



Navigator[®] for Comprehensive Cardiology

Errata

2024 Edition

Update to Unlisted Procedure Code Guidance

An update has been made to Chapter 3, Resources, Modifiers, Page 38. The coding guidance for unlisted procedure codes has been updated. This update can be seen below in red.

“According to the AMA (CPT[®] Assistant, July 2011), it is not appropriate to apply a modifier to an unlisted procedure code such as 76499, because unlisted procedure codes do not have a description that can be modified.”

It now reads:

In the past, unlisted codes were used only when no CPT[®] code existed that accurately described the service performed. However, CPT[®] mechanisms of reporting have changed over time with as medicine and procedures have evolved. Many times, multiple CPT[®] codes must be assigned to fully capture the totality of services rendered. Due to this, guidance for the use of unlisted codes was added to CPT[®] in 2024.

Updated methods of reporting unlisted codes include:

- Reporting multiple unlisted codes together.
 - If two unlisted procedures are performed on separate sites, by the same provider, on the same date of service, two different unlisted CPT[®] codes may be reported.
 - If two unlisted procedures are performed and the procedures share an unlisted CPT[®] code, multiple units of the same unlisted CPT[®] code should be reported with modifier 59 appended to the additional unit.
- Allowance of reporting unlisted codes with specific CPT[®] codes.
 - When there is a separately reportable portion of a procedure or service that is not described in the existing CPT[®] code, an unlisted code may also be assigned.
- An explanation regarding modifier use with unlisted codes.
 - Unlisted CPT[®] code descriptions do not specify procedure components. Modifiers that describe the alteration of a procedure, such as 52 (*Reduced Services*), are not appropriate to append to an unlisted code.
 - Modifiers that indicate laterality, distinction, assistant-at-surgery, and place of service may be used, when indicated.



EXAMPLE 1

Two unlisted arthroscopic procedures are performed, one on the left knee and one on the left hip, by the same physician, on the same date of service.

Codes: **29999, 29999-59**

Rationale: Two separate joints may be reported with two units of the same unlisted code. Modifier 59 should be appended to the additional unit.



EXAMPLE 2

Coronary artery catheterization with selective coronary artery angiography and spectroscopy of the left circumflex coronary artery is performed.

Codes: **93454(-26), 93799**

Rationale: 93454 is assigned for the coronary artery catheterization with selective coronary artery angiography. There is no existing CPT® code for the spectroscopy, so CPT® code 93799 is also assigned.

Note that unlisted procedure codes are not used to separately report components of Category I or Category III codes.