

**Unlisted Procedure Claim Form for Facilities  
(Attach CMS-1500 or UB-92 claim form)**

**Claims for unlisted procedures will not be processed until this form is completed as directed. All elements are required.**

Facility Name:

Provider ID:

Member Name:

Member ID:

Date of Service:

We appreciate that correct coding requires you to use “unlisted” procedure codes. In order to help us process your claim, please provide us with codes that have similar descriptions and codes that are nearly equivalent in terms of total resource utilization. Resource equivalents should include consideration of components such as operative time and equipment/supplies. **Please indicate if any supplies are reported separately for either the unlisted code or the reference code.** In non-surgical procedures, time and equipment are useful methods in determining relativity.

**A. Procedure code submitted.** (If multiple codes are submitted, clearly identify the unlisted component in the operative report, laboratory report, etc. Please also provide rationale for using the unlisted code):

**B. Closest CPT code (by description) and why that code is incorrect:**

**C. Closest two CPT codes (by resource use equivalence):**

- 1.
- 2.

**D. Is this service likely to be reported multiple times in a year by your institution?**  
(circle choice)

Yes                      No

**Additional Information Required.** For surgical procedures, please submit an operative note. For diagnostic tests, submit the lab or other report. All unlisted procedures are processed through our Individual Consideration Unit of Basic Claims Administration.

Please fax this form to (401) 459-2926 or mail it to:

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