

Unlisted and Not Otherwise Classified Codes (NOC) Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary services, in accordance with the member's benefits.

CarePartners of Connecticut requires and reviews supporting documentation for claims submitted with unlisted or not otherwise classified (NOC) codes, in accordance with the member's benefits.

Unlisted or not otherwise classified (NOC) codes are considered appropriate when a CPT/HCPCS code that accurately identifies an item, service or procedure performed does not exist.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Submit the most appropriate unlisted/NOC procedure code available on an official paper claim form with all pertinent clinical documentation that accurately describes the item, service or procedure, as further described in the "Supporting Documentation" section below.

Note: Codes submitted electronically will be denied and a request to submit on paper with supporting documentation will be sent to the provider.

Supporting Documentation

Unlisted/NOC codes should be submitted with the following supporting documentation:

- Cover letter or separate documentation describing the item, service, or procedure
- Comparable CPT/HCPCS procedure code(s) that reflects the work performed, when possible
- Clinical documentation that identifies the unlisted/NOC codes pertinent to the item, service or procedure performed; must be underlined (not highlighted). Clinical documentation includes, but is not limited to:
 - Imaging report
 - Invoice
 - Laboratory/pathology report
 - Operative/office notes
 - Procedure notes/reports
- Invoice that includes the drug name, appropriate National Drug Code (NDC) number and dosage for unlisted or miscellaneous drug codes not currently covered by a HCPCS code. For more information, refer to the FDA [National Drug Code Directory](#).

Refer to the Claim Requirements and Dispute Guidelines chapter of the CarePartners of Connecticut [Provider Manual](#) for more information.

Avoid Claim Denials

Reasons claims with unlisted/NOC codes will be denied include but are not limited to:

- Submitted without appropriate supporting documentation, as outlined above
- An appropriate CPT/HCPCS code can be billed instead
- Valid prior authorization is not on file for applicable services
- They are included as part of a primary procedure code/item
- Used to bill for special surgical techniques and/or equipment (e.g., robotic assistance)
- Nonreimbursable
- Services are considered noncovered or experimental/investigational

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules. Compensation for claims billed with unlisted/NOC codes is determined based on comparable established codes and/or rates set forth in provider agreements.

The following CPT/HCPCS procedure codes require supporting documentation (this list may not be all-inclusive):

Code	Description
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

Code	Description
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 px 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

Code	Description
58579	Unlisted hysteroscopy procedure, uterus
58679	Unlisted laparoscopy procedure, oviduct, ovary
58999	Unlisted procedure, female genital system (non-obstetrical)
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 px extraocular musc
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

Code	Description
88099	Unlisted necropsy (autopsy) procedure
88199	Unlisted cytopathology procedure
88299	Unlisted cytogenetic study
88399	Unlisted surgical pathology procedure
89240	Unlisted miscellaneous pathology test
90399	Unlisted immune globulin
90749	Unlisted vaccine/toxoid
90899	Unlisted psychiatric service or procedure
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
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4649	Surgical supply; miscellaneous
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
C9399	Unclassified drugs or biologicals
D0321	Other temporomandibular joint radiographic images, by report
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2999	Unspecified restorative procedure, by report
D3999	Unspecified endodontic procedure, by report
D5899	Unspecified removable prosthodontic procedure, by report
D5999	Unspecified maxillofacial prosthesis, by report
D6999	Unspecified fixed prosthodontic procedure, by report
D7899	Unspecified TMD therapy, by report
D7999	Unspecified oral surgery procedure, by report
D8999	Unspecified orthodontic procedure, by report
D9630	Other drugs and/or medicaments dispensed in the office for home use by report
D9999	Unspecified adjunctive procedure, by report

Code	Description
G0235	PET imaging, any site, not otherwise specified
H0046	Mental health services, not otherwise specified
H0047	Alcohol and/or other drug abuse services, not otherwise specified
J3490	Unclassified drugs
J3590	Unclassified biologics
J7699	NOC drugs, inhalation solution administered through DME
J7799	NOC drugs, other than inhalation drugs, administered through DME
J8499	Prescription drug, oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug, oral, not otherwise specified
J8999	Prescription drug, oral, chemotherapeutic, NOS
J9999	Not otherwise classified, antineoplastic drugs
L0999	Addition to spinal orthotic, not otherwise specified
L1499	Spinal orthotic, not otherwise specified
L2999	Lower extremity orthotic, not otherwise specified
L3999	Upper limb orthotic, not otherwise specified
L5999	Lower extremity prosthesis, not otherwise specified
L7499	Upper extremity prosthesis, not otherwise specified
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
Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A
Q2039	Influenza virus vaccine, not otherwise specified
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)
S0590	Integral lens service, miscellaneous services reported separately
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S8189	Tracheostomy supply, not otherwise classified
T5999	Supply, not otherwise specified
V2199	Not otherwise classified, single vision lens

Document History

- January 2024: Annual policy review; template updates
- January 2023: Annual policy review; no changes
- January 2022: Annual policy review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- September 2020: Policy reviewed by committee
- January 2020: Added P9099, effective for dates of service on or after January 1, 2020
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.