Goals:
1) To explain to the physicians attendees the importance of unlisted codes and how they help create new codes for the subspecialty.
2) To explain the process for getting unlisted codes paid
3) To explain the legal importance of using unlisted codes as opposed to just choosing the closest available code

Points to be covered:
1) Explain the foot and ankle unlisted codes and the purpose behind those codes (27899 and 28899 and 29999).
2) Explain previous success for establishing codes (such as Spring Ligament repair code). The importance of using unlisted codes as a way to petition for new codes. This adds additional RVUs to the foot and ankle section.
3) Explain how to have prewritten templated letters to the insurance carriers to justify the unlisted code and what it is closest to in term of description.
4) Explain how to dictate this information in the operative note to help obtain the reimbursement as well as preoperative approval from the insurance company if this can be negotiated up front for a particular unlisted procedure.
Dear Director of Claims,

We respectfully request a review of the attached underpaid/unpaid claim.

We have reported the CPT code (xxxxx), which is an "unlisted" CPT code located in the (name section) of our CPT Manual because there is not at this time an exact match to select which would represent the procedures performed on the above named patient.

The AMA states the following with regard to usage of an unlisted procedure code:

- A service or procedure may be provided that is not listed in the most current edition of the CPT codebook. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by “Special Report”.

We are requesting a re-review of this claim by your Medical Director or Physician Peer. We would like to also know your reimbursement methodology used for reimbursing this claim. If you are comparing this reported unlisted code to existing CPT codes which already have assigned RVU’s, we request a list of those codes and the methodology used in your calculations and review.

The AMA and CPT is clear that we are not to use CPT codes that partially approximate the procedures performed and this was our logic in reporting the CPT unlisted code series that we did.

Please find another copy of the operative narrative for this surgical session.

We look forward to your quick response to this request and shall expect additional payment and reimbursement explanation to be forthcoming.

Thank you for your consideration. Please contact [staff name] at [telephone number] in our office should you have any questions regarding this claim.

Respectfully

Claims Analyst