

Prospective Editing Reconsideration Request Form

Please do not staple
attachments.

1. Date submitted:

____/____/____

Preferred method: [Submit reconsideration requests electronically](#)

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

2. Check the box to indicate the appropriate line of business and refer to the associated information:

<input type="checkbox"/> BCN commercial / BCN Advantage Use this form <u>only</u> when requesting reconsideration for a prospective editing denial decision for BCN EOP codes. Click here regarding accessing the BCN codes list.	<input type="checkbox"/> Medicare Plus Blue Use this form <u>only</u> when requesting reconsideration for a prospective editing denial decision for EOP codes 852, 870 and 871. Click here regarding accessing the Medicare Plus Blue codes list.	<input type="checkbox"/> Blue Cross commercial Use this form <u>only</u> when requesting reconsideration for a prospective editing denial decision for PPO EOP codes. Click here regarding accessing the PPO codes list.
---	---	--

- This form is not required if submitting [through our provider portal](#). It's required only when submitting by mail.
- * Indicates REQUIRED fields.** Additional information will facilitate processing of the reconsideration request, but if any required information is missing, the reconsideration request will be returned as incomplete. Please TYPE the information within the defined fields.

3. Individual provider name:		4. *Individual provider NPI:	
5. *Member name:			
6. *Member contract number:			7. Suffix:
8. *Date of service:	9. *Claim number (ONLY ONE claim per form):		
10a. *1st (or only) procedure code:		10b. *Explanation (EX) code:	
11a. 2nd procedure code (optional):		11b. Explanation (EX) code:	
12a. 3rd procedure code (optional):		12b. Explanation (EX) code:	
13. *Request submitted by:		14. *Phone #: ()	
15. *Address to send the response to:			
16. *Reason/rationale for reconsideration request: (Either document this here or indicate in a letter included with this submission.)			
17. Please provide supporting documentation, including, for example: <ul style="list-style-type: none"> Chart or office notes, when the code submitted for reconsideration refers to an office visit or a service provided in the office Operative notes or surgery reports, when the procedure code being submitted for reconsideration refers to a surgery X-ray reports, when an X-ray is being submitted for reconsideration Lab or pathology reports, when a laboratory or pathology service is being submitted for reconsideration Other clinical documentation related to the procedure being submitted for reconsideration 			

Submit this completed form and other documentation as follows:

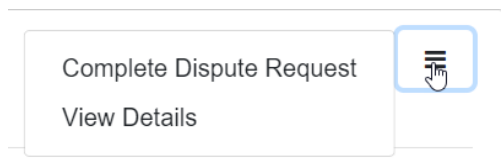
RETURN BY MAIL (all lines of business)	For questions, call:		
Prospective Editing PO Box 32391 Detroit, MI 48232	BCN commercial / BCN Advantage Provider Inquiry	Medicare Plus Blue 1-866-309-1719	Blue Cross commercial Professional providers: 1-800-344-8525 Facilities: 1-800-249-5103

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

1. Log in to our provider portal (availability.com**).
2. On the Claims & Payments menu, click *Claim Status* and follow the prompts to locate the claim for which you want to request reconsideration 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 reconsideration

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

- 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 prospective editing staff.

Instructions for accessing the lists of EX Codes: Recommendations for reconsideration or resubmission

1. Log in to our provider portal (availability.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 Prospective Editing heading, click to open the appropriate document:
 - *EX Codes: Recommendations for reconsideration or resubmission – for BCN and BCN Advantage*
 - *EX Codes: Recommendations about reconsideration or resubmission – for Blue Cross*
 - *EX Codes: Recommendations about reconsideration or resubmission – for Medicare Plus Blue*

**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.