CareSource

REIMBURSEMENT POLICY STATEMENT
Nevada Marketplace

Policy Name & Number	Date Effective
Unlisted and Miscellaneous Codes-NV MP-PY-1673	08/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject
Unlisted and Miscellaneous Codes

B. Background
Current Procedure Terminology (CPT) codes are used to describe medical procedures and provider services. The American Medical Association (AMA) maintains and distributes CPT codes. These code sets were established so providers can use the most specific and appropriate code when submitting claims for reimbursement of services rendered to members.

Occasionally, a CPT code may not be available for a procedure or service if it is rarely used, unusual, or new. Only then would providers use an unlisted, unclassified, not otherwise specified (NOS), not otherwise classified (NOC), unlisted, miscellaneous, or generic code for any such procedure, service, or non-provider service.

C. Definitions
- **Miscellaneous (Unlisted, Unclassified, Not Otherwise Specified [NOS], or Not Otherwise Classified [NOC]) Codes** – Submitted by a supplier for an item for which there is no existing or no specific CPT code that adequately describes the item being billed.
- **Unlisted Code** – A code representing a service, or procedure for which there is no specific CPT code.

D. Policy
I. All unlisted or miscellaneous codes require a medical necessity review prior to service.

II. Unlisted or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure rendered.

III. Reimbursement is based on review of the unlisted or miscellaneous code(s) on an individual claim basis.

IV. Providers must submit the unlisted or miscellaneous code(s) along with the relevant information and/or documentation listed below.
   A. a comparable code for the service or procedure that most closely associates with the service/procedure being requested. The comparable code submitted by the provider will be the basis by which CareSource reimburses the service. The provider will be reimbursed for an approved and covered unlisted service at the rate within their contract/agreement for the comparable service, as applicable. The comparable code must be submitted with the medical necessity review request as well as the claim submission. Failure to submit a comparable code will result in a claim denial.
   B. statement that no other code exists that would be more appropriate

C. any other information requested by CareSource

V. Unlisted/non-specific codes used for procedures deemed to be experimental and investigational will be reviewed for medical necessity.

VI. In the event that unlisted codes are specified at a fixed rate within the providers agreement, those codes shall be reimbursed at the specific fixed rates specified within the providers contracted with CareSource.

E. Conditions of Coverage

Reimbursement policies are designed to assist providers when submitting claims to CareSource and are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based on a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

All unlisted or miscellaneous codes defined within this policy are subject to medical necessity review. Approved authorization does not a ensure payment.

CareSource may verify the use of any code through post-payment audit. If a more appropriate code is discovered, CareSource may request recoupment.

F. Related Policies/Rules

DME Unlisted and Miscellaneous Codes
Claims Reimbursement Hierarchy

G. Review/Revision History

	DATE	ACTION
Date Issued	06/18/2025	New policy. Approved at Committee.
Date Revised	04/22/2026	Periodic review. Updated background, definitions Section D., E., F. and references. Approved at Committee.
Date Effective	08/01/2026	
Date Archived		

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

H. References

1. CPT overview and code approval. American Medical Association. Accessed March 10, 2026. www.ama-assn.org