Nonprofit corporations and independent licensees of the Blue Cross and independent licensees of the Blue Shield Association	ca rec	I Editing Reconside	ration	Reque	est Form	Please do not staple attachments. 1. Date submitted:	
		For Blue Cross commercial, N BCN commercial and BC	ledicare P N Advant	lus Blue ^{s™} age ^{s™}	3	//	
2. Check the box to indicate the appropriate line of business and refer to the associated information:							
BCN commercial / BCN Advantage Use this form <u>only</u> when requesting reconsideration for a clinical editing denial decision for BCN EOP codes. Click <u>here</u> regarding accessing the BCN codes list.		Medicare Plus BlueBlue CrUse this form only reconsideration for a clinical editing denial decision for EOP codes 852, 870 and 871. Click here regarding accessing the Medicare Plus Blue codes list.Use this fo			Blue Cro Use this forr reconsiderat denial decisi Click <u>here</u> re codes list.	ss commercial n <u>only</u> when requesting ion for a clinical editing on for PPO EOP codes. garding accessing the PPO	
This form is <u>not</u> required if submitting	g <u>th</u>	rough our provider portal. It's req	uired only	when subr	nitting by mail.		
* Indicates REQUIRED fields. Addition missing, the reconsideration request	nal wil	information will facilitate processi I be returned as incomplete. Pleas	ing of the i se TYPE th	reconsidera ne informati	ation request, bu ion within the de	It <u>if any required information is</u> fined fields.	
3. Individual provider name:4.					*Individual provider NPI:		
5. *Member name:							
6. *Member contract number:					7. Su	ffix:	
8. *Date of service: 9. *Claim number (ONLY ONE claim per form):							
10a. *1st (or only) procedure code:10b. *Explanation					on (EX) code:		
11a. 2nd procedure code (optional):				11b	11b. Explanation (EX) code:		
12a. 3rd procedure code (optional):				12b	12b. Explanation (EX) code:		
13. *Request submitted by:					14. *Phone #: ()		
 15. *Address to send the response 16. *Reason/rationale for reconse submission.) 	ns: Isic	e to: leration request: (Either doo	cument th	nis here o	r indicate in a	letter included with this	
 17. Please provide supporting Chart or office notes, when th Operative notes or surgery re X-ray reports, when an X-ray Lab or pathology reports, when Other clinical documentation of Subr 	g c po is l en a rela mit	locumentation, including code submitted for reconsideration rts, when the procedure code be being submitted for reconsideration a laboratory or pathology service ated to the procedure being subr this completed form and othe	J, for ex on refers t ing submi ion e is being s mitted for tr docume	ample: o an office tted for rec submitted f reconsider	visit or a servic consideration re for reconsideration ation s follows:	e provided in the office fers to a surgery tion	
(all lines of business)		For questions, call:					
Clinical Editing PO Box 32391		BCN commercial / Mee BCN Advantage	dicare Plu	us Blue	Blue	Cross commercial	

1-866-309-1719

Provider Inquiry

Professional providers: 1-800-344-8525 Facilities: 1-800-249-5103

Instead of using this form to mail the managerial review request, you can submit it electronically through our provider portal. Here's how:

- 1. Log in to our provider portal (availity.com*).
- 2. On the Claims & Payments menu, click Appeals.
- 3. On the Claims & Payments menu, click *Claim Status* and follow the prompts to locate the claim for which you want to appeal a clinical editing denial.
- 4. On the claim, click Claim Dispute. This initiates the appeal.

Note: If you want to initiate second-level appeals on additional claims, click *Close* to return to the Claim Status results page. To continue your second-level appeal of the claim in question, complete the additional steps outlined here.

- 5. Click Go To Request to open the Appeals application and access the request in "Initiated" status.
- 6. On the action menu at the top right of the claim, click Complete Dispute Request.

Complete Dispute Request	IF.
View Details	

- 7. In the dialog box that opens:
 - a. Enter data into the fields.

Important: In the field shown below, enter this information:

- What you're requesting reconsideration for
- Your reason for requesting reconsideration



- b. Click Add File and upload the pertinent documentation.
- c. Click Submit Request.

Your request will be sent for processing by the Blue Cross / BCN clinical editing staff.

To access the Blue Cross commercial list of EX Codes: Recommendations about reconsideration or resubmission:

- 1. Log in to our provider portal (availity.com*).
- 2. On the Payer Spaces menu, click the BCBSM and BCN logo.
- 3. Click the Resources tab.
- 4. Scroll down and click Secure Provider Resources (Blue Cross and BCN).
- 5. On the Billing and Claims menu, click Codes and Criteria.
- 6. Under the Clinical Editing heading, click EX Codes: Recommendations about reconsideration or resubmission for Blue Cross

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity[®] is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.