.

Guidelines

1. Unlisted Codes may only be utilized when there is no other appropriate CPT or HCPCS available.
2. Wellfleet will accept Unlisted Codes for payment only when they are accompanied by:
 - a. An accurate, detailed description of the item, service or procedure performed, as identified by the Unlisted Code
 - b. Documentation supporting the use of the Unlisted Code vs. other available CPT or HCPCS, if appropriate

PAYMENT GUIDELINE
Guideline No: GL-017

- c. Supporting clinical documentation that is pertinent to the item, service or procedure performed, such as:
 - Imaging report
 - Invoice
 - Laboratory/pathology report
 - Operative/office notes
 - Procedure notes/reports
3. Unlisted or miscellaneous drug codes not currently covered by a HCPCS code must include an invoice with the claim that includes the drug name, appropriate National Drug Code (NDC) number and dosage.
4. Since CPT/HCPCS codes are subject to revision, these same requirements apply to any unlisted code not listed in Attachment 1.

- Attachments** 1. Wellfleet Unlisted Code List

Change History

Version	Effective Date	Next Review Date
1.0	12/1/2019	12/1/2020

Attachment #1

CODE	DESCRIPTION
15999	Unlisted procedure, excision pressure ulcer
17999	Unlisted procedure, skin, mucous memb, subq tiss
19499	Unlisted procedure, breast
20999	Unlisted procedure, musculoskeletal system, general
21089	Unlisted maxillofacial procedure
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
21899	Unlisted procedure, neck or thorax
22899	Unlisted spinal proc
22999	Unlisted procedure, abdomen, musculoskeletal system
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25999	Unlisted procedure, forearm and wrist

PAYMENT GUIDELINE
Guideline No: GL-017

26989	Unlisted procedure, hands or fingers
27299	Unlisted procedure, pelvis or hip joint
27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle
28899	Unlisted procedure, foot or toes
29799	Unlisted procedure, casting or strapping
29999	Unlisted procedure, arthroscopy
30999	Unlisted procedure, nose
31299	Unlisted procedure, accessory sinuses
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
32999	Unlisted procedure, lungs and pleura
33999	Unlisted procedure, cardiac surgery
36299	Unlisted procedure, vascular injection
37501	Unlisted vascular endoscopy procedure
37799	Unlisted procedure, vascular surgery
38129	Unlisted laparoscopy procedure, spleen
38589	Unlisted laparoscopy procedure, lymphatic system
38999	Unlisted procedure, hemic or lymphatic system
39499	Unlisted procedure, mediastinum
39599	Unlisted procedure, diaphragm
40799	Unlisted procedure, lips
40899	Unlisted procedure, vestibule of mouth
41599	Unlisted procedure, tongue, floor of mouth
41899	Unlisted procedure, dentoalveolar structures
42299	Unlisted procedure, palate, uvula
42699	Unlisted procedure, salivary glands or ducts
42999	Unlisted procedure, pharynx, adenoids, or tonsils
43289	Unlisted laparoscopy procedure, esophagus
43499	Unlisted procedure, esophagus
43659	Unlisted laparoscopy procedure, stomach
43999	Unlisted procedure, stomach
44238	Unlisted laparoscopy procedure, intestine (xcpt rectum)
44799	Unlisted procedure, intestine
44899	Unlisted procedure, Meckel's diverticulum & mesentery
44979	Unlisted laparoscopy procedure, appendix
45399	UNLISTED PROCEDURE COLON

PAYMENT GUIDELINE
Guideline No: GL-017

45499	Unlisted laparoscopy procedure, rectum
45999	Unlisted procedure, rectum
46999	Unlisted procedure, anus
47379	Unlisted laparoscopic procedure, live
47399	Unlisted procedure, liver
47579	Unlisted laparoscopy procedure, biliary tract
47999	Unlisted procedure, biliary tract
48999	Unlisted procedure, pancreas
49329	Unlisted lap procedure, abd, peritoneum and omentum
49659	Unlisted lap proc, hernioplast, herniorrhaph, herniotom
49999	Unlisted procedure, abd, peritoneum and omentum
50549	Unlisted laparoscopy procedure, renal
50949	Unlisted laparoscopy procedure, ureter
51999	Unlisted laparoscopy procedure, bladder
53899	Unlisted procedure, urinary system
54699	Unlisted laparoscopy procedure, testis
55899	Unlisted procedure, male genital system
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58679	Unlisted laparoscopy procedure, oviduct, ovary
58999	Unlisted proc female genital syst
59897	Unlisted fetal inva proc, including ultrasound guidance
59898	Unlisted lap procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system
64999	Unlisted procedure, nervous system
66999	Unlisted procedure, anterior segment of eye
67299	Unlisted procedure, posterior segment
67399	Unlisted procedure, ocular muscle
67599	Unlisted procedure, orbit
67999	Unlisted procedure, eyelids
68399	Unlisted procedure, conjunctiva
68899	Unlisted procedure, lacrimal system
69399	Unlisted procedure, external ear
69799	Unlisted procedure, middle ear
69949	Unlisted procedure, inner ear

PAYMENT GUIDELINE
Guideline No: GL-017

69979	Unlisted procedure, temporal bone, middle fossa appr
76496	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76999	Unlisted ultrasound procedure (e.g., diagnostic, interventional)
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
77399	Unlisted procedure, medical radiation physics, dosimetry and tx dev, and spec. svcs
77499	Unlisted procedure, therapeutic radiology treatment management
77799	Unlisted procedure, clinical brachytherapy
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78199	Unlisted hemat/retic-endothl/lymph proc, dx nuc med
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78399	Unlisted musc-skel- proc, diagnostic nuclear medicine
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79999	Radiopharmaceutical therapy, unlisted procedure
81099	Unlisted urinalysis procedure
81479	Unlisted molecular pathology procedure
81599	Unlisted multianalyte assay with algorithmic analysis
84999	Unlisted chemistry procedure
85999	Unlisted hematology or coag procedure
86849	Unlisted immunology procedure
86999	Unlisted transfusion medicine procedure
87299	Infectious agent antigen detection by immunofluorescent technique; NOS, ea org
87999	Unlisted microbiology procedure
88199	Unlisted cytopathology procedure
88299	Unlisted cytogenetic study
88399	Unlisted surgical pathology procedure
88749	Unlisted in vivo (eg, transcutaneous) laboratory service
89240	Unlisted miscellaneous pathology test
89398	Unlisted reprod med lab proc
90399	Unlisted immune globulin
90749	Unlisted vaccine/toxoid

PAYMENT GUIDELINE
Guideline No: GL-017

90899	Unlisted psychiatric service or procedure
91299	Unlisted diagnostic gastroenterology procedure
92499	Unlisted ophthalmological service or procedure
92700	Unlisted otorhinolaryngological service or procedure
93799	Unlisted cardiovascular service or procedure
93998	Unlisted noninvasive vascular diagnostic study
94799	Unlisted pulmonary service or procedure
95199	Unlisted allergy/clinical immunologic service or procedure
95999	Unlisted neuro/neuromusc diagnostic procedure
96379	Unlisted therapeutic, prophylactic, or diagnostic IV or intra-arterial inject. or infus.
96549	Inpatient Injectable/Infusion
96999	Unlisted special dermatological service or procedure
97139	Unlisted therapeutic procedure (specify)
97799	Unlisted physical medicine/rehabilitation service or procedure
99199	Unlisted special service, procedure or report
99429	Unlisted preventive medicine service
99499	Unlisted evaluation and management service
99600	Unlisted home visit service or procedure
A0999	Unlisted ambulance service
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4649	Surgical supply; miscellaneous
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in
A9699	RADIOPHARM RX AGENT NOC
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
C1889	Implant/insert device, noc
C9399	Unclassified drugs or biologicals
D0321	Other temporomandibular joint radiographic images, by report
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2999	Unspecified restorative procedure, by report
D3999	Unspecified endodontic procedure, by report
D5899	Unspecified removable prosthodontic procedure, by report

PAYMENT GUIDELINE
Guideline No: GL-017

D5999	Unspecified maxillofacial prosthesis, by report
D6999	Unspecified fixed prosthodontic procedure, by report
D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report
D7999	Unspecified oral surgery procedure, by report
D8999	Unspecified orthodontic procedure, by report
D9630	Other drugs and/or medicaments dispensed in the office for home use by report
D9999	Unspecified adjunctive procedure, by report
E1399	Durable medical equipment , miscellaneous
G0235	PET imaging, any site, not otherwise specified
H0046	Mental health services, not otherwise specified
H0047	Alcohol and/or other drug abuse services, not otherwise specified
J3490	Unclassified Drugs
J3590	Unclassified biologics
J7699	Inhalation soln NOC
J7799	NOC Drugs; other than inhalation
J7999	Compounded drug, not otherwise classified
J8499	Oral prescription drug, non-chemo, NOS
J8597	Antiemetic drug, oral, not otherwise specified
J8999	Oral prescription drug, chemo, NOS
J9999	Not otherwise classified, antieoplastic drugs
L0999	Addition to spinal orthotic, not otherwise specified
L1499	Spinal orthotic, not otherwise specified
L2999	Lower extremity orthotic, not otherwise specified
L3999	Upper limb orthotic, not otherwise specified
L5699	All lower extremity prostheses, shoulder harness
L5999	Lower Extremity Prosthesis, Not Otherwise Specified
L7499	UPPR EXTREM PROTHES NOS
L8499	Unlisted Procedure Misc Prosth
L8510	Voice amplifier
L8699	Prosthetic implant, not otherwise specified
Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device

PAYMENT GUIDELINE
Guideline No: GL-017

Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A
Q2039	Influenza virus vaccine, not otherwise specified
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
Q4082	Drug/biolog, NOC, Part B drug competitive
S0590	Integral lens service, miscellaneous services reported separately
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S5000	Prescription drug, generic
S5001	Prescription drug, brand name
S8189	Tracheostomy supply, not otherwise classified
S8415	Supplies for home delivery of infant
S9379	Home infusion therapy, not otherwise classified; per diem
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session
T5999	Supply, not otherwise specified
V2199	Not otherwise classified, single vision lens
V2299	Specialty bifocal (by report)
V2599	Contact lens, other type
V2629	Prosthetic eye, other type
V2799	Vision item or service, miscellaneous
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified