

**Claim Submission for
Unlisted Procedure Code or Service Code Special Report**

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.

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 RVU value associate with this service: _____

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. 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 who submit claims electronically should fax this form to 1-646-447-3080. Paper claim submitters should attach this form to the paper claim and mail to: ConnectiCare, P.O. Box 4000, Farmington, CT 06034-4000, Attn: Claims Department.

Please Do Not Write Below This Line

Medical Director: _____ Review Date: _____

Report acceptable: _____ Requires additional information: _____

Determination: _____

Prepared by: _____ Date: _____