OWCP GUIDANCE FOR UNLISTED AND UNCLASSIFIED CODES

This information is intended to provide general guidance regarding miscellaneous codes, which are also referred to as unlisted, unclassified, not otherwise specified (NOS), or not otherwise classified (NOC) codes.

Unlisted/Unclassified codes are used to report medical services, procedures, or items when no specific CPT or HCPCS code exists.

The CPT code book contains several unlisted service or procedure codes, which can be found at the end of a section or subsection. A summary list of the unlisted CPT codes can also be found in the Guidelines section for each chapter of the CPT code book. The long descriptors for these codes start with the term "Unlisted" and the last two digits of the codes often end in "99."

Examples include, but are not limited to:	Procedure Description
97799	Unlisted physical medicine and rehabilitation service or procedure
J9999	Not otherwise classified, antineoplastic drugs utilized for custom or unlisted cancer-fighting chemotherapy agents
E1399	Durable Medical Equipment, miscellaneous

Requirements for using unlisted or unclassified code:

- An unlisted or not otherwise specified code should only be reported when no existing CPT/HCPCS code accurately describes the procedure, service, supply, or equipment provided. The submission of an unlisted code does not, by itself, provide sufficient information to determine coverage or payment.
- Prior authorization may be required. Please visit the Prior Authorizations page for information about OWCP program requirements and available authorization request options.
- **Supporting documentation is required and must include, as applicable**:

- A detailed description of the procedure, service, supply, or equipment provided, including the nature and extent of the service.
- Documentation describing how the procedure or service was performed, including the technique, method, or other relevant details.
- The anatomical site or body part treated, when applicable.
- The clinical indication and medical necessity for the procedure, service, supply, or equipment.
- Relevant medical documentation supporting the service billed such as operative reports, procedure notes, lab results, orders, or other applicable supporting medical documentation.
- An explanation of why a specific CPT/HCPCS code is not applicable or does not adequately describe the service or item provided.
- A comparison to a similar listed CPT code that most closely aligns with the service or item provided.
- For implants, prosthetics, and or durable medical equipment: provide documentation sufficient to establish pricing, when applicable, such as an itemized manufacturer's invoice.
- Unlisted drugs must include drug name, dosage, and national drug code (NDC), and route. **Note:** Compound drugs must follow specific billing instructions found here *insert link to instructions.

If an unlisted procedure code is submitted on an authorization request when a specific procedure code exists for the service provided, or if the required supporting documentation is not submitted, the authorization request may be returned or denied.

If an unlisted code is submitted on a bill when a specific procedure code exists for the procedure or service provided, the bill may be denied or returned to the provider for correction or resubmission.