Claim Submission for Unlisted Procedure or Service Code Special Report (Commercial)

ConnectiCare

In accordance with American Medical Association Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) reporting guidelines, please complete the following form to support the use of an unlisted procedure or service code. This information will be used to determine appropriate payment and claim adjudication in conjunction with the member's benefit plan. **Please attach a copy of this form along with required clinical documentation to the paper claim form.**

Member Name:	
Member ID#:	Member Date of Birth:
Member Address (Street, City, State/Zip):	
Date of Service:	
Submitting Provider Name:	
License #:	Specialty Type:

Indicate the unlisted procedure or service code number:
Indicate the specific CPT/HCPCS code that is most closely related to this service:

Describe the unlisted service or procedure and explain why the service does not meet the definition of the standard defined CPT-HCPCS code listed above. *This should also be clearly documented in the clinical documentation.*

Please be certain to include an adequate definition or description of the nature, extent and need for the unlisted procedure and the time, effort and equipment necessary to provide the service. Additional items, which may be included, are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic/therapeutic procedures, concurrent problems and follow-up care.

Description:
_____
_____
_____
_____
_____
_____
_____

Indicate the name of the individual who may be contacted should there be questions regarding this form.

Name: _____ Phone: _____

Providers should mail the completed form to:
ConnectiCare, P.O. Box 546, Farmington, CT 06034-0546, Attn: Claims Department

Claims submitted with unlisted procedure codes without supporting documentation will be denied.

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Please Do Not Write Below This Line	
Medical Director:	Review Date:
Report Acceptable:	Requires Additional information:
Determination: _____ _____ _____	
Prepared by:	Date: