EmblemHealth®

CLAIM SUBMISSION FOR UNLISTED PROCEDURE 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 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: _____

_____

_____

_____

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Please attach a copy of this form to the paper claim and indicate the name of the individual who may be contacted should there be questions regarding this form.

Name: _____ Telephone: _____

Mailing Instructions:

HIP Claims
HIP Health Plan of New York
PO Box 2803
New York, NY 10116-2803

GHI Claims
Prepayment Review Department
PO Box 3235
New York, NY 10112-3235

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