Unlisted Procedure Claim Form for Durable Medical Equipment and Orthotics & Prosthetics Providers

(Attach CMS-1500 Claim Form)

Please use this form to submit payment requests for devices/equipment that have unlisted/unspecified Health Care Procedure Coding System (HCPCS) codes (e.g. "E1399 durable medical equipment, miscellaneous").

Provider Name: _____ **Member Name:** _____

Provider NPI: _____ **Member ID:** _____

Contact Name: _____ **Service Date:** ____/____/____

Office Number: ___(____)_____ **Invoice Date:** ____/____/____

Please list the procedure code(s) submitted and clearly describe the unlisted code.

Procedure Code(s)	**Description of item(s)**
_____	_____
_____	_____
_____	_____
_____	_____

We appreciate that correct coding require you to use unlisted procedure codes. In order to help us process your claim, unlisted codes should be submitted with the suppliers invoice* (if a suppliers invoice is not submitted, the claim will not be able to be processed) and a description of the devices/equipment, along with the Manufacturer Suggested Retail Price (MSRP). We also ask you to provide us with two HCPCS codes that are similar in description and/or nearly equivalent.

Please provide the two closest procedure codes:

	Description of item(s)
1: _____	_____
	_____
2: _____	_____
	_____

All unlisted procedures are reviewed by BCBSRI and are processed by our Individual Consideration Unit. Please fax this form to (401) 459-1581 or mail it to:

Individual Consideration Unit of Basic Claims Administration
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903

**Suppliers invoice must be a true copy of the original purchase invoice. It should contain, but is not limited to the following: Suppliers name, Providers name, Members name (can be hand written), invoice date, item/product, price of item and MSRP.*