



UNLISTED NOC/NOS/NES 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 or NOC/NOS/NES procedure or service code. This information will be used to determine appropriate reimbursement and claim adjudication in conjunction with the member’s benefit plan.

Member Name: _____

AllWays Health Partners Member ID: _____

Date of Service: _____

Submitting Provider Name: _____

NPI: _____

Specialty: _____

Unlisted or NOC/NOS/NES procedure or service code: _____

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.

Contact Information

Name: _____

Phone: _____

Providers should submit this form via the following secure

URL: <https://mft.nhp.org>

Submission Instructions:

- Complete form and save form in following format (UC_ "*Claim#*"_ "*DateofService*")
 - Date of Service format = MM/DD/YYYY
 - Example: UC_12345E67890_01012017
- Click on submission link (<https://mft.nhp.org>)
- Enter username: unlistedcodes
- Enter password: nhp
- Click on “file upload” button
- Double-click on completed form
- Form will be automatically submitted to AllWays Health Partners

DO NOT INCLUDE MEDICAL RECORDS

PLEASE DO NOT WRITE BELOW THIS LINE

{INTERNAL TRACKING PURPOSES}