



Provider Alert

Submitting Claims for Unlisted Services

We know there may be times when you need to bill for a procedure or service that does not have a valid and more descriptive CPT® or Healthcare Common Procedure Coding System (HCPCS) code assigned. In these instances, the procedure or service may be billed using an unlisted code from the correct anatomic section of codes.

To help you submit these claims, we've summarized the following requirements for billing unspecified services.

Documenting Unspecified Services

The following documentation is required when submitting unlisted codes:

- Complete description of how the unlisted code is being used, including:
 - Procedure report for unlisted surgical/procedure codes
 - Cost invoice for unlisted Durable Medical Equipment/supply codes
- National Drug Code number, dose and route of administration for unlisted drug codes

Tips for Responding to Denial Codes

If you receive an N350 denial code after submitting a claim for unlisted codes, please verify that your description of the service is correct and complete.

If you receive a CO251 denial code, check that you've submitted all appropriate documentation.

Submitting a Corrected Claim

If your claim is denied, you may be able to submit a corrected claim with the appropriate modifications and documentation. You can find out more about this process at UHCprovider.com > Claims, Billing and Payments > Submit a Corrected Claim, Claim Reconsideration.

When you submit a corrected claim, please put the original claim number in box 22. This will help avoid your corrected claim being denied as a duplicate claim.

For more information about billing unlisted services, to go UHCCommunityPlan.com > For Health Care Professionals > Texas > Reimbursement Policies > [Unlisted Services Policy](#).

We're Here to Help

If you have questions about claims, please call us at **888-887-9003**, 8 a.m. - 6 p.m. Central Time, Monday through Friday.