If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Unlisted/Not Otherwise Classified (NOC) Coding Policy

Policy Number: CPCP035

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: August 15, 2024

Plan Effective Date: September 13, 2024

Description

When billing for a drug, supply, service, or procedure, providers should select the

CPT or HCPCS code that accurately describes the administered drug(s), service(s) or procedure(s) performed. If and only if no code exists, providers should report the drug, service, or procedure code using the appropriate unlisted code. Such codes are used as a last resort and only when there is not a more appropriate code.

Supporting documentation must be submitted when an unlisted code is billed.

The Plan reserves the right to request supporting documentation. Failure to adhere to billing and coding policies may impact claims processing and reimbursement. For example, if a claim is submitted with an unlisted code and a more appropriate code is available, the claim may be denied, and a corrected claim with the appropriate code should be submitted.

Health care providers (facilities, physicians and other qualified health care professionals) are expected to exercise independent medical judgement in providing care to members. This policy is not intended to impact care decisions or medical practice.

For purposes of this policy, an unlisted code can be identified by the following terms:

- Non-Specified
- Not Listed
- Not Elsewhere Specified (NEC)
- Not Otherwise Classified (NOC)
- Not Otherwise Specified (NOS)
- Unclassified
- Unlisted
- Unspecified

Reimbursement Information

Supporting Documentation

The Plan recognizes there are instances when an unlisted code may be eligible for reimbursement because a specific code that accurately reflects the drug, supply, service, or procedure rendered does not exist. Unlisted code submissions must be accompanied with supporting documentation, including, but not limited to:

- An accurate and complete description of the drug, service, or procedure;
- All related information supporting administration of the drug, service, or procedure;
- An invoice for unlisted DME or supply codes;
- NDC qualifier, number of NDC units, and NDC unit of measure;
- Any information pertaining to whether the drug, service, or procedure was provided separately from any other service or procedure.

Coding & Documentation Examples

The following chart includes specific documentation criteria that must be submitted with the unlisted code type(s) examples. This is not an all-inclusive list.

Unlisted Code Type	Documentation Criteria	Examples

Anesthesia Unlisted Service or Procedure	• Special report
	    o Adequate definition or description of the nature, extent, and need for the procedure
	    o Time
	    o Effort
	    o Equipment necessary to provide service
		• CPT code 01999: Unlisted anesthesia procedure

Imaging/Radiology Procedures	• Diagnosis • Imaging report (including test(s) and results of test)	• CPT code 76999: Unlisted Ultrasound procedure
Lab/Pathology Procedures	• Lab/pathology report (Note, Item 19 of the CMS- 1500 claim form must include the specific name of the lab test(s) and/or a short descriptor of the test(s).)	• CPT code 86849: Unlisted immunology procedure
Medical Service or Procedure	• Office notes and any reports	CPT codes • 96999: Unlisted special dermatological service or procedure • 95999: Unlisted neurological or neuromuscular diagnostic procedure
Surgical Procedures	• Description of the extent and need for the procedure; • Operative or procedure reports, office notes; • Explanation as to why a standard coded CPT procedure is not appropriate; • Comparable CPT/HCPCS service	• CPT code 48999: Unlisted procedure, pancreas

	code(s), value in comparable RVU and/or a percentage of a reasonably comparable CPT/HCPCS that would reflect services performed.	
Unlisted DME HCPCS Codes	• Narrative/description included on claim, including the name of the item, manufacturer and product number (UPN); • If applicable a copy of the invoice.	HCPCS codes • A9999: Miscellaneous DME supply or accessory, not otherwise specified • E1399: Miscellaneous Durable Medical Equipment (DME)
Unclassified/Unlisted Drug Codes	• Necessary information needed to process valid unlisted drug codes: ○ NDC qualifier, N4 ○ NDC billing number (11-digit billing format, with no spaces, no hyphens, and no special characters). If the NDC on the package label is less than 11 digits, a leading zero must be added to the appropriate segment to create a 5-4-2 configuration. ○ NDC product package size unit of measure (e.g., UN, ML, GR, F2) ○ The NDC must be submitted along with the accurate HCPCS/CPT code(s) and the number of HCPCS/CPT units. ○ NDC unit to reflect the quantity of drug product administered. The plan will accept up to three decimals in the NDC units (quantity of number of units) field. Failure to include appropriate decimals in the NDC units' field may lead to incorrect payments subject to review or audit. ○ The NDC must be active for the date of service. Note, Providers would list one unit of service in the 2400/SVI -	HCPCS codes • J9999: Not otherwise classified, antineoplastic drugs. Note, these drugs are prescribed to block the formation of neoplasms. • J3590: Unclassified biologicals. Note, NDCs can be located in a searchable database through the National Library of Medicine which includes FDA approval and licensing application information. • J3490: Unclassified drugs. Note, New drugs are based on the New Drug Application and Abbreviated New Drug Application process for FDA approved NDCs. • J7999: Compounded drug, not otherwise classified • C9399: Unclassified drugs or biologicals.

	04 data element or in item 24G of the CMS 1500 form or in field 46 of the UB-04. Do not quantity bill CPT/HCPCS units for NOC drugs or biologicals even if multiple units are provided unless otherwise directed for specific products. The appropriate determination of the payment of the NOC drug and biological will be determined by the Plan, not the number of units billed.	
Unlisted Services for E/M	• Special report o Adequate definition or description of the nature, extent, and need for the procedure o Time o Effort o Equipment necessary to provide service Note, additional items may be provided such as complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.	• CPT code 99499: Unlisted E/M service

Providers are urged to refer to the Plan's prior authorization list and/or other Plan documents to determine if a prior authorization is needed.

Billing

- Unlisted CPT/HCPCS codes unit value must be reported as one (1).
- If providers submit an unlisted code, they should use the most specific unlisted code available. For example, CPT code 76999 (unlisted ultrasound procedure) would not be appropriate for an unlisted dermatological procedure that would be more appropriately billed under CPT code 96999.
- CMS-1500 claim forms, or electronic equivalent, must include the description of the unlisted code in Item 19. If the description does not fit, an attachment should be submitted with the claim.
- CMS-1500 claim forms, or electronic equivalent, must include the procedure

code without a description in Item 24D. If an unlisted procedure code is included in Item 24D a narrative description should be included in Item 19.
- For institutional outpatient coding, when using an unlisted drug code, provide the name of the drug or medication (e.g., NDC number) in Box 43 of the UB-04 form.

Additional Resources

Clinical Payment and Coding Policy
CPCP034 Unbundling Policy- Professional Providers

Medical Policy
RX501.063 Compound Drug Products

References

Medicare Claims Processing Manual. Chapter 26-Completeing and Processing Form CMS-1500 Data Set. Section 10.4, Item 19, Item 24D. Accessed April 23, 2024. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf

CPT copyright 2023 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. National Drug Code (NDC) Billing Guidelines

U.S. Food & Drug Administration, Types of Applications, New Drug Application, Abbreviated New Drug Application, Biologic License Application. Accessed May 16, 2024. https://www.fda.gov/drugs/how-drugs-are-developed-and-approved/types-applications

U.S. Food & Drug Administration, Outsourcing Facility Product Report. Accessed May 16, 2024. https://dps.fda.gov/outsourcingfacility

National Library of Medicine, Accessed May 16, 2024. https://www.nlm.nih.gov/?_gl=1*1457xmu*_ga*NTI5MjQ2MTEwLjE3MTE3Mjc0NzE.*_ga_7147EPK006*MTcxNTg5NDQxMy4yLjEuMTcxNTg5NDY0Ni4wLjAuMA..*_ga_P1FPTH9PL4*MTcxNTg5NDQxNC4yLjEuMTcxNTg5NDY0Ni4wLjAuMA..

Policy Update History

09/22/2021	New policy
09/02/2022	Annual Review
08/14/2024	Annual Review