Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Unlisted Procedure Codes

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health requires and reviews supporting documentation for claims submitted with unlisted codes when there is no current procedure code that accurately identifies an item, service or procedure. Do not select a procedure code that merely approximates the service provided.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs 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, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Supporting Documentation Requirements

- A clear description of the nature, extent, and need for the procedure, item or service
- Comparable procedure code(s), when possible
- Any extenuating circumstances which may have complicated the service or procedure
- Clinical documentation that identifies the unlisted procedure code pertinent to the procedure, item or service performed; it must be underlined. Clinical documentation may include, but is not limited to:
  - Imaging report
  - Invoice
  - Laboratory/pathology report
  - Office notes
  - Operative/procedure report

Provider Billing Guidelines and Documentation

Avoiding Claim denials

Reasons claims may deny include, but are not limited to, the following:

- Submitted without appropriate supporting documentation, as outlined above
- An appropriate procedure code can be billed instead
- Used to bill for special surgical techniques and/or equipment (e.g., robotic assistance or computer assisted surgical navigation)
- Reporting the same unlisted procedure code more than once (excludes unlisted HCPCS codes; for example, DME or unlisted/unclassified drugs)
- Valid authorization is not on file for applicable services
- Services are considered noncovered or experimental/investigational

Unlisted or Unclassified Drug Codes

Harvard Pilgrim
Paper claim submitters

- CMS-1500 Form: Report the unlisted J code in 24D and units in 24G. To report National Drug Code (NDC): In shade area of the line-item field (24A-24G), enter the N4 qualifier immediately followed by 11-digit NDC number — left justified, enter 1 space then qualifier for dispensing unit of measure followed by quantity.
- UB-04 Form: Report the unlisted J code in Form Locator 44 and units in Form Locator 46. To report NDC: In form Locator 43 enter the N4 qualifier immediately followed by 11-digit NDC number without hyphens — left justified. NDC will be followed immediately by the qualifier for dispensing unit measure followed by quantity.

Electronic claim submitters

- 837P — Report the unlisted J code in the SV101-2, loop 2400 and the NDC Number with N4 qualifier in the LIN segment, loop 2410. When reporting NDC the CTP segment is required — both CTP04 (NDC count) and CTP05 (unit of measure).
- 837I — Report the unlisted J code in the SV202-2, loop 2400 and the NDC Number with N4 qualifier in the LIN segment, loop 2410. When reporting NDC in LIN segment the CTP segment is required — both CTP04 (NDC count) and CTP05 (unit of measure).

Tufts Health Plan
Claims must be submitted on a paper claim form with an invoice that includes the drug name, appropriate NDC and dosage.

Other Information

- Submit paper claims for unlisted procedure codes along with supporting documentation, except as indicated above

Related Policies and Resources

Payment Policies

- General Coding and Claims Editing
- Noncovered Services

Clinical Policies

- Noncovered Investigational Services

Publication History

01/01/2026: Policy moved to new template, includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.