

Filing a Claim for an Unlisted Code

Electronic submission of the CMS-1500 claim form

Claims for unlisted codes must be submitted on the CMS-1500 claim form (an example of which is attached). This form should be available from the carrier in an electronic format. Most of the information asked for on this form is self-explanatory except for item 19 which is critically important. Item 19 is entitled *Additional Claim Information*. This should be a concise statement describing the procedure that was performed. On the electronic claim form, item 19 is limited to a maximum of 80 characters.

For item 19, a statement such as the following is recommended:

Procedure is done in an operating room using ultrasound and fluoroscopy. The brachial vein and artery are cannulated. Wires are passed down to the fistula creation site below the elbow. The WavelinQ device is passed over the wires, aligned, and activated to ablate the artery and vein wall creating a fistula. Angiogram is done post procedure. Physician intraoperative time involved is 90 minutes. The CPT code most like this procedure is 37XXX.

(Disclaimer: This statement is for illustrative purposes only and should be tailored to the specifics of the procedure performed)

Paper submission of the claim

Unlisted codes will commonly be rejected by the Medicare carrier. When that occurs, the claim can be resubmitted in paper format with additional information. It is recommended to include the following information when filing the claim:

- CMS-1500 claim form submitted previously
- Operative report

Medicare intermediaries require that an operative report accompany the claim. This should be descriptive in the details of the procedure that is performed. It will be extremely important in determining whether or not the claim is paid. It is recommended that at a minimum it include a clear description of the indication for the procedure, supply items used, details of the procedure performed and any complications.

- Cover letter

In order to support the claim and decrease the chances of denial, it is recommended that a cover letter also be attached. This letter should include the following:

- An explanation as to why this is an appropriate comparison code.
- A statement that the unlisted procedure involves more or less work than the comparison and why.
- The usual reimbursement for the comparison CPT code and a reimbursement recommendation for the unlisted CPT code based on the percentage of more or less work required
- A list of extra supplies used for the unlisted procedure