



BIOFIRE® JOINT INFECTION (JI) PANEL BILLING AND INFORMATION

Why do we use unlisted codes?

The use of an unlisted code is common:

- When a clinician or lab bills for a new test or new technology
- When no other CPT® code adequately describes the procedure or service
- Until a CPT code or PLA code has been established by the AMA*

While there is resistance to using an unlisted code, they serve a very valuable purpose with new tests. Unlisted codes allow providers a means to bill and payers to gain a better understanding of the use of and need for a test.

*The Current Procedural Terminology (CPT®) Editorial Panel, appointed by the American Medical Association, is an independent group of experts representing various sectors of the health care industry. They ensure that code changes undergo evidence-based review and meet specific criteria. A new technology/test must have demonstrated clinical utility documented in public literature, and sufficient use prior to applying for review.

What is an unlisted code?

Unlike other CPT codes, unlisted codes do not describe a specific procedure or service. Most unlisted codes follow the format XXX99. For example: CPT code 87999 – Unlisted microbiology procedure.

What do I need to do when billing an unlisted code?

The first step is to always contact the payer for appropriate billing instructions or review their billing procedures. Be prepared to submit supporting documentation when requested by the payer, which may include:

- Clinic notes to support medical necessity of the procedure.
- Operative note providing the nature and extent of the patient condition and detailing the work involved in the procedure.
- Published articles and clinical information supporting the efficacy of the procedure.
- The IFU (Instructions For Use, FDA Label)
- Cover letter outlining the procedure, medical necessity, and fee with supporting justification.

How is payment determined for an unlisted code?

Your participating provider agreements and the payers' reimbursement policies should delineate how unlisted codes must be billed and how they will be paid.

What is a Z-Code®?

A DEX Z-Code® is a unique 5-character alpha-numeric identifier assigned within the DEX® Diagnostics Exchange Registry that identifies the test to the payer. Pursuant to the MoIDX® program, when an unlisted code is billed, such as 87999 for DNA/RNA based testing, a Z-Code must also be included on the claim. Please check with your payer on the appropriate way to bill miscellaneous codes and whether they require Z-Codes or not.

Do labs need to register in DEX® for a Z-Code?

At this time, laboratories running a test using a manufacturer's kit/device, that is within scope for requiring a Z-Code, should register in DEX and obtain the Z-Code through the DEX Registry. The DEX Registry may assign the manufacturer's Z-Code to the laboratory's test.

Do all payers require Z-Codes®?

No, not all payers require Z-Codes. Per Palmetto GBA, as of June 2023 the following payers are participating with DEX and require a Z-Code:

- Medicare Contractors participating in the MoIdx Program:
 - JM, JJ A/B administered by Palmetto GBA
 - JE, JF A/B administered by Noridian Healthcare Solutions
 - J5, J8 A/B administered WPS Government Health Administrators
 - J15 A/B administered by CGS Administrators, LLC
 - For more information and directions pertaining to the MoIDX program, please visit their website at www.palmettogba.com/moldx
- Participating payers will direct you to register in DEX and obtain Z-Codes when required. Current Participating programs:



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- UnitedHealthcare (Medicare Advantage + Commercial)
 - Other payers* participating with DEX (Requirements may vary)
 - Medical Mutual of Ohio
 - Fallon Health
 - Blue Cross® and Blue Shield® of North Carolina
- *It is the responsibility of billing providers to understand payer requirements, including registration in DEX and use of Z-Codes.

Does the Z-Code process include coverage determinations?

The Z-Code identifies the test performed and each payer will make their own coverage determinations.

Does the Z-Code process determine reimbursement amounts?

No, each payer makes their own reimbursement decisions. Z-Code assignment does not imply coverage or reimbursement.

What to expect:

Prepare for payment delays. In most instances, payers may perform a more detailed review of your claim when an unlisted code is submitted. Plan to appeal the payer's decision if it is not in your favor.

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