Unlisted Codes
Clinical Coverage Criteria

Overview

This policy applies to the use of unlisted procedure, service and supply codes in all settings. The following are out of scope for this policy:

- Drugs managed by Fallon Health's Pharmacy Services Department
- Services delegated to contracted vendors

For the purposes of this policy, unlisted codes may also be identified by terms such as *not otherwise classified*, *unclassified, not otherwise specified,* or *miscellaneous*, depending on the coding system. These codes generally, but not always, end in "99."

Category I and III CPT codes and Level II HCPCS codes describe the vast majority of procedures and services performed in the United States and must be used when they accurately describe the procedure or service provided.

Unlisted codes should be reported only when no existing CPT or HCPCS code accurately describes the procedure or service provided.

Although some miscellaneous codes function as unlisted or NOC codes, miscellaneous codes are not always synonymous with unlisted codes and may represent services with specifically defined code descriptions.

The purpose of this policy is to facilitate the appropriate use and reimbursement for unlisted and NOC codes.

Policy

This Policy applies to the following Fallon Health products:

☒ Fallon Medicare Plus
☒ MassHealth ACO
☒ NaviCare HMO SNP
☒ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
☒ Community Care

Unlisted codes require prior authorization.

Fallon Health Clinical Coverage Criteria

Fallon Health may reimburse unlisted and not otherwise classified (NOC) codes when prior authorization has been issued by Fallon Health or it's delegated vendors. For the purposes of this policy, prior authorization refers to authorization obtained before the service is rendered, unless otherwise specified by Fallon Health.

Because unlisted procedure codes do not describe a specific procedure or service, prior authorization requests must include sufficient documentation to allow for clinical review, determination of medical necessity, and pricing of the requested procedure or service.

Services reported with an unlisted procedure code may be considered medically necessary when published, peer-reviewed scientific evidence demonstrates that the procedure, service, or device improves patient health outcomes and is at least as beneficial as established alternatives.

Supporting documentation must include all of the following:

- A detailed description of the proposed procedure, service or supply for which the unlisted code is being requested,
- Clinical documentation supporting the medical necessity of the requested service, including relevant history, physical examination findings, diagnostic test results, and treatment plan,
- Any complicating circumstances, such as the complexity of symptoms, comorbidities, or concurrent conditions that affect the delivery of care,
- The CPT or HCPCS code(s) that most closely resembles the requested procedure, service, supply, or drug, including an explanation of how the requested service differs from the comparable code(s),
- Information regarding the time, effort, skill, and equipment required to perform the procedure or service, and
- Any additional clinical information necessary to evaluate the safety, effectiveness, and appropriateness of the requested service, including copies of published peer-reviewed articles or other supporting scientific evidence.

For requests for genetic testing (i.e., CPT 81479, 81599), supporting documentation must include all of the following:
(1) The gene(s) and/or gene variants to be tested,
(2) The name of the test (if applicable) and the name and address of the lab performing the test,
(3) An explanation of how the results of the test will be clinically useful to the medical management of the member (e.g., initiate a new course of therapy, alter an existing therapy, or determine level of surveillance), and
(4) Clinical documentation from the treating physician's medical records that clearly support the medical necessity of the test.

Failure to provide all of the required information will result in a denial of the request.

Comparable code(s) may be used by Fallon Health to assist in establishing reimbursement for the unlisted code.

Medicare Variation

N/A

MassHealth Variation

N/A

Exclusions

N/A

Summary of Evidence

N/A

Analysis of Evidence (Rational for Determination)

N/A

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Unlisted CPT/HCPCS codes must be reported as one (1) unit.

CPT 00100-01996 are all defined anesthesia CPT codes in the anesthesia section of the CPT Manual. Each code represents anesthesia services for a specific anatomic area or procedure category. The fact that some descriptors may include "not otherwise specified" does not make them unlisted codes. The anesthesia section's true unlisted code is 01999 – Unlisted anesthesia procedure(s).

Code	Description
01999	Unlisted anesthesia procedure(s)
15999	Unlisted procedure, excision pressure ulcer

17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19499	Unlisted procedure, breast
20999	Unlisted procedure, musculoskeletal system, general
21089	Unlisted maxillofacial prosthetic procedure
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
21899	Unlisted procedure, neck or thorax
22899	Unlisted procedure, spine
22999	Unlisted procedure, abdomen, musculoskeletal system
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25999	Unlisted procedure, forearm or wrist
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, leg or ankle
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 (except rectum)
44799	Unlisted procedure, small intestine
44899	Unlisted procedure, Meckel's diverticulum and the mesentery
44979	Unlisted laparoscopy procedure, appendix
45399	Unlisted procedure, colon
45499	Unlisted laparoscopy procedure, rectum
45999	Unlisted procedure, rectum
46999	Unlisted procedure, anus
47379	Unlisted laparoscopic procedure, liver

47399	Unlisted procedure, liver
47579	Unlisted laparoscopy procedure, biliary tract
47999	Unlisted procedure, biliary tract
48999	Unlisted procedure, pancreas
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49999	Unlisted procedure, abdomen, 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
55559	Unlisted laparoscopy procedure, spermatic cord
55899	Unlisted procedure, male genital system
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58679	Unlisted laparoscopy procedure, oviduct, ovary
58999	Unlisted procedure, female genital system (nonobstetrical)
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
59898	Unlisted laparoscopy 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, extraocular 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
69979	Unlisted procedure, temporal bone, middle fossa approach
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 treatment devices, and special services
77499	Unlisted procedure, therapeutic radiology treatment management
77799	Unlisted procedure, clinical brachytherapy
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78699	Unlisted nervous system 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 and coagulation procedure
86486	Skin test; unlisted antigen, each
86849	Unlisted immunology procedure
86999	Unlisted transfusion medicine procedure
87999	Unlisted microbiology procedure
88099	Unlisted necropsy (autopsy) 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 reproductive medicine laboratory procedure
90399	Unlisted immune globulin
90749	Unlisted vaccine/toxoid
90899	Unlisted psychiatric service or procedure
90999	Unlisted dialysis procedure, inpatient or outpatient
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 neurological or neuromuscular diagnostic procedure
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96549	Unlisted chemotherapy procedure
96999	Unlisted special dermatological service or procedure
97039	Unlisted modality (specify type and time if constant attendance)
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
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4649	Surgical supply; miscellaneous
A6261	Wound filler, gel/paste, per fl oz, not otherwise specified
A6519	Gradient compression garment, not otherwise classified, for night use
A6549	Gradient compression garment, not otherwise specified
A6584	Gradient compression wrap with adjustable straps, not otherwise specified

A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise classified
A6609	Gradient compression bandaging supply, not otherwise specified
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
A9999	Miscellaneous DME supply or accessory, not otherwise specified
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
E1399	Durable medical equipment, miscellaneous
K0108	Wheelchair component or accessory, not otherwise specified
K0812	Power operated vehicle, not otherwise classified
K0899	Power wheelchair, not otherwise classified
L0999	Addition to spinal orthotic, not otherwise specified
L1499	Spinal orthotic, not otherwise specified
L2999	Lower extremity orthotic, not otherwise specified
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L3999	Upper limb orthotic, not otherwise specified
L5999	Lower extremity prosthesis, not otherwise specified
L7499	Upper extremity prosthesis, not otherwise specified
L8039	Breast prosthesis, not otherwise specified
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician
L8499	Unlisted procedure for miscellaneous prosthetic services
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code
P9099	Blood component or product, not otherwise classified
V2799	Vision item or service, miscellaneous
V5299	Hearing service, miscellaneous

References

N/A

Policy history

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Utilization Management Committee: 08/18/2026 (policy origination; approved).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in

applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.