



## PROVIDER POLICIES & PROCEDURES

### UNLISTED CODES

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for an unlisted CPT or HCPCS code. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Healthcare Common Procedure Coding System (HCPCS) are billing codes developed by the Centers of Medicare and Medicaid Services (CMS). They are assigned to many medical goods and services typically provided to patients (e.g., medical supplies, medical and diagnostic procedures). Current Procedural Terminology (CPT) are billing codes developed by the American Medical Association (AMA) that describe the range of services provided by physicians, hospitals, and other outpatient facilities.

Some goods and services may not have a specific CPT or HCPCS code that adequately or fully describes the procedure, surgery, or item that is provided. Examples include, experimental or investigational procedures, new technology, cosmetic procedures. In these instances, unlisted codes may be appropriate until a more specific code is established. Unlisted codes are identified by any one of the following terms in their description: not otherwise classified, unlisted, not listed, unspecified, unclassified, not otherwise specified, non-specified, not elsewhere specified, NEC, and NOS.

**Unlisted codes may be used for goods or services that have more specific medical criteria (i.e., InterQual<sup>®</sup> criteria, medical policy). If specific criteria for a good or service exist, the criteria or policy for the specific good or service will be used when conducting a prior authorization/medical necessity review. This includes (note: this list is not all inclusive):**

- Bathing and Toileting Equipment
- Compression Garments
- Orthoses for Pectus Carinatum/Excavatum
- Corneal Collagen Cross-Linking
- Cosmetic and Reconstructive Surgery
- DME Rent to Purchase
- Genetic Testing
- Light Therapy for Acne
- Revisional Bariatric Surgery
- Treatment of Fecal Incontinence: Hyaluronic Acid/Dextranomer Gel for Submucosal Injection (Solesta<sup>®</sup>)
- Stair Lift
- Therapeutic and Orthopedic Footwear and Inserts
- Therapeutic Positioning Equipment

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

- Volara System
- Wheelchair-Mounted Assistive Robotic Arm Attachment

**This policy will be used for those goods and services for which no InterQual criteria or medical policy currently exist.**

This policy addresses coverage of unlisted CPT and HCPCS codes under the HUSKY Health Program medical benefit. Please refer to [the applicable HUSKY Health benefit grid](#) for additional information on services covered under the HUSKY Health Program.

Benefit and Prior Authorization Requirements:

- Prior authorization is required for many unlisted CPT and HCPCS codes.
- Please refer to the [DSS Fee Schedules](#) for unlisted CPT and HCPCS codes requiring prior authorization.

### **CLINICAL GUIDELINE**

Coverage guidelines for unlisted CPT and HCPCS codes are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Use of an unlisted CPT or HCPCS code may be medically necessary when there is truly no listed code or combination of codes that adequately describe the service/item provided and the unlisted CPT or HCPCS code is listed on the applicable DSS Fee Schedule.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

### **PROCEDURE**

Prior authorization for many unlisted CPT and HCPCS codes is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for surgical procedures, laboratory and pathology procedures, and medical equipment, devices, and supplies (MEDS). Coverage determinations are based upon a review of requested and/or submitted case-specific information.

**The following information is needed to review requests for unlisted CPT/HCPCS codes:**

- Fully completed authorization request via on-line web portal or fully completed Outpatient Prior Authorization Request form.
- **For medical equipment, devices, and supplies:**
  - A signed prescription, written within the past 12 months, from the treating physician,

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advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP).

- A full description of the device/supply/item, manufacturer, and product number.
- Clinical documentation supporting medical necessity (nature, extent, and need for item)
- Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).
- **For surgical procedures:**
  - Clinical documentation supporting medical necessity (nature, extent, and need for procedure).
  - Description of operative procedure to be performed/office notes.
  - An explanation as to why an established standard CPT code is not appropriate.
- **For laboratory and pathology tests/procedures:**
  - Clinical documentation supporting medical necessity (nature, extent, and need for test/procedure).
  - Description of test/procedure.
  - An explanation as to why an established standard CPT code is not appropriate.

## EFFECTIVE DATE

This policy for the prior authorization for unlisted CPT and HCPCS codes for individuals covered under the HUSKY Health Program is effective November 01, 2024.

## LIMITATIONS

N/A

## CODES

Please refer to the [DSS Fee Schedules](#) for unlisted CPT and HCPCS codes requiring prior authorization.

## DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

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7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

**REFERENCES**

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

**PUBLICATION HISTORY**

Status	Date	Action Taken
Original Publication	August 2024	Approved at the CHNCT Medical Reviewer meeting on August 28, 2024. Approved by the CHNCT Clinical Quality Subcommittee on September 16, 2024. Approved by DSS on September 27, 2024.

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