I. PURPOSE: To bill for unlisted procedure codes for laboratory services in accordance with Medicare, Medicaid, and other federally funded payor requirements.

II. POLICY: Unlisted procedure codes may only be used to report a laboratory service that is not described in any code listed in the current CPT and/or HCPCS manuals.

III. PROCEDURE: The following steps must be performed to make sure unlisted procedures are billed in accordance with Medicare, Medicaid, and other federally funded payor requirements:

A. Implementation:

1. Laboratory personnel must review the chargemaster and identify unlisted laboratory procedures. If such procedures are found, determine if a specific CPT/HCPC code exists for the test performed. If a specific code exists, revise your the chargemaster accordingly. If a specific CPT/HCPC code is not found, determine if a “method code” (see definition below) exists which accurately identifies the procedure. If it is determined there is a “method code,” revise the chargemaster accordingly. If it is determined there is no applicable “method code,” the appropriate unlisted procedure code may be assigned from the list below. Unlisted procedure codes should only be used as a last resort.

- 80299 - Unlisted quantitation of drug
- 81099 - Unlisted urinalysis procedure
- 84999 - Unlisted chemistry procedure
- 85999 - Unlisted hematology procedure
- 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
- 89399 - Unlisted miscellaneous pathology test
Carefully review the current edition of CPT and HCPC Level II coding books for your locality to ensure a more specific code is not available.

2. If the unlisted laboratory test is being referred to another laboratory, laboratory personnel must contact the reference laboratory for the appropriate CPT or HCPC Level II code based on the “method” they are using. Laboratory personnel must make sure that the code is in accordance with coding guidelines.

3. Business office personnel must establish edits in the electronic billing system which prevent claims containing unlisted procedures from being submitted to the payor electronically. If the fiscal intermediary requires that the claim be filed electronically with hard copy documentation to follow, edits still must be established in order to review claim prior to submission. Additionally, a process must be developed to ensure required documentation is submitted.

4. All staff/physicians responsible for ordering, charging, or billing laboratory services will be educated on the contents of this policy.

5. Unlisted codes must be reviewed on an annual basis.

6. Establish and implement mechanisms in order for business office personnel to identify intermediary interpretations, which vary from the interpretations in this policy. Specific intermediary documentation related to the variance(s) must be obtained and faxed to the Regional Compliance Officer who would report to the Corporate Compliance Officer.

B. Daily:

1. Business office personnel must review electronic billing edit/error reports daily to determine if unlisted procedure codes exist. If unlisted procedure codes are present the claim must be reviewed and submitted according to the intermediary guidelines following the Special Report instructions.

2. Special Report: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information must include an adequate definition or description of the nature, extent, and need for the procedure as well as the time, effort, and equipment necessary to provide the service. Additional items which may be included are:

   - Complexity of symptoms;
   - Final diagnosis;
   - Pertinent physical findings;
   - Diagnostic and therapeutic procedures;
   - Concurrent problems; and
   - Follow-up care.

3. It is the responsibility of the Chief Financial Officer at each facility to guarantee adherence to this procedure.
C. Example: Ibuprofen, quantitative is ordered by a physician and this test is not set up in the chargemaster. The test is being referred for analysis. The reference lab is called to obtain proper CPT/HCPC code. The reference lab provides you with CPT code 82491 (Chromatography, gas & liquid). This code is appropriate as this is the method code which best describes the procedure and no specific CPT/HCPC code is listed for Ibuprofen, quantitative.

D. Definitions:

**Method Codes** – Method codes are CPT codes created by the AMA to classify certain types of tests by the method which is used to perform the test. These codes should only be used when the tests billed are performed using the specific method described and no test specific CPT or HCPC code exists. Some of the most common method codes found in the 1999 AMA CPT Manual are listed below:

- 82190 - Atomic Absorption spectroscopy, each analyte
- 82397 - Chemiluminescent Assay
- 82486 - Chromatography, qualitative; column (gas, liquid, HPLC), analyte not elsewhere specified
- 82487 - Chromatography, paper, 1-dimensional
- 82488 - Chromatography, paper, 2-dimensional
- 82489 - Chromatography, thin layer
- 82491 - Chromatography, quantitative; column, single, stationary and mobile phase (gas, liquid, HPLC)
- 82491 - Chromatography, quantitative, column, multiple, stationary and mobile phase (gas, liquid, HPLC)
- 82541 - Column Chromatography/mass spectrometry, qualitative, single stationary and mobile phase
- 82542 - Column Chromatography/mass spectrometry, quantitative, single stationary and mobile phase
- 82543 - Column Chromatography/mass spectrometry, stable isotope, quantitative, single, stationary and mobile phase
- 82544 - Column Chromatography/mass spectrometry, stable isotope, quantitative, multiple, stationary and mobile phase
- 82657 - Enzyme activity blood cells, cultured cells or tissue, nonradioactive substrate, each specimen
- 82658 - Enzyme activity blood cells, cultured cells or tissue, radioactive substrate, each specimen
- 82664 - Electrophoretic technique, not elsewhere specified
- 83516 - Immunoassay for analyte other than antibody or infectious agent antigen, qualitative or semiquantitative; multi-step method
- 83518 - Immunoassay for analyte other than antibody or infectious agent antigen, qualitative or semiquantitative; single-step method (reagent strip)
- 83519 - Immunoassay, analyte, quantitative; by RIA
- 83520 - Immunoassay, not otherwise specified
- 83715 - Lipoprotein, blood; electrophoretic separation and quantitation
- 83716 - Lipoprotein, high resolution fractionation and quantitation of cholesterol (e.g., electrophoresis, nuclear magnetic resonance, ultra centrifugation)
83788 - Mass Spectrometry and tandem mass spectrometry (MS, MS/MS) qualitative, each specimen
83789 - Mass Spectrometry and tandem mass spectrometry (MS, MS/MS) quantitative, each specimen
83883 - Nephelometry, each analyte not elsewhere specified
83890 - Molecular diagnostics; molecular isolation or extraction
83891 - Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892 - Molecular diagnostics; enzymatic digestion
83893 - Molecular diagnostics; dot/slot blot production
83894 - Molecular diagnostics; separation by gel electrophoresis
83896 - Molecular diagnostics; nucleic acid probe, each
83898 - Molecular diagnostics; amplification of patient nucleic acid (PCR, LCR, RT-PCR), single primer pair, each primer pair
83901 - Molecular diagnostics; amplification of patient nucleic acid, multiplex, each multiplex reaction
83902 - Molecular diagnostics; reverse transcription
83903 - Molecular Diagnostics, mutation scanning, single segment, each
83904 - Molecular Diagnostics, mutation identified by sequencing
83905 - Molecular Diagnostics, mutation identified by allele specific transcription
83906 - Molecular Diagnostics, mutation identified by allele specific translation
84375 - Sugars, chromatographic, TLC or paper
86171 - Complement Fixation tests, each antigen
86185 - Counterimmunoelectrophoresis, each antigen
86255 - Fluorescent antibody; screen, each antibody
86280 - Hemagglutination Inhibition test (HAI)
86316 - Immunoadsay for Tumor Antigen, each
86317 - Immunoadsay for infectious agent antibody, quantitative, nos
86318 - Immunoadsay for infectious agent antibody, qualitative or semi-quantitative, single-step
86329 - Immunodiffusion; nos
86331 - Immuno Gel Diffusion, each antibody or antigen
86334 - Immunofixation electrophoresis
86382 - Neutralization Test
86403 - Particle agglutination; screen, each antibody
86406 - Particle agglutination; titer, each antibody
86790 - Virus, not elsewhere specified
86920 - Compatibility test each unit; immediate spin technique
86921 - Compatibility test each unit; incubation technique
86922 - Compatibility test each unit; antiglobulin technique
87140 - Culture, typing, florescent method, each antiserum
87143 - Culture, typing, gas/liquid chromatography technique
87145 - Culture, typing, phage method
87147 - Culture, typing, serological method, agglutination grouping
87151 - Culture, typing, serological method, speciation
87155 - Culture, typing, precipitin method
87449 - Unlisted infectious agent antigen detection by EIA, multi-step, nos
87450 - Infectious agent antigen detection by EIA, single-step, nos
- 87797 - Infectious agent antigen detection by nucleic acid, DNA or RNA, direct probe, nos
- 87798 - Infectious agent antigen detection by nucleic acid, DNA or RNA, amplified probe, nos
- 88142 - Cytopathology, cervical or vaginal, automated thin layer preparation, manual screen
- 88147 - Cytopathology smears, cervical or vaginal, screen by automated system
- 88145 - Cytopathology smears, cervical or vaginal, screen by automated system with manual rescreen
- 88164 - Cytopathology slides, cervical or vaginal (Bethesda System), manual screen
- 88271 - Molecular cytogenetics, DNA probe, FISH
- 88272 - Molecular cytogenetics, chromosomal in situ hybridization