Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Individual Business PPO Out of State Exception Form

Important note: This form is to be used for individual PPO plan contracts that have the Blue Cross enrollee IDs beginning with alpha prefix XYE or XYG.

Section A: Patient information

1. Patient name (First and Last)		2. Patient address	
3. Patient DOB	4. Blue Cross group number	5. Blue Cross enrollee ID	6. Subscriber's name

Section B: Referring Michigan PPO physician information

1. Referring physician	2. Specialty	3. Phone number	4. Fax number
5. Address	6. City	7. State	8. ZIP code
9. Referring physician license number	10. Digits 3-9 of referring physician Blue Cross pin number	11. Referring physician 10-digit NPI	
12. Michigan PPO physician signature		13. Date	

Section C: Out-of-state physician/facility information

1. Out-of-state/network provider/facility	2. Specialty	3. Phone number	4. Fax number
5. Address	6. City	7. State	8. ZIP code

Section D: Reason for referral

1. What services are being requested (procedure codes)?		2. Diagnosis code(s) (code and description)	
3. Anticipated start date month/day/year	4. Anticipated end date	5. Number of visits	6. Length of treatment

7. Why are you referring to an out-of-state provider or facility?

- ☐ No PPO in-state provider available
- ☐ Other (Explain):

Once completed, email this form and necessary documentation to **IBU_OOS_Claims@bcbsm.com**

Section E: Determination

Blue Cross Blue Shield of Michigan Use

- ☐ Able to waive out-of-network cost-sharing requirements
- ☐ Unable to waive out-of-network cost-sharing requirements
- ☐ Unable to process required due to:
  - ☐ Incomplete form: Section: Number: Section: Number:

Signature	Date

This exception form is not a guarantee of payment. Payment is subject to eligibility and benefit determination.

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Instructions for completing the Individual Business PPO Out of State Exception Form

Please fill out this form completely as your referral can't be processed without the requested information.

Section A: Patient information. This section asks for patient information and subscriber's name. The subscriber's city of residence is necessary so that the distance to the referred provider may be calculated from his or her home. The entire Blue Cross contract and group numbers are required.

Section B: Referring Michigan PPO physician information. This section is asking for the referring PPO physician's information and must be completed so that Blue Cross can authorize the out-of-state or out-of-network exception request. Please include the specialty such as "cardiologist" or subspecialist such as "pediatric cardiologist." Blue Cross also requires the physician's license number, Blue Cross pin number and NPI number to complete the waiver process. The referring physician must sign and date this form.

Section C: Out-of-state physician/facility information. This section is requesting contact and identifying information for the physician or facility to whom you're referring your patient. Please complete all eight areas of this section.

Section D: Reason for referral. Please indicate the specific services requested such as "evaluation by an endocrinologist." Include a diagnosis code and description as well as a date range of anticipated treatment and the number or frequency of visits requested. Check the box that best describes the reason for the out-of-state exception request.

Section E: Determination. Blue Cross Blue Shield of Michigan will complete this section and email this form back to you (the provider) in a timely fashion. If the request wasn't processed, complete the missing fields as indicated or include the specific requested information and resend the form. Blue Cross will send a letter to the member to communicate the final outcome. Reconsideration is only possible if additional information is submitted with a new exception form.

Email the completed form and necessary documentation to **IBU_OOS_Claims@bcbsm.com** for review