

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

Provider 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, we ask you to provide us with codes that are similar in description and codes that are nearly equivalent in terms of total work. Work equivalents should include consideration of such components as: complexity of the procedure, operative time, and postoperative visits. In nonsurgical procedures, time and complexity are useful methods to determine relativity. If there is significant practice expense variance between the procedure performed and the reference codes, please provide information regarding the difference.

Procedure code submitted: (If multiple codes are submitted, clearly identify the unlisted component or rationale for the additional unlisted code.)

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

Closest two CPT codes (by work equivalence):

- 1.
- 2.

**For surgical procedures, an operative note is required.**

All unlisted procedures are processed by 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 -2699

\*Please use this form to submit payment requests for procedures that are not specified by a CPT code (e.g., “19499, unlisted procedure breast”).