



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Submitting a prospective editing reconsideration request: Instructions

Blue Cross commercial, Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM

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This document contains instructions on how to process a prospective editing reconsideration request (formerly known as a “clinical editing appeal”). The instructions are both for providers who are not contracted with Blue Cross Blue Shield of Michigan and Blue Care Network and for those who are.

For providers not contracted with Blue Cross or BCN

Providers who are not contracted with Blue Cross or BCN should follow these instructions:

- For Medicare Plus Blue claims, submit prospective editing reconsideration requests to:
Blue Cross Blue Shield of Michigan
Clinical Editing
PO Box 32391
Detroit, MI 48232
- For BCN Advantage claims, submit prospective editing reconsideration requests to:
Blue Cross Blue Shield of Michigan
Clinical Editing
PO Box 32391
Detroit, MI 48232
- For Blue Cross commercial and BCN commercial claims, submit prospective editing reconsideration requests using the instructions provided in the “For providers contracted with Blue Cross and BCN and for noncontracted providers handling commercial prospective editing denials” section of this document.

For providers contracted with Blue Cross and BCN and for noncontracted providers handling commercial prospective editing denials

Access the pertinent documents

When deciding whether to request reconsideration of a prospective editing denial, you should first review the pertinent documents, which are identified in this section and which can be accessed by following these steps:

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 and then click *Secure Provider Resources (Blue Cross and BCN)*.
4. On the *Billing and Claims* menu, click *Codes and Criteria*. Look under the “Prospective Editing” heading.

Gather information about whether to submit a corrected claim or submit a reconsideration request for the prospective editing denial

Before deciding whether to submit a corrected claim or submit a reconsideration request for the prospective editing denial, there are documents you should review and things you should be aware of.

Review the document *Prospective edits: What you need to do and what documentation is needed*

This document offers useful information on various types of prospective editing denials and on whether to submit a corrected claim or submit a reconsideration request for the prospective editing denial, including what types of documentation you’ll need to submit with the reconsideration request. This document applies to all lines of business.

You can locate this document on our secure Provider Resources website by completing the steps outlined in the “Access the pertinent documents” section.

Be aware of other important information

For all prospective editing reconsideration requests:

- Re-read the language associated with the EX code and make sure you understand what it says.
- Reconsideration requests must be submitted within 180 days of the date on the original remittance advice with the original prospective editing denial on it. If the request is not received within that time frame, it will not be accepted and you will not have another opportunity to request reconsideration.

- If there are multiple edits or dates of service on one claim, these should be submitted all at one time, on one reconsideration request form.
- Supporting documentation must be submitted with the reconsideration request. Requirements may vary based on the service in the request. For example, office services that were denied may require office notes; services denied as duplicates will require records for both the denied and the paid service to show that more than one was performed; and denied surgical services may require operative reports. You should submit the documentation appropriate to the procedure code that was denied and the denial reason.

Take other considerations into account: Blue Cross commercial

For Blue Cross commercial claims, review the document *EX Codes: Recommendations Regarding Reconsideration or Resubmission (for Blue Cross commercial)*. This document lists the reasons for prospective editing denials and recommendations on what to do for each.

In addition, be aware that if the first prospective editing reconsideration request is denied, you can submit a second-level appeal using the *Managerial Review Request Form*. The second level of appeal must be submitted within 60 days of the date on the denial letter you receive for the first appeal.

Important: The second level of appeal is available for Blue Cross commercial claims only.

You can locate these documents on our secure Provider Resources website by completing the steps outlined in the “Access the pertinent documents” section.

Take other considerations into account: Medicare Plus Blue

For Medicare Plus Blue claims, review the document *EX Codes: Recommendations Regarding Reconsideration or Resubmission (for Medicare Plus Blue)*. This document lists the reasons for prospective editing denials and recommendations on what to do for each.

In addition, be aware that there’s only one level of prospective editing reconsideration request. A claim denied for a prospective edit can be submitted for reconsideration only once.

Take other considerations into account: BCN commercial and BCN Advantage

For BCN commercial and BCN Advantage claims, review these documents:

- *EX Codes: Recommendations Regarding Reconsideration or Resubmission (for BCN commercial and BCN Advantage)* — lists the reasons for prospective editing denials and recommendations on what to do for each
- *Appropriate modifier usage (for BCN commercial and BCN Advantage)* — offers guidelines on appropriate use of modifiers to help you determine whether inappropriate modifier usage may have been a reason for the denial

- *Drugs and Biologicals: Correct Coding and Reporting of Services* (for BCN Advantage only) — offers guidelines on indications for the appropriate use, dosing limits and frequency of administration for the drugs and biologicals identified.

You can locate these documents in our secure Provider Resources area by completing the steps outlined in the “Access the pertinent documents” section.

In addition, be aware that there’s only one level of prospective editing reconsideration request. A claim denied for a prospective edit can be submitted for reconsideration only once.

Make the decision whether to submit a corrected claim or request reconsideration of the prospective editing denial

Once you’ve reviewed the pertinent information, make the decision whether to:

- Submit a corrected claim. For more information, refer to the section titled “How to submit a corrected claim”.
- Submit a prospective editing reconsideration request. For more information, refer to the section titled “How to submit a prospective editing reconsideration request.”

How to submit a corrected claim

You can submit a corrected claim in one of these ways:

- Through [availity.com](https://www.availity.com)*
- Using the appropriate electronic standard transaction:
 - Professional billers can submit a corrected claim electronically via the 837P transaction standard. When rebilling electronically, make sure to report the appropriate Claim Frequency Type Code (use a “7” to replace the original claim) in Loop 2300 CLM05-3 data element.
 - Facility billers can submit a corrected claim electronically via the 837I transaction standard. Please ensure that the last position of the Type of Bill, reported in Loop 2300 CLM05, reflects the appropriate Claim Frequency Type Code in the CLM05-3 data element, as per NUBC billing guidelines.

How to submit a prospective editing reconsideration request

You can submit a prospective editing reconsideration request in one of two ways:

- Preferred method: Electronically, through [availity.com](https://www.availity.com)*
- By mail.

Both request methods require you to complete and attach the *Prospective Editing Reconsideration Request Form* (formerly known as the *Prospective Editing Appeal Form*).

Keep reading for additional information.

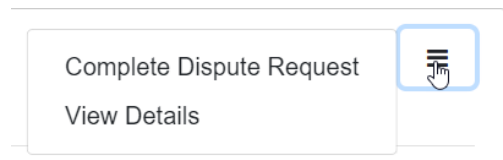
Submit a reconsideration request electronically, through Availity

To submit a prospective editing reconsideration request electronically:

1. Log in to availity.com*
2. On the Claims & Payments menu, click *Claim Status* and follow the prompts to locate the claim for which you want to submit a reconsideration request for a prospective editing denial.
3. On the claim, click *Claim Dispute*. This initiates the reconsideration request.

Note: If you want to initiate reconsideration requests on additional claims, click *Close* to return to the Claim Status results page. To continue your reconsideration request for the claim in question, complete the additional steps outlined here.

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



6. 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 consideration

* Please explain the supporting rationale for your request.
(Specific details for current appeal, including Procedure/EX codes and return address)

Note: If you don't enter all the required information into this field, your prospective editing reconsideration request will be returned without review.

- b. Click *Add File* and upload the pertinent documentation, which **must** include the completed *Prospective Editing Reconsideration Request Form*.
- c. Click *Submit Request*.

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

Using the *Prospective Editing Reconsideration Request Form*

Here's how to prepare and submit the *Prospective Editing Reconsideration Request Form*:

1. Access the [Prospective Editing Reconsideration Request Form](#).
2. Enter information into every pertinent field (1 through 16) on the *Prospective Editing Reconsideration Request Form*.

Note: Be sure to complete all the required fields, which are marked with a red asterisk. If you don't complete all the required fields, your prospective editing reconsideration request will be returned without review. This includes the "reason / rationale for reconsideration request" field, into which you must enter:

- What you're requesting reconsideration for
 - Your reason for requesting reconsideration
3. Gather the supporting documentation of the kind listed in field 17 on the form:
 - Chart or office notes, when the code included in the reconsideration request refers to an office visit or a service provided in the office
 - Operative notes or surgery reports, when the procedure code included in the reconsideration request refers to a surgery
 - X-ray reports, when an X-ray is included in the reconsideration request
 - Lab or pathology reports, when a laboratory or pathology service is included in the reconsideration request
 - Other clinical documentation related to the procedure included in the reconsideration request
 4. Submit the completed reconsideration request form and the supporting documentation as indicated on the form. Keep a copy in case any questions come up.

How to check the status of a prospective editing reconsideration request and request a copy of the resolution

To check the status of a prospective editing reconsideration request you submitted and request a copy of the resolution, do the following:

If you submitted the prospective editing reconsideration request through Availity, you can check the status of the reconsideration request in Availity. Do the following:

1. Log in to [availity.com](https://www.availity.com)*
2. On the Claims & Payments menu, click *Appeals*.
3. Locate the claim for which you submitted a prospective editing reconsideration request.

Availity will show the status of the reconsideration request, as follows:

- In Process
- Finalized - Prospective Edit Appeal – Upheld. This means that we denied the provider’s reconsideration request of the prospective edit. A copy of the denial letter will be accessible through Availity.
- Finalized - Prospective Edit Appeal – Overturned. This means that we approved the provider’s reconsideration request of the prospective edit. We’ll process the appropriate reimbursement. Check the Remittance Advice.

If you submitted the reconsideration request by mail, you can check the status through Provider Inquiry, as follows:

- Blue Cross commercial: Call 1-800-344-8525 (professional providers) or 1-800-249-5103 (facilities)
- Medicare Plus Blue: Call 1-866-309-1719
- BCN commercial or BCN Advantage: Call Provider Inquiry using one of the numbers on the [Contact Us](#) webpage. Select *Blue Care Network* for the plan type and then select *Provider Inquiry* for the topic.

Note: If you submitted the prospective editing reconsideration request through Availity, you can still call Provider Inquiry to check the status.

Here’s what Provider Inquiry will do:

- If there is no record of a reconsideration request and it’s been at least 30 days since you’ve submitted it, Provider Inquiry will advise you to resubmit the request.
- If the status of the reconsideration request is shown as pending, Provider Inquiry will advise you to wait for the resolution, as a reconsideration request may take up to 60 business days to process.



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- If the record of the reconsideration request is located and a determination has been made on it, Provider Inquiry will inform you of the determination, as follows:
 - If the reconsideration request was approved, Provider Inquiry will advise you that the claim was sent for reprocessing.
 - If the reconsideration request was denied, Provider Inquiry can send you a copy of the denial letter or let you know that the letter is being processed but is not yet ready for sending.

*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 and electronic data interchange services.