# Unlisted and Not Otherwise Classified Codes Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Prime

☒ CareAdvantage Preferred

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 procedure 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 chapter of the CarePartners of Connecticut Provider Manual.

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 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 procedure 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.

## Document History

- January 2026: Annual policy review: removed unlisted procedure code grid; administrative edits
- 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.

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.