

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: _____ Provider NPI: _____ Contact Name: _____ Office Number: () _____	Member Name: _____ Member ID: _____ Service Date: / / 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) 459-2332 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.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.