

## UNLISTED CODES

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial                                  | <input checked="" type="checkbox"/> Medicare  |                                   |

### Policy

Original Effective Date: 04/15/2014

When benefits allow, Kaiser Permanente will reimburse unlisted codes when services are medically necessary, and a more specific code cannot be utilized.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Claims must be submitted with supporting documentation or will be denied. Required documentation includes:

- Detailed description of the procedure or service
- Comparable CPT/HCPCS code when possible
- Supporting clinical documentation

### Policy Definitions

**Unlisted Codes** – Represent an item, service or procedure that does not have a specific CPT or HCPCS code.

### Prerequisite(s)

Services are medically necessary

### References

[Medicare Claims Processing Manual Chapter 4](#), Centers for Medicare & Medicaid

## Frequently Asked Questions

- Q1:** A provider codes for an unlisted code that was reviewed for medical necessity prior to the service being performed. The provider did not submit supporting documentation with the claim. Will the service be reimbursed?
- A1:** Yes. Kaiser Permanente will reimburse the unlisted code as long as the code matches what was submitted for medical review prior to the service being performed.
- Q2:** A provider codes for an unlisted code and submits supporting documentation with the claim. The service met Kaiser Permanente's medical necessity. Will the service be reimbursed?
- A2:** Yes. Kaiser Permanente will reimburse for the unlisted code when medical necessity is met.
- Q3:** A provider codes for an unlisted code and submits supporting documentation with the claim. The service does not meet Kaiser Permanente's medical necessity. Will the service be reimbursed?
- A3:** No. Kaiser Permanente will not reimburse for the unlisted code. Services must meet medical necessity to be reimbursed.
- Q4:** A provider codes for an unlisted injectable drug and submits supporting documentation with the claim. The service met Kaiser Permanente's medical necessity. Will the service be reimbursed?
- A4:** Yes. Kaiser Permanente will reimburse for the unlisted code when medical necessity is met.

## Revision History

08/29/2022 – Updated formatting

04/15/2014 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.