



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY®**

Template Letter: Claim Submission for an Unlisted Procedure

March 2025

The following template letter is provided to AAO-HNS members as a resource to accompany claim submissions for unlisted procedures. It is intended for guidance only and should be customized to reflect your specific circumstances. Please ensure that all sections are tailored appropriately, including the addition of your organization's letterhead or logo, completion of blank fields, and removal of any content not relevant to your case.

Supporting documentation, such as evidence of prior authorization, medical notes, operative reports, etc. should be included as applicable to strengthen your submission. It is important to note that this document does not guarantee a successful payment but is simply a tool to facilitate the reimbursement process.

For additional guidance regarding coding for unlisted procedures, please reference the American Medical Association's January 2024 CPT Assistant Article, "Understanding the Updated Guidance for Reporting Unlisted Codes in the CPT 2024 Code Set."

*Questions? Contact the Academy's Health Policy Advocacy Team:
healthpolicy@entnet.org.*

[Insert Date]

ATTN: [Insert Medical Director's Name]
[Insert Insurance Company Name]
[Insert Insurance Company Address]
[Insert Insurance Company City/State]

Re: Submission for Unlisted Procedure

Claim #: [Insert Claim Number]
Patient Name: [Insert Patient Name]
Policy/Subscriber ID: [Insert Patient's Policy/Subscriber ID]
Date(s) of Service: [Insert Date(s) of Service]

Total Billed Amount: [Insert Total Billed Amount]

Dear [Insert Medical Director's Name]:

I am writing to provide additional information regarding a claim submitted for [Insert Patient's Name] concerning an unlisted procedure. On [Insert Date of Service], I performed a [Insert Name of Service or Procedure] for this patient. There is no specific CPT code for this procedure/service; therefore, I am submitting the unlisted procedure code [Insert CPT Code and Descriptor].

The procedure performed on [Insert Patient's Name] may be reasonably compared to existing CPT code [Insert CPT Code and Descriptor] in terms of physician work and practice expense. The procedure performed involved [briefly describe what the procedure entailed], which was [insert degree of difficulty relative to the comparator code, e.g., more complex, less invasive, etc.].

My charge for the comparator code [Insert CPT Code] is \$_____. Based on a comparison of work and resources required, I estimate that the charge for this unlisted procedure should reflect [Insert Percentage] more/less complexity. Accordingly, I have submitted a charge of \$_____ for this procedure. Attached, please find a detailed copy of my operative report/office notes and a claim on the above-mentioned patient.

Please do not hesitate to contact me directly at [Insert Your Contact Information] if additional clarification or information is required. I appreciate your time and prompt consideration of this matter to ensure appropriate reimbursement for the care provided to [Insert Patient's Name].

Sincerely,

[Insert Physician Name]

[Insert Practice/Institution Name]

Enclosures: [List Number of Enclosed Documents]

cc: [Insert Patient's Name]