

[Date]

Reimbursement Policy Provider Newsletter Article

[Policy Update]

[Unlisted, Unspecified or Miscellaneous Codes]

(Policy [06-004], effective [90 days from communication])30 days from Communication AFTER policy has been filed, posted 45 days and approved by LDH]

Effective [90 days from communication], Healthy Blue will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes.

Currently, Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis.

Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

- Effective [30 days from Communication AFTER policy has been filed, posted 45 days and approved by LDH]. A description that supports the identification of the nature of an illness or other problem used to examine the symptoms when the unspecified diagnosis codes have a corresponding left, right or bilateral diagnosis will no longer be necessary. Healthy Blue will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes and reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis.

For additional information, please review the *Unlisted, Unspecified or Miscellaneous Codes* reimbursement policy [[here](#)].

