REPORTING OF UNLISTED PROCEDURE CODES

Not all medical services or procedures are assigned permanent CPT® codes. Each code section in the CPT code book contains codes set aside specifically for reporting Unlisted Procedures. Unlisted Procedure codes are used to describe many different procedures within a coding set (segregated anatomically). As a result, there generally are no fee schedules assigned to these codes. Therefore, obtaining coverage and/or appropriate reimbursement may present a challenge.

To avoid some of the pitfalls of reporting Unlisted Procedure codes, here are some key points:

- Before choosing an Unlisted Procedure code, carefully review the CPT code list to ensure that a more specific code is not available.
  - Report only those codes that accurately describe the services performed.
  - Never report a code that is ‘close enough.’
- When reporting an Unlisted Procedure code to describe a procedure or service, it will be necessary to submit supporting documentation (e.g., operative report) along with the hard-copy claim to provide an adequate description of the nature, extent, need for the procedure; and resources such as the time, effort, supplies, and equipment necessary to provide the service.
- Report the use of any biologic separately.
- Include any available published clinical data to support the procedure or use of product.
- See support from your local Specialty Society as appropriate.
- It may also be appropriate to suggest reasonable reimbursement for the service to the payer by including a reference point or crosswalk to another permanent CPT code with same or similar resources and/or value (RVU) within the same coding set.
  - Explain your reasoning in detail
  - Support the crosswalk with documentation
- Prior authorize any services you intend to report with an Unlisted Procedure code (excluding Medicare, which does not have a prior authorization process) and follow any guidance provided by the payer.

Additional guidance for choosing the correct code for new technology or devices may be accessed on the AAOS website at http://www.aos.org/news/aaosnow/aug09/reimbursement1.asp

Disclaimer

The information and data provided by Wright Medical Technology is presented for informational purposes only and is accurate as of its date of publication. It is the provider’s responsibility to report the codes that accurately describe the products and services furnished to individual patients. Reimbursement is dynamic. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining pre-authorization, if necessary. For these reasons, providers are advised to, and should contact Medicare and/or specific payers if the provider has any questions regarding billing, coverage and payment. Likewise, providers should contact a medical specialty society or the AMA for coding clarification. Providers should check the complete and current CPT manual to see and consider all possible CPT codes. Wright Medical Technology makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information.