

Reimbursement Policy

Policy Number: RP035

Policy Title: Unlisted/Not Otherwise
Classified (NOC) Coding Policy

Approval Date: Aug. 6, 2026

Effective Date: Aug. 14, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

When billing for a drug, supply, service, or procedure, providers should select the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code that accurately describes the administered drug(s), service(s) or procedure(s) performed. If, and only if, no code exists, providers should report the drug, service, or procedure code using the appropriate unlisted code. Such codes are used as a last resort and only when there is not a more appropriate code.

Supporting documentation must be submitted when an unlisted code is billed.

Providers are expected to exercise independent medical judgement in providing care to members. This policy is not intended to impact care decisions or medical practice.

Providers are urged to refer to the Plan's prior authorization list and/or other Plan documents to determine if a prior authorization is needed.

For purposes of this policy, an unlisted code can be identified by the following terms:

- Non-Specified
- Not Listed
- Not Elsewhere Specified (NEC)
- Not Otherwise Classified (NOC)
- Not Otherwise Specified (NOS)
- Unclassified
- Unlisted
- Unspecified

Reimbursement Information

The Plan reserves the right to request supporting documentation. Failure to adhere to billing and coding policies may impact claims processing and reimbursement.

If a claim is submitted with an unlisted code and a more appropriate code is available, the claim may be denied, and a corrected claim with the appropriate code may be submitted.

Supporting Documentation

The Plan recognizes there are instances when an unlisted code may be eligible for reimbursement because a specific code that accurately reflects the drug, supply, service, or procedure rendered does not exist. Unlisted code submissions must be accompanied with supporting documentation, including, but not limited to:

- An accurate and complete description of the drug, service, or procedure

- All related information supporting administration of the drug, service, or procedure
- An invoice for unlisted Durable Medical Equipment (DME) or supply codes
- National Drug Code (NDC) qualifier, number of NDC units, and NDC unit of measure
- Any information pertaining to whether the drug, service, or procedure was provided separately from any other service or procedure.

Coding & Documentation Examples

The following table includes specific documentation criteria that must be submitted with the unlisted code type(s) examples. This is not an all-inclusive list.

Unlisted Code Type	Documentation Criteria	Examples
Anesthesia Unlisted Service or Procedure	• Special report ○ Adequate definition or description of the nature, extent, and need for the procedure ○ Time ○ Effort ○ Equipment necessary to provide service	CPT code 01999: Anesthesia services
Imaging/Radiology Procedures	• Diagnosis • Imaging report (including test(s) and results of test(s))	CPT code 76999: Ultrasound exam
Lab/Pathology Procedures	• Lab/pathology report (Note, Item 19 of the CMS-1500 claim form must include the specific name of the lab test(s) and/or a short descriptor of the test(s).)	CPT code 86849: Testing related to immunity
Medical Service or Procedure	• Office notes and any reports	CPT codes • 96999: Skin service • 95999: Neurology service or procedure

Surgical Procedures	• Description of the extent and need for the procedure • Operative or procedure reports, office notes • Explanation as to why a standard coded CPT procedure is not appropriate • Comparable CPT/HCPCS service code(s), value in comparable RVU and/or a percentage of a reasonably comparable CPT/HCPCS that would reflect services performed	CPT code 48999: Pancreas surgery
Unlisted Durable Medical Equipment - DME HCPCS Codes	• Narrative/description included on claim, including the name of the item, manufacturer and the universal product number (UPN) • If applicable a copy of the invoice (catalogs and retail price listings are not acceptable)	HCPCS codes • A9999: Miscellaneous DME supply or accessory, not otherwise specified • E1399: Miscellaneous DME
Unclassified/Unlisted Drug Codes	• Necessary information needed to process valid unlisted drug codes: ○ NDC qualifier, N4 ○ NDC billing number (11-digit billing format, with no spaces, no hyphens, and no special characters). If the NDC on the package label is less than 11 digits, a leading zero must be added to the appropriate segment to create a 5-4-2 configuration ○ NDC product package size unit of measure (e.g., UN, ML, GR, F2) ○ The NDC must be submitted along with the accurate	HCPCS codes • J9999: Not otherwise classified, antineoplastic drugs • J3590: Unclassified biologicals • J3490: Unclassified drugs • J7999: Compounded drug, not otherwise classified • C9399: Unclassified

	HCPCS/CPT code(s) and the number of HCPCS/CPT units ○ NDC unit to reflect the quantity of drug product administered. The plan will accept up to three decimals in the NDC units (quantity of number of units) field. Failure to include appropriate decimals in the NDC units' field may lead to incorrect payments subject to review or audit ○ The NDC must be active for the date of service • Providers should list one unit of service in the 2400/SVI -04 data element or in item 24G of the CMS 1500 form or in field 46 of the UB-04. Do not quantity bill CPT/HCPCS units for NOC drugs or biologicals even if multiple units are provided, unless otherwise directed for specific products. The appropriate determination of the payment of the NOC drug and biological will be determined by the Plan, not the number of units billed	drugs or biologicals
Unlisted Services for Evaluation and Management (E/M)	• Special report ○ Adequate definition or description of the nature, extent, and need for the procedure ○ Time ○ Effort ○ Equipment necessary to provide service • Additional items may be provided such as complexity of	CPT code 99499: Physician services

	symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.	
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Billing

- Unlisted CPT/HCPCS codes unit value must be reported as one (1).
- If providers submit an unlisted code, they should use the most specific unlisted code available.
- CMS-1500 claim forms, or electronic equivalent, must include the description of the unlisted code in Item 19. If the description does not fit, an attachment should be submitted with the claim.
- CMS-1500 claim forms, or electronic equivalent, must include the procedure code without a description in Item 24D. If an unlisted procedure code is included in Item 24D, a narrative description should be included in Item 19.
- For institutional outpatient coding, when using an unlisted drug code, provide the name of the drug or medication (e.g., NDC number) in Box 43 of the UB-04 form.

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)

CPCP025 Corrected Claim Submissions

CPCP034 Unbundling Policy- Professional Provider

References

[Medicare Claims Processing Manual](#), Chapter 1, General Billing Requirements, Section 100. Accessed May 05, 2026.

[Medicare Claims Processing Manual](#), Chapter 12, Physicians and Non-Physician Practitioners, Section 30.6.1. Accessed May 05, 2026.

[Medicare Claims Processing Manual](#), Chapter 17, Drugs and Biologicals, Section 20.2. Accessed May 05, 2026.

[Medicare Claims Processing Manual](#), Chapter 20 (DMEPOS), Section 30.1. Accessed May 05, 2026.

[Medicare Claims Processing Manual](#). Chapter 26-Completing and Processing Form CMS-1500 Data Set. Section 10.4, Item 19, Item 24D. Accessed May 05, 2026.

Centers for Medicare & Medicaid Services (2026). [Healthcare Common Procedure Coding System \(HCPCS\)](#). Accessed April 28, 2026.

CPT copyright 2025 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. National Drug Code (NDC) Billing Guidelines

U.S. Food & Drug Administration, [Types of Applications](#), New Drug Application, Abbreviated New Drug Application, Biologic License Application. Accessed May 05, 2026.

U.S. Food & Drug Administration, [Outsourcing Facility Product Report](#). Accessed May 05, 2026.

[National Library of Medicine](#), Accessed May 05, 2026.

Policy History

Approval Date	Description
09/22/2021	New policy
09/02/2022	Annual Review
08/15/2024	Annual Review
10/13/2025	Annual Review; Grammatical and formatting updates; References updated.
08/06/2026	Annual Review: Additional Resources – added CPCP025 Corrected Claims Submissions; References – add HCPCS and CMS Claims Processing Manual.