PCHP Reimbursement Policy		
Topic: Unlisted or Miscellaneous Codes	Policy Number: PCHP.RI.023	Policy Section: Administration
Last Modification Date:	Effective Date: 5/15/2025	

Policy Disclaimer:

Please ensure adherence to correct billing and submission protocols. Utilize industry-standard, compliant codes when submitting claims. Services should be coded using Current Procedure Terminology® (CPT), Healthcare Common Procedure Coding System (HCPCS), and/or revenue codes. These codes specify the services or procedures rendered and must be fully substantiated in the medical record or office notes upon billing. Our reimbursement policies apply uniformly to both participating and non-participating professional providers and facilities, unless stated otherwise.

Failure to comply with appropriate coding/billing guidelines or current reimbursement policies may result in actions by PCHP, including claim rejection or denial, claim payment recovery/recoupment, or reimbursement adjustment to accurately reflect the services provided.

These reimbursement policies are designed to support you in submitting accurate claims and to clarify the criteria for reimbursement if PCHP covers the service under the member's benefit plan; however, coverage determination for items such as, but not limited to service, procedure, item, do not guarantee reimbursement. All billed services must align with authorization and medical necessity guidelines.

These reimbursement policies may be overridden by mandates in provider contracts, state or federal regulations, or Centers for Medicare & Medicaid Services (CMS) requirements. PCHP strives to implement policy changes promptly; any delays may necessitate recoupment of claims payment to the effective date as outlined in the policy. We reserve the right to periodically review and update these policies as needed, with the most current version available on our website upon any revisions.

Policy:

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form and UB-04 or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Overview

An unlisted code may be submitted for a procedure or service that does not have a valid, more descriptive CPT or HCPCS code assigned. A procedure/service may not have a CPT or HCPCS code if it is new, rare or unusual. The unlisted code must be from the appropriate anatomic section of codes.

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Community Health Plan

Documentation is required for all unlisted codes submitted for reimbursement. Documentation is to include, but is not limited to:

• Complete description of what the unlisted code is being used for along with:

• Procedure report for unlisted surgical/procedure codes or

• Invoice for unlisted DME/supply codes

• NDC #, dose and route of administration for unlisted drug codes

Guidelines:

Documentation may be reviewed for appropriate coding, existence of a more appropriate code, coverage, reimbursement allowance and prior notification if needed. Unlisted codes that do not have documentation will be denied.

References:

This policy has been developed through consideration of the following:

- CMS, Department of Health and Human Services, Texas Health and Human Services and all applicable agencies, National Correct Coding Initiative.
- https://www.cms.gov/files/document/r11059cp.pdf

Policy History:

Description	Date
Policy Created	May 9, 2024
Policy Approved	January 30, 2025